Abstract of Master's Dissertation

Course	Health Innovation Course	Name	Yuko Saito
Thesis Title	Knowledge of monitoring for normal delivery and its associated factors among the Skilled Birth Attendants in Cambodia		

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Objective :

Establishment the basic knowledge among the SBAs is necessary to ensure the safety of women in labour and delivery. This study aims at measuring the Skilled Birth Attendants' (SBAs) knowledge required for monitoring of intrapartum period and examining a relationship between the SBAs' characteristics and their knowledge.

Method :

A cross-sectional study was carried out in Svay Rieng Province, Cambodia. The self-administrated questionnaire including 85 questions on the knowledge was developed. The questions were divided into 11 domains: 1.Definition of stages of labour (9 items); 2.Fetal heart rate (5 items); 3. Vaginal examination (3 items); 4. Uterine contractions (2 items); 5.Body temperature (2 items); 6.Pulse (3 items); 7.Blood pressure (45 items); 8.Vaginal bleeding after delivery (3 items); 9. Assessment items of fetal condition (2 items); 10. Assessment items of maternal condition (6 items); and 11. Assessment items of progress labour and delivery (5 items). These domains were classified into three aspects; a) fetal condition (Domain 2, 9), b) maternal condition (Domain 5, 6, 7, 8, 10), and c) progress in labour and delivery (Domain 1, 3, 4, 11). The questionnaire translated from English to Khmer. All the midwives and nurses, who worked either at public health centers and referral hospitals were targeted.

Result :

The data was collected from 167 midwives and nurses (NS) out of 179. They were classified 105 Bachelor and Secondary midwives (BMW/SMW) who received the higher education and 55 primary midwives (PMW) who received one year education and 7 NS.

＊ The abstract, containing the objective, method, result and conclusion should not exceed c.1000 words (300-500words/page, double sided on A4 paper)

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There was no participant who could answer all questions correctly. Median rate of correct answer among all participants was 58.8% (IQR was 50.6-65.9), The median rate of collect answers on each domain a) fetal condition 57.1%, b) maternal condition 64.4%, and c) progress of labour and delivery 47.4%. Proportions of participants who answered perfectly to a domain of all questions were: 1. Definition of stages of labour 9.6%; 2. Fetal heart rate 8.4%; 3. Vaginal examination 1.2%; 4. Uterine contractions 0%; 5. Body temperature 19.8%; 6. Pulse 25.7%; 7. Blood pressure 0.6%; 8. Vaginal bleeding after delivery 27.5%; 9. Assessment items on fetal condition 27.5%; 10. Assessment items on maternal condition 0.6%; and 11. Assessment items on progress labour and delivery 0%.

Results of answers to the questions asking about assessment items were varied; for example, cervical dilatation was a correct answer of assessment items on progress labour and delivery, but, 15.6 % of participants wrote cervical dilatation as an answer of assessment items on fetal condition and 40.1 % of participants wrote this answer as an answer of assessment items on maternal condition. The same misunderstanding was recognized among the answers fetal heart rate or maternal vital signs.

This study revealed that several characteristics for the participants had relationship of the score by bivariate and multivariate analysis. As result of bivariate analysis, there was a statistical difference among the qualification (P<0.001, Kruskal-Wallis test). BMW/SMW had a higher rate of correct answers than PNS (62.4 vs 55.3 points, p=0.001) by the post-hoc test. SBAs who had no experience of previous in-service training had a higher rate of correct answers than who had experience (Median: 62.4 vs 56.5, p=0.02, Wilcoxon rank-sum test). Younger age and shorter duration of working experience were related with a higher score (coefficient -0.43 with p<0.001 and coefficient -0.42 with p<0.001, respectively, linger regression). However multiple linger regression revealed

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that only the number of deliveries in the most recent one month has a significant relationship between with the rate of correct answers (Coefficient= 0.61, p=0.04, ß=0.16).

Conclusion :

The knowledge of midwives and nurses required for monitoring a normal labour and delivery process was poor in this study. Results suggested that the participants may not evaluate the labour and delivery process correctly and they could not structuralize the information they collected.

The findings of the bivariate analysis indicated that it is necessary to revise the contents of in-service training for establishment basic knowledge of SBAs. Subsequently, the improved training should be provided to all SBAs periodically. Because SBAs who had low knowledge existed in all groups. Especially, a curriculum that SBAs can study basic knowledge of intrapartum care is required to SBAs who worked at medical facilities where do not have many deliveries based on the result of the multivariate analysis.

Additional studies are required to examine provided care during the intrapartum period and to identify other factors that affect care provision.

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