TITLE: CLINICAL OUTCOMES AND PRACTICES IN THE MATERNITY UNIT OF A DISTRICT HOSPITAL

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ABSTRACT

Introduction:

Maternal and child care is one of the priority health issues that have been identified as requiring urgent attention in South Africa. Despite various efforts, South Africa has not seen improvements in maternal and perinatal outcomes. It is therefore essential that services and practices in hospitals rendering maternity care be reviewed and audited, so that current services can be improved and new services developed if necessary. In Schweizer-Reneke Hospital the clinical outcomes and clinical practices at the maternity unit have never been clearly described. The aim of the study was to describe the clinical outcomes and the associated clinical practices in the maternity unit of the hospital from 1 January 2009 to 31 December 2009.

Methodology:

The study setting was the maternity unit of Schweizer-Reneke District Hospital, a level 1 district hospital in a rural district of the North West Province. It comprised of a retrospective review of data from the District Health Information System and of the delivery records, specifically the partogram from 1 January 2009 to 31 December 2009. The study also examined records of Perinatal Problem Identification Programme and Mortality and Morbidity Review meetings. The study population included all the patients who delivered at the maternity unit during the study period. The measurement tools for data collection were data capture sheets on excel spreadsheets. The source of the data was the maternity register, maternity case records, Perinatal Problem Identification Programme records, District Health Information System and Unit Administration files (for records of meetings). The researcher personally captured the data.

Results:

Out of 699 deliveries conducted at the hospital 80.1% were normal deliveries, 16.3% caesarean sections and 3.6% vacuum-assisted deliveries. The record review revealed errors in the number of caesarean sections and vacuum-assisted deliveries on the DHIS. The perinatal mortality rate was calculated to be 56 per 1000 live births during the study period. Again the record review identified more perinatal deaths (41) than what was reported on the DHIS. No maternal deaths were recorded during the study period. A total of 295 records were analysed for completeness of the partogram. Out of the 295 partograms analysed none of them had data completed according to standard. The analysis of the completion of the partogram show that there is a significant association between recording of certain aspects of the partogram (risk factors, parity, age, fetal heart, contractions, cervical dilatation, problems and management plan) and mode of delivery whereas with other aspects there is no significant association. The aspects of the partogram that were completed according to standard by the perinatal outcome were poorly recorded, ranging from 0% to 54%. The association between mode of delivery and perinatal outcome was found to be statistically significant (p value 0.000). All of the fresh stillbirths and 90% of macerated stillbirths were born by normal vertex delivery. For the period under study one MMR meeting was conducted.

Conclusion:

The study found that there were poor clinical practices and outcomes in the maternity unit of Schweizer-Reneke Hospital. There are signs of poor information management as indicated by the discrepancies between data on hospital records and the DHIS. The reasons for this could not be established. Perinatal Problem Identification Problem and Mortality and Morbidity Review meetings were not conducted regularly and therefore could not be used to improve clinical practices and outcomes.

Recommendations:

Major steps need to be taken to improve clinical governance within the maternity unit of Schweizer-Reneke Hospital. Strategies to recruit and retain Professional Nurses need

to be developed. The high percentage of macerated stillbirths needs to be investigated at district level and antenatal care needs to be improved. Studies focusing on the direct effect of inadequate recording on mortality and morbidity and the causes or reasons for inadequate completion of the partogram are necessary.