

Record keeping in the intrapartum period at the Provincial General Hospital, Kakamega, Kenya.

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Abstract:

To assess the quality of recording critical events in the intrapartum period in Kakamega Provincial General Hospital (PGHK). DESIGN: Retrospective comparative study. SETTING: Provincial General Hospital, Kakamega, the referral hospital for Western Province, Kenya. PARTICIPANTS: Two hundred women admitted at the labour ward during the six-month period between 1st September 2000 and 28th February 2001 were compared to two hundred women admitted between 1st July 2001 and 31st December 2001. INTERVENTION: The Safe Motherhood Demonstration Project (SMDP) was introduced in four districts of Western Province, Kenya, in which PGHK is located. It included on job training in Safe Motherhood which emphasised, among others, collection and utilisation of maternal health care services data. MAIN OUTCOME MEASURES: Comprehensiveness of recording of biodata, history taking and examination findings were assessed for women in labour before and during the implementation of the SMDP. The proportion of cases in labour managed by use of partograph and its appropriate use were also determined. RESULTS: Retrieval rate of patients' notes was 86.9% and 89.6% before and during SMDP respectively. Information on sociodemographic characteristics, history taking, general and obstetric examination had a near universal recording in both groups but data on alcohol consumption, smoking, menarche, previous pregnancies and contraceptive use was poorly recorded. There was a significant improvement in recording of diagnosis and plan of management during the SMDP ($p = 0.037$). The partograph was used in only 11% of patients before SMDP as compared to 85% during SMDP ($p = 0.000$). Record on foetal condition and progress of labour were significantly improved during the SMDP ($p = 0.000$). Records on summary of labour likewise significantly improved during the SMDP ($p = 0.02$). CONCLUSION: The quality of record keeping in the intrapartum period at the PGHK greatly improved during the implementation of the SMDP. It would be worthwhile to assess the sustainability of quality of intrapartum records and care a year or so after the SMDP ended.