

Active Management of Third Stage of Labour: Practice and Associated Factors among Obstetric Care Providers' at Health Facilities in Kembata-Tembaro Zone, Southern Ethiopia 2018

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Abstract

Introduction: Every year, more than half a million women die with complications related to child birth and pregnancy. Worldwide, bleeding after child birth is the leading direct cause of approximately one third of maternal death. Practicing good active management of third stage of labour prevents bleeding after child birth. But, it was estimated that annually 1.4 million deliveries didn't get good active management of third stage of labour. Thus, this study was aimed to assess obstetric care providers practice and associated factors in Kembata-Tembaro Zone, Southern Ethiopia 2018.

Methods: Institutional-based cross-sectional study design was used. One hundred seventy one study participants were enrolled using simple random sampling technique. To collect data, questionnaires and checklists were used. Descriptive statistic was used to describe study participants. Multivariate logistic regression analysis was carried out to identify associated factors with practice of active management of third stage of labour.

Results: Magnitude of good practice of active management of third stage among respondents was 29.8% only. The factors that significantly associated were, knowledge respondents on active management of third stage of labour (AOR=4.88, 95%CI: 2.10-11.33), pre-service or in-service training (AOR=4.760, 95% CI: 1.89-11.96) and service year (AOR=2.51, 95%CI: 1.07-5.92).

Conclusion: The magnitude of good practice of active management of third stage of labour among respondents' was low. Thus, improving practice of active management of third stage of labour among obstetric care providers needs great attention by all stakeholders. Proving in-service training to obstetric care providers may improve practice towards active management of third stage labour.

Keywords: Obstetric care; Ethiopia; Logistic regression; Child birth; Pregnancy

Introduction

Every year, more than half a million women die to pregnancy and child birth related complications worldwide [1]. Bleeding is a leading direct cause of maternal death, representing 27.1% of maternal death. More than two third of reported maternal death from bleeding was classified as postpartum haemorrhage [2].

In Africa 33.9% of maternal deaths are due to postpartum haemorrhage [3]. In Ethiopia, twenty thousand women die due to pregnancy and child birth complications. The majority of the deaths occur due to excessive bleeding after child birth within first four hours [4-6].

In low resources countries the most prominent challenges are, lack of qualified health care providers, the insufficient or incorrect practice of active management of the third stage of labour, the underestimation of blood loss and also the impairment in communication and transportation infrastructure [7].

Postpartum haemorrhage can be prevented by active management of third stage of labour. However about 10% of all maternal deaths were averted with full use of active management of third stage of labour [2,8].

The practice of active third stage labour management was very low in African countries (Benin, Ethiopia and united republic of Tanzania), which ranges from 0.5-17.6% [9].

Annually, it was estimated that 1.4 million deliveries didn't practice appropriate active management of third stage labour [9]. But,

World Health Organization recommends that all women should get appropriate active management of third stage labour administered by skilled care provider [10].

Preventing postpartum haemorrhage is a significant strategy to reduce maternal morbidity and mortality. But, many obstetric care providers failed to appropriately practice active management of third stage labour.

According to Ethiopian demographic health survey 2016, maternal mortality rate was 412 per 100,00 live births [11]. The magnitude of deliveries that active management of the third stage of labour appropriately practiced by obstetric care providers was only 4.5% which needs serious attention to active management of third stage labour practice [9].

As studies revealed that multiple factors affected appropriate

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management of third stage of labour was significantly associated with health care providers' pre-service or in-service training (AOR=4.76, 95%CI: 1.89-11.97), year of work experience (AOR=2.5, 95%CI: 1.07-

Discussion

In this study, 29.8% of obstetric care providers had good practice on active management of third stage of labour. This finding is in line with the findings of studies done on practice on active management third stage of labour among obstetric care providers at Nigeria (31.5%) and Ethiopia (29%) respectively [16,17]. But the finding of this study is higher than studies done in Tanzania (15.7%) and Ethiopia (7%) and lower than the study conducted in Nigeria (41.7%) [13,18,19]. This finding inconsistency might be due to difference in time of research studied, study population and variation of tools and parameters used to determine good practice of active management of third stage of labour. Totally, the result of all studied had shown that there are huge gap of good practice of active management of third stage of labour among obstetric care providers that needs serious attention to improve quality care and client satisfaction in delivery care service.

Administration of oxytocin within one minute of delivery of the baby through intramuscular injection (73.7%) and controlled cord traction (81.3%) were the most correctly practiced components of active management of third stage of labour among obstetric care providers.

Good practice of active management of third stage of labour was significantly associated with having of pre-service or in-service training by obstetric care providers. This study finding is consistent with findings of studies conducted in Ethiopia, Kenya and Tanzania [13,16,20]. This might be due to the fact that providing training for obstetric care providers towards active management of third stage of labour help them to practice it while working their routine activities as per the standards. Moreover, training might update knowledge of obstetric care providers regarding the components of active management of third stage of labour.

Obstetric care providers' knowledge on active management of third stage of labour significantly associated with good practice on AMTSL. Also previous studies suggested that there was strong association between level of obstetric care provider's knowledge and practice active management of third stage of labour. This finding is similar with previous studies findings in Addis Ababa, Kenya, Tanzania and Nigeria [15,16,20,21]. This implies that obstetric care providers' knowledge on definition of AMTSL and its components was found to be vitally important to have good practice on active management of third stage of labour.

In this study, obstetric care providers' years of work experience was significantly associated with the good practice of active management of third stage of labour. The level of good practice among obstetric care

providers with length of work experience (≥ 6 years) was higher than those with <6 years of work experience. This study finding was in line with the study conducted in Addis Ababa but contradicts with the study conducted in Nigeria in which the birth attendants with less experience found to be good in practice than those with high experience [16,21]. This finding discrepancy might be due difference in study population, study time and sample size.

Conclusions and Recommendations

Good practice of active management of third stage labour among obstetric care providers was low (29.8%) in Kembata-Tembaro Zone, Southern Ethiopia. The factors significantly associated were pre-service or in-service training, years of work experience and care providers' knowledge on AMTSL.

Updating obstetric care provider's knowledge through consistent and sustainable trainings, advancing practice of graduates on active management

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