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Awareness and Use of Who Safe Childbirth Checklist Among Midwives Working in Health Institutions in Imo State

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ABSTRACT: *In a resource-constrained setting like Imo State, Nigeria, there are still significant health challenges to overcome. Despite efforts to improve maternal health outcomes, preventable maternal deaths continue to occur due to many gaps in healthcare delivery systems. This highlights the critical importance of maternal and newborn health as indicators of a nation's health care system. Adopting the Sustainable Development Goals (SDGs) was a responded to this priority. The Safe Childbirth Checklist (SCC) was developed by the World Health Organization (WHO) to improve the standard of maternal care and lower the rate of maternal mortality. However, little is known about how well-known or used the SCC is among the midwives in Imo state's chosen healthcare facilities. To ensure the success of this research, data was collected from both primary and secondary sources. For the quantitative data, a well-structured questionnaire was issued to midwives employed by certain health facilities in Imo state. The study utilized a descriptive survey design and surveyed 145 midwives as a sample. The midwives were selected using a random sampling method. The data was analyzed using descriptive statistics in the form of tables, charts, and percentages. The study's findings add to the existing body of knowledge and provide valuable insights into the awareness and utilization of the WHO SCC among midwives in the Imo State. This, in turn, sheds light on potential areas for improvement in maternal delivery.*
KEYWORDS: awareness, safe, childbirth, checklist

INTRODUCTION

Maternal and child health is very pivotal to the growth and development of any nation and a critical aspect of the healthcare practice that ensures that adequate and safe childbirth practices are put in place and provided, which is very paramount for the well-being of both the mothers and infants, the efficiency of this practice remains a critical concern globally, but in developing nations of the world , even with all these efforts and measures that has been put in place there are still high rate of maternal mortality and morbidity among women of reproductive age and their new born and this is particularly high in developing countries of the world, even with the presence of the ongoing sustainable Development Goals (SDGs) that included prevention as one

of the major indicators for measuring global development, we can vividly indicate that no meaningful development has been established due to the inherent factors that has been prevalent, and we can only affirm success and development if the challenges seen and recorded in the low resource settings and countries are recognized and tackled, but in the contrary in this low resource countries, it was reported that in about 130 million births per year, it was estimated that about 303, 000 women die around the time of pregnancy and childbirth, 2.6 million results to still births half of which were estimated to have occurred during labour, 2.7 million newborns die within the first month of life which represents about 45% of all deaths in those under the age of 5, the effects of this deaths would have been prevented if adequate measures are put in place . (UNICEF, 2015).

In order to address these challenges, the WHO envisioned a world in which every pregnant woman and new born receives quality care throughout pregnancy, childbirth and immediate postnatal period and they embarked on several initiatives targeted to curtail these challenges, some of these initiatives and measures were aimed at reducing neo natal and maternal mortality and morbidity among these initiatives are: Every New Born Action plan 7, and the strategies towards ending preventable maternal and neonatal mortality. The United Nations and WHO in their magnanimity confirmed their commitment in helping to address these issues pertaining to the prevention of these maternal and neo natal deaths and they launched the Sustainable Development Goals by WHO (2015-2030) which provided a framework for the implementation, follow up and review of the progress and to actually know if tangible progress has been made towards the relevant targets and to asses if the initiatives have been very beneficial to address the ongoing challenges, so as to abate the high clustering rate of morbidity and mortality in women and patients around the time of childbirth and the need to have practical and handy tools to ensure the improvement of the quality of care they receive, and that prompted the development of the WHO safe Childbirth checklist (SCC), which was built on the success of the WHO Safe Surgical Checklist, that aims to help birth attendants through the process of the childbirth and the management of complications as they arise during the process. From analysis, it is discovered that the greatest burden and challenge of maternal and neonatal mortality and morbidity happens around the time of birth, with most of the deaths occurring in the first 24 hours after delivery, so it becomes very imperatives that proper information. administering of the checklist by an informed and skilled health personnel like the midwives is very important and a global priority, because a timely management and intervention at this point in time can make a lot of difference in saving the life of both the mother and the new born baby because over 70% of maternal deaths are due to complications of pregnancy and childbirth such as haemorrhage, hypertensive disorders, sepsis and abortion, and Complications of preterm birth, asphyxia, intra-partum perinatal death and neonatal infections account for more than 85% of newborn deaths, so an effective high-quality care to prevent and manage complications during this critical period is likely to reduce the numbers of maternal deaths, stillbirths and early neonatal deaths. In every delivery, the time of childbirth and the period immediately after delivery are very critical and important moments for every maternal, Foetal and neonatal survival for an improved care, so an effective prevention, intervention and management of conditions through the checklist in late pregnancy, during delivery and the early new born periods are very important in reducing the numbers of maternal deaths, antepartum and intrapartum -related still births and early neonatal deaths., so an improvement and intervention in

the quality of preventive and curative care during this critical period could have the greatest impact on maternal, foetal and newborn survival.

The WHO Safe Childbirth (SCC) was developed from the efforts of WHO, together with the obstetricians, pediatricians, nurses, midwives and other patient safety experts as an evidence -based birth practices drawn from the existing WHO guidelines which is based on adopting an implementation guidelines that will enable the health care workers improve in their adherence to care practices as well as identifying the improved methods to save lives at birth and to target the major causes of maternal and neonatal deaths which has been the major concern, upon inception the Who safe child birth was tested in 10 countries across Africa and Asia with the aim to help the birth attendants like the midwives and others respectively navigate through the process of childbirth and to support the delivery of essential birth practices that will be beneficial in the prevention of maternal and new born deaths as well as devising better approaches and processes to manage any complications that might arise during childbirth. The impacts of the W.H.O childbirth checklist summarizes the major and direct causes of maternal death such as haemorrhage, hypertensive disorder, infections, and obstructed labour as well as the intrapartum related still births resulting from inadequate and improper care during labour and delivery which is very traumatic and challenging, even neo natal deaths that arises as a results of birth asphyxia and other complications that are related to premature births and infections . Each checklist item is a critical action or practice that, if missed or left undone, can lead to severe harm for both the mother and the newborn baby.

These WHO safe childbirth checklist (SCC) is a simple set of evidence -based quality improvement tool that reminds healthcare workers to deliver high quality care from when the woman is admitted through childbirth until the woman and baby are safely discharged home, the checklist prompt the users to remember to carry out essential tasks at a given time and a successful completion of checklist items by healthcare workers will help keep the woman and baby safe as the checklist catalogues a core set of practices that are proven to reduce maternal and newborn harm. The SCC consists of 29 simple, actionable items grouped into four pause points which are the critical moments where the midwives or any birth attendant need to pause to confirm what they are supposed to do to check if they have completed the essential birth practices which is also known as checklist items should be completed, they can also be referred to as specific points in time when staff are asked to temporarily stop whatever else they are doing and verify or check that essential clinical practices have been completed or they can also be referred to as what happen at critical moments in care when complications can be averted, or adequately treated; or when it is expedient for healthcare workers to check the woman and baby. this four pause points include: on admission, just before pushing or birth, within one hour after birth, and before discharge from the health facilities, each checklist items should be marked with a pen when that item is completed , and the health care worker who is caring for the woman and baby at the time the pause point occurs should be responsible for completing the checklist and by strict adherence to this pause points by the midwives and other health practitioners have tremendously improved the deliveries of the essential practices by the midwives and other health care workers, The SCC identifies basic

preventive practices , such as handwashing and the preparation of antibiotics, which are very beneficial to manage complications like infections, hemorrhage and obstructed labour.

In other to test the effectiveness of the checklist, it was tested in a variety and divergent of settings of which provides an effective implementation support which has been evident based on the success of WHO surgical safety checklist, as well as the presence of a defined implementation strategy, established the WHO SCC research collaboration and the aim was to actually explore the factors influencing the use of the checklist of which a pilot edition was introduced in a range of settings around the world, so between November 2012 and March 2015, a total 0f 34 interested institutions who were working in over 200 sites in 29 countries across the six WHO regions registered projects agreed to collaborate and identify with the collaboration, and were willing to conduct the implementation research in order to share their experiences as the progress of the projects commences and continues to advance, in order to be successful in the project embarked upon, the groups explored a range of questions that addresses compliance, barriers to its implementation as well as the success factors that will contribute to the effective and sustained use of the checklist so as to be beneficial to all, they were also involved in constant seminars, webinars and training of which regular progress report were provided throughout the duration of the collaboration.

In Nigeria, the introduction of the WHO SCC was timely and aligns with the broader global health initiatives designed to standardize the essential birth practices and ensure timely identification and management of complications that might arise during childbirth, the major aim of the checklist is to facilitate communication and an improve care processes during childbirth , thereby reducing preventable maternal and neonatal complications , even with all these measures put in place , the rate of maternal and neonatal mortality in Nigeria remain unacceptably high, and the proactive approaches adopted at improving the quality of maternal and neonatal care services. The awareness and implementation process should be a major strategy but it has been a very serious challenge because to improve safety and quality of patients and mothers is a priority to us as a nation , so simply awareness and introduction of a checklist to a health facility or institution without a corresponding utilization is effort in futility and that will not lead to a sustained improvement in the essential health care -practice, so we need to deploy three key steps that will be beneficial to achieve the desired results which are: appropriate engagement, Launch and continuous support, all this when put in place can change individuals perceptions , improve facilities practice for the better as well as create system -wide improvement and awareness about safety. which will in turn leads to quality of care for both the mothers and the newborns, the introduction of the checklist and its awareness level is not enough but engagement of the checklist by the midwives and other health care professionals and leadership on why the implementation is very expedient in every health facility is very paramount to achieve the desired and successful health outcomes , so this to be attainable the relevant authorities should be more engaged by Gaining buy-in and establishing a team that will support the implementation, as well as creating more awareness about the checklist so that people can get more insight about the checklist and its importance but it has been a serious challenge in Nigeria since its introduction in 2015 in Nigeria

In a similar vein, Imo State, like other states in Nigeria despite the potential benefits and implementation of the SCC is grabbling with challenges in the improvement in maternal and child health outcomes, some of this challenges ranges from inadequate health infrastructures, limited resources, training and development, and shortage of health care providers like the nurses , midwives , doctors among others which have adversely affected their development and addressing these challenges requires a comprehensive understanding of the awareness, utilization and adherence to the guidelines of these vital tools such as the WHO Safe Childbirth Checklist. Midwives play a crucial role in the delivery of maternal and newborn care and they are the vital force in improving maternal and neonatal health outcomes so it's very important and essential to assess the awareness and utilization of this checklist as their effectiveness will be compromised if the health care providers do not have adequate knowledge to integrate it into their daily routine practice.

Therefore, it is against this background that this study seeks to investigate the awareness and utilization of the WHO Safe Childbirth Checklist among midwives in selected health institutions in Imo State, Nigeria. By exploring the knowledge and practices of midwives, the study will identify the potential gaps in knowledge, training and healthcare system support needed as well as the barriers and opportunities for improvement in the implementation of this tool, that will ultimately contribute to the enhancement of maternal and child health outcomes in the region and the results of the study will help to inform policy recommendations and interventions that will enhance the improvement in the awareness and utilization of the SCC tools that will be beneficial for both the mothers and the newborns in the Imo state.

Objectives of the Study

1. To determine the level of awareness of the WHO Safe Childbirth Checklist.
2. To determine the extent the midwives in Imo state incorporate the WHO Checklist in their daily routine practice.

METHODOLOGY

The research design for this study was a descriptive survey design. The population of the study consists of:

i) The Selected Midwives in Public Health Institutions in Imo State

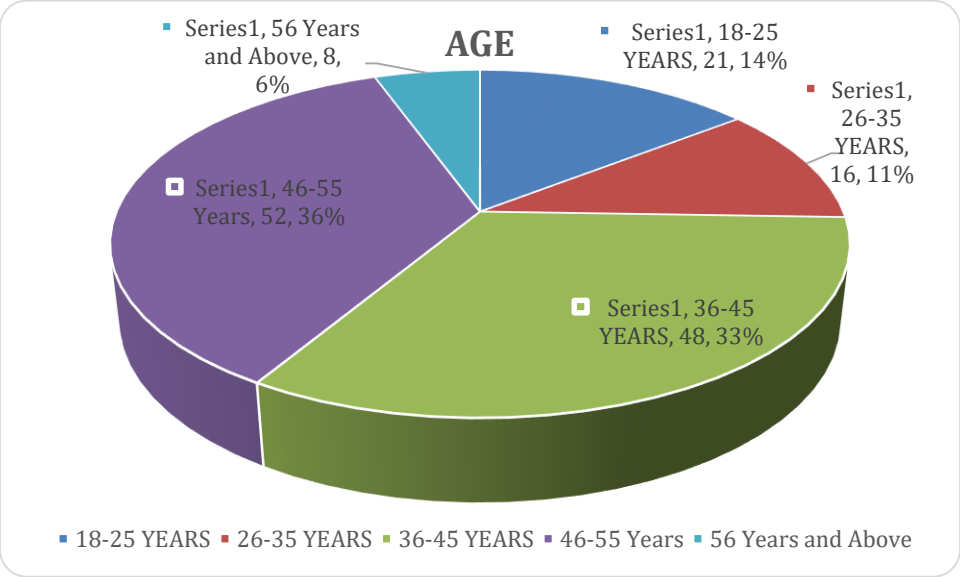
ii) The Selected Midwives in Private Health Institution in Imo State. A sample of One hundred and forty-five (145) respondents were used for the study. the stratified random sampling was used for the Midwives in the selected Health Institutions in Imo State. The study gathered data through the secondary and primary sources. The secondary sources were sourced from published journals, medical textbooks and other relevant internet sources and the primary data were generated via the use of a structured questionnaire. The research instrument used for this study were document analysis and a self-structured questionnaire, the document analysis was used to answer the research questions with a self-structured questionnaire Titled "The Awareness and use of WHO safe childbirth checklist by midwives in selected health institutions in Imo State

Questionnaire (AUWHOSCCM)" were used to answer the research questions. The questionnaire has two sections, A and B respectively, section A was used to elicit information on the Bio Data and demographic profile of the respondents while section B consists 10 items with 4 clusters addressing the items. Item 1-5 focused on the level of awareness among midwives in selected health institutions in Imo State regarding the existence of WHO safe childbirth checklist , item 6-10 focused on the extent the midwives in Imo state in the selected health institutions integrate and incorporate the WHO safe childbirth checklist in their daily practice. The filled copies of the questionnaire were collected by the researcher and his trained assistant to elicit the required information and ensure the success of the study. The document analysis was used. The first stage of data collection was to compile the list of all the nurses on the wards in the maternity and children's ward. Stratified random sampling method was used to select respondents. The selected respondents were given the questionnaire, trained research assistants helped in the distribution of questionnaires. A period of one month was used for distribution and retrieval of the questionnaires. The questionnaire was structured on a modified 4-point likert scale of:

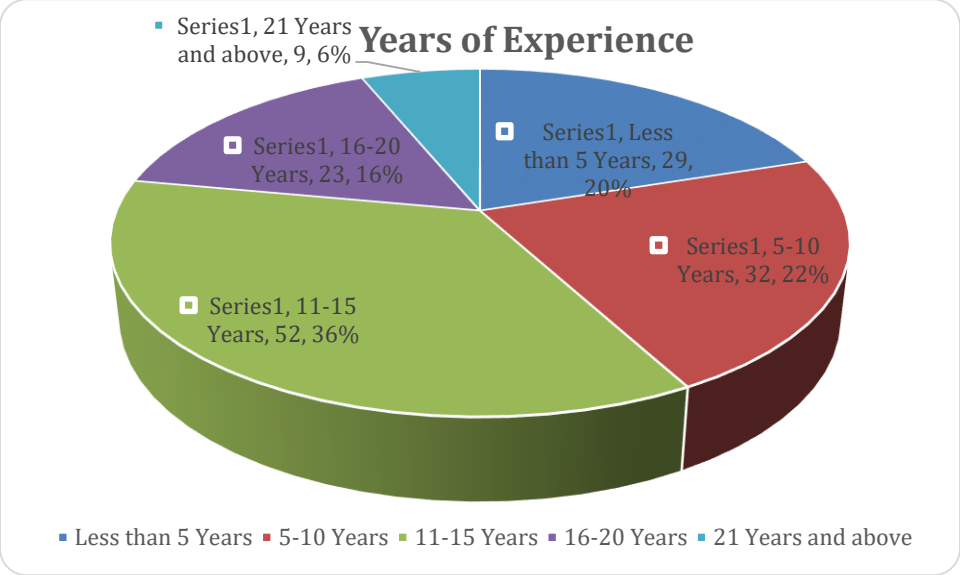
Strongly Agree	(SA)	4
Agree	(A)	3
Disagree	(D)	2
Strongly Disagree	(SD)	1

The Filled questionnaires were analyzed using Statistical Package for Social Sciences (SPSS) software. The Descriptive statistics were presented and data analyzed using the frequency tables, charts and percentages.

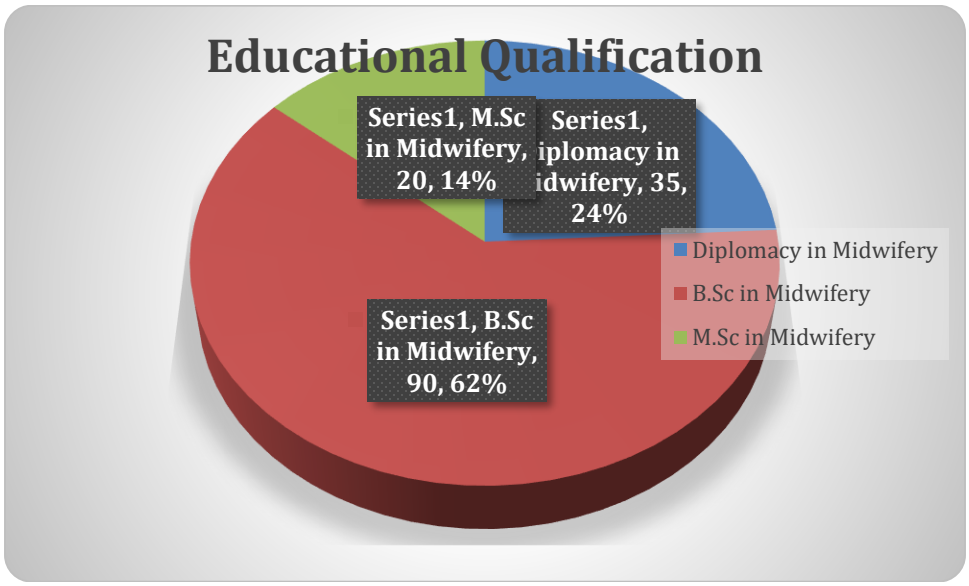
RESEARCH AND ANALYSES



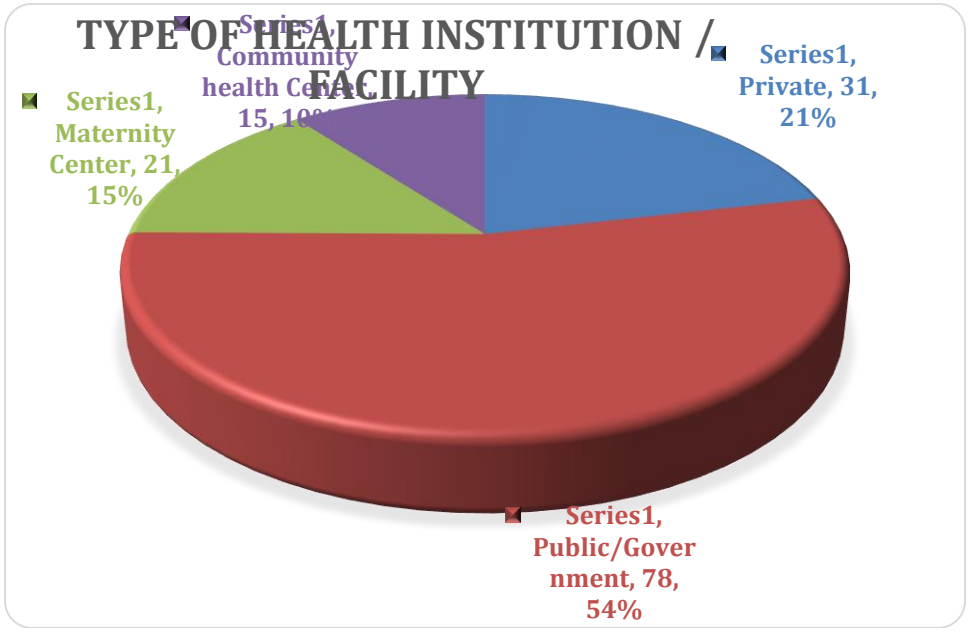
The chart above clarified that out of 145 midwives used for the study. 21(14.5%) are with the age range of 18-25 years, 16 (11%) are 26-35 years, 48(33.1%) 36-45years, 52(46-52%) while 8(5.5%)are above 56 years, this informed us that the majority of midwives interviewed are between the ages of 36-45 and that constitutes the larger population of the study. The result is pictorially demonstrated with the Pie chart above.



The table above shows years of experience of the respondents as a midwife, it shows that 29(20%) of the midwives have less than 5 years' experience, 32(22%) of the midwives have 5-10 years' experience, 52(35.9%) of the midwives have 11 to 15 years' experience. 23 (15.9%) of the midwives have 16-20 years' experience while 9(6.2%) have above 21 years' experience, this shows that midwives that have 11-15 years' experience were used more for the study and they formed majority of the study. The result is demonstrated with the Pie chart above



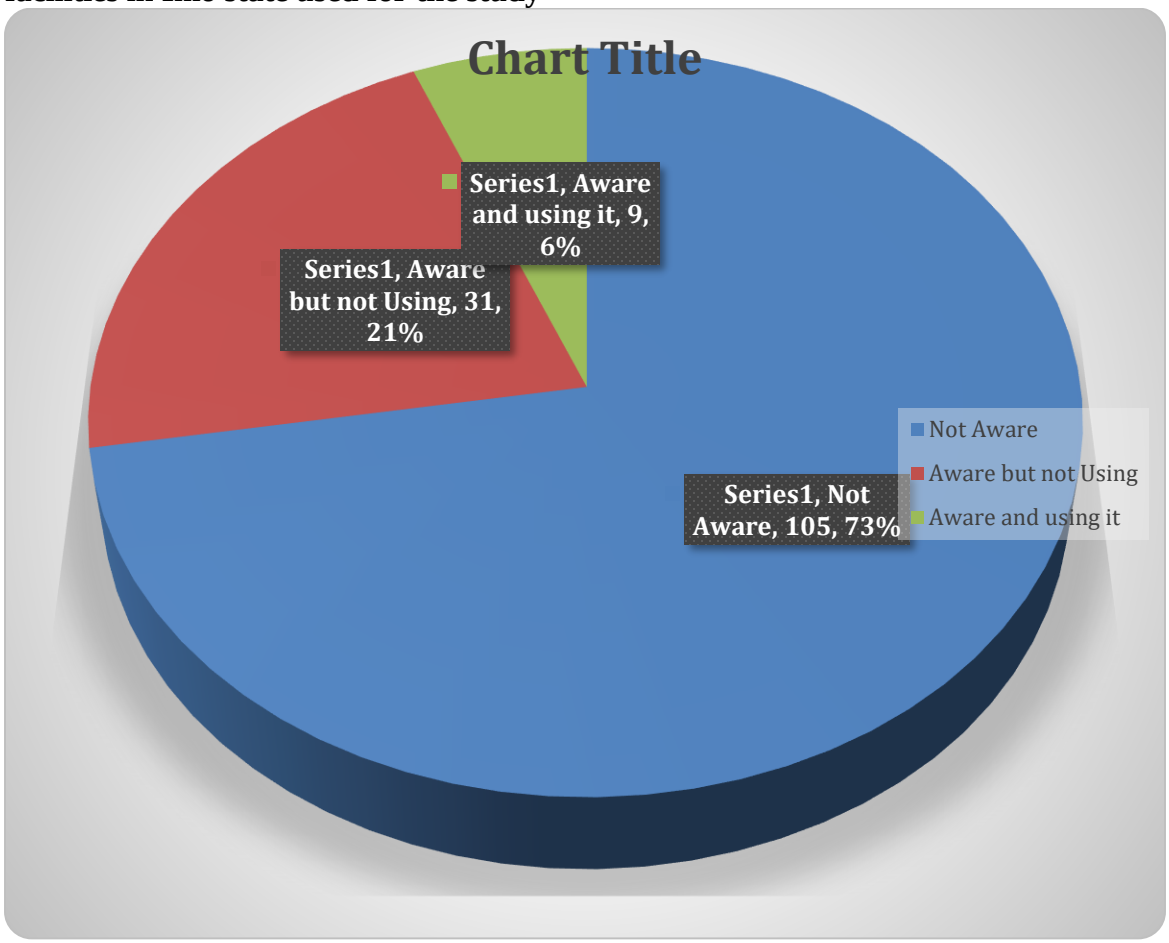
The table shows that 90(62%) of the respondents (midwives) have B.Sc. in Midwifery, 35(24%) have diploma in midwifery, while 20(14%) have MSc in midwifery, this shows that majority of the respondents (midwifes) have BSc in midwifery It is illustrated by the chart above,



The table above indicates the type of health institution/ facility used for the study, it show that 31(21.4%) of the respondents (midwives)work in private health institution / facility, 78(53.8%) work in the public health facilities , 21(14.5%) and 15(19.3%) work in the community health center and in the government/ public institution Facilities , the maternity centers, community health

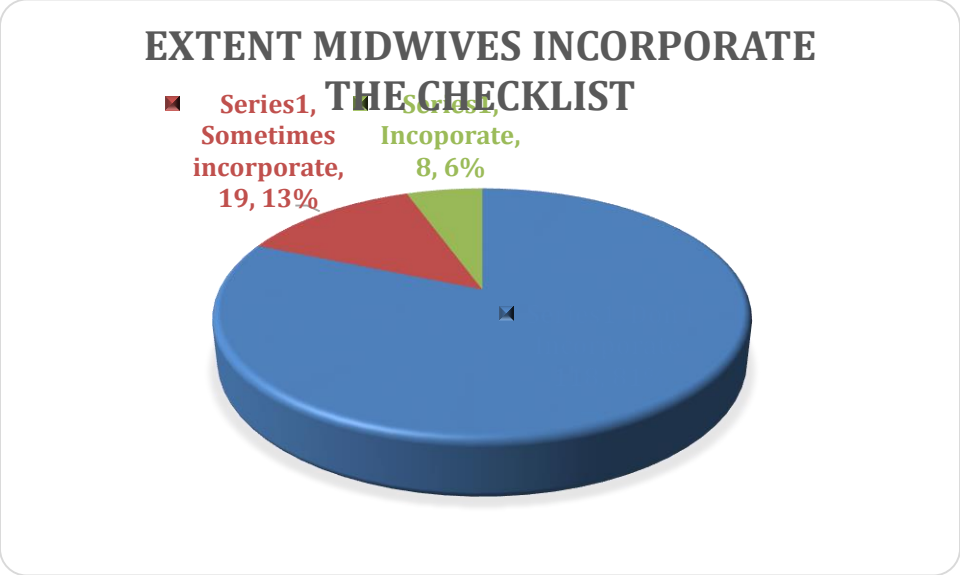
centers all owned by the government fall under the public health facilities, making it that 72% of the respondents (midwives work in government/ public health institutions/ facilities while 21% work in private health institutions .. it is represented by the chart above

Results 2: Level of Awareness of the midwives about the checklist in the health institutions/ facilities in Imo state used for the study



The results above shows the poor state of the awareness and utilization of WHO safe child birth checklist among midwives in Imo state, from our results a total of 105(72.4 %) midwives indicates that they are not aware of the checklist , 31(21.4%) of the midwives indicated they are aware of the checklist but not using it , it's only 9 (6.2%) of the respondents(midwives) are aware of the checklist and using it, this calls for a very serious concern because adequate measures needs to be put in place to ensure more awareness and strict compliances of the checklist to all the midwives in Imo state and similar environment.

Results 3: The extent midwives incorporate the checklist in their routine practice



The results of the study indicates that due to the poor level of awareness and utilization of the checklist , the extent the midwives incorporate the checklist in their routine practice is very poor as 118 (81.4 %) midwives indicated that they don't incorporate the checklist in their routine practice, 19(13.1%) indicated they sometimes incorporate the checklist in their routine practice, and its only 8(5.5%) of the midwives that actually incorporate the checklist in their routine practice and this indicates the need for a serious action to be taken so that the midwives would consistently incorporate the checklist in their daily practice .

DISCUSSIONS

The results from the study indicates that there were serious variation in the level of awareness among the midwives in the utilization of the checklist as 72% of them responded in the negative of not being aware of the checklist, while 21% of the midwives responded of being aware of the checklist but because they have not seen the importance or well informed about its impacts in maternal and neonatal care and protection, they are not utilizing or using the checklist, it's only a minimal and insignificant 7% of the midwives responded that they are aware of the WHO safe childbirth checklist and are utilizing it

The findings from the study indicated that a lot of factors contributed to this poor level of awareness among them are poor training and development , lack of professional exposures and programmes as it relates to maternal and neonatal health like utilizing the online resources available, gaining more knowledge through the use of the medical journals and other publications as well as being a participant in health care conferences and workshops would have been helpful

and beneficial but most of the midwifes hardly take part in any of the these activities and that has been very detrimental to their growth and awareness about the checklist ,

All these findings are in tandem with Ogu (2018) who advocated for the provision of adequate training and education programmes for the midwives, the study underscores the importance of awareness creation about the benefits of the checklist as well as investing in Education and training programmes so that the midwives will be well abreast with such knowledge to enhance their competence and confidence in the checklist

The findings from the study indicates that 81% of the midwives do not Incorporate the checklist in their daily routine practice which is very poor, 13% of the midwives responded that they sometimes incorporate the checklist but not all the time but often do, and its only 6% of the midwives that responded that they always incorporate the checklist in their daily routine practice and this calls for serious action and activities to bridge the gap so that more awareness will be created so that more midwives in Imo state will embrace the full implementation and utilization of the checklist in their daily routine practice especially during childbirth.

In the study, a lot of respondent indicated that they (midwives) do not incorporate the checklist in their daily routine practice because they didn't see the importance of the WHO SCC and didn't see it as an important or requisite guide for patients care during childbirth, which is absolutely very bad because of their poor awareness level , they didn't know that the integration of the checklist actually aligns with the standard protocols and procedure in every health institution which when utilized will be very effective in enhancing the quality of neonatal and maternal health outcomes and care in their practice, and because they hardly incorporate the checklist in their daily routine practice they don't share the importance, benefits and insights gained about the WHO checklist with their professional colleagues and other health professional.

The study highlights that a lot of factors contributed to that among them are: inadequate training on its use, limited resources and essential supplies, organizational constraints within the health facilities among others and emphasized the need for an adequate resource allocation within the health institutions as well enhancing more awareness and training as expected so that every midwives in IMO State will see the need and importance to incorporate the checklist.

CONCLUSIONS

The study sheds lights on the critical aspects of maternal and neo natal healthcare delivery in Imo state and underscores the importance of checklist utilization in improving the quality and safety of childbirth practices, yet the study revealed a significant gap in awareness and consistent use among the midwives which has been a challenge and has affected its effective implementation. Among the challenges identified are: limited training opportunities, resource constraints, organizational barriers, and the need for supportive policy frameworks and to address all these challenges requires an effective and concerted efforts from the stakeholders, including government agencies,

healthcare professionals and institutions, professional associations, and community advocates Also interventions aimed at increasing awareness , enhancing more training and development, and improving the availability of resources to support the checklist among the midwives should be prioritized as well as fostering a culture of quality improvement and patient safety within the health institutions is very essential to sustainably integrate the checklist into their routine clinical practice.

Recommendations:

Based on the findings of this study the following recommendations were made:

1) Training and Education- Regular training programmes should be organized for the midwives to get them familiarized with the WHO checklist and its importance in improving maternal and neonatal health outcomes, the trainings should focus not only on theoretical knowledge but practical hand on session to enhance their proficiency

2) Continuous Monitoring and Evaluation: A consistent monitoring and evaluation mechanisms should be put in place to assess the adherence to the checklist protocols and identify the areas that needs improvement. Feedback from the midwives should be actively sought and incorporated into quality improvement initiatives.

3) Collaboration and Advocacy: A timely collaboration between health authorities, professional associations, and non-governmental organizations should be fostered to advocate for the widespread adoption of the WHO Safe Childbirth Checklist. This could involve raising awareness through advocacy campaigns, engaging policymakers, and mobilizing community support for maternal and child health initiatives

4) Cultural Sensitivity and Stakeholder Engagement: Efforts should be made to address cultural barriers and engage stakeholders, including midwives, healthcare administrators, and community leaders, in promoting the importance of the Safe Childbirth Checklist.

5) Incentivization, rewards and Recognition: Health institutions could consider incentivizing midwives who consistently adhere to checklist protocols and demonstrate commitment to improving maternal and neonatal health outcomes this is established to acknowledge exemplary performance with the checklist.

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