

MIDWIVES' VIEWS ON IMPROVED USE OF THE PARTOGRAM IN VHEMBE DISTRICT OF LIMPOPO PROVINCE, SOUTH AFRICA

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ABSTRACT

The purpose of the study was to explore and describe the views of midwives on the improved use of the partogram. A qualitative, explorative, descriptive and contextual study on the partogram as a clinical practice guideline was conducted in Limpopo Province as a requirement for a doctoral degree. Midwives working at Vhembe District hospitals formed the population of the study. A sample of 17 midwives was conveniently selected from the three hospitals in the district. Semi-structured interviews were conducted with midwives who signed the consent form. Midwives were asked to describe their experiences with the use of the partogram and their views on how its implementation could be improved. Interviews were recorded and transcribed verbatim. Tesch's eight steps of qualitative data analysis were used to analyse the data. The findings of the research study highlight several challenges experienced by midwives, including their views on the improved use of the partogram. In this article, only the views of midwives on the improved use of the partogram are discussed. Midwives suggested that they be empowered with knowledge and given support by ward managers, that the partogram document be redesigned and that communication take place with midwives by ward and district managers related to changes on the partogram. It is recommended that midwifery training programmes and in-service training emphasise the partogram; that midwives be encouraged and supported by ward managers and provided with enough staff and equipment; that managers redesign the partogram document format and that communication with midwives be improved when changes are made.

Keywords: qualitative research; improved use; midwives; partogram; views

INTRODUCTION AND BACKGROUND INFORMATION

The World Health Organization (WHO) recommends the use of the partogram for every woman in labour because of its usefulness in managing prolonged labour, which is regarded as the leading cause of maternal and foetal deaths, especially in low-resourced countries (Francke, Smit, De Veer and Mistiaen 2008, 1; WHO 2014, 1). The aim of using the partogram is to provide a pictorial overview of labour progress and to alert health professionals to any problems with the mother or the foetus (Ollerhead and Osrin 2014, 1). The South African government adopted the WHO recommendations and developed the Guidelines for Maternity Care in South Africa in 2007, which were updated in 2015. The guidelines include the manner in which the partogram should be used and recorded (South Africa 2015, 48; South Africa 2007, 38).

Though the use of the partogram improves quality of care for the labouring woman and the foetus, challenges regarding its implementation have been highlighted by several researchers. Chaturvedi, Upadhyay, De Costa and Raven (2015, 1) conducted a study on the implementation of the partograph in India and found that it was used rarely and retrospectively, training did not support its correct use and it was useful but not feasible. Furthermore, Wakgari, Amano, Berta and Tessema (2015, 552) conducted a study in Ethiopia on partogram utilisation and associated factors and found that utilisation was low and knowledge and attitudes of obstetric care providers were factors affecting utilisation. Professionals were also viewed as lacking awareness, knowledge and training, and undervalued the partogram, seeing its completion as complex and time consuming rather than assisting good practice (Ollerhead and Osrin 2014, 5).

Lack of appreciation of good work, poor communication and teamwork, organisational constraints and limited resources, difficulties accepting change and lack of motivation were identified as barriers to implementing clinical practice guidelines by Nzinga, Mbindyo, Mbaabu, Warira and English (2009, 1) in Kenyan hospitals.

Studies done in Limpopo have highlighted several challenges. Shokane, Thopola, Jali, Kgole and Mamogobo (2013, 159) conducted a study in Capricorn District of Limpopo, South Africa. Midwives were failing to monitor and plot foetal and maternal status during the intrapartum phase. Lack of human resources was also found to be a problem. Mothapho, Maputle and Shilubane (2014, 285) conducted a study on the competence of midwives in training and found that the content taught by college and labour ward staff members on the partogram differed and made students uncertain of their competence.

Based on the challenges that were highlighted in this subsection by several researchers, the author identified a need to describe midwives' views on how partogram implementation can be improved.

STATEMENT OF THE RESEARCH PROBLEM

Research on the effectiveness and use of the partogram was conducted, and the partogram was found to be an effective tool that is used for early identification and management of labour complications. Challenges with the use of the partogram have been reported in Limpopo, including gaps in recording, shortage of staff, midwives' lack of support by managers, shortage of resources, design of the partogram, negative attitudes of staff and poor communication of changes that are made on the partogram. There is a need to focus on midwives' views on aspects which can improve the use of the partogram.

PURPOSE OF THE STUDY

The purpose of the study was to explore and describe the views of midwives on improved use of the partogram in Vhembe District of Limpopo Province, South Africa. The findings will be used to improve the use of the partogram by midwives for improved caring for the mother and the foetus in Vhembe District.

RESEARCH QUESTION

What are the views of midwives on the improved use of the partogram in Vhembe District of Limpopo Province, South Africa?

DEFINITION OF KEY CONCEPTS

Improved use of the partogram: This means that the partogram is used according to the South African Guidelines for Maternity Care in South Africa: A Manual for Clinics, Community Health Centres, and District Hospitals (South Africa 2015, 67).

Midwives: The International Confederation of Midwives (ICM) defines a midwife as a person who has successfully completed a midwifery education programme that is recognised in the country where it is located, and who has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery, and who demonstrates competency in the practice of midwifery (ICM 2011). In this article, midwives would mean those working at the selected hospitals and who were interviewed during the period of data collection.

Partogram: The partogram is defined as a chart on which the features of labour are entered in graphic form. It enables early identification of deviation from the norm (Fraser, Cooper and Nolte 2006, 429). In this research article, a partogram would mean the one described in the Guidelines for Maternity Care in South Africa (South Africa 2015, 67).

Views: Cambridge Dictionaries Online defines a view as a way of thinking about the world, or an opinion, belief, or an idea, or a way of thinking about something. In this research article, a view means the ideas or opinions of midwives on aspects that can be implemented to improve the use of the partogram.

RESEARCH METHODOLOGY

Design

A qualitative, exploratory and descriptive design was used to explore midwives' views on the possible improvement of the use of the partogram and its recordings.

Population and Sampling

Vhembe District has six hospitals. The researcher purposefully selected three hospitals, two of which are district (level 1) and one a regional (referral hospital level 2) hospital. Midwives working at the three selected hospitals formed the population of the study. A sample of 17 midwives was conveniently selected from the three hospitals in the district. The researcher selected midwives based on their specialist knowledge of the partogram and the fact that they had been using the partogram for at least six months.

Data Collection

Semi-structured face-to-face interviews were conducted with midwives after having signed a consent form. The interviews were conducted during February and March 2012 in the private rooms of the selected hospitals, and lasted for approximately 30–45 minutes. The demographic profile of participants included age of midwives, years of experience working in the labour ward and the midwifery course which they had trained for. One of the questions posed to midwives was: In your opinion, what can be done to improve the use of the partogram?

Measures to ensure Trustworthiness

The researcher has background knowledge on midwifery and research methods in order to ensure that the research process was followed, and that relevant aspects in midwifery were considered to ensure consistency (Speziale and Carpenter 2007, 49). Co-coding was done electronically with an independent coder, who was given the raw data, to ensure dependability and truth value. Credibility was established through prolonged engagement with participants in the field. All data pertaining to the research study was kept meticulously. Peer evaluation was employed by engaging the expertise of colleagues in midwifery and in qualitative research (Polit and Beck 2012, 723). Triangulation of data collection methods was ensured by writing field notes and conducting interviews with

midwives (Speziale and Carpenter 2007, 49). A clear description of the demographics of participants was provided in order to ensure applicability of the research study.

Ethical Aspects

The ethical clearance certificate was obtained from the University of South Africa, as the study was done for the purpose of obtaining a doctoral degree. Permission letters were obtained from the Limpopo Department of Health and the chief executive officers of the three hospitals. Verbal permission was also obtained from the labour ward managers of the three institutions at the time of data collection. An explanation of the nature and purpose of the study, including the fact that the results will be published, was given to participants. Informed consent forms were signed before the actual data collection and participants were allowed to discontinue the interview at any time without consequence. Privacy was maintained by conducting the interviews in private rooms that were available in the maternity wards of the three institutions. Codes instead of names of participants and hospitals were written on the interview transcripts to ensure confidentiality. No benefits were offered to participants for being part of the research study; however, participants were given the opportunity to share their views on how partogram use can be improved.

DATA ANALYSIS

Data were tape recorded and then transcribed verbatim. Co-coding was done with an experienced researcher in qualitative research. The researcher analysed the data using Tesch's eight steps of qualitative data analysis as described in Creswell (1994, 154–155) as follows: getting a sense of the whole by reading carefully through all transcriptions of the recorded data; picking one interesting document and determining the underlying meaning and writing thoughts in the margin; analysing the rest of the documents and making a list of topics, clustering similar topics together and writing them in columns and arranging topics into themes; formulating codes; finding the most descriptive wording for the topics; abbreviating each category and placing codes in alphabetical order; assembling the data material that belongs to each category in one place and performing a preliminary analysis and then recording the existing data. Field notes were taken and compared with the information on the transcripts.

Demographic Information

The profile of participants included the hospital to which the midwife was assigned, the age of the participant and the type of midwifery training programme completed. Data were analysed manually by the researcher. Interviews were conducted with 17 female midwives. All midwives worked in the labour wards at the three hospitals. The ages of the participants ranged from 31 to 64 years. Seven of the participants had completed the

two-year midwifery training programme, five had completed the Diploma in Nursing (general, community, psychiatry) and midwifery, four had undergone the one-year diploma in midwifery course, two were advanced midwives and one had a degree in nursing.

Themes

The themes which emerged are empowerment with knowledge, provision of support and redesigning the partogram format, as indicated in table 1.

Table 1: Themes and categories on recommendations to improve use of partogram

Themes	Categories
Theme 1: Empower midwives and student midwives with knowledge	Emphasis on partogram in midwifery training Provision of a mentor for student midwives Provision of a partogram specialist Improvement in communication In-service education Peer evaluation of midwives
Theme 2: Provide support	Provision of motivation Provision of personnel
Theme 3: Redesign the partogram format	Spaces on the partogram to be made bigger in case of error

Theme 1: Empower Midwives and Student Midwives with Knowledge

Including the partogram in the midwifery curriculum, support of students in the labour ward, improving communication when changes are made, in-service education and including self- and peer evaluation were highlighted as the most important aspects that can be implemented to improve the knowledge of midwives and students on the use of the partogram.

Emphasis on Partogram in Midwifery Training

The midwives were of the opinion that if the partogram were emphasised in midwifery training, it would empower student midwives with knowledge and would improve partogram implementation in the labour wards. One participant said the following:

“Even in the curriculum of those students it must be emphasized so that they can complete their studies knowing it, and when they come to the hospital as permanent employees they won't struggle.”

Provision of a Mentor for Student Midwives

The midwives maintained that students need to be supported in the labour ward, and a suggestion for a student mentor who can receive and support students in the labour ward was made:

“We can have a person in the maternity ward that is there to receive the students and to be able to encourage them to use the partogram, like we were taught in class. When students come to the situation without a mentor, they lack support in the unit and after training they may have problems with the partogram.”

Provision of a Partogram Specialist

The midwives indicated that there is a need for a midwife to be assigned to the labour ward who will oversee the implementation of the partogram.

“We can have somebody in the ward that can encourage them (midwives) – a partogram specialist who can mentor them when the problem comes.”

Improvement in Communication

The need to improve communication with midwives when changes are effected to the partogram was mentioned in order to afford midwives the opportunity to give inputs. One of the participants suggested the following:

“Generally, it can be good if they can send a document and ask midwives to give inputs on the proposed changes on the bed letter.”

In-service Education

In-service education was felt to be of value, and participants said that it should be planned monthly and include midwives from the district. The following statements were highlighted by a midwife in relation to in-service education:

“I think we have to strengthen the in-service in each institution ... we can just have an in-service plan on partogram, where every month we have the in-service of the partogram and even at district level. District must have a way of in-servicing nurses because according to me, I have realised that nurses in the hospital are much better in completing the labour graph than those who are at the clinic.”

Peer Evaluation using Checklist

Peer evaluation by midwives was indicated as important in improving the use of the partogram. The following suggestions were made on self-evaluation:

“Peer-evaluation is done where two people check how the partogram was plotted, we write on our book and give the percentage according to what we have found, and then we show the person who is responsible aspects that were done wrong and those that were done right.”

Theme 2: Provision of Support

Participants suggested the provision of motivation, personnel and partogram documents to motivate midwives to use the partogram effectively.

Provision of Motivation

The need for a partogram committee and nursing care committee to make regular visits and provide motivation to midwives on the use of the partogram was highlighted. One participant said the following:

“Nursing care committee can visit each unit, and a partogram committee of at least three people can be formed to move around supporting and teaching us instead of inspecting us.”

The need to emphasise the benefits of the partogram and the fact that it is easy to use was regarded as an aspect that can motivate registered midwives to rely on the partogram.

“Another thing that can be done is to encourage the registered midwives to take into consideration the importance of relying on the partogram.”

Motivating student midwives who used the partogram according to standards and showing appreciation for them by publicly giving them trophies, cakes and sweets was also suggested.

“If possible maybe, is to have something to motivate those student midwives who are good in partogram by giving them something, like a card (appreciation card), or a trophy in order to encourage them to continue to do the good work.”

Monetary rewards were also mentioned as a motivation for registered midwives to work in the maternity wards. The following statements were made relating to giving rewards:

“I think we are getting enough support because labour ward have been recognised as a speciality area, and midwives are being given money for working in the labour ward.”

The need for labour ward managers to audit the partograms, provide supportive feedback and emphasise positive aspects was suggested.

“If I did a mistake, call me, support me in a positive way ... give a negative remark in a positive way because it is encouraging.”

Provision of Personnel

The need for support from family members was indicated as important in order to relieve midwives of some of the caring duties such as offering moral support, rubbing the back and offering sips of water. The aim of including a family member is to ensure that midwives have enough time to concentrate on monitoring the condition of the pregnant woman, the foetus and the progress of labour. One of the statements by a midwife about assistance from family members was the following:

“A close family member can be allowed in the labour ward when I am still busy with other patients to give water, console the patient, and maybe if she (patient) is asking for something simple like a bedpan or to be comforted like rubbing the back.”

One of the participants suggested that nurses who worked in clinics which did not offer services during the night be assigned to the hospitals for night duty to alleviate the shortage of midwives at the hospitals. The following statements were made by a participant about clinic nurses assisting in hospitals during the night:

“People should consider statistics that is going up every month. The clinic have got nurses who can rotate and take turn (to work at the hospital) as they are not working during the night, maybe two nurses from one clinic in a month because they (clinic nurses) refer patients to the hospital.”

The need for more midwives to be assigned to the labour ward to improve quality of care, including the effective use of the partogram, was regarded as important in making the work easier. One participant said the following:

“If they [managers] can add more staff to make our work easier; although I know now that they have designed their strategy of moonlighting ... though they sometimes say there is no more money.”

Theme 3: Redesign Partogram Format

The chart is regarded as small and difficult to read for people with eyesight problems. One participant made the following statement:

“Maybe if it (the partogram document) can be made bigger so that the pages can be more visible ... because some of the midwives cannot see easily.”

DISCUSSION OF RESEARCH RESULTS

Knowledge that was gained from the interviews gave insight into actions which were viewed as important to improve the use of the partogram by midwives. Empowering midwives and student midwives with knowledge, providing support and ensuring that the design of the partogram is clear were viewed as the main aspects that can be used to improve partogram use.

Empowering Midwives and Student Midwives with Knowledge of the Partogram

Empowering midwives and student midwives with knowledge was regarded as important in ensuring that midwives know the partogram and are encouraged to use it. The midwives felt that the partogram should be emphasised in midwifery training. The findings of this study are in line with the results of a study done by Bahtsevani, Willman, Stoltz and Ostman (2010, 519), namely that the education and training of student midwives prepares them to competently plot and interpret the partogram. The midwives in this current study regarded in-service education as vital in empowerment and gaining knowledge. Fatusi, Makinde, Adeyemi, Orjie and Onwudiegwu (2008, 41) found that even the lower cadres of primary health care workers can be trained effectively to use the partogram with satisfactory maternal outcomes in developing countries, which supports the significance of in-service education.

The midwives highlighted that there should be a mentor and a partogram specialist who can provide support to student and registered midwives. Students need to be given an opportunity to use the partogram to manage a woman in labour and to document the findings under supervision. Kushwah, Singh and Singh (2013, 4376) state that in order to ensure that the partograph is used correctly, key members of the maternity care team must also be trained and be clinically competent to assess cervical dilatation, to accurately plot on the partograph and to analyse and use the data to make decisions. A partogram specialist was suggested by midwives as a person who would concentrate on teaching and supporting them in the ward. Prytys, Garety, Jolley, Onwumere and Craig (2011, 55) identify the lack of specialist workers in teams as a barrier to guideline implementation.

The need to communicate changes that are made on the partogram to all midwives, and to provide an opportunity for them to give their input was indicated as a way of creating a positive attitude and providing the necessary knowledge for improved partogram implementation. The findings of this research study confirm those of Shayo, Vaga, Moland, Kamuzora and Blystad (2014, 1), who found that there is a need for caution in assuming that important changes in guidelines for clinical practice can easily be implemented.

Participants valued the need for in-service education to be done in order to empower midwives and student midwives with knowledge. Nausheen, Jalil, Answer and Akhter (2010, 844) found a significant improvement in both knowledge and skills with hands-on practice sessions. In addition, Konlan, Kombat, Wuffele and Aarah-Bapuah (2016, 2) recommend constant refresher training on the use of the partogram.

The midwives recommended peer evaluation in the use of the partogram to improve practice. Shokane et al. (2013, 167) also found that peer evaluation using available checklists improves performance.

Provision of Support

The midwives indicated that they needed support through motivation, provision of personnel and in ensuring that pregnant women bring their maternity records when visiting the hospitals. Regular visits by a partogram team or nursing care team members would encourage staff and remind them to adhere to guidelines on how the partogram should be used. Masika, Katongole and Govule (2015, 44) also emphasise adequate support supervision of staff in the use and documentation of the partogram, and mentoring and monitoring performance. The use of incentives such as an appreciation card to motivate midwives to perform better was also mentioned by participants.

A suggestion made by the midwives was that a family member be available to accompany labouring women in order to assist the midwives with simple duties such as offering water to the patient, and that more midwives be employed in order to reduce shortages. Prytys et al. (2011, 56) in their research study found that high caseloads put pressure on clinicians, leading to a lack of compliance with guidelines. In addition, Konlan et al. (2016, 4) recommend that more midwives be employed to ensure effective use of the partogram.

Regular feedback was regarded as an essential strategy for successful implementation of nursing care plans. Masika et al. (2015, 37), in line with the findings of this research study, recommend that regular feedback meetings on performance be held with midwives in order to ensure ownership of the process. The midwives in the study reported on in this article highlighted the need to encourage pregnant women to bring maternity records to hospital in order to ensure continuity of care.

Redesign the Partogram Format

The small spaces that are provided on the partogram and the small font size were indicated as problems which need attention. The midwives suggested that spaces be made bigger and the font size be increased to ensure that the document is more clear and visible.

CONCLUSION

The study shows that improved documentation and use of the partogram requires knowledge, motivation and support and a review of the partogram format. Knowledge empowerment on the partograph through the education and training of students, mentoring, in-service education and communication were found to be important in improving the use of the partogram in monitoring women during labour. The midwives pointed out that support through regular visits and motivation, the provision of personnel and the provision of partogram documents were important in ensuring that the partogram is used effectively. The need to improve the format of the partogram, especially the font size and spacing, was mentioned.

RECOMMENDATIONS

Emphasising the partogram in student education and training, providing in-service education and using student mentors in the labour wards and partogram specialists to support midwives are recommended to improve their knowledge on the use of the partogram. Support of midwives in the labour ward in various aspects such as providing motivation, employing more midwives and providing enough partogram documents is also recommended. There is a need to reconsider the design of the partogram in order to improve its format. Further research on the views of students and obstetricians can be conducted to obtain comprehensive information on actions to be taken to improve the use of the partogram.

LIMITATIONS OF THE STUDY

The sample of this research study was conveniently selected from one district of Limpopo, and hence the results cannot be generalised to the entire province. Convenient sampling might have excluded other midwives who could have provided other views on the topic. The results yield important information that can be used to improve the use of the partogram, though the information is limited to midwives who were available during the period of the interview. The researcher is a midwife who was a lecturer of nursing students at the same hospitals, which might have influenced participants' responses.

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