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Original Research Article

Knowledge and Practice of Safe Delivery among Community Health Practitioners in Bayelsa Central Senatorial District, Nigeria

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Abstract: Community health practitioners play a vital role in providing primary healthcare services, including antenatal/postnatal care and delivery. The research aim to identify safe normal delivery knowledge and practice among healthcare workers in primary healthcare clinics that plays significant role in the quality of care provided to pregnant women in their respective communities. ***Methods*:** A descriptive study design and a cluster sampling technique with the aid of questionnaires was used to select 210 community health practitioners from, Bayelsa Central Senatorial district. ***Results***: From this study shows that 51.43% of respondents were within 25-34 years age bracket, 46.19% were married, 72.38% of respondents were CHEW's, 53.81% were government employed and 92.38% were Christians while 1.90% and 5.71% were Islam and African traditional religion. An average knowledge of 94.76% community health practitioners on safe delivery was identified with a practice rate of 90.95% as well as 75.24% that has taken delivery successfully. ***Conclusion*:** Community health workers are known to be skilled birth attendants as well as positioned geographically and socially to deliver some aspects of MNH care. Hence we recommend that there should be an increased training and retraining of community health practitioners across Bayelsa state as this will help to protect life of women and their unborn /newborn babies.

Keywords: Community Health, Practitioners, Delivery, Knowledge, Safe.

INTRODUCTION

Skilled birth attendance is of utmost important in public health as it reduce maternal morbidity and mortality rate globally. The endemicity of maternal morbidity in rural communities in south-south Nigeria call for international intervention (Boas & Lund, 2016). Community health practitioners play a vital role in providing primary healthcare services, including antenatal/postnatal care and delivery. However, the knowledge and practice of safe and normal delivery among these healthcare workers in primary healthcare Centres (PHC) can significantly impact the quality of care provided for pregnant women in their communities (Tulenko *et al.*, 2020; Olaniran *et al.*, 2022).

The puerperal period are important in reducing this maternal wastage (Wajid, White & Karim, 2013). Apart from the biomedical causes of maternal deaths, several other risk factors predispose to the high number of women that die during childbirth. The significance of maternal and child health services is well-recognized globally. According to (WHO), approximately 295,000 women died due to complications related to pregnancy and childbirth in 2017, with most of these deaths occurring in low-income and middle-income countries. Of the more than 130 million births occurring each year, an estimated 303 000 result in the mother's death, 2.6 million in stillbirth, and another 2.7 million in a newborn death within the first 28 days of birth. (Boas and Lund, 2016). Ensuring access to quality maternity care, including safe and normal delivery, is essential to decrease maternal mortality rates and improve the overall health of mothers and their babies (Duru *et al.*, 2023).

Every day in 2020, almost 800 women died from preventable causes related to pregnancy and

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childbirth. A maternal death occurred almost every two minutes in 2020. Between 2000 and 2020, the maternal mortality ratio (number of maternal deaths per 100 000 live births) dropped by about 34% worldwide. Almost 95% of all maternal deaths occurred in low and lower middle-income countries in 2020. Care by skilled health professionals before, during and after childbirth can save the lives of women and newborns (Gebremariam *et al.*, 2023).

Community health practitioners, also known as primary healthcare workers or frontline health workers, are often the first point of contact for pregnant women seeking healthcare services (Gupta *et al.*, 2017). They play a crucial role in providing antenatal care, monitoring pregnancies, managing complications, and facilitating safe deliveries. The ability of these practitioners to deliver quality care is influenced by their knowledge and skills in safe delivery practices (Hala, Mohamed & Huda, 2021).

In many developing countries, Primary Health Care clinics serve as the backbone of healthcare systems, providing essential healthcare services to communities in rural areas (Haver *et al*., 2015). Community health practitioners in these settings often work with limited material and human resources and face various challenges, including inadequate training human resource, lack of up-to-date knowledge, lack of material resource and insufficient supervision. These factors may compromise their ability to provide safe and normal delivery services effectively (Lassi, Kumarand & Bhutta, 2020).

Studies have shown inconsistent knowledge and practice levels among community health practitioners regarding safe and normal delivery. It was reported that good knowledge and practice, enhance positive impact on appropriate training and supportive supervision in other to close the gap in knowledge and practice, emphasizing the need for further training and support to ensure safe and normal delivery care (Le-Roux *et al*., 2020).

The well-being of both the mother and the baby depend on the availability and accessibility of skilled birth attendants and community health practitioners in primary healthcare clinics play a crucial role in providing safe and normal delivery care at the grass root level (Olaniran *et al.*, 2022). These frontline healthcare workers are responsible for ensuring safe and optimal delivery practices in their communities they domicile and render their professional health services. However, assessing their knowledge and practice of safe and normal delivery is inevitable in identifying the gaps and providing strategies for improvement. (Opara *et al.*, 2015).

Consequent upon this fact, it was stated that annually, approximately 2.6 million stillbirths occur worldwide, with a significant proportion of these happening in low-resource and developing countries arising from complications during pregnancy, childbirth and postpartum period which are the leading cause of neonatal mortality, with an estimated 2.5 million newborn deaths yearly (Thomsen *et al.*, 2019).

Primary healthcare clinics serve as the first point of contact for individuals seeking healthcare services in their communities (Wajid, White & Karim, 2013). Community health practitioners, including community midwives, nurses, and community health workers, provide critical primary healthcare services, including antenatal care, delivery, and postnatal care. (Boas & Lund, 2016). They often work in resource-constrained settings, facing various challenges that can impact their knowledge and practice of safe and normal delivery (Duru *et al*., 2023) despite this challenge, it was observed that community health worker appears to strive higher, this follows the tax shearing and shifting policy which shows that in 2011 community health workers took 214 deliveries in rural communities (Barbara *et al.*, 2015).

Therefore, this study aims to assess the current knowledge and practice levels of community health practitioners on safe and normal delivery in PHC clinics in Bayelsa senatorial district.

MATERIALS AND METHODS

The study adopted a descriptive study design.

Study Location

This study focused on the knowledge and practice of safe delivery among Community Health Practitioners in Primary Health Care clinics in Yenagoa, Comprehensive Health Care Yenizuegene, Opolo, Agudama, Okaka, Azikoro, OVOM, Famgbe, and Akaba.

Study Population

The population of this study consists of all licensed community health practitioners working in primary health centres in Bayelsa state Central Senatorial district. A total of 210 respondents were recruited for this study.

Inclusion Criteria: Only licensed practitioners actively working in the centers were included in this study

Exclusion Criteria: Except those that are too sick and did not consent to be part of the study were excluded.

Sampling Techniques:

210 community health practitioners took part in this study. A primary source of data was collected using a structured questionnaire.

Data Analysis:

Collected data was entered into the computer by using Epi data version 3.1 and was analyzed using SPSS software Version 23.0. Frequencies of variables was generated; tabulation and percentages was used to illustrate findings. Pearson correlation test was done to see the relationship between variables.

Ethical Approval:

Ethical clearance to conduct this study was obtained from the Bayelsa state Ministry Health ethics and research committee. Written and signed consent was gotten from participant before administering questionnaire.

RESULTS

Below are the presentation of the results obtained from this study in frequencies and percentage in tabular format

Table 4.2: Socio-Demographics

Variables	Frequency (n=210)	Percentage
Age in years:		
18-24	55	26.19%
25-34	108	51.43%
35-44	38	18.10%
45 above	9	4.28%
Gender		
Male	64	30.48%
Female	146	69.52%
Marital status		
Married	97	46.19%
Single	65	30.95%
Divorced	27	12.86%
Separated	21	10%
Cadre:		
JCHEW	30	14.29%
CHEW	152	72.38%
CHO	28	13.33%
Employment status:		
Govt. employed	113	53.81%
self-employed	65	30.95%
Private-employed	32	15.24%
Religion:		
Christianity	194	92.38%
Islam	4	1.91%
African tradition	12	5.71%

Source: Field survey, (2024)

Table 4.1 shows that 51.43% of respondent were within 25-34 age bracket, 46.19% were married, 72.38% of respondent were CHEW's, 53.81% were government employed and 92.38% were Christians.

Table 4.3: Knowledge of safe delivery

Variables	Frequency (n=210)	Percentage
Knowledge of Safe delivery;		
Yes	199	94.76%
No	11	5.24%
Knowledge of Partograph;		
Yes	199	94.76%
No	11	5.24%
Knowledge of Partograph;		
Yes	189	90%
No	21	10%
Progress of delivery;		
Yes	193	91.90%
No	17	8.10%

Variables	Frequency (n=210)	Percentage
Knowledge of Asphyxia;		
Yes	193	91.90%
No	17	8.10%
Knowledge of the number contractions;		
Yes	199	94.76%
No	11	5.24%
Knowledge of the presence of SHOW;		
Yes	195	92.86%
No	15	7.14%

Source: Field survey, (2024)

Table 4.2 shows that 94.76% of respondents believed that safe delivery is defined as ensuring essential maternal and newborn care during pregnancy and child birth, 94.76% believed that the Partograph is a useful tool during labour, 90% believed that the Partograph defines the key items during labour, 91.90% also said as delivery progresses, uterine contractions become intense and the fetus in-utero is exposed to extremely low levels of oxygen, 91.90% believed that asphyxia is the most common cause of neonatal deaths during delivery, 94.76% said that regular 2 to 3 uterine contractions within 10 minute is a sign of active labour, 92.86% agreed that presence of SHOW signals labour.

Table 4.4: Practice of safe delivery

Variables	Frequency(n=210)	Percentage
What are your practices to ensure safe delivery?		
Inform relative to be handy with other items.		
Yes	191	90.95%
No	19	9.05%
Set up a life line cannula.		
Yes	193	91.90%
No	17	8.10%
Use of the Partograph.		
Yes	191	90.95%
No	19	9.05%
Check maternal body temperature.		
Yes	204	97.14%
No	6	2.86%
Check maternal pulse and respiration.		
Yes	199	94.76%
No	11	5.24%
Check maternal blood pressure.		
Yes	204	97.14%
No	6	2.86%
Listen to Fetal heart rate.		
Yes	202	96.19%
No	8	3.81%
Check cervical dilatation.		
Yes	204	97.14%
No	6	2.86%
Check fetal descent.		
Yes	195	92.86%
No	15	7.14%
Have you taken delivery before?		
Yes	158	75.24%
No	52	24.76%

Source: field survey, (2024)

Table 4.3 shows that 90.95% of respondents believed that relatives should be informed to be handy with other items, 91.90% believed that a lifeline cannula should be set, 90.95% said Partograph should be used, 97.14% said that maternal temperature should be checked, 94.76% agreed that maternal pulse and

respiration should also be checked, 97.14% believed that maternal blood pressure should be checked, 96.19% believed fetal heart rate should be listened to, 97.14% said that cervical dilatation should be checked, 92.86% believed that fetal descent should be checked, 75.25% have taken delivery.

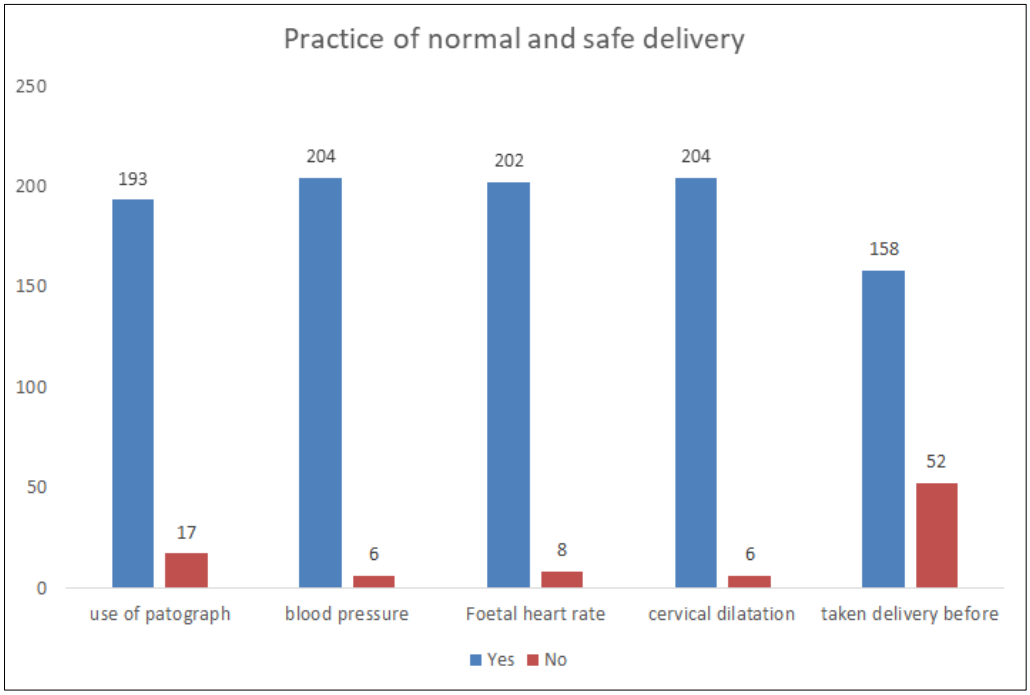

Fig. 1

The chart above shows how community health workers practice safe and normal delivery at the health facility level in Bayelsa state.

DISCUSSION

Findings from this study shows that majority (51.43%) of respondent were within 25-34 years age bracket. The study also showed that majority (94.76%) of this community health workers use Partograph as a useful tool during labour. It was also discovered that most (92.86%) of the community health workers can identify the presence of SHOW as a sign of true labour. This disagrees with a study conducted by Punjot, 2019 which states that knowledge regarding process of normal labour in primigravida among community health workers (CHWs) in selected clinics of Pune city was 22% of which Community Health Workers have poor knowledge about process of normal labour. This findings also corroborates with a quantitative approach and non-experimental descriptive research design which concluded that among 100 CHWs, 54 (54%) Community Health Workers have moderate adequate knowledge regarding safe delivery; 46 (46%) have adequate knowledge. Again, this findings agrees with a descriptive, non-experimental design in Namibia which shows that majority of the participants (CHWS) (87.3%) knew the correct supporting technique to prevent perianal tears which is in line with the study by Mateus *et al.*, 2019. It also agrees with a cross-sectional survey design in West Shoa Zone, Oromia, Ethiopia which revealed that the knowledge, attitude, and practice towards skilled maternal health services were found such that 473.3 (72.4%) of the study participants(CHWs) had good knowledge, 460.3 (70.4%) had good practice towards skilled maternal health services(Girmaye *et al.*, 2021).

More so this study shows that majority (90.95%) of respondents believed that relatives should be informed to be handy with other items which corroborate with a study by Olaniran *et al.*, (2019) which states that a variety of community health workers (CHWs) provide maternal and newborn health (MNH) services in low-income and middle-income settings, it also agrees with a quasi-experimental study in Kenya that skilled birth care (CHWs) utilization significantly improved by (57.9%). This was also compared to control group, the proportion of women delivering under skilled birth care in intervention site increased by 8.6%. Therefore, to improve maternal and child health outcomes in Kenya, implementation of community health services should be fast tracked in all countries (Nzioki *et al.*, 2018).

On the practice of taking normal and safe delivery, majority (75.24%) of community health practitioners working in rural communities have successfully delivered 214 mothers as agreed with (Barbara., 2015) and most of them (69.52%) are female community health workers who have taken normal and safe delivery successfully in the health facilities and they are very effective in rendering antenatal care services to mothers. This findings corroborate with Charles *et al.*, 2015 titled ‘’ Female Health Workers at the Doorstep’’

which confirmed that female community health workers take 30 deliveries in the month of June 2011 in a quasi-experimental design compared with service utilization in the pilot community of Kadawawa, and the study refers to community health workers as skilled based attendance who were employed and send to rural communities as a facility based health care workers, this also corroborates with a study carried out by Abimbola.,2019 which also classified community health workers as a skilled birth attendants.

CONCLUSION

Although the profile of CHWs varies across countries, common attributes such as being recruited and supported by the community served may uniquely position the cadre to help address some of the health system challenges that affect access to health facility services.

Community Health Workers are well positioned geographically and socially to deliver some aspects of Maternal New-born Health Care services. However, there is need to review and revise their scope of practice to reflect the varied duration of training. Therefore, it is an indisputable fact that community health practitioners does take safe and normal deliveries in communities where they live and work.

Conflict of Interest: None declared.

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