International Journal of Recent Advances in Multidisciplinary Topics
Volume 6, Issue 8, August 2025
https://www.ijramt.com | ISSN (Online): 2582-7839

A Pre-Experimental Study to Assess the Effectiveness of Planned Teaching Programme on Knowledge and Practice Regarding Partograph During Labour Among Nursing Students in Selected Hospital, Bhilai, Chhattisgarh

Gagan Manjusha Sahu[1], Veena Rajput[2], Saumya Thomas[3], Sayreena Khan[4*]

[1]*M.Sc. Nursing Final Year, Department of Obstetrical & Gynecological Nursing, Shri Shankaracharya College of Nursing, Bhilai, India*
[2]*Principal, Department of Obstetrical & Gynecological Nursing, Shri Shankaracharya College of Nursing, Bhilai, India*
[3]*Department of Obstetrical & Gynecological Nursing, Shri Shankaracharya College of Nursing, Bhilai, India*
[4]*Department of Mental Health Nursing, Shri Shankaracharya College of Nursing, Bhilai, Chhattisgarh, India*

***Abstract*: Introduction: The partograph (or partogram) is the most commonly used labour monitoring tool, widely supported by health professionals and recommended by the World Health Organisation (WHO) for use inactive labour. The purpose of the partograph is to enable health professionals to monitor wellbeing and progress in labour and provide timely intervention when required. The partograph (sometimes known as partogram) is usually a pre-printed paper form on which labour observations are recorded. The aim of the partograph is to provide a pictorial overview of labour, and to alert midwives and obstetricians to deviations in maternal or fetal well-being and labour progress. Charts have traditionally contained pre-printed alert and action lines. An alert line, which is based on the slowest 10% of primigravid women's labours, signifies slow progress. An action line is placed a number of hours after the alert line (usually two or four hours) to prompt effective management of slow progress of labour. Aim: The aim of the study was to assess the effectiveness of planned teaching programme on knowledge and practice regarding partograph during labour among nursing students in selected hospital Bhilai (C.G). Material and Method: A experimental research design was adopted to conduct the study. In this study the target population includes nursing students posted in labour room. Non probability purposive sampling technique is used for selecting a sample of 60 nursing students . The tools were divided into three sections:- Section A deals with the socio demographic variables such as age, gender, residence, main sources of information, frequency of posting in labour room, experience to fill partograph, attended any vaginal delivery previously and Section B consist of Self structured questionnaires on knowledge of partograph. and Section- C include Modified checklist for practices of partograph. Results: Knowledge and practice regarding partograph among nursing students were analyzed using frequency and percentage. It is seen out of 60 nursing students working in labour room, in pre test knowledge Score regarding partograph 41 (80%) were below average, 19 (20%) were good, and post test knowledge Score regarding partograph during labour among nursing student 8 (20%) were good, 31 (50%) were very good and 21 (30%) were excellent. Pre test knowledge 8.24 is mean,27.46% is the mean percentage and 0.982 is SD whereas in post test knowledge 21.02 is the mean, 70.06% is the mean percentage and 1.031 is SD. While to analysis the overall practice regarding Partograph, in pre test 39 (75%) were below average and 21 (25%) were average and Post test practice Score regarding partograph during labour among nursing student 11(15%) were good, 26(50%) were very good and 23(35%) were excellent. Pre test practice 9.02 is mean,30.06% is the mean percentage and 1.2 is SD whereas in post test knowledge 16.56 is the mean, 55.2% is the mean percentage and 2.3 is SD. Conclusion: In this study comparison of overall knowledge and practice score of partograph between pre test and post test by mean, mean percentage, standard deviation. Hence it can be conducted that planned teaching programme was found good method for achieving knowledge regarding partograph during labour among nursing student.**

***Keywords*: assess, effectiveness, planned teaching programme, knowledge, practice, partograph, labour, nursing students.**

1. Introduction

Pregnancy gives a whole new meaning to the word “beautiful” and is a time of enormous delight and anticipation. The feeling of carrying a tiny soul inside you is incredible. “The moment a child is born, the mother is also born. She never existed before. The woman existed, but the mother, never. A mother is something absolutely new. Birth is the most challenging physiological and psychological events in the women’s life. Childbirth is not only a transition to motherhood, but also it is associated with considerable physical and emotional impacts in a mother’s life. It has a powerful effect on women’s lives with long-term positive or negative effects. A positive birth experience can have long-lasting profits such as the improvement of the relationship between a mother and a child, the development of parent’s well-being, self-confidence, and the quality of life.

Labour is defined as regular and painful uterine contraction

*Corresponding author: sayreenakhan2023@gmail.com

that cause progressive dilatation and effacement of cervix. The world Health Organization (WHO) defined normal birth as "spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneous in the vertex position between 37and 42 complete weeks of pregnancy. After birth, mother and infant are in good position"

A study from Uttar Pradesh, India, had identified lack of quality monitoring for progress of labour. There is a dearth of information about the usage and issues/challenges of partograph plotting in India, particularly in Odisha. This study highlights the current status and challenges toward partograph plotting in public health facilities and intends to be the torch bearer in guiding the primary care physicians for improving intrapartum monitoring to save the life of mother and fetus.

The partograph (or partogram) is the most commonly used labour monitoring tool, widely supported by health professionals and recommended by the World Health Organisation (WHO) for use inactive labour. The purpose of the partograph is to enable health professionals to monitor wellbeing and progress in labour and provide timely intervention when required.

Tina lavender, stinebernitz The partograph (sometimes known as partogram) is usually a pre-printed paper form on which labour observations are recorded. The aim of the partograph is to provide a pictorial overview of labour, and to alert midwives and obstetricians to deviations in maternal or fetal well-being and labour progress. Charts have traditionally contained pre-printed alert and action lines. An alert line, which is based on the slowest 10% of primigravid women's labours, signifies slow progress. An action line is placed a number of hours after the alert line (usually two or four hours) to prompt effective management of slow progress of labour

Mary Kellin The partograph (sometimes called partogram) is a labour monitoring tool that is used in countries worldwide to enable early detection of complications, so that referral, action or closer observations can ensue. While the partograph has received global support, from health professionals, there are concerns that it has not reached its full potential in improving clinical outcomes. This has resulted in several variations of the tool and a plethora of studies aimed at exploring the barriers and facilitators to its use. It also suggest reasons why the tool may not be meeting the needs of all practitioners. In particular, it explore partograph use as a complex intervention, suggesting that its success is likely to be dependent on multiple contextual factors.

A. Need of the Study

Maternal mortality continues to be a global burden worldwide. Each year, more than 200 million women become pregnant and a large number of mothers die as a result of the complications of pregnancy or childbirth (Magon, 2011). According to United Nations report (2012), maternal mortality has nearly halved since 1990, but levels are far from the target set for 2015. The report indicates that two regions, sub-Saharan Africa and South Asia, account for 88 per cent of maternal deaths worldwide. Sub-Saharan Africans suffer from the highest maternal mortality ratio -546 maternal deaths per 100,000 live births, or 201,000 maternal deaths a year

Mukta Gandhi (2024): Every year, out of an estimated 120 million pregnancies that occur World Wide, about half million women die because of complication of pregnancy and child birth. So, there is need of skilled assistance during labour is the very important and key service to reduce the rates of maternal mortality and morbidity rates. The partograph (sometimes known as partogram) is usually a pre-printed paper form on which labour observation are recorded. The aim of partograph is to provide a pictorial overview of labour, to alert midwives and obstetricians to deviations in maternal or fetal wellbeing and labour progress. The objective of the study was to assess the knowledge and practice regarding partograph among nursing student. Globally ,in Asia there was an estimated number of 287,000 maternal death in 2010 85% (245,000) of these deaths occurred. In India, nearly 45,000 mothers die due to causes related to childbirth every year that accounts for 17% of such deaths.

Prayag Joshi (2023): In Chhattisgarh , nearly 3,184 new-borns have died in the past six months ,with Surguja , Kanker & Rajnandgaon districts having the worst infant mortality figures. Among the causes of these death were of obstructed prolong labour which could be prevented by cost effective & affordable health intervention like the use of the partograph. The use of the partograph is a well-known best practice for quality monitoring of labour& subsequent prevention of obstructed and prolong labour.

World Health Organization (WHO): A partograph is a graphical chart for recording labor observations, providing a visual overview of maternal and fetal well-being during childbirth to identify potential complications and guide clinical decisions. Key elements recorded include cervical dilation, fetal heart rate, uterine contractions, maternal vital signs, and fetal descent, with a central graph plotting cervical changes against time. Designed by the World Health Organization (WHO), it helps prevent prolonged labor and its complications by alerting caregivers to deviations from the norm and the need for intervention.

Kunti Mathue (2022): In India majority of the deliveries are conducted by ANMs in rural areas & nurse midwives in urban hospitals. That is the reason for all four courses in nursing namely Revised General Nursing and Midwifery, Post Basic B Sc Nursing, Basic B Sc Nursing and M Sc Nursing in India includes midwifery as one of the compulsory subjects. While they are posted in obstetrics wards by rotation for a total period of five and half months, each one of them has to conduct 20 deliveries under supervision. By the time they became graduates & start doing internship they are well-versed with the stages and phases of delivery and are expected to know the cervical dilatation.

Partograph is an essential component for assessing the process of labour. By which we can assess the complication in labour. And manage the complication of labour. The purpose of the partograph is to enable health professionals to monitor wellbeing and progress in labour and provide timely intervention when required. Despite its use for over 40 years,

continuing deaths from obstructed labour have led to concern that the partograph is not reaching its potential in enabling detection of deviation from the norm and timely intervention. The many study revealed that partogram is a valuable tool in the improvement of labour outcome and among these skilled attendances during pregnancy, labour and delivery have been identified as the most important factor in the reduction of maternal mortality and morbidity. Keeping the above facts in view, the investigator researcher felt that to assess the nursing students knowledge and practice regarding partograph. So that making aware of the standard protocol on partogram can fill missing links and knowledge gaps.

B. Objectives

1. To assess the pre test knowledge and practice Score regarding partograph during labour among nursing students.
2. To assess the post test knowledge and practice score regarding partograph during labour among nursing students.
3. To find out correlation between pre test and post test knowledge and practice regarding partograph during labour among nursing students.
4. To find out association between pre test and post test knowledge and practice score regarding partograph during labour among nursing students with their selected socio demographic variable.
5. To formulate planned teaching programme regarding partograph.

C. Hypotheses

At 0.05 the level of significance

- H0- There will be no significant difference between pre test and post test knowledge and practice regarding partograph during labour among nursing students.
- H1- There will be significant difference in pre test and post test knowledge and practice regarding partograph during labour among students.
- H2-There will be significant effectiveness of planned teaching programme on knowledge and practice regarding partograph during labour among nursing students.
- H3– There will be correlation between pre test and post test knowledge and practice regarding partograph during labour among nursing students.
- H4- There will be a significant association between pre test knowledge and practice with selected socio demographic variable.

D. Operational Definition

- *Assess*: In this study it refers to determine the knowledge and practice regarding partograph among nursing students.
- *Effectiveness*: In this study it refers to the extent to which the planned teaching programme has achieved the desired effect in improving the knowledge and practice on partograph.
- *Knowledge*: In this study the knowledge refers to the level of understanding partograph of nursing students.
- *Practice*:-In this study the practice refer to the actual application of partograph during labour.
- *Partograph*: It refers to the composite graphical record of key data (maternal identification, FHR, colour of amniotic fluid, moulding, dilatation of cervix, descent of fetal head, uterine contraction, oxytocin, other drugs and IV fluids, maternal vitals, urine analysis) during labour entered against time on a single sheet.
- *Planned teaching programme*: It is the systematically organized teaching strategy. In this study it refers to the systematically planned teaching programme used in the study to improve the knowledge and practice regarding partograph.
- *Nursing students*: It refers to the final year students of G.N.M. and B.Sc. Nursing who are learning midwifery.

E. Sampling Criteria

1) Inclusion Criteria

- Nursing student those who are working in labour room.
- Nursing student posted who are in final year.

2) Exclusion Criteria

- Nursing student those who are not available at the period of data collection.
- Nursing student those who are not willing to participate in the study.
- Nursing student those who are studying post basic B.Sc. nursing.

2. Material and Method

The conceptual frame work adopted for the study is Imogene kings goal attainment theory. In this study pre experimental research design was used for study. In the present study Independent variable is planned teaching programme on partograph. In the present study Dependent variable is knowledge and practice regarding partograph among nursing students. In the present study, the target population consist of nursing students. In the present study the accessible population is the nursing students who are working in labour room during my study. The sample of present study comprise of 60 nursing student from selected hospital at bhilai.(C.G.). A represented sample was selected by using non probability purposive sampling technique. The pilot study was conducted on 10 samples. To identify the reliability of tools & feasibility of the study. Pilot study was conducted at Lal Bahadur Shastri shaskiya Chikitsalaya, supela, Bhilai. (C.G.). The reliability was established by split half technique by Karl Pearson correlation co-efficient formula. The correlation co-efficient of knowledge was found r = 0.88 and practice regarding partograph was found r = 0.77 since the computed correlation of knowledge and practice regarding partograph is high, the tool is found to be reliable. The main study was conducted from 6 Nov, 2022 to 23 Dec,2022 formal permission was sought and obtained. A total 60 nursing student in B.Sc. & G.N.M. nursing student posted in shri shankaracharya institute of medical science, Junwani, Bhilai, (C.G.).

A. Ethical Consideration

For the present study, the investigators took into a consideration of can ethical issues. The study was accepted by the research committee. Prior permission was obtained from principal, shri shankaracharya college of nursing, hudco, Bhilai. Permission was also obtained from additional nursing superintendent of shri shankaracharya institute of medical science, Junwani, Bhilai, (C.G.). Consent was taken from the B.Sc.nursing 4th year & G.N.M. nursing 3rd year student who farmed the sample group. They had the freedom to withdraw from the study at any time without giving reason. Anonymity of participant was ensued. Confidentiality of the data was maintained

B. Description of the Tool

A structured questionnaire and modified checklist will be developed as a tool for data collection. It will consist of the following section.

Section A: It includes the demographic data such as Age, gender, residence, main source of information, frequency of posting labour room, experience to fill partograph, attended any vaginal delivery previously.

Section B: This section consists of 30 multiple choice question each question is having 4 option each right answer is scoring 1 and wrong answer score 0.

Section C: This section consist of modified checklist related to their practice.

C. Scoring Criteria

Table 1
Criteria for grading level of knowledge

Sr. No.	Level	Range
1	Excellent knowledge	24-30
2	Good knowledge	16-23
3	Average knowledge	8-15
4	Below Average knowledge	0-7

Table 2
Criteria for grading level of practice

Sr. No.	Level	Range
1	Excellent practice	24-30
2	Good practice	16-23
3	Average practice	8-15
4	Below Average practice	0-7

D. Organization of Data

The analysis will be done on objective, hypothesis, limitation to be tested. The analyses of data in planned organize and present under the following.

Section I: Description of subject according to socio demographic variable in frequency and percentage.

Section II(A): Overall analysis of pre test and post test knowledge score by using mean score, mean% and standard deviation.

Section II(B): Overall analysis of pre test and post test practice score using by mean score, mean% and standard deviation.

Section III(A): Criteria wise analysis of knowledge score between pre test and post test in frequency and percentage.

Section III(B): Criteria wise analysis of practice score between pre test and post test in frequency and percentage.

Section IV(A): Paired 't' test analysis to assess the effectiveness of planned teaching programme on knowledge regarding partograph during labour among nursing students.

Section IV(B): Paired 't' test analysis to assess the effectiveness of practice of using partograph during labour among nursing students.

Section V(A): Correlation analysis between pre test knowledge and pre test practice score regarding partograph.

Section V(B): Correlation analysis between post test knowledge and post test practice score regarding partograph.

Section VI: Chi – square analysis to find out the association between pre test knowledge score and practice regarding partograph during labour among nursing students with their selected socio demographic variable.

3. Result and Discussion

A. Section I

1) Description of Subject According to Socio Demographic Variable in Frequency and Percentage

Depicts that majority of nursing student 25(41.7%) belongs to the age of 20-21 years, majority of subject 43(71%) were female, majority of respondent 32(53.3%) had day scholar, majority of reported 24(40%) health worker are main source of information, majority of respondent 33(55%) posting in labour room for 1 week, majority of subjects 43(71%) had experience to fill partograph and majority of subject 40(66.7%) were not attended any vaginal delivery previously and majority 40(66.7%) were not attended any vaginal delivery previously.

B. Section II

1) Part A: Overall Analysis of Pre-Test and Post-Test Knowledge Score by Using Mean Score, Mean% and Standard Deviation

Table 3

Knowledge assessment	Mean	Mean%	SD
Pre test	8.24	27.46	0.98
Post test	21.02	70.06	3.23

Illustrate that pre test knowledge 8.24 is mean,27.46% is the mean percentage and 0.98 is SD whereas in post test knowledge 21.02 is the mean, 70.06% is the mean percentage and 3.23 is SD.

2) Part B: Overall Analysis of Pre Test and Post Test Practice Score Using by Mean Score, Mean% and Standard Deviation

Table 4

Practice assessment	Mean	Mean%	SD
Pre test	9.02	30.06	1.2
Post test	16.56	55.2	2.3

Depicts that pre test practice 9.02 is mean, 30.06% is the mean percentage and 1.2 is SD whereas in post test knowledge 16.56 is the mean, 55.2% is the mean percentage and 2.3 is SD.

C. Section III

1) Part A: Criteria Wise Analysis of Knowledge Score Between Pre-Test and Post Test in Frequency and Percentage

Reveals that pre test knowledge Score regarding partograph

during labour among nursing student 41 (80%) were below average 19 (20%) were good, 0(0%) were very good, 0(0%) were excellent and post test knowledge Score regarding partograph during labour among nursing student 0(0%) were below average 8 (20%) were good, 31 (50%) were very good and 21 (30%) were excellent.

Table 5

Pre test knowledge			**Post test knowledge**	
Level	n	(%)	n	(%)
Excellent (24-30)	0	0%	21	30%
Good (16-23)	0	0%	31	50%
Average (8-15)	19	20%	8	20%
Below average (0-7)	41	80%	0	0%
Total	**60**	**100%**	**60**	**100%**

2) Part B: Criteria Wise Analysis of Practice Score Between Pre-Test and Post Test in Frequency and Percentage

Depicts that Pre test practice Score regarding partograph during labour among nursing student 39 (75%) were below average and 21 (25%) were average and Post test practice Score regarding partograph during labour among nursing student 11(15%) were good, 26(50%) were very good and 23(35%) were excellent.

Table 6

Pre-test practice score			**Post-test practice score**	
Level	n	(%)	n	(%)
Excellent (24-30)	0	0%	23	35%
Good (16-23)	0	0%	26	50%
Average (8-15)	21	25%	11	15%
Below average (0-7)	39	75%	0	0%
Total	**60**	**100%**	**60**	**100%**

D. Section IV

1) Part A: Paired 't' Test Analysis to Assess the Effectiveness of Planned Teaching Programme on Knowledge Regarding Partograph During Labour Among Nursing Students

Represent that there was highly significant difference between pre test and post test knowledge score of planned teaching programme as calculated value 27.759 (df 59) was greater than table value 2.00 at 0.05 level of significant.

2) Part B: Paired 't' Test Analysis to Assess the Effectiveness of Practice of Using Partograph During Labour Among Nursing Students

Represent that there was highly significant difference between pre test and post test practice score of planned teaching programme as calculated value 41.045 (df 59) was greater than table value 2.00 at 0.05 level of significant.

E. Section V

1) Part A: Correlation Analysis Between Pre Test Knowledge and Pre Test Practice Score Regarding Partograph

Depicts that pre test knowledge mean 8.246 and pre test practice mean 9.024 and correlation -1,it shows towards negative correlation between knowledge and practice. Student were having knowledge but not in practice.

2) Part B: Correlation Analysis Between Post Test Knowledge and Post Test Practice Score Regarding Partograph

Depicts that post test knowledge mean 21.02 and post test practice mean 16.56 and correlation 1,it shows towards perfect positive correlation between knowledge and practice. Student were having both knowledge and practice.

F. Section VI

1) Part A: Chi – Square Analysis to Find Out the Association Between Pre Test Knowledge Score Regarding Partograph During Labour Among Nursing Students with their Selected Socio Demographic Variable

There was no association found between age and knowledge and the calculated value i.e., 5.549 was less than the table value of chi square (5.991) at 0.05 level of significance. Hence H4 is rejected.

There was no association found between gender and knowledge and the calculated value i.e., 0.726 was less than the table value of chi square (3.841) at 0.05 level of significance. Hence H4 is rejected.

There was no association found between residence and knowledge and the calculated value i.e., 3.038 was less than the table value of chi square (3.841) at 0.05 level of significance. Hence H4 is rejected.

There was no association found between main source of information and knowledge and the calculated value i.e., 0.584 was less than the table value of chi square (9.488) at 0.05 level of significance. Hence H4 is rejected.

There was association found between frequency of posting in labour room and knowledge and the calculated value i.e., 11.026 was more than the table value of chi square (5.991) at 0.05 level of significance. Hence H4 is accepted.

There was no association found between experience to fill partograph and knowledge and the calculated value i.e., 0.587 was less than the table value of chi square (3.841) at 0.05 level of significance. Hence H4 is rejected.

There was no association found between attended any vaginal delivery previously and knowledge and the calculated value i.e., 0.039 was less than the table value of chi square (3.841) at 0.05 level of significance. Hence H4 is rejected.

2) Part B: Chi – Square Analysis to Find Out the Association Between Pre Test Practice Score Regarding Partograph During Labour Among Nursing Students with their Selected Socio Demographic Variable

There was no association found between age and practice and the calculated value i.e., 0.212 was less than the table value of chi square (5.991) at 0.05 level of significance**.** Hence H4 is rejected.

There was no association found between gender and practice and the calculated value i.e., 0.001 was less than the table value of chi square (3.841) at 0.05 level of significance. Hence H4 is rejected.

There was no association found between residence and practice and the calculated value i.e., 1.425 was less than the table value of chi square (3.841) at 0.05 level of significance. Hence H4 is rejected.

There was association found between main source of information and practice and the calculated value i.e., 45.348 was more than the table value of chi square (9.488) at 0.05 level of significance. Hence H4 is accepted.

There was no association found between frequency of

posting in labour room and practice and the calculated value i.e., 0.254 was less than the table value of chi square (5.991) at 0.05 level of significance. Hence H4 is rejected.

There was no association found between experience to fill partograph and practice and the calculated value i.e., 0.548 was less than the table value of chi square (3.841) at 0.05 level of significance. Hence H4 is rejected.

There was no association found between have you attended any vaginal delivery previously and practice and the calculated value i.e., 0.33 was less than the table value of chi square (3.841) at 0.05 level of significance. Hence H4 is rejected.

4. Implications

A. Nursing Practice

- Implication of this study will be beneficial in nursing practice as a nursing student can help their knowledge and practice regarding partograph.
- The nurse researcher can arrange awareness programme to the nursing student in labour room regarding partograph .
- Nursing student taking care of labouring women should have sound professional knowledge about partograph and its interpretation.
- Labour units should be equipped with portogram's and other equipment's essential to maintain partograph like Doppler or Fetoscope, sphygmomanometer, thermometer, sterile gloves, urine testing articles or uristix, so that the implementation of partograph is facilitated and it serves its purpose.

B. Nursing Education

- Several implications can be drawn from the present study for nursing education. Nursing education should prepare the nurses with the potential for imparting health information effectively to the students and help them out in choosing suitable methods for reducing maternal mortality rate. A curriculum should be updated in relation to the changing society since it will help out the nursing students to upgrade their knowledge and skill according to that.
- There should be greater emphasize in nursing curriculum about partograph. The nurse educator can motivate the students to filling partograph. More over, each nursing student should be able to give incidental teaching when opportunity arises.

C. Nursing Administration

- Nurse administrators should initiate or develop framework to improve maternal health and set standards for care. Nurse administrators should be able to make judgments as to which intervention helps in reducing maternal and neonatal mortality rate.
- Nurse administrator should conduct workshop ,seminar and demonstration for directing and motivating nursing student towards utilizing partograph. It will help to promote and update their knowledge on administration of partograph for reducing reducing maternal and neonatal mortality rate.
- Filling of partograph generally have been found to be more effective than non partograph measures in lowering MMR; however they are non expensive. Hence partograph for labour is more beneficial. Henceforth small studies can be conducted periodically to evaluate the effectiveness of the intervention.
- The nursing administrator must equip his /her unit with latest book, procedure etc.

D. Nursing Research

- The emphasis on research is to improve the quality of nursing care. Nursing research represents a critically important tool for the nursing profession to acquire knowledge. The study emphasizes to identify the knowledge and practice of partograph. The nurse researcher should be aware about the existing health care system and the status of nursing profession. Thus it helps to improve their clinical knowledge, skill and attitude of the nurse students. In this study, knowledge and practice of partograph is highlighted by the use of planned teaching programme, thus it makes a pleasant as well as effective, cost effective intervention for labour.
- Developing research in this area would help nursing student to deal efficiently and effectively, thus reducing the maternal and perinatal, mortality and morbidity.

5. Limitations

- The study was limited to a sample size of 60.
- The study was limited to the nursing student who is in final year.
- The study was limited to the nursing students (final year) of Shri Shankaracharya institute of medical science, Bhilai (C.G).Bhilai (C.G).

6. Recommendations

- A similar study can be done in various other settings.
- A similar study can be done with large samples.
- A similar study can be conducted among midwifes.
- A comparative study can be done between nursing students with varying qualification.

7. Conclusions

In this study comparison of overall knowledge and practice score of partograph between pre test and post test by mean, mean percentage, standard deviation. Hence it can be conducted that planned teaching programme was found good method for achieving knowledge regarding partograph during labour among nursing student.

References

[1] Funai EF, Norwitz ER, Lockwood CJ, Barss VA. Management of normal labor and delivery. 2012.

[2] Khamehchian M, Adib-Hajbaghery M, HeydariKhayat N, Rezaei M, Sabery M. Primiparous women's experiences of normal vaginal delivery in Iran: a qualitative study. BMC pregnancy and childbirth. 2020 Dec;20(1):1-8.

[3] Verma B, Kumar M, Swati S, Tanwar K, Kiran S. A Pre-experimental Study to Assess the Effectiveness of Planned Teaching Program on Knowledge and Expressed Practices Regarding Selected Obstetrical Emergencies Among Staff Nurses in Selected Hospitals of Shimla District, Himachal Pradesh. Cureus. 2022 Oct 1;14(10).

[4] Ronsmans C, Graham WJ, Lancet Maternal Survival Series steering group. Maternal mortality: who, when, where, and why. The lancet. 2006 Sep 30;368(9542):1189-200.

[5] Pratinidhi A, Patange R, Patil S, Salunkhe J, Samson S, Kakade S. Testing of simulation training device for assessment of cervical dilatation among nursing student of Karad, India. Health Science Journal. 2014 Oct 1;8(4):495.

[6] Palo SK, Patel K, Singh S, Priyadarshini S, Pati S. Intrapartum monitoring using partograph at secondary level public health facilities—A cross-sectional study in Odisha, India. Journal of family medicine and primary care. 2019 Aug;8(8):2685.

[7] Bedwell C, Levin K, Pett C, Lavender DT. A realist review of the partograph: when and how does it work for labour monitoring?. BMC pregnancy and childbirth. 2017 Dec;17(1):1-1.

[8] Lavender T, Bernitz S. Use of the partograph-Current thinking. Best Practice & Research Clinical Obstetrics & Gynaecology. 2020 Aug 1;67:33-43.

[9] Sama CB, Takah NF, Danwe VK, Melo UF, Dingana TN, Angwafo III FF. Knowledge and utilization of the partograph: A cross-sectional survey among obstetric care providers in urban referral public health institutions in northwest and southwest Cameroon. PloS one. 2017 Feb 24;12(2):e0172860.

[10] Bahizi A, Lwanga D, Victor T. Assessment of Partograph Utilization and its Association with Pregnancy Outcomes in Uganda: A Case of Kamwenge District. British Journal of Healthcare and Medical Research-Vol. 2022 Jun 25;9(3).

[11] Kalisa R, Rulisa S, van Roosmalen J, van den Akker T. Maternal and perinatal outcome after previous caesarean section in rural Rwanda. BMC pregnancy and childbirth. 2017 Dec;17(1):1-8.

[12] Tirkey D, Singh A. Evaluate the Progress of Labour in Primigravida using WHO Simplified Partogram.

[13] Jain P, Shah AC, Patel BS, Jani SK. Partographic analysis of labour by modified WHO partograph in tertiary care centre. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2021 May 1;10(5):1920-5.

[14] Mtaita SE. Assessment of competence on utilization of partograph among finalist nurse students within the selected nursing institutions in Tanzania: a cross sectional study (Doctoral dissertation, The University of Dodoma).

[15] Ntamubano SA. Comparing the effect of competence-based and knowledge-based curricula on partogram use competence among finalist nursing students in Tanzania: a cross-sectional study (Doctoral dissertation, The University of Dodoma).

[16] Panchal V, Patel RD, Charel AK, Jikadara P, Mehta D. A Prospective Observational Study Of Evaluation Of Progress Of Labour With Partograph In Primigravida And Multigravida. National Journal of Integrated Research in Medicine. 2021 Nov 1;12(6).

[17] Krishna KS, Paladi R. Evaluation of partogram in 100 cases of both primi and multi gravida each, their outcome in labour and perinatal outcome. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2019 Jun 1;8(6):2333-42.

[18] Dangal G. Preventing prolonged labor by using partograph. Int J Gynecol Obstet. 2006;7(1):1-4.

[19] Hailu T, Nigus K, Gidey G, Hailu B, Moges Y. Assessment of partograph utilization and associated factors among obstetric care givers at public health institutions in central zone, Tigray, Ethiopia. BMC research notes. 2018 Dec;11(1):1-6.

[20] Palo SK, Patel K, Singh S, Priyadarshini S, Pati S. Intrapartum monitoring using partograph at secondary level public health facilities—A cross-sectional study in Odisha, India. Journal of family medicine and primary care. 2019 Aug;8(8):2685.

[21] Haile Y, Tafese F, Weldemarium TD, Rad MH. Partograph utilization and associated factors among obstetric care providers at public health facilities in Hadiya Zone, Southern Ethiopia. Journal of Pregnancy. 2020 Apr 30;2020.

[22] Eshetu K, Hussen E, Dulla D. Magnitude of partograph use and associated factors among obstetric care givers in public health institution in Sidama Zone, Southern Ethiopia, 2017. Diversity and Equality in Health and Care. 2017;14(6).

[23] Ninama SN, Gandhi MR. Comparative study on usefulness of modified WHO Partograph in management of labour at one of the rural teaching institutes of Gujarat, India. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2019;8(6):2516.

[24] Sethi PS, Sharma S, Chawla I. Comparative evaluation of composite and simplified who partograms in a tertiary care centre in North India. Int J Reprod Contracept Obstet Gynecol. 2017 Nov 1;6(11):5003-7.

[25] Sharma S, Devi AM. Assess knowledge and practice regarding partograph among staff nurses: Pre experimental study. Indian Journal of Public Health. 2019 Aug;10(8):499.