

WHO labour care guide (2020) vs modified WHO partograph (2000): The early experience in Hospital Kemaman

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ABSTRACT

Introduction: The World Health Organization (WHO) introduced a new generation partograph, the Labour Care Guide in 2020 following recent research evidence. This study was conducted to compare the labour characteristics and outcomes before and after the adoption of this new labour monitoring tool in Hospital Kemaman, Terengganu. **Methods:** We conducted an analysis of the labour data over a three-month period, before (July to September 2022) and after (October to December 2022) the implementation of the modified WHO Labour Care Guide 2020. Labour duration, interventions, and complications were analysed and compared between the study groups. **Results:** The analysis showed that the proportion of women who were in the active phase of labour had reduced significantly (19.2% vs 31.1%; $p < 0.001$). There were also significantly fewer women who had amniotomy and labour augmentation. The mean duration of labour augmentation had also reduced by 28 minutes ($p = 0.006$). This was however associated with a higher incidence of PPH (18.6 vs 10.6%; $p < 0.011$). **Conclusion:** The introduction of the new partograph saw positive changes in labour management. Further research including the neonatal outcome is much needed.

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Failed instrumental delivery: The maternal and neonatal complications

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ABSTRACT

Introduction: Failed instrumental delivery is a known complication in intrapartum management and an incidence of up to 16% had been reported. Studies had shown that it is associated with an increased risk of maternal and neonatal morbidity. **Methods:** A retrospective case-control study was conducted on all successful and failed instrumental delivery in the Obstetrics & Gynaecology Department, Hospital Kemaman from 2020 to 2023. Maternal, neonatal, and delivery characteristics were analysed in relation to the delivery success. **Results:** The analysis showed that the instrumental delivery rate was 2.76% from a total of 11,985 deliveries. A total of 36 women had failed instrumental delivery and it was significantly associated with fetal non-occiput anterior position. There was no significant difference in maternal or neonatal complications except for lower mean umbilical cord mean pH and base excess, resulting in significantly more neonates born with acidemia. Failed instrumental delivery carries a 2-3 times higher risk of low umbilical cord pH, base excess, and acidemia. **Conclusion:** Failed instrumental delivery is significantly associated with abnormal neonatal acid-base status. The fetal position in the second stage of labour is a significant factor for successful or unsuccessful delivery with an obstetric delivery instrument.