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FACTORS AFFECTING QUALITY DOCUMENTATION IN LABOUR AMONG MIDWIVES AT KENYATTA NATIONAL HOSPITAL

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ABSTRACT: ***Background Information****: Midwives have posed varying knowledge and practice levels of quality midwifery documentation due to a number of factors. Quality midwifery documentation shows care given to two lives whose interests could be in conflict.* ***Objective****: The study sought to determine the factors affecting the quality of documentation in labour among midwives at Kenyatta National Hospital labour ward.* ***Methodology:*** *This was a descriptive cross-sectional study among 51 consenting midwives selected using a simple random sampling technique. Data was collected using a self-administered structured questionnaire. Ethical approval was sought.* ***Results:*** *Most of the midwives demonstrated excellent knowledge on quality midwifery documentation. However, only 51% practised quality midwifery documentation with 21.4% making entries ahead of time, 17.4% documenting for colleagues and 13.7% documenting only normal labour. This was attributed to insufficient time (86.3%), high patient-to-midwife ratio (92.2%) and understaffing (86.3%). In conclusion, several factors affected the quality of documentation among midwives.*

KEYWORDS: Quality, documentation, midwives, labour, quality documentation.

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INTRODUCTION

Clear, precise, and easy to access documentation is an essential element of quality and evidence-based nursing practice. Documentation of midwifery care is important for effective communication among midwives and other caregivers involved in the client's care. Midwifery documentation has to do with all records done by a midwife concerning the midwifery care provided to a client. Quality documentation in labour entails all details about a woman in labour, written or electronic, clearly describing the care given to that woman. It is evidence of the occurrences in labour and the time they happened (Dike et al., 2015). The day-to-day labour monitoring and outcome recording documents in the labour ward include the nursing kardex, partograph, nursing care plan, and the fluid chart.

Midwifery documentation is more sensitive as it involves a midwife caring for both the mother and the unborn baby, whose best individual intervention may be in conflict. Understaffing in healthcare facilities was among the significant factors that led to poor documentation in labour due to the increased workload. A systematic review by Munabi-Babigumira et al. (2017) that assessed 31 studies done in different low-income and middle-income countries in Africa, Asia, and Latin America, focused on determining the factors influencing the provision of intrapartum and postnatal care by skilled birth attendants, revealed that nurses were not given enough training not only during their school and clinical practice period but also after starting professional work. The skilled birth attendants also believed that their salaries and allowances did not reflect the work they did and were exposed to. Some also felt that their managers lacked the expected skills and were unsupported when their workplace complaints were not looked into to their satisfaction (Munabi-Babigumira et al., 2017).

Locally, a study by Bor (2010) conducted at Kajiado District Hospital in Kenya to assess the utilization of partograph and their outcome during labour monitoring, reported low utilization of partograph. Besides, as recommended, accurate recording of the parameters to be taken while monitoring the mother, the foetus, and the labour progress were mostly not done.

According to Bor (2010), the use of partograph significantly influences the frequency of monitoring the maternal condition, foetal condition, and labour progress. Quality documentation in labour is key because it aids communication between midwives and other health care professionals on observations, interventions, and care results important for client management. To meet clinical and legal expectations, midwives must ensure that midwifery documents are clear, precise, complete, legible, and timely. This includes all patient information documented about their care and treatment.

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LITERATURE

Knowledge of Importance of Quality Documentation

The purpose of midwifery documentation involves more than just putting down the clinical details of care given to a mother in labour. A midwifery record can enhance a woman's maternity care experience, impacting the safety of the mother and baby and contributing to research and organizational processes (Kerkin et al., 2017). Documentation in labor helps in evaluating the care provided by the midwives. Midwifery documents enable the provision of quality care for a woman in labor through sharing information among healthcare providers, providing evidence of the progress and outcome of labor, research, and financial quality assurance. It also provides a template that supports the development of midwifery education. Midwives ought to have sufficient knowledge of the documents in midwifery, the importance of documentation in labor, what should be documented, and the entire documentation process (Dike et al., 2015).

Any midwife engaged in professional practice is expected to be competent in quality midwifery record keeping. There are guidelines to direct midwifery documentation that midwives must be conversant with. A midwife must know the WHO documentation guidelines, national requirements by the country's Midwifery Association, and the working institution policies. Midwives in all levels of training must be given sufficient information on all aspects of documentation and the related policies and procedures. The midwife must be skillful in the use of the global system of documentation and competent in using the computer and its supporting systems (ANA, 2010).

Glenton et al. (2018) reported that skilled birth attendants are not always given adequate training during school, clinical practice, and even after starting clinical work. This affected their provision of quality care to mothers in labour, including comprehensive documentation of all care given to the clients. Quality midwifery documentation must be emphasized in all midwifery training institutions, and adequate training given. This will enable students to apply the best practices in midwifery documentation during their training and carry on in their practice. Consequences of poor midwifery documentation, such as an increase in maternal and child mortality due to late decision-making and intervention, can be eliminated.

Staff-related Factors Affecting Quality of Documentation in Labour

Most midwives practice poor documentation in labour not due to inadequate knowledge but due to other factors that could be staff-related. Staff-related factors like midwives' attitudes towards midwifery documentation and poor motivation can affect the quality of documentation in labour. Most midwives do not document immediately after a procedure or observation in labour and only document when it is convenient. Few use standard charts like the partograph during labour for documentation. Some do not term it necessary to document the progress of labour. They do not regard the time used documenting in labour as an important component of client care, while some term it unnecessary documentation of abnormal findings; so there are incidents where only normal findings are documented (Dike et al., 2015).

Glenton et al. (2018) reported that some midwives in developing countries do not believe that their salaries reflect the amount of work they do and the risks they undertake. They are therefore poorly motivated as they perform their duties in delivery and midwifery care. The quality of

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care offered by health care workers is also affected by a lack of collaboration and poor teamwork.

Workload-related Factors

Midwives often fail to document incidences of labour due to lack of time and too much workload. Midwives do not document adequate information about women in labour due to understaffing, which forces them to overwork. They often rush after finishing the workload, attending to the clients before the end of the shift, and do not document observations made on a woman in labour (Dike et al., 2015).

The woman to midwife ratio affects the documentation quality when the number of clients overwhelms the midwives. The midwives tend to concentrate on attending to the clients and neglect documentation of care, considering it a waste of time. They therefore keep incomplete and incomprehensive records about the client's care. The document later or at the end of the shift, lacks important decisions, interventions, and care given to the client.

The 'mid' in a midwife comes from the German word 'mit,' which means with. This means that the midwife should be with the woman during labour and delivery. The midwife should professionally collaborate with the woman in labour to support and intervene during labour and after delivery and to care for the born child. Proper care and recording of proceedings in labour, may not be possible in normal labour and delivery unless 1:1 midwifery care is offered (Kaur & Chopra, 2010).

The staffing of labour wards in public hospitals in Kenya often does not allow for the provision of quality midwifery care, including proper documentation of labour progress and outcomes. The midwife tends to concentrate on the clients in the second stage to ensure safe delivery and neglects documentation of the labour progress done at the end of delivery. Most often, the midwife conducts deliveries without an assistant due to understaffing and too many clients to attend to.

Institutional Policy-related Factors

Hospital policies can affect the quality of documentation in labour. A prospective study was done on factors affecting quality midwifery documentation. This was done by assessing the relationship between the shift length, workload and documentation quality. The results showed that documentation quality decreased between the middle and the end of a twelve-hour shift, but it was unaffected by the workload. There was no evident difference in documentation standards between day and night shifts. However, completing midwifery documents like the partograph was poorer in the middle compared to the beginning of the shift. The documentation appeared to be influenced by progression through the shift (Bailey et al., 2015). Some skilled birth attendants feel that managers lack skills and ability, and feel unsupported when their concerns at the workplace are not addressed. Skilled birth attendants' ability to provide quality care is also limited by a lack of supplies like the relevant documents for filling the information in labour (Glenton et al., 2018).

Each health institution offering midwifery services has guidelines on midwifery documentation which should not conflict with the national and international guidelines (Altranais, 2002).

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METHODOLOGY

This was a hospital-based descriptive cross-sectional study conducted between July and November among 51 consenting midwives working in the KNH labour ward. The study employed a self-administered structured questionnaire previously validated by 6 (10% of the sample size) consenting midwives selected through random technique from Pumwani Maternity Hospital. A self-administered questionnaire was used for the data collection process. It was a three-page questionnaire structured into three sections: Section A sought to determine the participants' sociodemographic data, Section B sought to determine the participants' knowledge level on quality midwifery documentation, and Section C sought to determine the other factors affecting quality documentation in the labour ward. It took approximately ten minutes for the questionnaires to be filled completely with the required information in response to the questions. A random sampling technique was employed in recruiting the consenting participants.

The collected data was analyzed using the Statistical Package for Social Science version 25. The participants' knowledge level was grouped according to Bloom's original cut-off points (>80% as good, >60–79% as moderate, and <60% as poor). Descriptive statistics, including median, mean and standard deviation, and inferential statistics, such as chi-square of association, were generated and presented in charts and graphs. Last but not least, ethical consideration was sought from KNH-UON Ethical Research Committee (ERC), whereas permission to access the study participants was sought from the hospital's deputy director of medical research.

RESULTS/FINDINGS

The study had 51 consenting participants out of the 51 calculated sample size who participated to completion, giving it a 100% response rate.

Participants Biodata

The majority of the respondents, 30 (58.8%), were females, while 21 (41.2%) were males. Their mean age was 30 years. Most of the participants, 60.8% (31), were married while the remaining 39.2% (20) were single. There were no divorcees and widows. More than half of the respondents, 58.8% (30), had a diploma as their highest educational level. The remaining 19.6% (10), 17.6% (9), and 3.9% (2) had trained up to undergraduate level, higher diploma level, and post-graduate degree level respectively. The percentage distribution of the various specific participants' biodata is as outlined by the frequency column table below:

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Table 1: Participants' Biodata

BIODATA		Frequency (N)	Percentage (%)	Mean Age
Sex	Male	21	41.2	
	Female	30	58.8	
Age				30.33
Marital status	Married	31	60.8	
	Single	20	39.2	
	Divorced	0	0.0	
	Widowed	0	0.0	
	Others	0	0.0	
Level of Training	Certificate	0	0.0	
	Diploma	30	58.8	
	Higher Diploma	9	17.6	
	Undergraduate Degree	10	19.6	
	Post-graduate Degree	2	3.9	

Knowledge of Quality Midwifery Documentation

This was structured into several sections: purpose of midwifery documentation, recommendable documents for labour progress, and important things to be documented in labour.

Knowledge of the Purposes of Midwifery Documentation

All the midwives, 100% (51), reported "writing information or proof of what has been done" as the correct documentation definition. Every statement meant to outline the importance of midwifery documentation had more than 80% (cut off for good knowledge) selecting the correct answer. The majority of the midwives (100%, 98%, 92.2%, 98%, 84.3%, 90.2%, and 82.4%) reported that midwifery documentation is useful in promoting continuity of care, provides evidence for legal purposes, enhances the provision of quality care, helps in early decision making and intervention, develops midwifery knowledge, helps in health planning, and is useful in research respectively. The majority of the respondents, 94.1% and 96.1%, did not accept the notion that midwifery documentation is considered a non-important part of midwifery practice or a waste of time in the midwifery practice, respectively. The percentage distribution of the participants' opinions of the importance of midwifery documentation in labour progress is outlined in the column frequency table below.

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Table 2: Midwives' Knowledge of the importance of quality midwifery documentation

Item	Correct Answer	Responses F (%)		
		Yes N (%)	**No** N (%)	Don't know
Documentation means writing information or proof of what has been done.	**Yes**	51(100)	0(0.0)	0 (0.0)
Purpose of midwifery documentation				
Promotes continuity of care	**Yes**	51(100)	0(0.0)	0(0.0)
Provides evidence for legal purposes	**Yes**	50(98.0)	0(0.0)	1(2.0)
Enhances provision of quality care	**Yes**	47(92.2)	1(2.0)	3(5.9)
Early decision-making and intervention	**Yes**	50(98.0)	0(0.0)	1(2.0)
Developing midwifery education	**Yes**	43(84.3)	3(5.9)	5(9.8)
Helps in health planning	**Yes**	46(90.2)	1(2.0)	4(7.8)
It is used for research	**Yes**	42(82.4)	3(5.9)	6(11.8)
It is a waste of time	**No**	2(3.9)	49(96.1)	0(0.0)
It is not a very important part of the practice	**No**	3(5.9)	48(94.1)	0(0.0)

Knowledge of Recommendable Documents for Labour Progress

Partograph, 100% (51), and nursing kardex, 86.3% (44), were the most known recommended midwifery documents reported by most midwives. The observation and fluid charts were considered ideal by only 25.5% (13) and 25.5% (13) respectively. The findings can graphically be presented as shown below:

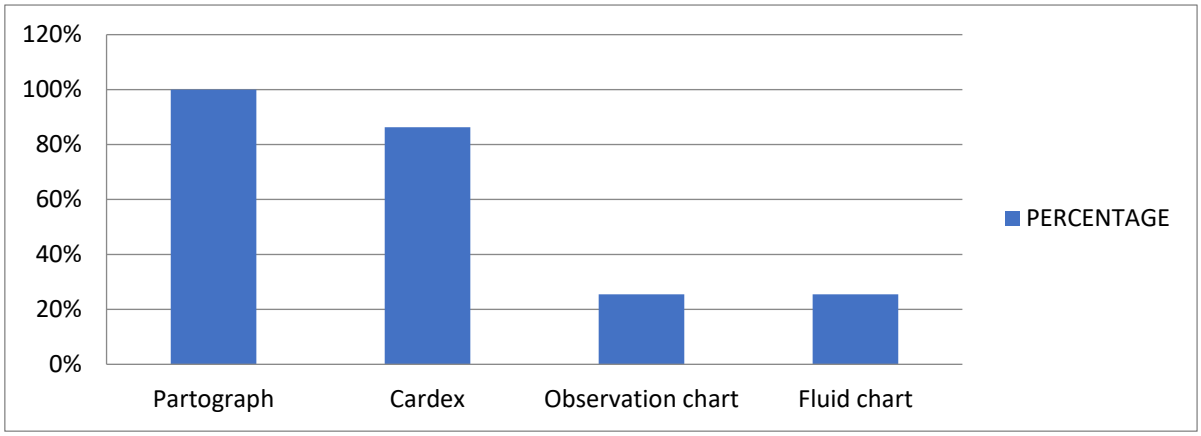

Figure 1: Knowledge of documents for the progress of labour

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Important Things to Be Documented during Midwifery Documentation

The midwives displayed excellent knowledge on matters related to the important things to be documented during midwifery documentation. Nearly all participants (>96.1%) showcased their high knowledge of important things to be documented by correctly mentioning all the critical items as outlined by the column frequency table shown below:

Table 3: Important things to be documented during the monitoring of the progress of labour

ITEM	Correct answer	Responses F (%)		
		Yes N (%)	No N (%)	Don't know
Date and time of onset of labour	Yes	51(100)	0(0.0)	
Cervical dilatation	Yes	51(100)	0(0.0)	
Cervical effacement	Yes	50(98.0)	1(2.0)	
Fetal status (heart rate)	Yes	51(100)	0(0.0)	
Fetal station	Yes	50(98.0)	1(2.0)	
Uterine activity	Yes	49(96.1)	1(2.0)	1(2.0)
Status of membranes	Yes	51(100)	0(0.0)	
Maternal vital signs	Yes	51(100)	0(0.0)	
Drugs administered in labour	Yes	51(100)	0(0.0)	
Intravenous fluids	Yes	51(100)	0(0.0)	
Status of liquor	Yes	51(100)	0(0.0)	

Midwives' Practice of Midwifery Documentation

A significant proportion (15.7%, n=8) of the midwives reported that they only do midwifery documentation when convenient. The remaining 51% (26), 23.5% (12), and 9.8% (5) nurses reported to be doing midwifery documentation immediately, within 2 hours of patient admission, and after delivery respectively.

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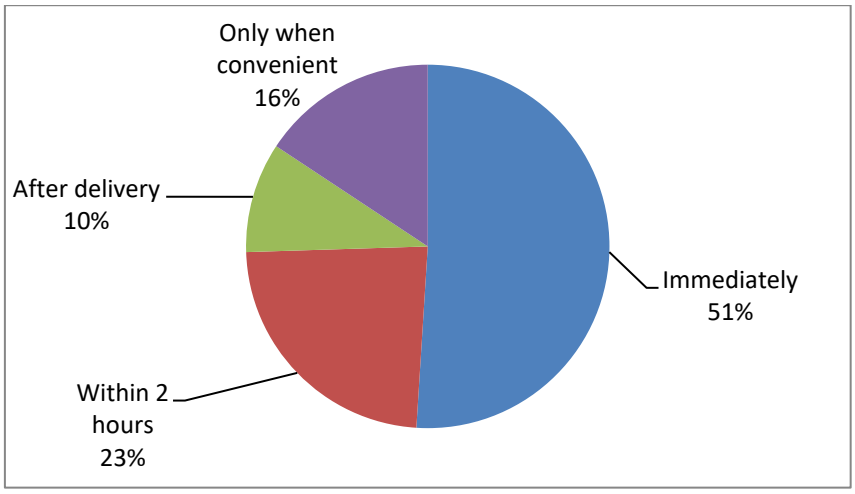

Figure 2: Midwives' practice of quality midwifery documentation.

Generally, midwives moderately practiced the ideal midwifery documentation processes. Among the ideal midwifery documentation practices were found to be practiced by most the midwives include documentation of the client's full personal details (96.1%, n=49), simultaneous documentation in all the midwifery documents (70.6%, n= 36, recording time of the care was given (98.0%, n=50), Documenting legibly (98.0%, n=50), signing against all entries (96.1%, n=49), monitoring documentation done by students (88.2%, n=45), keeping of midwifery documents in designated areas (88.2%, n=45), and documenting in comprehensive sentences (90.2%, n=46). Some practices, however, were reported to be less practiced despite being considered essential. Among them include signing against all errors with dates and regular auditing of midwifery documents which were reported to be practiced by only 56.9% (n=29) and 70.6% (n=36) respectively.

Some non-appropriate documentation practices, however, were reported to be practiced by many nurses. This included making entries ahead of time, squeezing late entries in the margins, and documenting for colleagues, which were reported to be practiced by 21.6% (n=11), 33.3% (n=17), and 17.6% (n=9) nurses respectively.

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Table 4: The Practice of Quality Midwifery Documentation among Midwives

ITEM	YES		NO	
	Frequency (N)	Percentage (%)	N	%
Client's full personal details	49	96.1	2	3.9
Documenting in all documents simultaneously	36	70.6	15	29.4
Recording the time care was given	50	98.0	1	2.0
Documenting legibly	50	98.0	1	2.0
Signing against all entries	49	96.1	2	3.9
Signing against errors with date	29	56.9	22	43.1
Making entries ahead of time	11	21.6	40	78.4
Squeezing late entries in the margins	17	33.3	34	66.7
Discarding original writings when torn or dirty	4	7.8	47	92.2
Using unapproved abbreviations	17	33.3	34	66.7
Documenting for colleagues	9	17.6	42	82.4
Monitoring documentation by students	45	88.2	6	11.8
Midwifery documents audited regularly	36	70.6	15	29.4
Midwifery documents are kept in designated areas	45	88.2	6	11.8
Documenting in comprehensive sentences	46	90.2	5	9.8
Documenting only for primis and complicated cases	4	7.8	47	92.2
Documenting only normal labor	7	13.7	44	86.3
Leaving blank spaces in the standard documents	9	17.6	42	82.4

Factors Affecting Quality Midwifery Documentation

Several factors including a lack of sufficient time for quality documentation (86.3%, n=44), high patient-to-nurse ratio (92.2%, n=47), understaffing (86.3%, n=44), and long working shifts (51.0%, n=26) were the most reported factors affecting quality midwifery documentation in KNH labour ward. The four outlined factors had mean scores of more than 3.5 out of the cut-off of 5 points.

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Table 5: Factors Affecting Quality Midwifery Documentation

Key: SD- Strongly disagree, D- Disagree, N-Neutral, A- Agree and SA- Strongly Agree, *x*- Mean						
Factor	**SD**	**D**	**N**	**A**	**SA**	***x***
	N (%)	N (%)	N (%)	N (%)	N (%)	
Lack of sufficient time	0(0.0)	7(13.7)	0(0.0)	30(58.8)	14(27.5)	3.864
Too many clients to attend to	1(2.0)	2(3.9)	1(2.0)	24(47.1)	23(45.1)	4.297
No documentation materials	5(9.8)	21(41.2)	2(3.9)	18(35.3)	5(9.8)	2.941
A small number of staff on duty	0(0.0)	7(13.7)	0(0.0)	33(64.7)	11(21.6)	3.942
Long working shifts	2(3.9)	20(39.2)	3(5.9)	18(35.3)	8(15.7)	3.197
Night shifts	5(9.8)	25(49.0)	3(5.9)	13(25.5)	5(9.8)	2.765
It's not part of client care	31(60.8)	15(29.4)	0(0.0)	3(5.9)	2(3.9)	1.627
Salaries do not reflect the amount of work	12(23.5)	19(37.3)	6(11.8)	8(15.7)	6(11.8)	2.553
Poor teamwork and collaboration	3(5.9)	23(45.1)	3(5.9)	18(35.3)	4(7.8)	2.946
Poor supervision	6(11.8)	26(51.0)	4(7.8)	12(23.5)	3(5.9)	2.607
Lack of support by hospital management	6(11.8)	25(49.0)	6(11.8)	10(19.6)	4(7.8)	2.626

DISCUSSION

Participants' Biodata

Most of the midwives who participated in the study were within the youthful group, given their mean age and modal age of 30 and 27 years respectively. It is, therefore, assumed that they can comfortably provide care and effectively employ their newly acquired skills and knowledge on midwifery documentation. The highest level of education (diploma) acquired by the majority (more than half) of the midwives, however, can negatively impact the quality of midwifery documentation in that only a smaller portion holds an undergraduate degree or a higher specialty in midwifery. In contrast, the majority are not specially trained in midwifery. Current findings are similar to a study by Hameed and Allo (2014), which outlined a significant association between nurses' educational level and aspects of documentation, such as the principles and purposes of documentation. Age and level of education, therefore, significantly influence the quality of midwifery documentation. The younger a person is, the more energetic they are, and hence, they are in a position to ensure quality midwifery documentation. The

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higher the education or the more specialized a midwife is, the higher the chances of ensuring quality midwifery documentation.

Midwives' Knowledge on the Importance of Quality Midwifery Documentation in Labour

According to the study, the majority of the midwives were highly knowledgeable on quality documentation and the purpose. Furthermore, the study revealed a high knowledge level of what should be documented in labour and the ideal documents essential for labour progress monitoring.

Despite the majority of the midwives showcasing a high knowledge level on the aspects of quality midwifery documentation, the study showcased a practice gap in that only 51% of the midwives reported conducting the documentation process immediately. The remaining significant proportion showcased non-adherence to quality documentation on matters related to the timing of documentation as they report to do the documentation within 2 hours of patient's admission when it is convenient or after delivery. Among the inappropriate reported documentation practices included making entries ahead of time, squeezing late entries in the margins and documenting for colleagues.

This is in agreement with findings of a study done among midwives in Madonna Teaching Hospital, Nigeria that showed that most midwives had a good knowledge of midwifery documentation and its purposes. The majority of the respondents, however, showed poor documentation practice during labour despite their adequate knowledge (Dike et al., 2015). Besides, the current findings are similar to those from a study conducted in low- and middle-income countries by Glenton et al. (2018), which outlined that midwives' ability to document properly depends on their knowledge of the importance of documentation and what to document. Similar to the current study, the study by Glenton et al. (2018) reported that skilled birth attendants are not always given adequate training during their school time, clinical practice, and even after starting clinical work, which in turn affects their provision of quality care to mothers in labour, which includes comprehensive documentation of all care given to the clients.

Factors Affecting the Quality of Documentation in Labour Staff-related Factors

Midwives may fail to document findings in labour not due to insufficient knowledge but due to staff-related factors. These factors directly dependent on the midwives affect the care they give and the quality of their documentation. According to the study, midwives have a good attitude towards midwifery documentation and understand that it is part of client care. Majority are motivated by their salaries that reflect the amount of work they do. They have embraced teamwork and collaboration, working together towards quality midwifery care. The findings of this study are in disagreement with a study that was done in Madonna Teaching Hospital, Nigeria that found out that there were midwives who did not term it necessary to document the progress of labour and did not regard the time used in documenting labour as an important component of client care (Dike et al., 2015). It also disagrees with a study that was done in low- and middle-income countries that reported that some midwives in developing countries do not believe that their salaries reflect the amount of work they do and the risks they undertake and are poorly motivated as they perform their duties in midwifery care (Glenton et al., 2018).

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Workload-related Factors

A significant proportion of midwives reported not adequately documenting information about women in labour due to workload-related factors, including overwork due to understaffing in the healthcare institution. They reported that understaffing and a high patient-to-nurse ratio culminates in overwork; hence, they lack time for quality midwifery documentation.

This study agrees with Dike et al. (2015) that midwives often fail to document incidences of labour due to lack of time and too much workload. Midwives do not document adequate information about women in labour due to understaffing, which forces them to overwork. They often rush after finishing the workload and attending to the clients before the end of the shift and end up not documenting observations made on a woman in labour (Dike et al., 2015).

Institution's Policy-related Factors

KNH was reported to have adequate documentation materials, good supervision, and support by the hospital management as per the midwives' responses. Most midwives appear comfortable with the length of their working and night shifts if they attend to a manageable number of clients and are not overloaded. This study agrees with a study done in a hospital labour ward in London, where a significant number of nurses reported no significant difference in the quality of midwifery documentation between day and night shifts (Bailey et al., 2015). It, however, disagrees with the same study that concluded that the quality of midwifery documentation deteriorated between the middle and the end of a shift, compared to the beginning. The 12-hour shifts in London hospital appear longer than the common 5-hour shifts at Kenyatta National Hospital in Kenya.

IMPLICATIONS TO RESEARCH AND PRACTICE

The research finding will be helpful in several ways, including but not limited to policy development, improvement in the practice of quality midwifery documentation, being helpful to nursing and midwifery learning institutions in instilling knowledge on matters related to quality midwifery documentation, in adding knowledge to the existing theories on quality documentation in health care institutions, and helping to outline existing gaps including the limited practice of quality midwifery documentation and its related causative factors that may form a guideline for future researchers.

All the significance outlined above will go along hand in hand with the outlined recommendations upon implementation to ensure quality midwifery documentation in labour is effectively practised, hence proper monitoring of the progress of labour in return. Proper labour monitoring will go a long way in helping with not only early detection of any underlying labour complication but also ensuring early decision-making on interventions that can be deemed effective. Besides, it ensures continuity of care among the midwives on changing shifts and other health care providers at KNH and the entire nation.

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CONCLUSION

Quality midwifery documentation provides sufficient information for all involved in the care of a midwifery client, ensuring early decision-making and prompt intervention of inappropriate care. Based on the analysis and discussions of this study, it was found that the Midwives at Kenyatta National Hospital showcased good knowledge of aspects of quality documentation, including its definition, what should be documented, and the importance of documentation. The study however revealed the moderate practice of quality midwifery documentation that is not convincing as it is only slightly above average. Several factors, including lack of sufficient time, high patient-to-nurse ratio (as a result of understaffing on a given shift and work overload were reported to have a negative impact on quality documentation in labour. The hospital administration was therefore recommended to employ more staff, conduct frequent training on midwifery documentation to maintain the acquittance, improve the documentation skills among the midwives and consider shifting from paper to digital midwifery documentation that is less taxing.

FUTURE RESEARCH

Despite KNH being a national referral hospital that strictly adheres to diversification during the recruitment of employees, the study employed a small sample. The findings cannot be generalized to represent all midwives in the country. It was therefore recommended that similar research be conducted in other hospitals in the country, including the remaining national referrals and the midwifery hospitals such as Pumwani Maternity Hospital in Nairobi, Kenya.

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