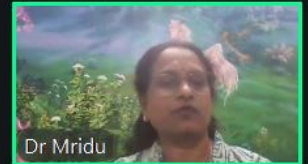


Section – 3, 4 & 5

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S. No	Neonatal parameters	Group A (WHO LCG)	Group B (WHO Partogram)	P value
1	Birth weight (kg), n (%)			0.096 [#]
	2.1-3 Kg	23 (58)	31 (78)	
	3.1-4 Kg	15 (37)	9 (22)	
	>4 Kg	2 (5)	0 (0)	
2	Vital status at birth, n (%)			
	Live birth	40(100)	40(100)	
	Still birth	0(0)	0(0)	
3	APGAR at 5min, mean $\pm$ SD	8.17 $\pm$ 0.16	8.11 $\pm$ 0.05	0.611 [*]
4	NICU admission, n (%)			0.576 [#]
	No	31 (78)	33 (83)	
	Yes	9 (22)	7 (17)	
5	Neonatal complications, n (%)			0.095 [#]
	MAS	4 (10)	3 (7)	
	RDS	3 (7)	2 (5)	
	TTN	2 (5)	2 (5)	
	Others	0 (0)	0 (0)	
6	Average NICU stay (days), n (%)			0.625
	< 3 days	4 (10)	4 (10)	
	>3 days but < 7days	5 (12)	3 (7)	



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Title: Impact of WHO Labor Care Guide on reducing cesarean sections at a tertiary center: an open label randomized controlled trial.

Authors: Divya Pandey, Rekha Bharti, Anjali Dabral, Zeba Khanam

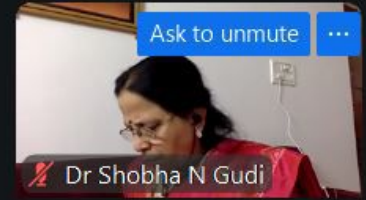
Affiliation: Deptt of ObGy, Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi, India.

Journal: AJOG Global Reports

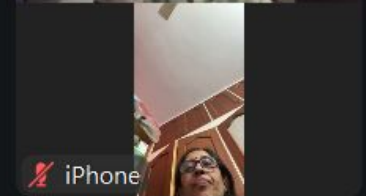
Issue: August 2022

Circulation: International

Impact Factor: 2.4



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SHORT COMMENTARY

An Analysis of the Barriers in Implementation of Labour Care Guide in India and Possible Measures to Combat Them

Anita Yadav¹ · Jyoti Baghel¹ · Medha Davile¹ · Avinash Prakash²

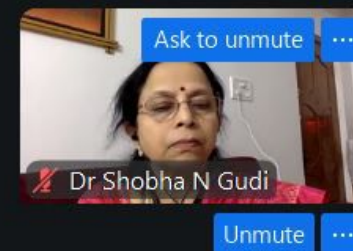
Received: 9 May 2022 / Accepted: 24 August 2022 / Published online: 17 September 2022
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An Analysis of the Barriers in Implementation of Labour Care Guide in India and Possible...

S331

Table 1 Issues related to birth companion and possible solutions

S. No	Issues related to birth companion	Possible solutions
1	Difficult to arrange for a female birth companion at the time of delivery	Counselling and education of patients and family members in the third trimester regarding the need of birth companion at the time of delivery
2	Birth companion causing overcrowding in labour room	Staggering of the birth attendants can be done by allowing them intermittently, i.e. on hourly basis in the first stage of labour, and can be further allowed to stay with patient throughout the second stage, especially during bearing-down efforts. This will help in reducing the overcrowding in birthing rooms
3	Hampering the privacy of other labouring patient in labour room	Providing separate cubicles for each woman in labour Curtains for partition between the beds in labour room
4	Interference in the work of hospital staff and the treatment procedures by birth companion	Counselling by special posters with clear instructions (Do's and Don'ts) for birth companion
5	Difficulty in identification of birth companion	The identified birth companion should be provided with different colour gowns, slippers, caps, and masks for easy identification



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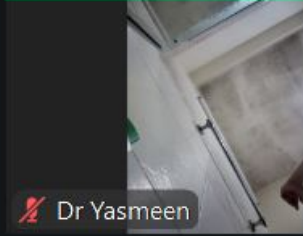


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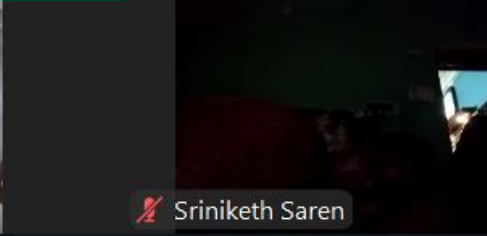


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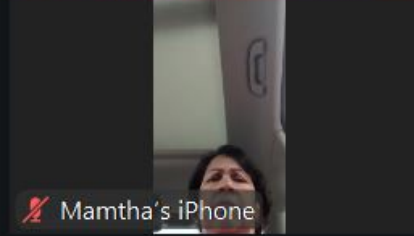
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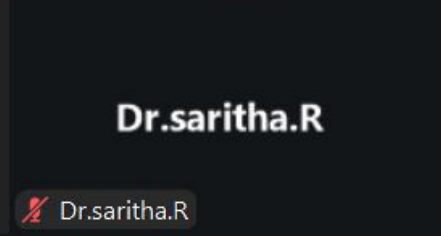
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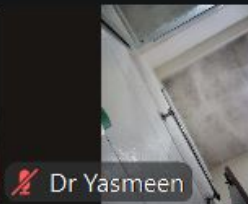
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Timeline

- The partograph, a graphical tool for recording labor events and assessing progress, was initially introduced by Dr. Emmanuel Friedman in 1954.
- Subsequent development by Philpott and Castle led to the widely adopted partograph in 1972.
- The World Health Organisation (WHO) endorsed its use in all labor wards in 1994, based on a multicenter trial demonstrating a significant reduction in prolonged labor, labor augmentation, emergency caesarean sections, and intrapartum stillbirths.
- In 2018, the WHO updated its global recommendations on intrapartum care, prompting a revision of the partograph.
- This resulted in the 2020 launch of the WHO Labor Care Guide (LCG), a supplementary monitoring tool.
- The LCG comprises seven sections, focusing on information at admission, supportive care, maternal and fetal care, labor progress, medication, and shared decision-making. Unlike the classic partograph, the LCG considers the active phase of labor to begin at a cervical dilatation of 5 cm. This evolution reflects ongoing efforts to improve maternal and fetal outcomes through evidence-based labor management.
- In this position statement FIGO recommends that the WHO LCG should be universally adopted and used to monitor labor in all settings to reduce maternal and perinatal mortality, and to support the implementation of the WHO recommendations: intrapartum care for a positive childbirth experience.

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Slide 1 of 6 English (India) Accessibility: Good to go



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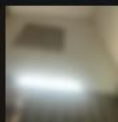
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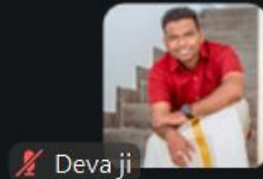
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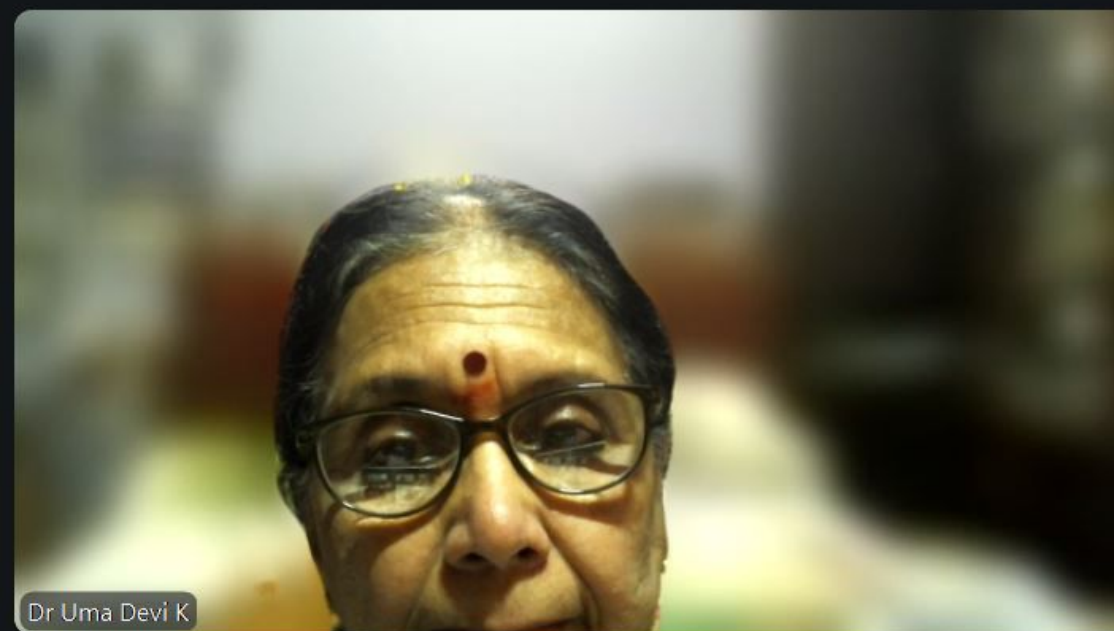
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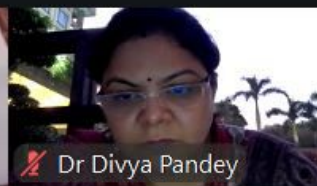
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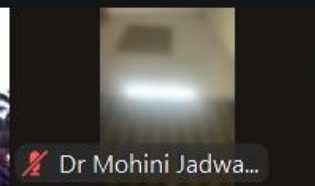
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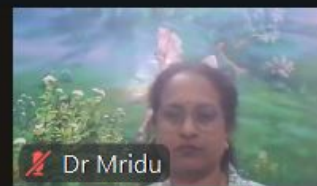
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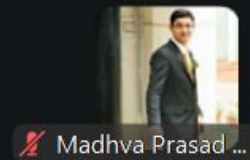
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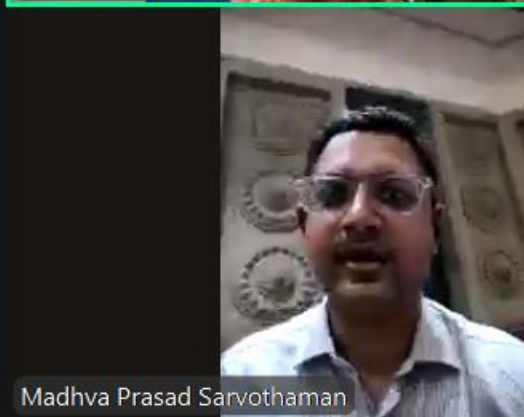


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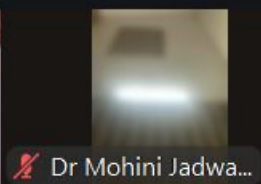
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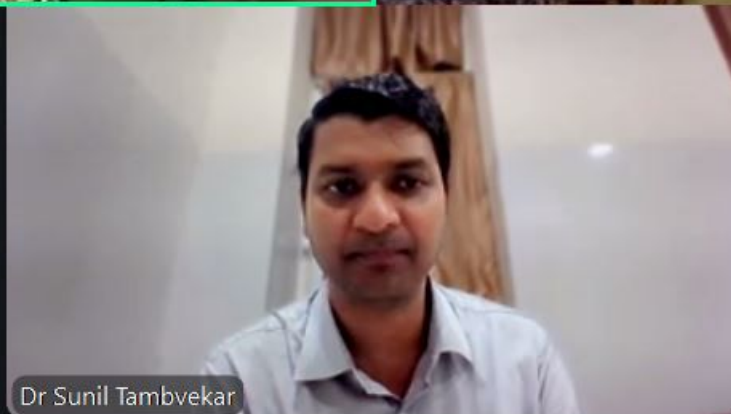
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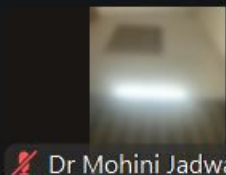
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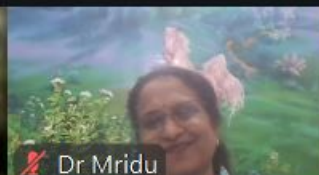
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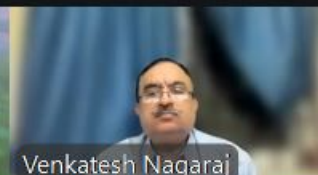
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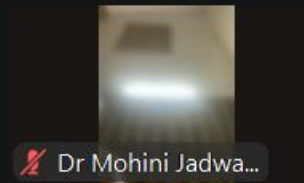
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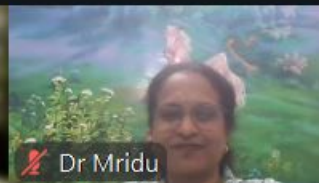
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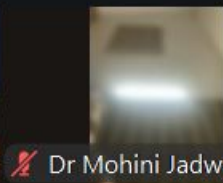




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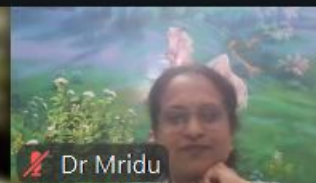
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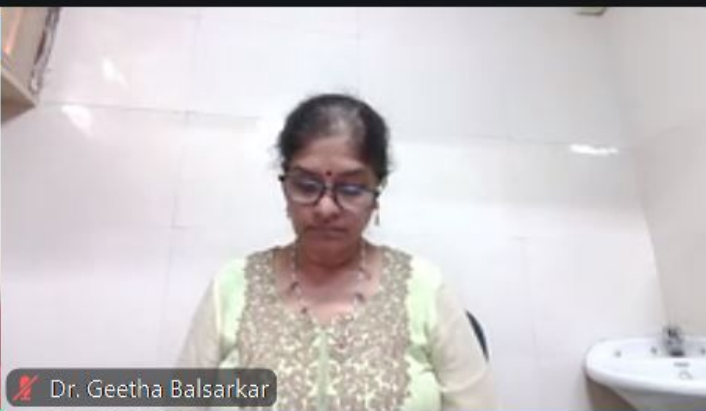
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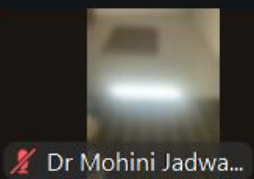
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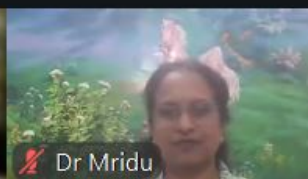
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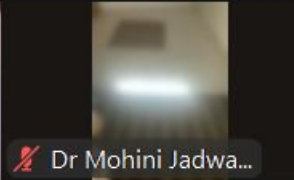


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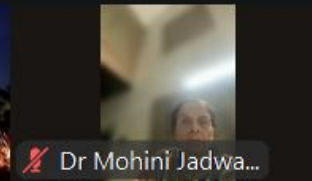
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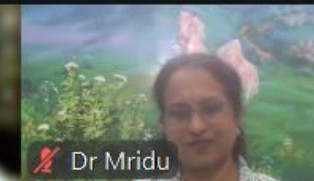
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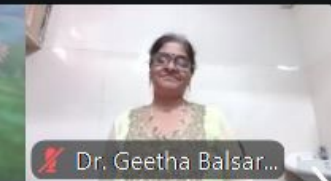
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