

Evidence-based intrapartum care practice and associated factors among obstetric care providers in hospitals in Wolaita Zone, Southern Ethiopia

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Abstract

Background

Evidence-based intrapartum care significantly reduces maternal and neonatal mortality, but in low- and middle-income countries, providers still apply harmful practices. There is limited information on the utilization of evidence-based intrapartum care practice among obstetric care providers in the study area. This study aimed to assess the magnitude of evidence-based intrapartum care practice and its associated factors among obstetric care providers working in hospitals in Wolaita Zone in 2022.

Methods

A facility-based cross-sectional study was conducted from August 1st to 30th, 2022, among 332 obstetric care providers in the hospitals of the Wolaita Zone. The data were collected using a structured self-administered questionnaire and a pre-tested observational checklist supplemented with non-participatory observation and record review. Data were entered into EpiData version 4.6.0.2 and then exported to SPSS Version 25 for analysis. Binary logistic regression analyses were conducted to identify factors associated with evidence-based intrapartum care among obstetric care providers. An adjusted odds ratio (AOR) with a 95% confidence interval was reported. Variables having a p-value <0.05 were considered statistically significant. The goodness of fit was checked by the Hosmer-Lemeshow test.

Results

The overall magnitude of evidence-based intrapartum practice was 52.5% [95% CI (47.1%-57.9%)]. Work experience >5 years [AOR:1.74;95%CI (1.04,2.91)], knowledge [AOR:1.77; 95% CI (1.06,2.95)], in-service training [AOR = 1.83; 95% CI (1.05,3.17)], access to EBP guidelines [AOR:1.70; 95% CI (1.01,2.85)], and managerial support [AOR:3.1; 95% CI (1.11,8.67)] were determinates of evidence-based intrapartum care.

Conclusion

The utilization of EBP among obstetric care providers working in hospitals in the Wolaita Zone was low. Work experience, knowledge, in-service training, access to EBP guidelines, and managerial support were factors determining the practice of evidence-based intrapartum care. Therefore, obstetric care providers should be compliant with the recommended intrapartum care, and creating an enabling environment might enhance intrapartum care.

Keywords: Evidence-Based Intrapartum Care, Obstetric Care, Ethiopia

Abbreviations

AOR: Adjusted Odds Ratio

EBP: Evidence-based practice

FHR: Fetal Heart Rate

IESO: Integrated Emergency Surgical Officers

SBAs: Skill Birth Attendants

SCC: Safe Childbirth Checklist

1. Introduction

Evidence-based practice (EBP) is a problem-solving approach to providing care that integrates the best evidence from research, clinical expertise, and patient preferences [1,2]. Intrapartum care is a type of care provided by a healthcare provider between the onset of true labor and the fourth stage of labor [3]. The care that a woman receives during labor can affect the woman herself and the health of her baby in the short- and long-term [4,5].

An estimated 295 000 women die worldwide every year either during pregnancy, childbirth, or soon after giving birth [6,7], and 6,500 neonates die every day, with about a third of all neonatal deaths occurring within the first day after birth and close to three-quarters occurring within the first week of life in 2020 [8]. The provision of evidence-based care can save women's and newborns' lives before, during, and after childbirth [7,9]. However, ineffective and harmful clinical practices are used routinely during labor and delivery in low- and middle-income countries, including Ethiopia [10,11].

Adherence to evidence-based practices during childbirth has substantially reduced maternal and neonatal mortality, indicating that adherence is a valid indicator of higher quality of care [12-14]. Non-beneficial or harmful intrapartum care is prevalent in institutions worldwide, particularly for underprivileged communities, violating their human rights and creating barriers to receiving treatment [11,15]. According to an Indian study, unindicated labor augmentation occurs in 64.4% of cases, fundal pressure occurs in 50.8%, episiotomy occurs in 58.3%, and lithotomy position delivery occurs in 86.7% of cases [15].

Ethiopian obstetric care providers provided inadequate evidence-based intrapartum care, with 45.3 % to 61.7% not supported by available evidence [16,17]. Factors like using health information rarely for teaching, in-service training for obstetric health care providers, work experience, knowledge, and a favorable attitude were associated with the practice of evidence-based intrapartum care [16,17].

In Ethiopia, the proportion of deliveries attended by skilled health personnel increased from 16.8% to 28% and 50% in 2010, 2016, and 2019 [18]. Despite the increased number of institutional deliveries, the quality of delivery services was poor; this indicates that the care provided for women was not guided by currently available evidence [19-21]. The government of Ethiopia, collaborating with stakeholders, endorsed different strategies to improve maternal and child health through improving evidence-based intrapartum care.

Despite these efforts and the presence of best practice initiatives, evidence-based intrapartum care is not widely used in Ethiopia. There is a paucity of information on evidence-based intrapartum care and associated factors among obstetric care providers in the study area. Therefore, this study aimed to assess the magnitude of evidence-based practice and its associated factors among obstetric care providers in hospitals in the Wolaita zone.

2. Methods and Materials

2.1 Study Area and Period

This study was conducted in Wolaita Zone hospitals from August 1st to 30th, 2022. Wolaita Zone is one of 11 zones in the Southern Nation's Nationalities, and Peoples Regional (SNNPR) State of Ethiopia. In the zone, there are 16 woredas and seven town administrations with a total of 374 kebeles (295 rural and 79 urban kebeles). Based on the zonal report, the zone had an estimated total population of 5,385,282 in 2014 E.C. According to the zonal health department report, there were 430 health facilities, including 8 hospitals, 3 nongovernmental organizations, 68 health centers, and 352 health posts. There were 8443 healthcare workers. Of these, 332 are obstetrics care providers working in hospitals in the Wolaita Zone [22].

2.2 Study Design

A facility-based cross-sectional study was conducted.

2.3 Population

All 332 obstetric care providers who are serving in hospitals in the Wolaita zone were included in the study, whereas obstetric care providers who had less than 6 months of experience, were on annual leave or maternity leave, or were sick during the study period were excluded from the study.

2.4 Study Variables

The outcome variable is Evidence-based intrapartum care practice, whereas the independent variables were Socio-demographic variables (Age, gender, income, and marital status), Organizational variables (Computer and internet access, managerial motivation, interactive EBP skill-building workshops, cooperation, and regular mentoring), and Individual variable (profession, experience, qualification, training on obstetrics care, seminar, and health information is used to improve patient care, conduct clinical research, and teach students, Obstetric care provider's knowledge and attitude).

3. Operational Definition of Variables

3.1 Evidence-Based Intrapartum Care Practice is a problem-solving approach to providing care that integrates the best

evidence from research, clinical expertise, and patient preferences [1,2]. Obstetrics care providers who achieved or exceeded the median value on intrapartum-practice-related observational checklists are considered as they practice EBP; otherwise, not practiced [16].

3.2 Obstetric Care Providers

Participants included a midwife, integrated emergency surgical officers (IESO), HO, and medical doctors who work in the labor and delivery ward to provide care and treatment to women during childbirth and before and after delivery [16].

3.3 Knowledge

Obstetric care providers who scored greater than or equal to the median value of knowledge-related questions were considered as having good knowledge, while obstetric care providers who scored less than the median value were considered to have poor knowledge [16].

3.4 Attitude

Those obstetric care providers who scored greater than or equal to the median value of attitude-related questions of intrapartum practice were labeled as having a positive attitude, whereas obstetric care providers who scored less than the median values were considered to have a negative attitude [16].

3.5 In-Service Training

Obstetric care providers who had received training related to intrapartum care, like BEmONC, CEmONC, partograph, and newborn care.

3.6 Data Collection Tool and Procedure

The data collection tool was adopted from WHO guidelines for intrapartum care for a positive childbirth experience [23]. The tool is based on a self-administered questionnaire divided into five sections: socio-demographic; organizational-related evidence; knowledge, attitude, and utilization of evidence-based intrapartum care or practice-related questions. There are twenty-one items on the observational checklist as well. And the questions were constructed to elicit a "yes" or "no" response. Data were collected using a pretested and structured self-administered questionnaire supplemented with observational checklists.

The non-participatory observation was used to observe mothers and skilled birth attendants (SBAs) during childbirth and the immediate postpartum period to assess the practice of evidence-based care. The data collector stayed in the delivery room without interfering with the care being provided to mothers and newborns. Also, a record review form was used to gather data from the mother charts about the completeness of the partograph. The data were collected by eight BSc Midwives who had previous experience and were supervised by 4 BSc Midwives.

3.7 Data Quality Assurance

The questionnaire was pre-tested on 5% of the sample at

Shone Primary Hospital. Before data collection, a one-day training was given to data collectors and supervisors. On-site supervision was given to solve any doubts during the data collection process by the principal investigator daily. The completeness and consistency of the collected data were cross-checked and compiled by supervisors and principal investigators daily.

3.8 Data Processing and Analysis

The data collected was cleaned, entered into EpiData version 4.6.0.2, and exported to the SPSS Version 25 statistical software package for cleaning and analysis. Descriptive statistics, such as frequencies and percentages, were presented to explain the study of relevant variables. Bivariate and multivariable binary logistic regression analyses were conducted to identify factors associated with EBP. Confounding was checked by looking at the regression coefficient change if greater than or equal to 20% and multicollinearity was checked using the variance inflation factor, and a value of <10 was used as a cutoff point.

Variables having a p-value < 0.25 in the bivariable analysis were included in multivariable logistic regression to control for the possible effect of confounders. An adjusted odds ratio was used to report the strength of the association at the 95% confidence interval. Variables having a p-value <0.05 were considered statistically significant. The goodness of the final model was checked by the Hosmer-Lemeshow test (p-value 0.6330), and it was met.

4. Ethical Consideration

Ethical clearance was obtained from the ethical review committee of the College of Health Sciences of Wolaita Sodo University. A formal letter including the study objectives was submitted to the Zonal Health Department based on the approval and permission obtained from the Zonal Health Department, the Woreda Health Office, and the respective hospitals where the study was conducted. Finally, after ensuring the confidentiality of responses and obtaining written consent from the study participant, data were collected. Information about specific personal identifiers, like names, was not collected, and the personal information was kept confidential throughout the study process.

5. Results

5.1 Socio-Demographic Characteristics

A total of 327 obstetric care providers were included in this study, with a 98.5% response rate. Nearly three-quarters of the 240 (73.39%) participants were female, and 196 (59.94%) were married. Two hundred seventy-two (83.18%) participants were in the age range of 25–34 years, with the mean and standard deviation of their ages being 28.6±4.5 years. Concerning profession, 199 (60.86%) participants were midwives, followed by 64 medical doctors (19.57%). Nearly two-thirds of participants, 204 (62.39%), were BSc holders, followed by 41 (12.54%) residents. Among the participants, 143 (43.73%) had a monthly salary of 5000–8000, and 156 (47.71%) had working experience of 5 years (Table 2).

| Variables | Categories | Frequency | Percent |
|---------------------|-----------------|-----------|---------|
| Sex | Male | 87 | 26.61 |
| | Female | 240 | 73.39 |
| Age | <25 years | 30 | 9.17 |
| | 25-34 years | 272 | 83.18 |
| | >35 years | 25 | 7.65 |
| Marital status | Married | 196 | 59.94 |
| | Single | 131 | 40.06 |
| Profession | Medical doctors | 64 | 19.57 |
| | Midwives | 199 | 60.86 |
| | Nurse | 36 | 11.01 |
| | Health officer | 17 | 5.20 |
| | IESO | 11 | 3.36 |
| Educational level | Residents | 41 | 12.54 |
| | GP | 26 | 7.95 |
| | MSc | 11 | 3.36 |
| | BSc | 204 | 62.39 |
| | Diploma | 45 | 13.76 |
| Years of experience | < 5 years | 171 | 52.29 |
| | >5 years | 156 | 47.71 |
| Salary in ETB | ≤5000 | 54 | 16.51 |
| | 5001-8000 | 143 | 43.73 |
| | >8000 | 130 | 39.76 |

Table 2: Sociodemographic Characteristics of Obstetric Care Providers in Hospitals of Wolaita Zone, southern Ethiopia 2022

5.2 Organizational-Related Characteristics

Among the participants, 105 (32.11%) had in-service training related to intrapartum care practices. Over two-thirds (66.36%) of the study participants had internet access at their workplace. Among those who had Internet access at

their workplace, 125 (57.6%) used the Internet for social media, followed by online journal searching (21.2%) (Figure 3). A quarter of the respondents (24.99%) had access to computers, and more than half of the respondents used patient-related reading (70.5%) (Table 3).

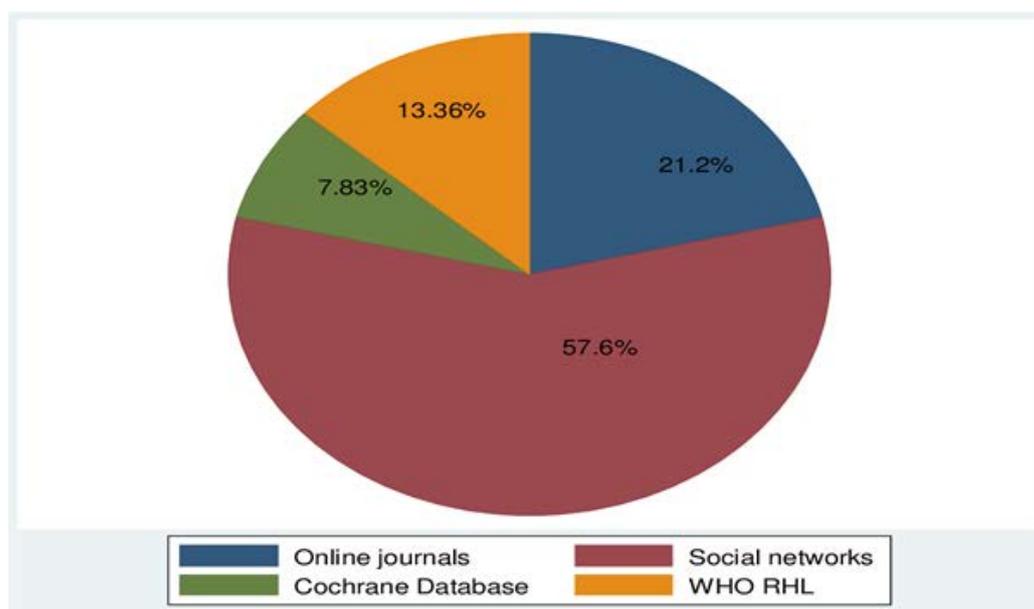


Figure 1: Obstetric care providers were mostly searched for during online stays in hospitals of Wolaita Zone, Southern Ethiopia, 2022.

5.3 Individual-Related Characteristics

Among the total respondents, 186 (56.88%) and 205 (62.69%) had good knowledge and a positive attitude toward evidence-based intrapartum practice, respectively. More than half of them, 182 (55.66%), were using textbooks either

in addition to or without the Internet. The patient condition was the leading motive of the obstetrics care provider, with a 215 (65.75%) response rate, followed by cooperation among staff members at 136 (41.59%) (Table 3).

| Variables | Categories | Frequency | Percent |
|-----------------------------------|--------------------------|-----------|---------|
| Training | Yes | 105 | 32.11 |
| | No | 222 | 67.89 |
| Level of Knowledge | Good | 186 | 56.88 |
| | Poor | 141 | 43.12 |
| Level of Attitude | Good | 205 | 62.69 |
| | Poor | 122 | 37.31 |
| Computer access | Yes | 85 | 25.99 |
| | No | 242 | 74.01 |
| Internet access | Yes | 217 | 66.36 |
| | No | 110 | 33.64 |
| Availability of guidelines | Yes | 137 | 41.90 |
| | No | 190 | 58.10 |
| Access to health information | Scientific journals | 49 | 14.98 |
| | Textbook | 182 | 55.66 |
| | Colleagues | 47 | 14.37 |
| | Conferences | 49 | 14.98 |
| Encouraging to utilization of EBP | Managerial support | 33 | 10.09 |
| | Scientific meetings | 48 | 14.68 |
| | Skill-building workshops | 87 | 26.61 |
| | Mentorship | 60 | 18.4 |
| | Conduct research | 28 | 8.56 |
| | Patient condition | 215 | 65.75 |
| | Cooperation | 136 | 41.59 |

Table 3: Organizational and individual related characteristics of obstetric care providers in hospitals of Wolaita Zone, Southern Ethiopia, 2022

5.4 Magnitude of Evidence-Based Intrapartum Practice

The overall magnitude of evidence-based intrapartum practice was 52.5% [95% CI (47.1%–57.9%)]. Participants with good intrapartum practices included 291 (88.99%), 279 (85.32%), 262 (80.12%), and 217 (66.36%). These practices included providing a pre-warmed neonatal corner for neonatal care, appropriate active management of the third stage of labor, providing oral fluid and food, and effectively communicating using straightforward and

culturally acceptable techniques.

Contrarily, the non-recommended practices that were most frequently observed during intrapartum care were immediate umbilical lead clamping less than one minute (83.79%), fundal pressure (44.65%), routine rupture of amniotic fluid (53.82%), and vaginal examination less than four hours (74.62). These procedures increased the risk of infection and uterine prolapse (Table 4).

| Variables | Practiced EBC | Frequency | Percent |
|--|---------------|-----------|---------|
| Effective communication | Yes | 217 | 66.36 |
| | No | 110 | 33.64 |
| Freedom of movement during the latent 1st stage of labor | Yes | 195 | 59.63 |
| | No | 132 | 40.37 |
| FHR monitoring within 15 minutes during the 2nd stage of labor | Yes | 113 | 34.56 |
| | No | 214 | 65.44 |

| | | | |
|---|-----|-----|-------|
| Episiotomy is done using local anesthesia | Yes | 193 | 59.02 |
| | No | 134 | 40.98 |
| Vaginal examination every 4hrs | Yes | 83 | 25.38 |
| | No | 244 | 74.62 |
| Routine rupture of amniotic fluid | Yes | 176 | 53.82 |
| | No | 151 | 46.18 |
| Cleaning of the vulva and perineum with antiseptics | Yes | 20 | |
| | No | 307 | 93.88 |
| Opioid analgesia for pain relief | Yes | 14 | 4.28 |
| | No | 313 | |
| Provide oral fluid and food | Yes | 262 | 80.12 |
| | No | 65 | 19.88 |
| Use relaxation techniques for pain management | Yes | 56 | 17.13 |
| | No | 271 | 82.87 |
| Routine IV fluid infusion | Yes | 199 | 60.86 |
| | No | 128 | 39.14 |
| Perineal shaving | Yes | 12 | 3.67 |
| | No | 315 | 96.33 |
| Fundal pressure | Yes | 146 | 44.65 |
| | No | 181 | 55.35 |
| Follow the progress of labor by using a partograph | Yes | 121 | 37.0 |
| | No | 206 | 63.0 |
| FHR was monitored within 30 minutes during the active 1st stages of labor | Yes | 185 | 56.57 |
| | No | 142 | 43.43 |
| Routine uterine exploration | Yes | 226 | 69.11 |
| | No | 101 | 30.89 |
| Pre-warmed neonatal corner for neonatal care | Yes | 291 | 88.99 |
| | No | 36 | 11.01 |
| Immediate umbilical cord clamping | Yes | 274 | 83.79 |
| | No | 53 | 16.21 |
| Skin-to-skin contact of the newborn | Yes | 161 | 49.24 |
| | No | 166 | 50.76 |
| Routine nasal or oral suction of newborns | Yes | 165 | 50.46 |
| | No | 162 | 49.54 |
| AMSTL using appropriately | Yes | 279 | 85.32 |
| | No | 48 | 14.68 |

Table 4: Distribution of Recommended and Non-Recommended Intra-Partum Practice among Obstetric Care Providers in Hospitals of Wolaita Zone, Southern Ethiopia, 2022

5.5 Factors Associated with Evidence-Based Intra-Partum Practice

In bivariable logistic regression analysis, obstetric care providers' sex, age, profession, work EBP guidelines, experience, access to a computer, training, knowledge, and attitude toward evidence-based practice were candidates for multivariable analysis. However, in the multivariable logistic regression model, knowledge, training, availability of EBP guidelines, managerial support, and working experience remained significantly associated with the evidence-based

intrapartum practice.

Obstetric care providers who had good knowledge about intrapartum care were 1.77 times [AOR: 1.77; 95% CI (1.06, 2.95)] more likely to have good evidence-based intrapartum practice as compared to their counterparts. Likewise, obstetric care providers who had access to EBP guidelines in their workspace were 1.70 times [AOR: 1.70; 95% CI (1.01, 2.85)] more likely to give intrapartum care based on the available evidence than those who did not have access to

EBP guidelines. Obstetric care providers who had managerial support were three times [AOR: 3.1; 95% CI (1.11, 8.67)] more likely to have good evidence-based intrapartum practice as compared to their counterparts.

Obstetric care providers who had working experiences of 5 years were 1.74 times more likely [AOR: 1.71; 95% CI (1.04,

2.91)] more likely to provide evidence-based intrapartum practice than those who had working experience of 5 years. Furthermore, those respondents who had in-service training related to intrapartum practice were 1.83 times [AOR = 1.83; 95% CI (1.05, 3.17)] more likely to have good evidence-based intrapartum practice compared with their counterparts (Table 5).

| Variables | Categories | Evidence-Based Intra | | COR (95%CI) | AOR (95%CI) |
|--------------------|----------------|----------------------|-------------|-------------------|--------------------|
| | | Partum Practice | | | |
| | | Yes | No | | |
| Sex | Male | 56(64.37) | 31(35.63) | 1.93 (1.16, 3.20) | 1.72(0.97, 3.07) |
| | Female | 116(48.33) | 124 (51.67) | 1 | |
| Age | <25 | 18(60.00) | 12(33.33) | 1.45 (.67, 3.13) | 1.86(0.77, 4.48) |
| | >35 | 16(64.0) | 9(40.0) | 1.72 (0.73, 4.04) | 0.79(0.28, 2.19) |
| | 25-34 | 138(50.74) | 134(49.26) | 1 | 1 |
| Profession | Midwife | 105(52.76) | 94(47.24) | 1 | 1 |
| | Medical doctor | 27(42.19) | 37(57.81) | 0.65(0.36, 1.15) | 0.64(0.32, 1.28) |
| | Nurse | 20(55.56) | 16(44.44) | 1.11(0.54, 2.18) | 1.16(0.51, 2.64) |
| | Health officer | 11(64.71) | 6(35.29) | 1.64(0.58, 4.61) | 1.81(0.57, 5.71) |
| | IESO | 9(81.82) | 2(18.18) | 4.0(0.84, 19.1) | 1.75(0.30, 10.0) |
| Attitude | Favorable | 102(49.76) | 103(50.24) | 0.73(0.46,1.15) | |
| | Unfavorable | 70(57.38) | 52(42.62) | 1 | |
| Knowledge level | Good | 111(59.68) | 75(40.32) | 1.94(1.24, 3.02) | 1.77(1.06, 2.95) * |
| | Poor | 61(43.26) | 80(56.74) | 1 | 1 |
| Training | Yes | 71(67.62) | 34(32.38) | 2.50 (1.53, 4.07) | 1.83(1.06, 3.17) * |
| | No | 101(45.50) | 121 (54.50) | 1 | 1 |
| Computer access | Yes | 54(63.53) | 31(36.47) | 1.83 (1.10, 3.04) | 1.49(0.83, 2.67) |
| | No | 118(48.76) | 124(52.24) | 1 | 1 |
| Experience | <5 years | 74(43.27) | 97(56.73) | 1 | 1 |
| | >5 years | 98(62.82) | 58(37.18) | 2.21(1.42, 3.45) | 1.74(1.04, 2.91) * |
| EBP guidelines | Yes | 92(67.15) | 45(32.85) | 2.52(1.60, 3.97) | 1.70(1.01,2.85) * |
| | No | 80(42.11) | 110(57.89) | 1 | 1 |
| Managerial support | Yes | 27(81.82) | 6(18.18) | 4.62(1.85, 11.5) | 3.1(1.11,8.67) * |
| | No | 145(49.32) | 149(50.68) | 1 | 1 |
| Mentorship | Yes | 41(68.33) | 19(31.67) | 2.24(1.23, 4.05) | 1.74(0.88,3.43) |
| | No | 131(49.06) | 136(50.94) | 1 | 1 |

*Significant at a p-value < 0.05 level

Table 5: Binary logistic regression analysis to identify factors associated with evidence-based intrapartum practice among obstetric care providers in Wolaita Zone, southern Ethiopia, 2022

6. Discussion

This study revealed that the overall magnitude of evidence-based intrapartum practice was 52.5% in hospitals in the Wolaita zone. Work experience years, knowledge, in-service training, managerial support, and access to EBP guidelines determine the practice of evidence-based intrapartum care. The finding of this study was comparable with studies conducted in the Arbaminch district (54.06%)[24] and public Hospitals of South Wollo Zone North-Central Ethiopia 54.7% [17], however, the finding was higher than a study

done in five referral hospitals in Northwest Ethiopia (38.3% [16]. This might be due to differences in the study period and setting, and the current increased efforts of the government to promote evidence-based practices and better access to evidence-based information.

The current study is lower than the study done in California, 74.4 % [25], Arab tertiary hospitals discovered in Egypt, 60%, 82% in Lebanon, and Syria, 73% [26]. This disparity might be due to differences in the study setting, socio-

cultural and economic background of study areas, study participants, infrastructure, and capacity of the health care delivery system.

Obstetric care providers who had good knowledge about intrapartum care were more likely to have good evidence-based intrapartum practice as compared to their counterparts. This finding was supported by reports from other similar studies [16,17]. This could be because knowledge is one of the prerequisites for providing quality services, making professionals more competent to practice according to recommended standards. At the same time, this knowledgeable professional may have updated training and more experience, allowing them to perform according to recommended standards.

Obstetric care providers who had working experience of ≥ 5 years were more likely to provide evidence-based intrapartum practice than those who had working experience of < 5 years. This finding is in line with findings reported by Gonder and Wollo [16,17]. This might be because those professionals with more experience might have more up-to-date training, workshop participation, accumulated knowledge from exposure to different case scenarios, and the presence of role models in the work environment.

The respondents who had service training related to intrapartum practice were more likely to have good evidence-based intrapartum practice compared with their counterparts. This finding is in agreement with a study from Gonder [16]. This might be due to up-to-date service training filling gaps in professional practice as well as motivating the workers to provide quality services according to recommendations. Obstetric care providers who have had job training might have a better motive for practice because of the insight they gained from the training.

This study also showed that obstetric care providers who had access to EBP guidelines in their workspace were more likely to perform intrapartum care based on the available evidence than those who did not have access to EBP guidelines. The finding is also supported by other related studies [27], which investigated that the availability of human information sources of printed information in the work environment was associated with the utilization of evidence-based practices. This might be due to the availability of up-to-date guidelines in the workplace, which can be one of the enabling factors for evidence-based practice by providing knowledge of recommended practices, and it might also indicate a supportive work environment. Moreover, in this study, obstetric care providers who had managerial support were three times more likely to have good evidence-based intrapartum practice.

This study has several limitations. This study was conducted at the hospital level; it does not represent evidence-based intrapartum care in health centers. Secondly, this study is prone to the Hawthorne effect and attention bias during observation, which might overestimate the magnitude of EBP.

7. Conclusion

This study showed that in the hospitals of the Wolaita Zone, utilization of evidence-based intrapartum care was low. The implementation of evidence-based intrapartum care is determined by factors such as years of work experience, knowledge, in-service training, access to EBP guidelines, and managerial support. Therefore, obstetric care providers should be compliant with the recommended intrapartum care, and creating an enabling environment might enhance intrapartum care.

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Data Availability Statement

All relevant data are within the paper and its Supporting Information files.

Competing Interests

The authors have declared that no competing interests exist.

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