

The effect of Zhang's guidelines versus WHO partograph on childbirth experience according to CEQ-MY

Farhah Mazelan¹, Rahana Abd Rahman¹, Shuhaila Ahmad¹, Azmawati Mohammed Naw², Chew Kah Teik¹

¹Department of Obstetrics & Gynaecology, Faculty of Medicine, Universiti Kebangsaan Malaysia, ²Department of Public Health Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia

ABSTRACT

Introduction: The active phase of labour was historically defined at 4 cm cervical dilation based on Friedman's labour curve, forming the basis of the WHO partograph. However, recent studies by Zhang et al. suggest that labour progresses more slowly before 6 cm and that cervical dilation accelerates only thereafter. This redefinition may improve labour management and reduce unnecessary interventions. Beyond clinical outcomes, the childbirth experience is now recognised as a key indicator of quality obstetric care. This study aimed to compare childbirth experience and outcomes between WHO and Zhang labour guidelines using the validated Malay version of the Childbirth Experience Questionnaire (CEQ-My). **Materials and Methods:** A prospective cross-sectional study was conducted at Hospital Canselor Tuanku Muhriz from June 2024 to February 2025. A total of 713 women in active labour were enrolled and grouped based on cervical dilatation at admission: <6 cm (WHO group, n=390) and ≥6 cm (Zhang group, n=323). CEQ-My was used to assess the childbirth experience. Clinical and delivery outcomes were also analysed. **Results:** Total CEQ-My scores were comparable between groups, but the own capacity domain was significantly higher in the Zhang group (p<0.001). Multiparity and shorter active labour were associated with higher own capacity scores. The Zhang group had more spontaneous vaginal deliveries (91.3% vs. 59.7%, p<0.001), shorter active labour, and lower usage of oxytocin and epidural. Cervical dilatation ≥6 cm, multiparity, and no epidural use significantly predicted spontaneous vaginal delivery. **Conclusion:** Zhang's guideline was associated with fewer interventions, shorter labour, and improved maternal perception of capacity, suggesting a more positive and empowering childbirth experience.