HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynecology		
Document:	Multidisciplinary Policy and Procedure		
Title:	Use of Partogram for Woman in Labor		
Applies To:	All Obstetrics and Gynecology Staff		
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1. PURPOSE:

1.1 To standardize the method of recording of patient care and progress during labor.

2. DEFINITIONS:

2.1 A partogram or partograph is a composite graphical record of key data (maternal and fetal) during labor entered against time on a single sheet of paper.

3. POLICY:

3.1 Partogram form is designed to organize units of information in a chronological view during labor and birth.
3.2 This form is to be initiated on all patients in active labor (i.e. those with regular uterine contractions, cervical dilatation of at least 4 cm).
3.3 This form is to be used for all induction and augmentation routines.
3.4 Resident and midwife should sign their names on commencement of the Partogram, every shift change.
3.5 After delivery, the Partogram should be kept in the patient's file together with other documents in labor.

4. PROCEDURE:

4.1 On admission the correct diagnosis of the phase of labor is important.
4.2 The partograph should include the following:
- 4.2.1 Maternal pulse hourly in normal first stage and half hourly in second stage.
- 4.2.2 Temperature and blood pressure q4 hourly, unless indicated otherwise.
- 4.2.3 Fetal heart rate half hourly at 15 minute intervals if auscultation intermittent.
- 4.2.4 Record frequency, length and strength of contractions half hourly.
- 4.2.5 Record state of liquor and or loss per vagina.
- 4.2.6 Assess descent of the presenting part by abdominal examination and record number of 5th of head palpable (plot O on Partogram).
- 4.2.7 Record cervical dilatation after each examination (plot X on partogram).
- 4.2.8 Record the administration of all drugs and fluids, including oxytocin infusion. These must also be documented on the drug chart.
- 4.2.9 Measure the volume and test all urine for protein and ketones. The woman should be encouraged to empty her bladder every 2–3 hours.

4.3 Once a mother is in active phase of labor, an alert and an action line should be drawn on the Partogram.
4.4 The alert line should be started at the dilatation of the cervix when the mother is first diagnosed as being in the active phase of labor. This could obviously be anywhere for 3 to 9cm.
4.5 The action line is 4 hours to the right of the alert line.
- 4.5.1 Progress is normal if the findings of successive vaginal examinations are to the left of the action line. More frequent examinations can be considered if progress falls between the two lines.

4.6 The contractions are assessed every 30 minutes to record the frequency (every 10 minutes) and duration in seconds.

4.7 Vaginal examination is carried out every 4 hours to assess the rate of cervical dilatation and the position and station of the head (measured in cm above the ischial spines). Note is also made of the degree of the caput and molding and the state of the liquor.

4.8 Maternal urine is tested 4 hourly for ketones and protein. An IV infusion of 10% dextrose saline is set up if the mother becomes ketotic.

4.9 Failure to progress in the first stage:

4.9.1 Delay in the first stage of labor is identified when progress in the active phase fails to the right of the action line.

4.9.2 If the labor was slow from the early active phase, it is termed primary dysfunctional labor and if the rate of progress was slow after adequate progress previously, then it is termed secondary arrest of labor.

5. MATERIAL AND EQUIPMENT:

5.1 Partogram machine.

6. RESPONSIBILITIES:

6.1 Physician

6.2 Staff nurse

7. APPENDICES:

7.1 Partogram

8. REFERENCES:

8.1 MOH, Guidelines for Obstetrics and Gynaecology, Clinical Policies And Procedures.

8.2 Integrated Management of Pregnancy and Childbirth, WHO/RHR/00.7, Geneva 2003.

8.3 CBAHI Standard 3rd Edition 2016.

9. APPROVALS:

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Name: _____ الاسم: _____ MRN: _____ رقم الملف الطبي: _____

PARTOGRAM

Date & time of admission: _____ Consultant: _____

E.D.D: _____ Parity: _____

Special instructions: _____

FETAL HEART RATE

190 180 170 160 150 140 130 120 110 100 90 80 70 60

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Duration of rupture of membranes (Hrs) | Liquor | Moulding

CERVIX CENTIMETRES

10 9 8 7 6 5 4 3 2 1

Duration of labor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

OXYTOXIN
DROPS/ MINUTE
0 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Contractions 4
Per 3
Minutes 2
1
Drugs
And
I.V
Fluids
200
190
180
170
160
Blood 150
Pressure 140
and 130
pulse 120
110
100
90
80
70
60
URINE
PROTEIN
ACETONE
GLUCOSE
TEMPERATURE
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22