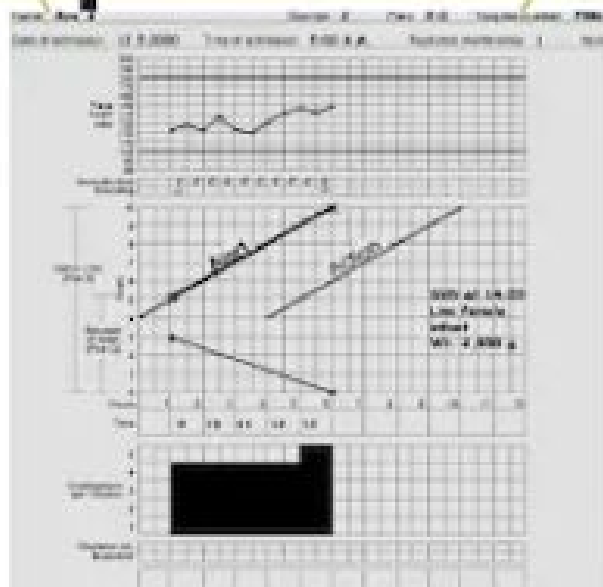


RECORDING PROGRESS OF LABOUR

# PARTOGRAM



# Definition

- It is a composite graphical recording of cervical dilatation and descent of head against duration of labour in hours.
- It also gives information about fetal and maternal condition that are all recorded on single sheet of paper.

# **Advantage of using Partograph**

1. A single sheet of paper can provide details of necessary information at a glance.
2. No need to record labour events repeatedly
3. Gives clear picture of normality and abnormality in labour.
4. It can predict deviation from duration of labour. So appropriate steps could be taken in time.

# **Advantage of using Partograph...**

5. It facilitates handover procedure of staffs.
6. Save working time of staff against writing labour notes in long hand.
7. Educational value for all staff.

# Principles of plotting partograph

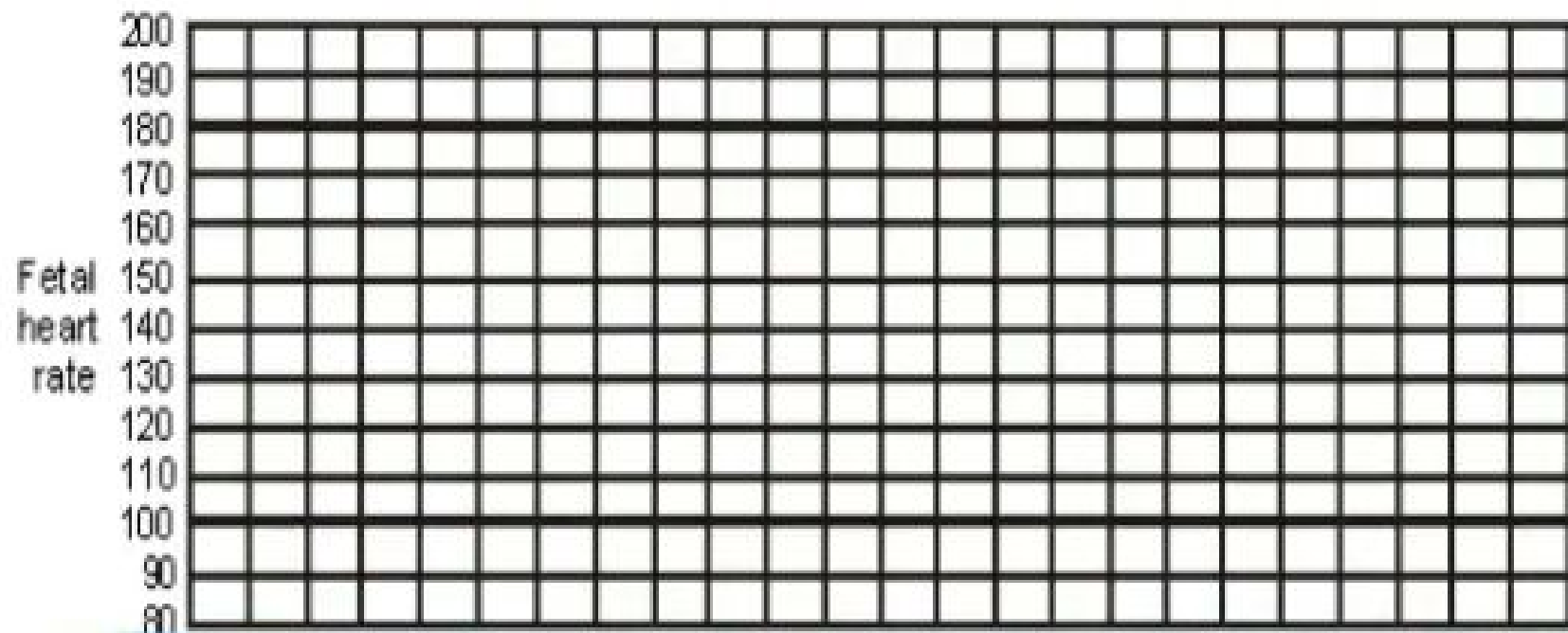
- The active phase of labour commence at 4 cm cervical dilatation.
- The latent phase of labour should not last longer than 8 hours.
- During active labour, the rate of cervical dilatation should not be slower than 1cm/hours.
- A lag time at 4 hours between a slowing of labour and the need for intervention is unlikely to compromises the fetus or the woman and avoid unnecessary intervention

# **Method of recording partograph**

- Patient information: Fill out name, gravida, para, hospital number, date and time of admission and time of ruptured membranes.

## Method of recording partograph

- Fetal heart rate: The rate of the fetal heart rate indicates the state of the fetus inside the uterus. Record every half hour.







# Moulding

- Moulding is a state of reduction or loss of space between skull bones.
- Presence of increased moulding of the head high in the pelvis indicates CPD.
- Recording of degree of moulding
  - 0: Bones are separated and sutures can be felt easily
  - 1: sutures apposed
  - 2: sutures overlapped but reducible
  - 3: sutures overlapped and not reducible

# Cervical dilatation

- Assessed at every vaginal examination and marked with a cross (X).
- Begin plotting on the partograph at 4 cm.
- This graph consists of homogenous squares, ten square vertically, each square indicate one centimeter of cervical dilatation.

# Cervical dilatation



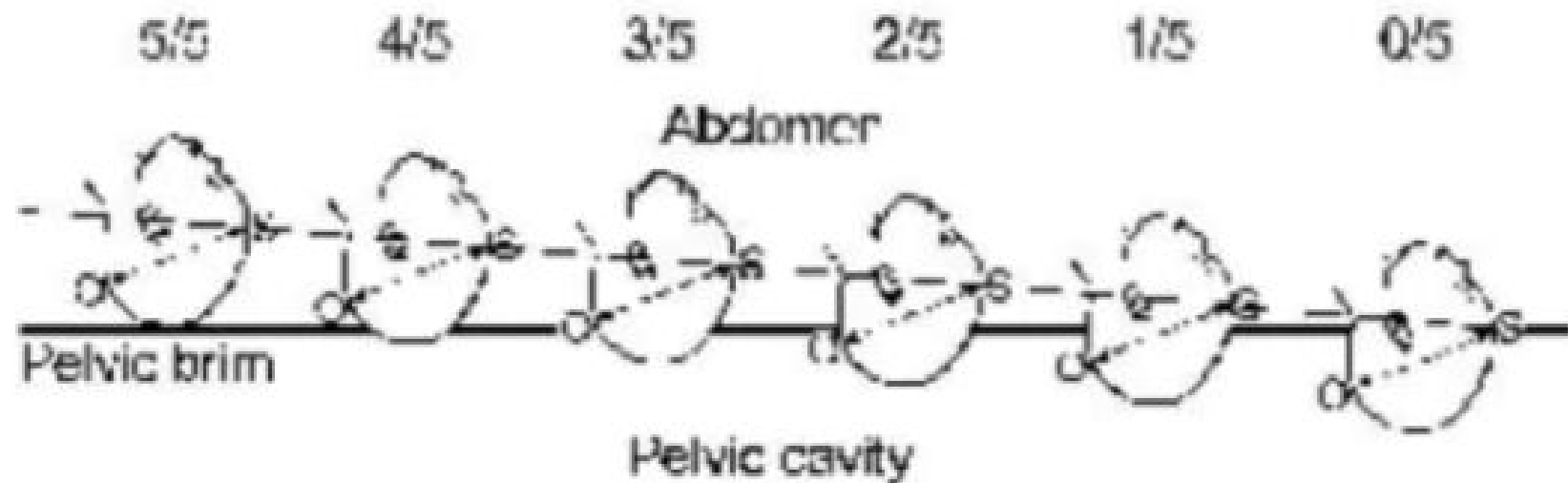
# Cervical dilatation

- The cross (X) in the graph are joined by a continuous line begin plotting on the partograph at 4 cm.
- The climbing tendency of this line normally lies on the left of the middle of the graph.
- Alert line: A line starts at 4 cm of cervical dilatation to the point of expected full dilatation at the rate of 1 cm per hour.
- Action line: Parallel and 4 hours to the right of the alert line.

# **Descent of the head**

- This is assessed by abdominal examination before doing vaginal examination.
- Refers to the part of the head (divided into 5 parts) palpable above the symphysis pubis.
- Recorded as a circle (O) at every vaginal examination.

# Descent of the head



Completely  
above

Sinciput:  
high,  
Occiput  
easily felt

Sinciput  
easily felt.  
Occiput  
felt

Sinciput  
felt.  
Occiput  
just felt

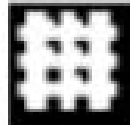


Sinciput  
felt.  
Occiput  
not felt.

None  
of head  
palpable

# Uterine contractions

- Uterine contractions are recorded graphically on the partograph according to their strength and frequency.
- Observation of contraction is made half hourly in the active phase.
- Palpate the number of contractions in 10 minutes and their duration in seconds

# Uterine contraction

- Less than 20 seconds: 
- Between 20 and 40 seconds: 
- More than 40 seconds: 



## Uterine contraction

[illegible]

# Oxytocin drip

- This consists of two lines, one for the record of unit of oxytocin per liter of intravenous fluid and other one is for drop of fluid per minute.
- The recording can be made at the interval of 30 minutes as the uterine contraction

Oxytocin U/L  
drops/min


# Drugs and other intravenous fluids

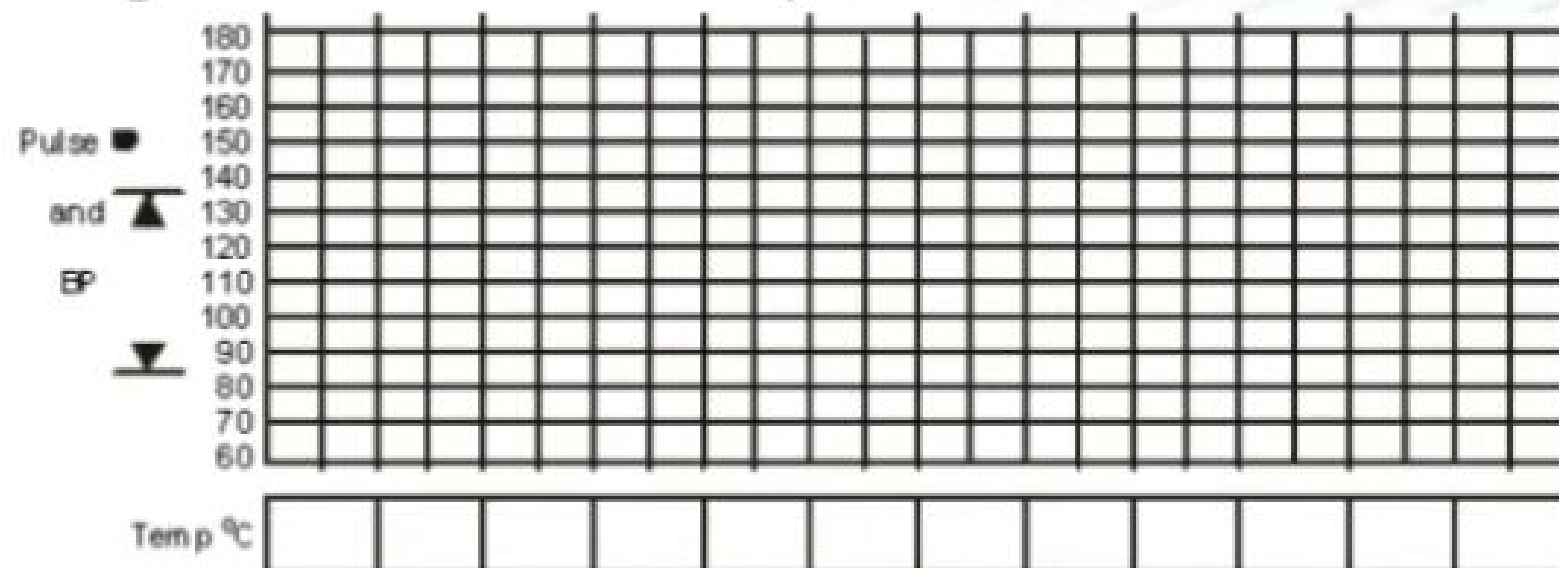
- Record any additional drug given and are recorded at the particular point of time.
- This includes sedatives, antibiotics, IV fluids etc. The name of the drugs and doses given should be written clearly in the long box.

Drugs given  
and IV fluids

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# Maternal condition

- Pulse: Record every 30 minutes and mark with a dot (•).
- Blood pressure: Record every 4 hours and mark with arrows.
- Temperature: Record every 2 hours.



# Urine analysis

- During the course of labour, the examination of urine is important.
- In case of maternal distress the volume of urine may decrease and it may contain ketone bodies.

Urine	{	protein										
		acetone										
		volume										