



PARTOGRAPH

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Objectives

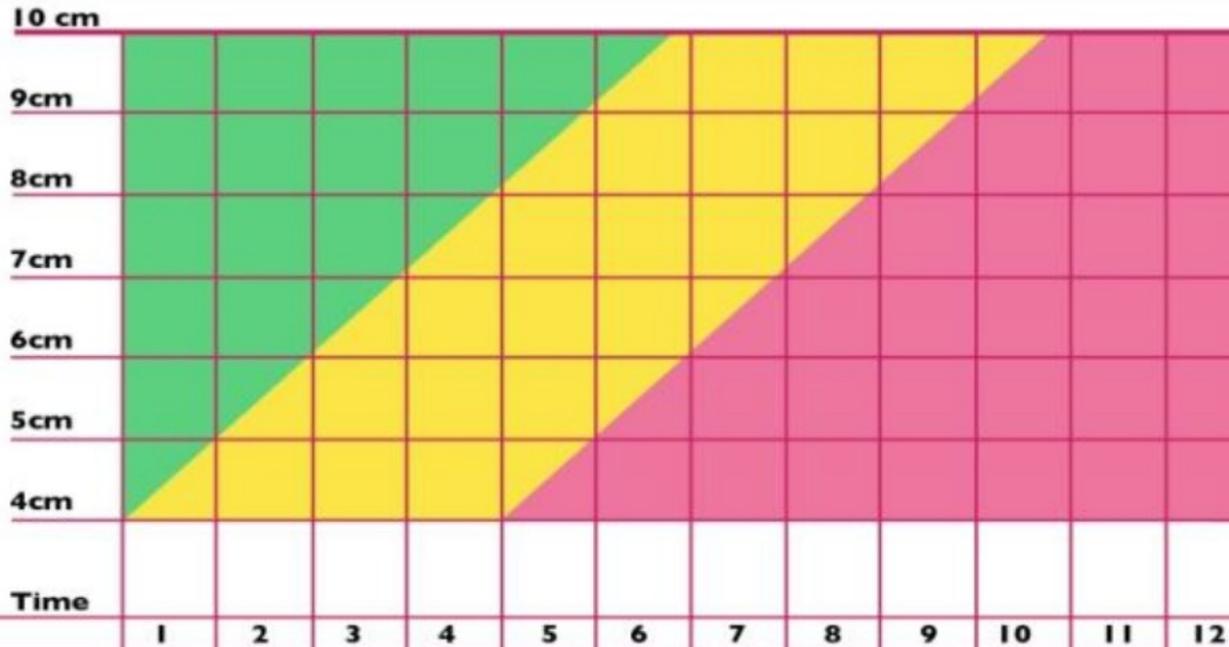
- To identify the use and benefits of WHO partograph
- To describe the different parts of partograph
- To plot the progress of labor using partograph form

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PARTOGRAPH

Use this form for monitoring active labor.



FINDINGS

Hours in active labour

Hours since ruptured membranes

Rapid assessment

Vaginal bleeding (0 + + +)

Amniotic fluid (meconium stained)

Contractions in 10 minutes

Fetal heart rate (beats/minute)

Urine voided

T (axillary)

Pulse (beats/minute)

Blood pressure (systolic/diastolic)

Cervical Dilation (cm)

Delivery of Placenta (time)

Oxytocin (time/given)

Problem-note onset/describe below

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PARTOGRAPH



- Is a tool used to assess the progress of labor and to identify when intervention is necessary.
- Graphic representation of cervical dilatation during labor

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PARTOGRAPH



- Guide the birth attendant to identify women whose labor is delayed.
- Studies have shown that using partograph can be highly effective in reducing complications from prolonged labor for the mother and for the newborn

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Uses of Partograph



1. Assessment of Progress of Labor

- Cervical dilatation
- Contractions
- Alert and Action lines

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2. Assessment of Maternal well being

- Vital signs
- Urine Voided

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3. Assessment of fetal well being

- Fetal heart rate
- Color of amniotic fluid

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Benefits of Partograph



- Avoid unnecessary interventions so maternal and neonatal morbidity are not needlessly increased
- Allows to intervene in a timely manner to avoid maternal and neonatal morbidity or mortality
- Ensures close monitoring of the woman in labor

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Risk factors which may have been identified during prenatal and before the start of labor where the use of the partograph is not recommended and REFERRAL IS NECESSARY

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- Very short stature
- Antepartum hemorrhage
- Severe pre-eclampsia and eclampsia
- Fetal distress
- Previous cesarean section
- Anemia, severe
- Multiple pregnancy
- Malpresentation
- Very premature labor
- Obvious obstructed labor

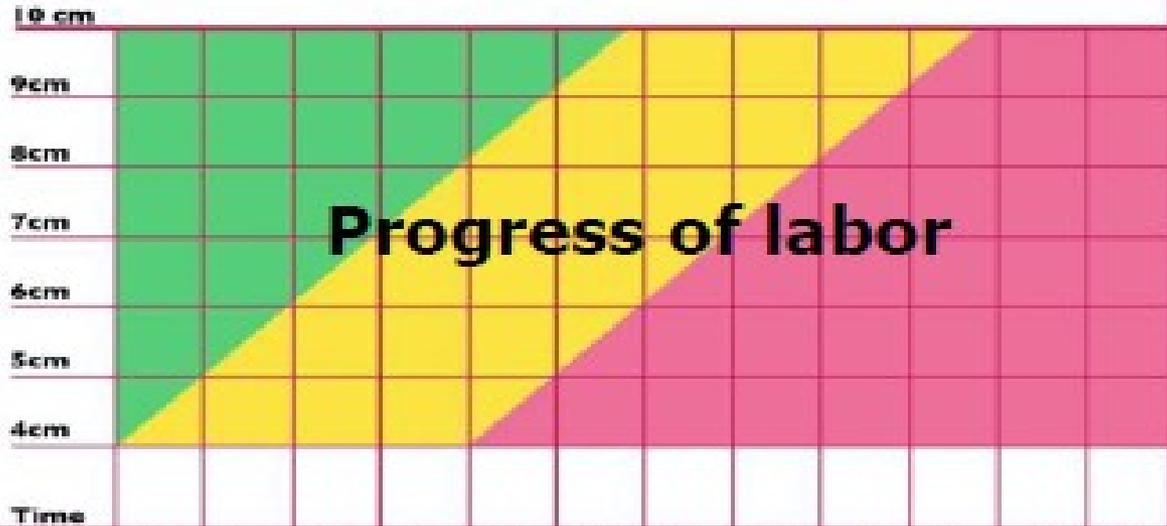
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PARTS OF A PARTOGRAPH



PARTOGRAPH

Use this form for monitoring active labor



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Cervical dilation (cm)

Delivery of Placenta (time)

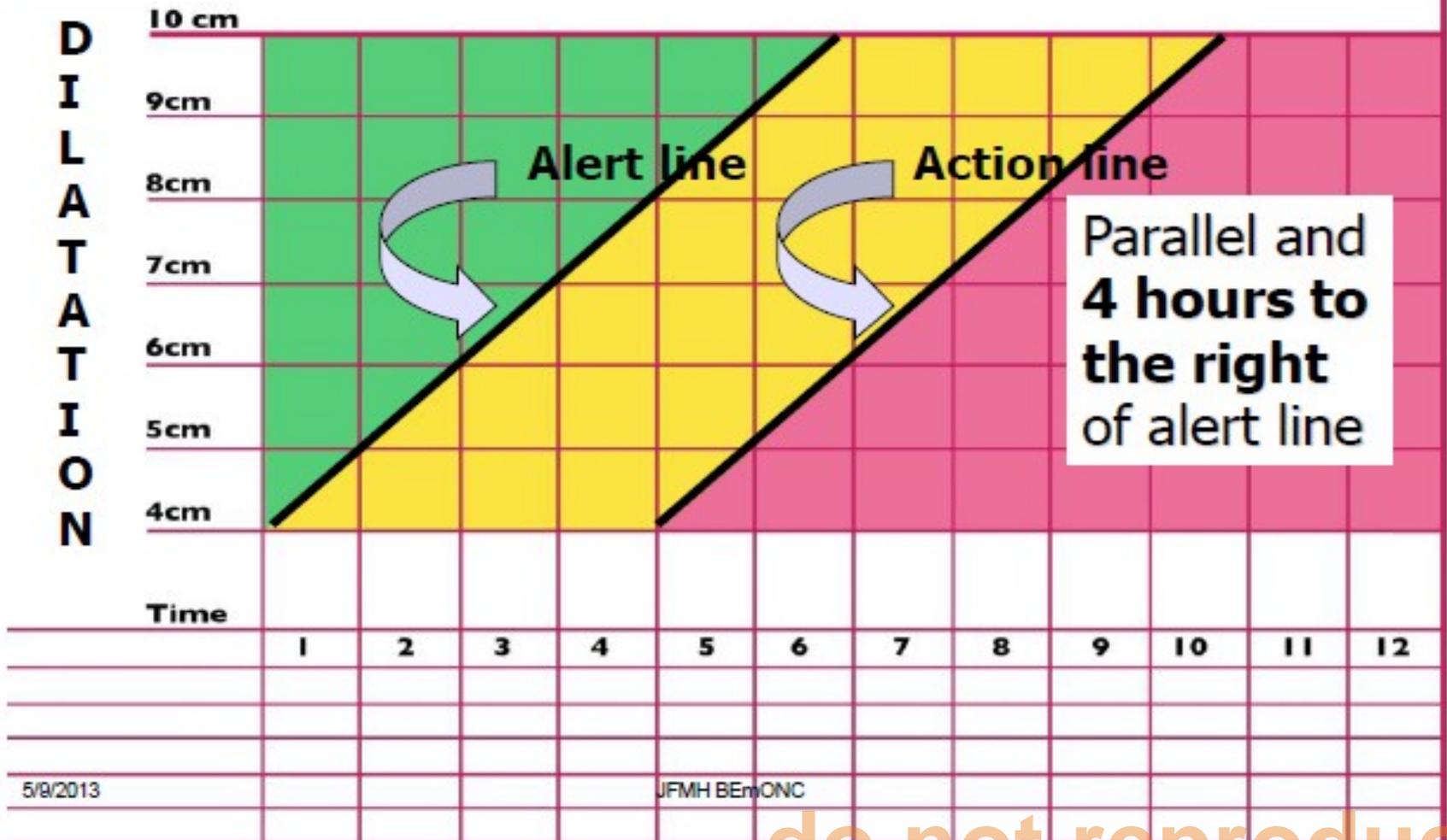
Oxytocin (time/given)

Problem - note onset/describe below

Maternal and fetal well-being

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DILATATION



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Plotting the progress of labor



- Start plotting when woman is in **ACTIVE LABOR (4 cm or more)** and is contracting adequately (**3-4 contractions in 10 minutes**)
- Label withy patient identifying information
- Plot only the **CERVICAL DILATATION** using the “**X**” symbol.
- Connect the “**X**” to demonstrate the pattern of labor

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- Perform internal examination (IE) every 4 hours or more frequently if necessary
- If woman is admitted in **LATENT PHASE** of labor (less than 4 cm dilated)- record only other findings (**BP, FHT, etc**).
- If she **remains in latent phase for next 8 hours** (labor is prolonged), **transfer her to hospital.**

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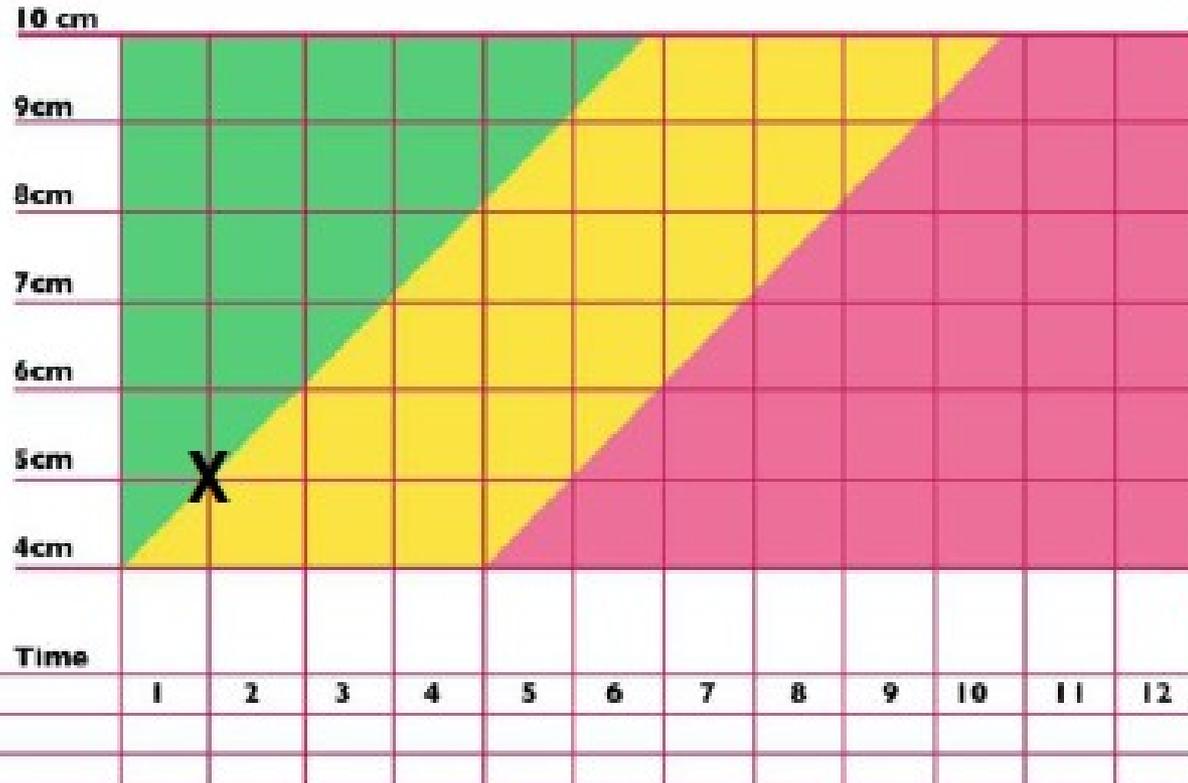


- Plot cervical dilatation on ALERT LINE if woman is admitted in the active phase of labor
- Monitor every 4 hours (or more frequently if necessary); Vital signs: BP, Temperature, PR and cervical dilatation
- Monitor every hour: FHT, frequency, intensity, and duration of contractions, woman's mood and behavior

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PARTOGRAPH

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FINDINGS

Time

Hours in active labour

1 2 3 4 5 6 7 8 9 10 11 12

Hours since ruptured membranes

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Delivery of Placenta (time)

Oxytocin (time/given)

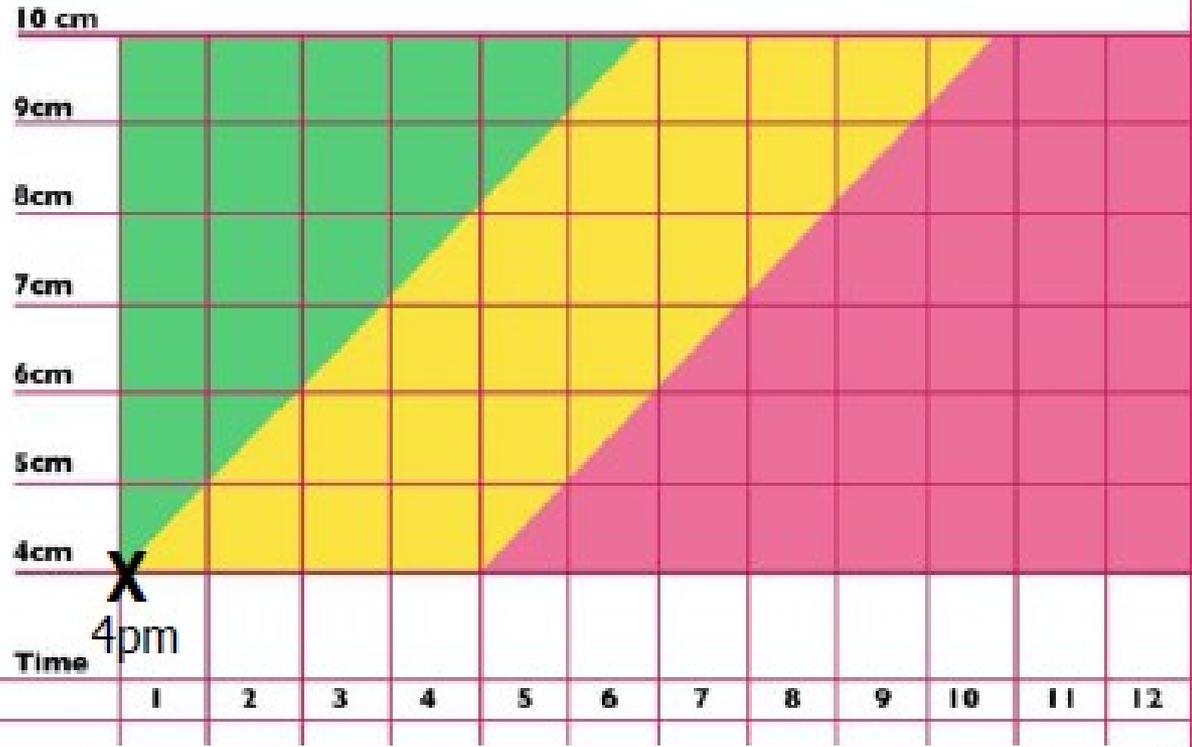
Problem-note onset/describe below

Start plotting **on alert line in the intersection** corresponding cervical dilatation finding (e.g. patient came in at 5cms)

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PARTOGRAPH

Use this form for monitoring active labor



FINDINGS

Hours in active labour

Hours since ruptured membranes

Rapid ascent

Vaginal bleed

Amniotic fluid

Contractions

Fetal heart r

Urine voided

T (axillary)

Pulse (beats/

Blood pressu

Cervical Dila

Delivery of P

Oxytocin (titr.)

Problem-note onset/describe below

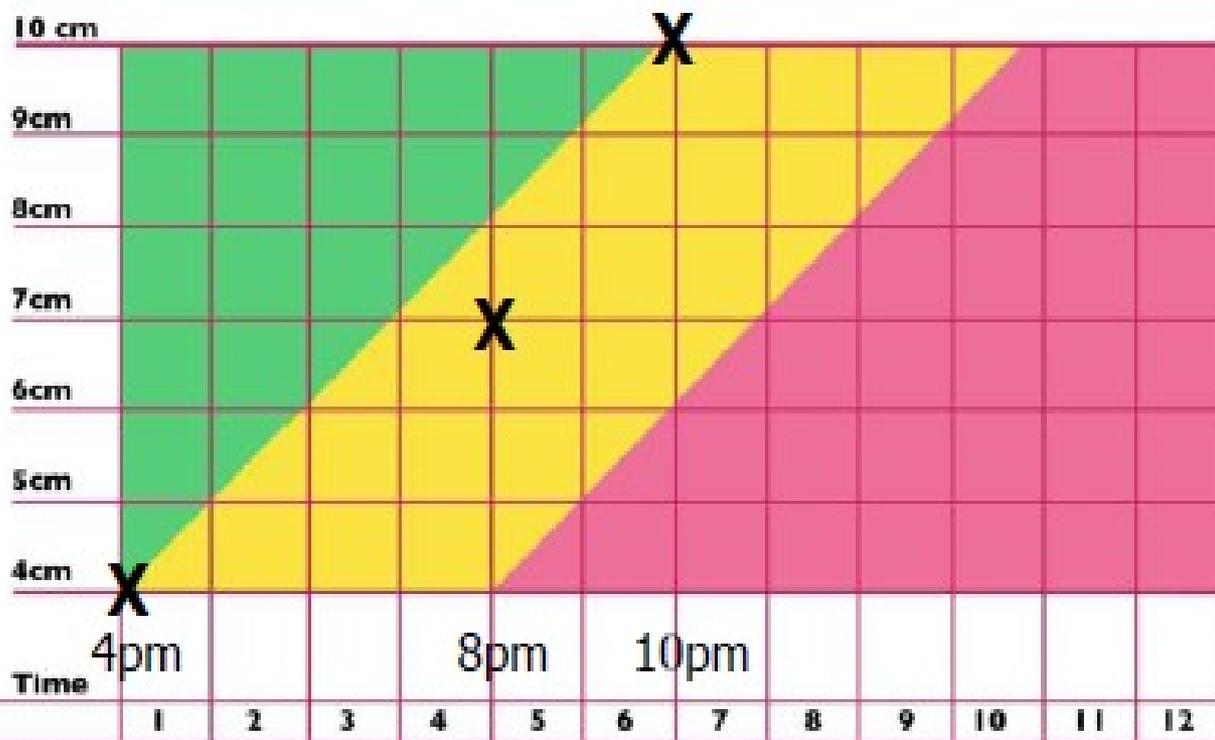
Indicate the time the IE was made (and therefore, the observation was plotted)

- Write this in the vertical line itself where you plot the "X", NOT the space after it

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Use this form for monitoring active labor



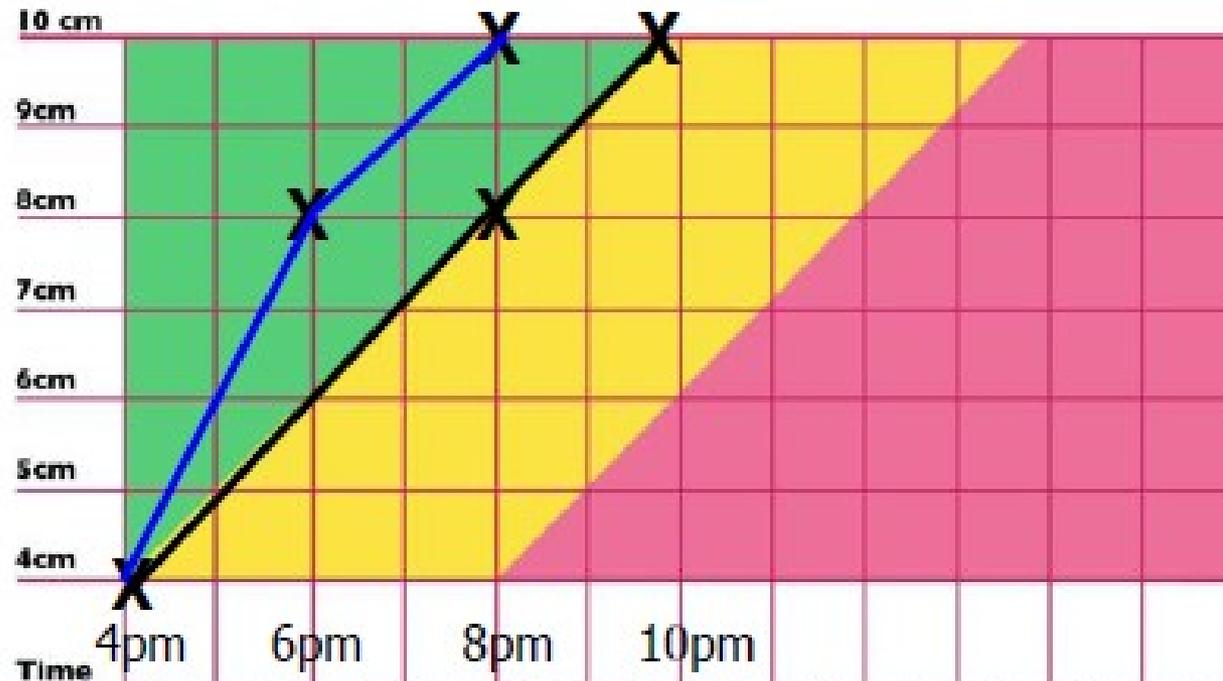
Perform internal examination every 4 hours, or more often if necessary, and plot findings each time

- Also, do not forget to write the time each observation was made

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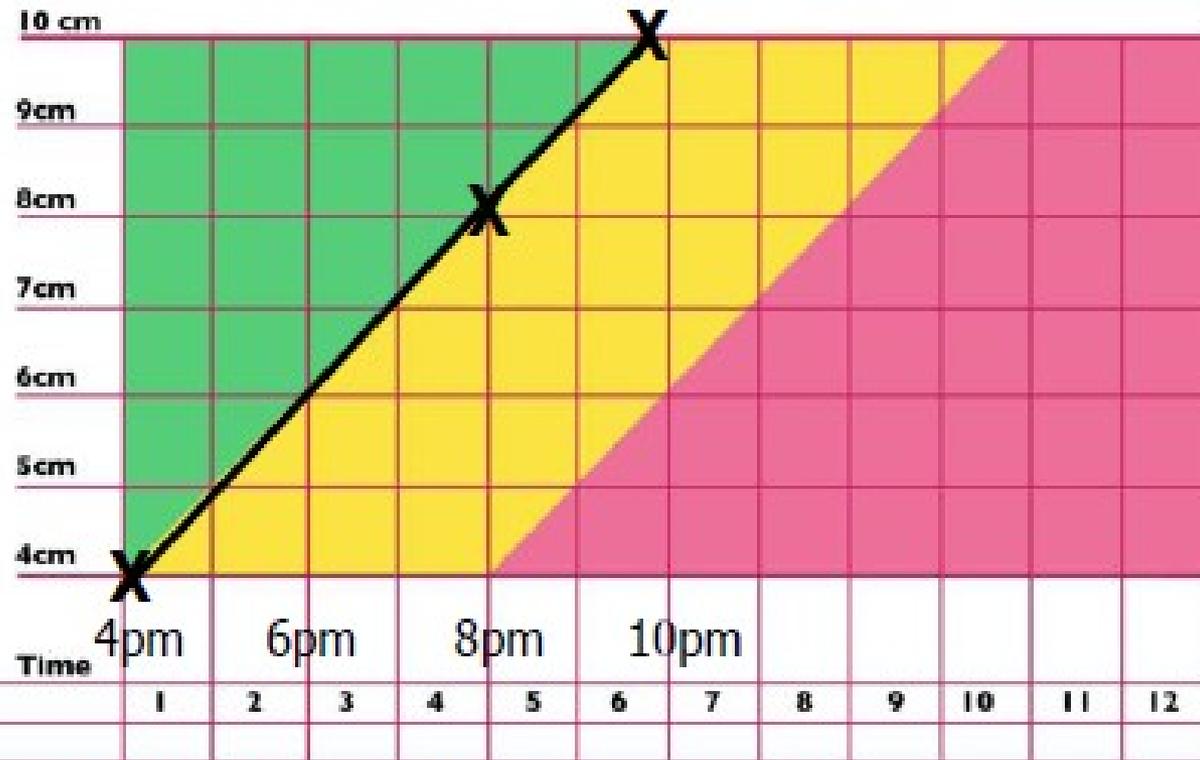
Problem-note onset/describe below

Progress of labor is **normal** if plotting stays on or to the left of the alert line (green part)

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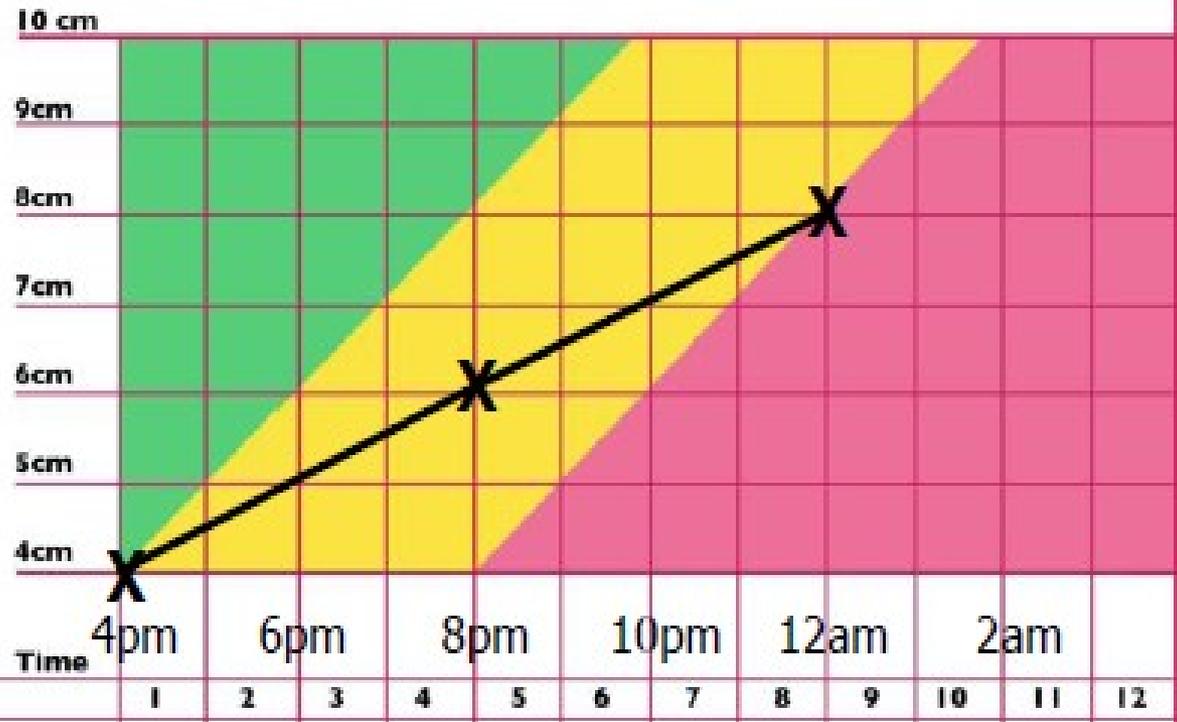
Problem-note onset/describe below

Note that based on the structure of the partograph as soon as 4 cm is reached the cervix should dilate normally at a rate of ≥ 1 cm/hour.

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Problem-note onset/describe below

Plotting that **passes the alert line** (yellow part) more so **if it reaches or passes the action line** (red part) indicates **ABNORMAL** progress of labor

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Other findings to note (and record) during IE

- Vaginal bleeding (0, +, ++, +++)
- Status of membranes/amniotic fluid,
write:
 - “**C**” if clear
 - “**I**” if intact
 - “**M**” if meconium stained
 - “**B**” if bloody
 - “**A**” if absent
- Urine voided (yes, no)

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If plotting passes alert line...

- Reassess woman and consider criteria for referral.
- Alert transport services.
- Encourage woman to empty bladder.
- Ensure adequate hydration but omit solid foods.
- Encourage upright position and walking if woman wishes.
- Monitor intensively.
- If referral takes a long time, refer immediately.
DO NOT WAIT TO CROSS ACTION LINE.

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PARTOGRAPH EXERCISE

- Lourdes Gomez, G4P2 was admitted at 1pm today due to watery vaginal discharge. The cervix was at 3cm, cephalic (-) BOW with clear amniotic fluid, BP 120/80, PR 20/min, T 36.5, FHT 140/min.
- At 5pm contraction was moderate, 3 in 10 min, IE showed cervix 4cm dilated. Vital signs remained the same, FHT 140/min
- At 9pm IE showed 6cm dilated cervix, VS and FHT were the same. At 1am, another IE done showed 8cm dilated cervix, meconium stained fluid, BP 110/70, PR 92/min, T 37.5, FHT 140/min.

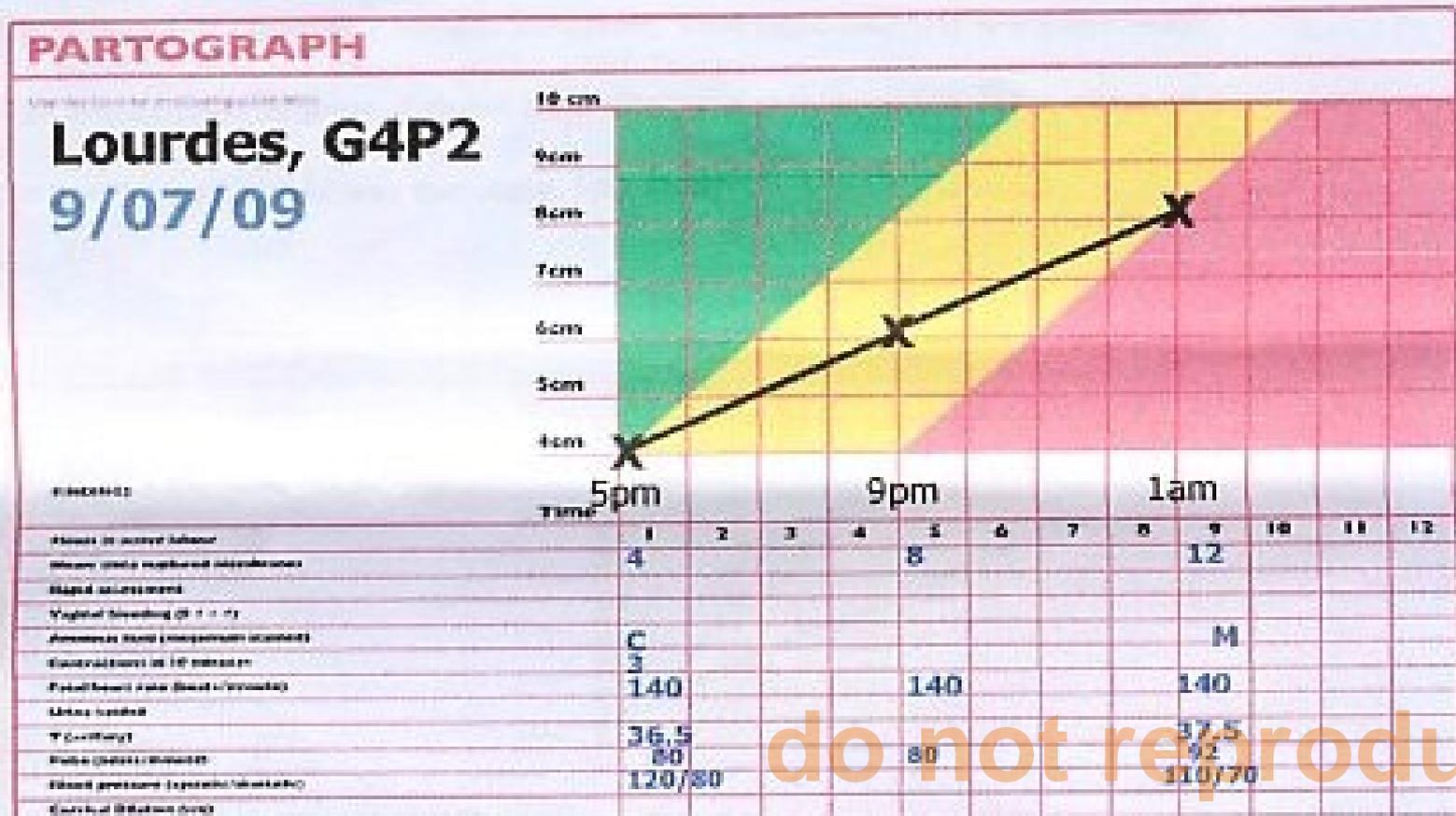
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Lourdes, G4P2 was admitted at 1 pm today due to watery vaginal discharge. The cervix was 3 cm, cephalic, (-) BOW with clear amniotic fluid. BP=120/80, PR=80/min, T=36.5. FHT=140/min

At 5pm, contractions were moderate, 3 in 10 min. IE showed cervix 4 cm dilated. Vital signs remained the same. FHT=140/min

At 9 pm, your IE showed 6 cm dilated cervix. FHT and VS were the same. At 1 am, another IE done showed 8 cm dilated cervix, meconium stained fluid. BP=110/70, PR=92/min, T=37.5, FHT=140/min



References

- Adapted from ADPCN/UNICEF training of trainers, integration of EINC in the BSN curriculum
- Adapted from Unit 3 of a module 6 “essential midwifery skills” of the BEMONC Training Program of DOH and UNICEF
- MNCHN-EINC Implementation Manual for Hospitals

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GRAZIE!!!



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