

The partogram

Assistant Professor

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Objectives of using partograph

- Early detection of abnormal progress of labour.
- Prevention of prolonged labour.
- Increase the quality and regularity of all observations of mother and fetus.
- Early recognition of maternal or fetal problems.
- To provide a basis of decision making.
- To facilitate research.
- To defend one's actions – no documentation – no defense.

Components

a. Patient identification

Name / Date and time of admission
/Gestation/

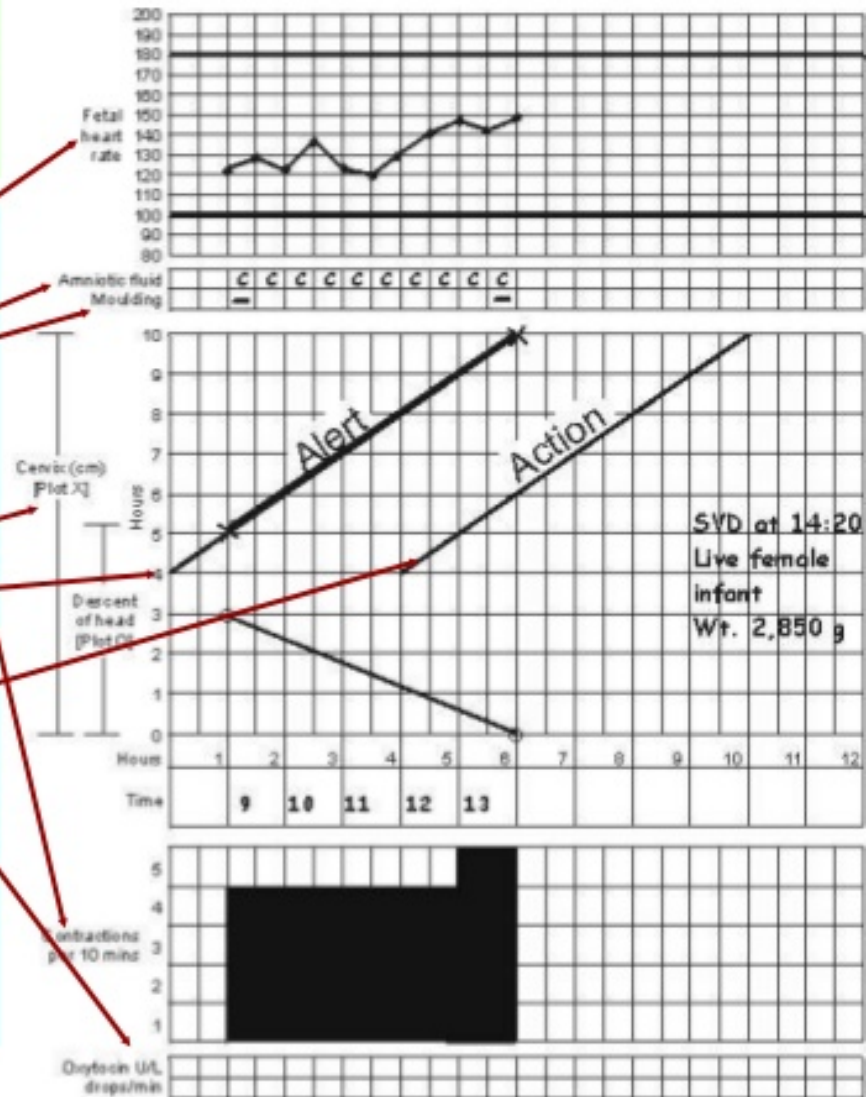
Medical / Obstetrical issues

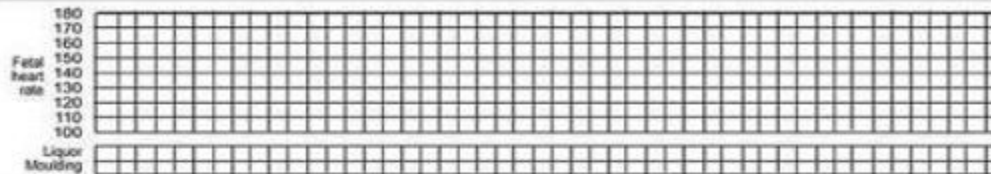
ANNEX 2: Partograph

Name	Gravida	Para.	Hospital no.
Date of admission	Time of admission	Ruptured membranes	hours

Partograph and Criteria for Active Labor

- Label with patient identifying information
- Note fetal heart rate, color of amniotic fluid, presence of moulding, contraction pattern, medications given
- Plot cervical dilation
- **Alert line** starts at 4 cm--from here, expect to dilate at rate of 1 cm/hour
- **Action line:** 4h from alert line if patient does not progress as above, action is required





b. Fetal heart rate
recorded every 30minutes.

c. The condition of the membranes and
liquor amnii.

Mark 'I' for intact membrane.

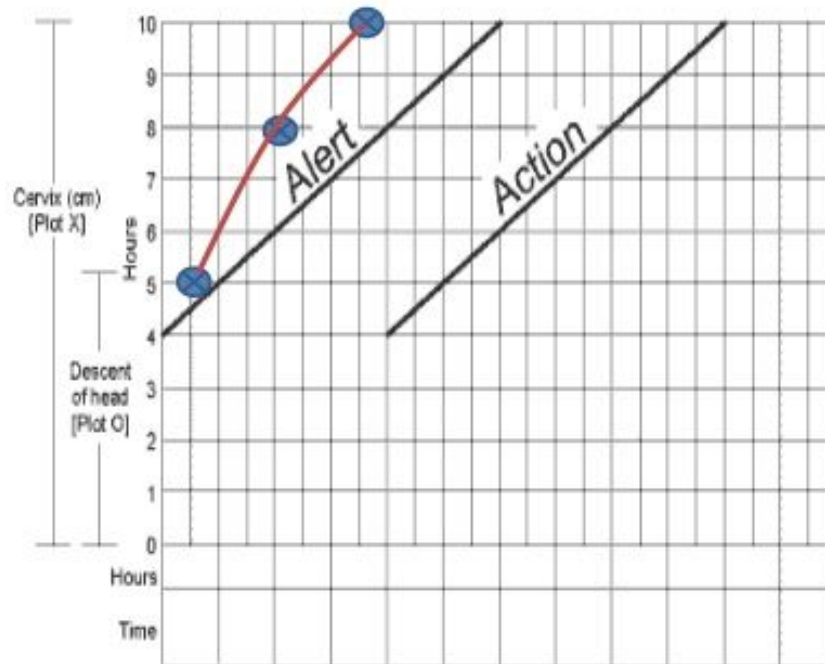
'C' for clear liquor amnii.

'M' for meconium stained

liquor.

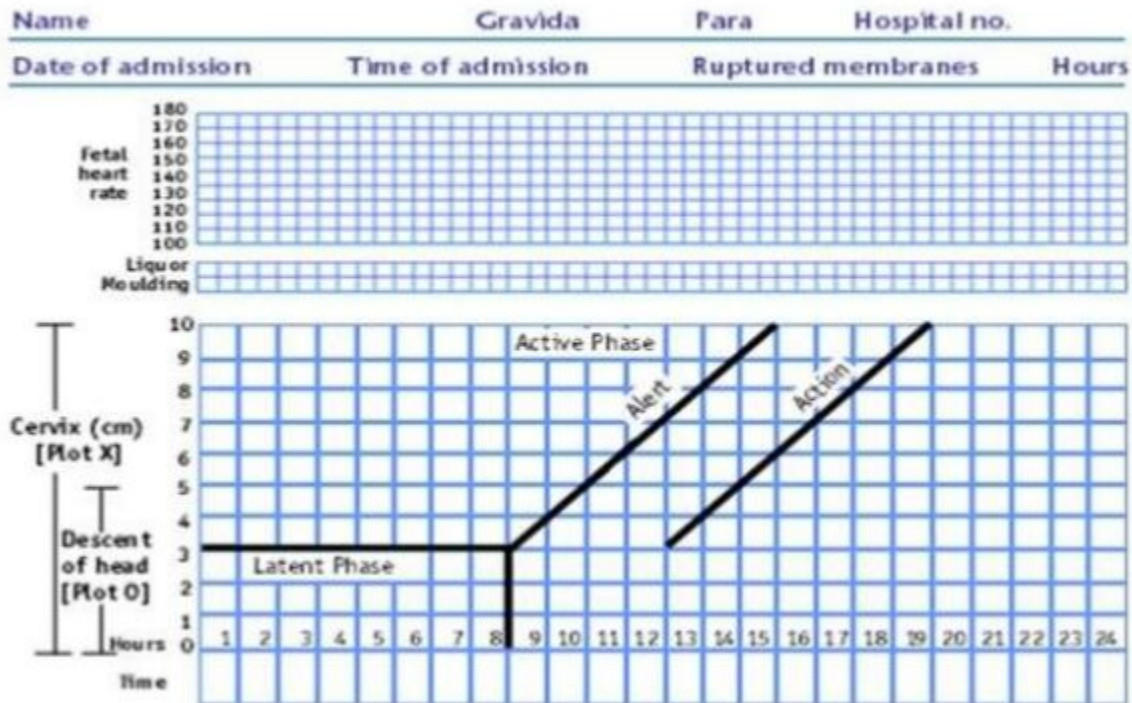
d. Moulding .

Recording cervical dilatation



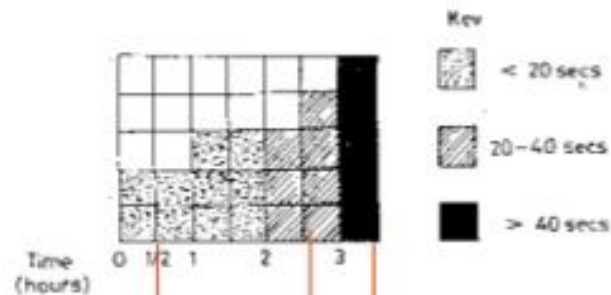
- At admission
- Then after 4h

PARTOGRAPH



f. Uterine Contractions

Figure 9 shows one way in the three possible with the duration of contractions can be scaled.

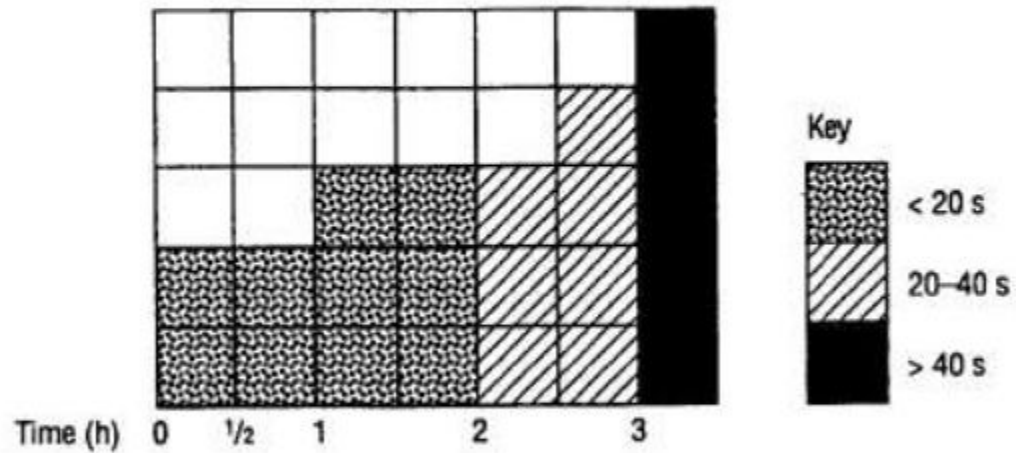


2 weak contractions
in 10 minutes

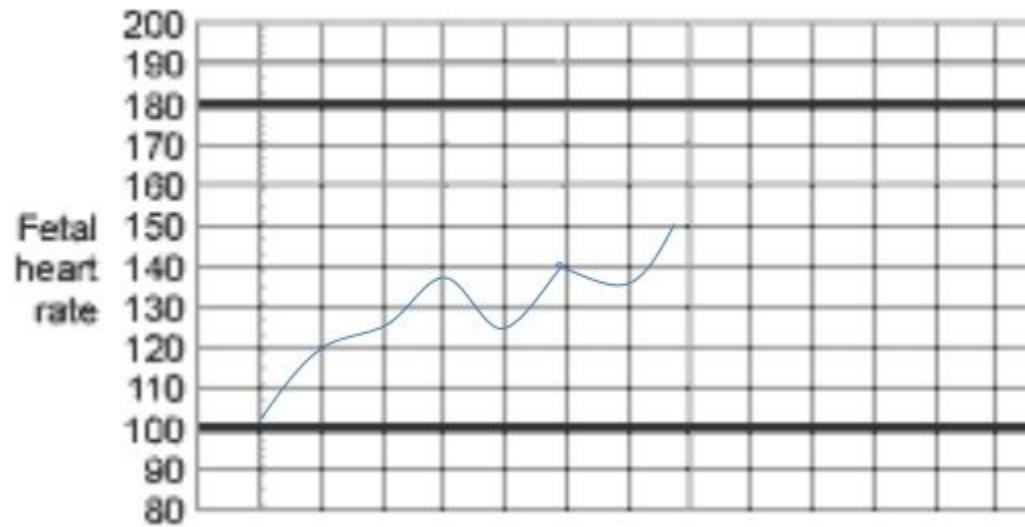
5 strong contractions
in 10 minutes

3 moderate contractions
in 10 minutes

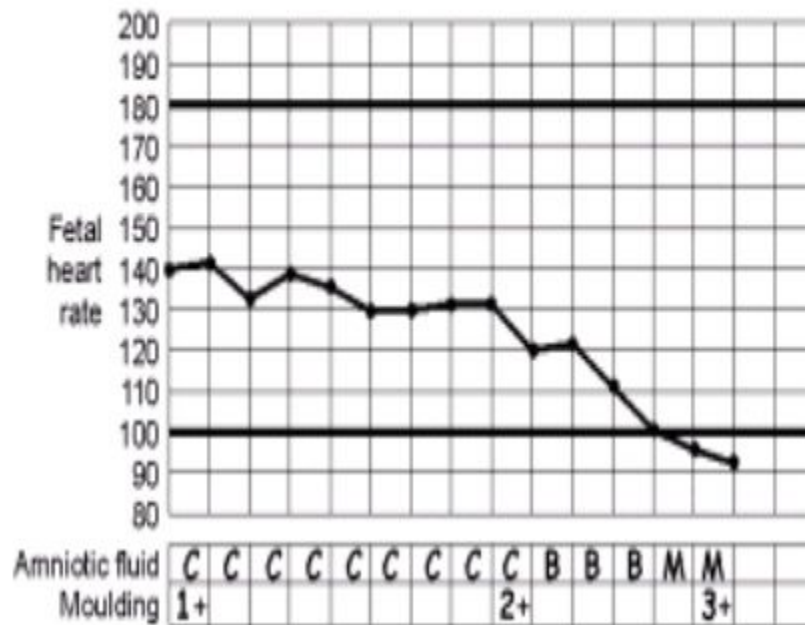
Recording uterine contraction



Recording fetal heart rate



Recording of liquor & molding



- I: intact
- C: clear
- M: muconium
- B: blood stained
- +1: suture fell
- +2: touched
- +3: overlapping

Normal Progress of Labor

- * **latent phase** : 8 hours or less .
- * **active phase** : progress of the cervical dilatation remains on the alert line or between the alert and the action lines (1cm/hour).
- * **second stage** : reasonable rotation and descent of the presenting part within 1 hour or less .

Abnormal progress of labour

- Disorders of 1st stage
 - ✓ Protracted active phase-the rate of cervical dilatation <1.2cm/hr in primipara and <1.5cm/hr in multipara.
 - ✓ Arrest disorder-no cervical dilatation in 2 hrs after active phase of labour.
- Secondary arrest is defined when the active phase of labour commences normally but stops or slows significantly for 2 hrs or more prior to full dilatation of cervix.

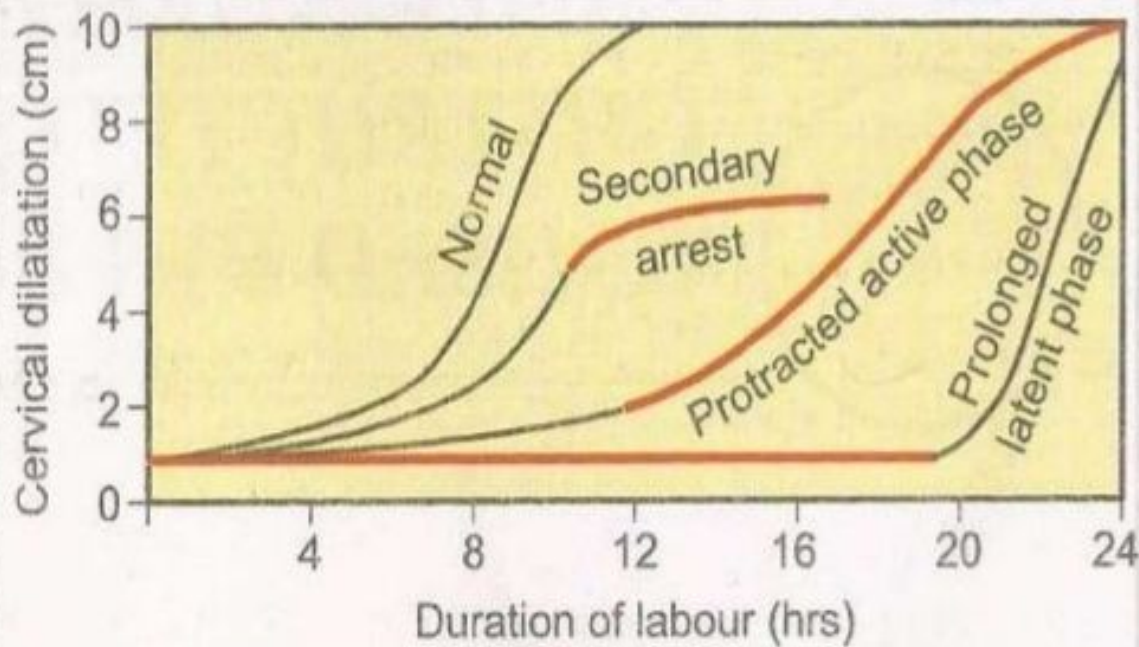


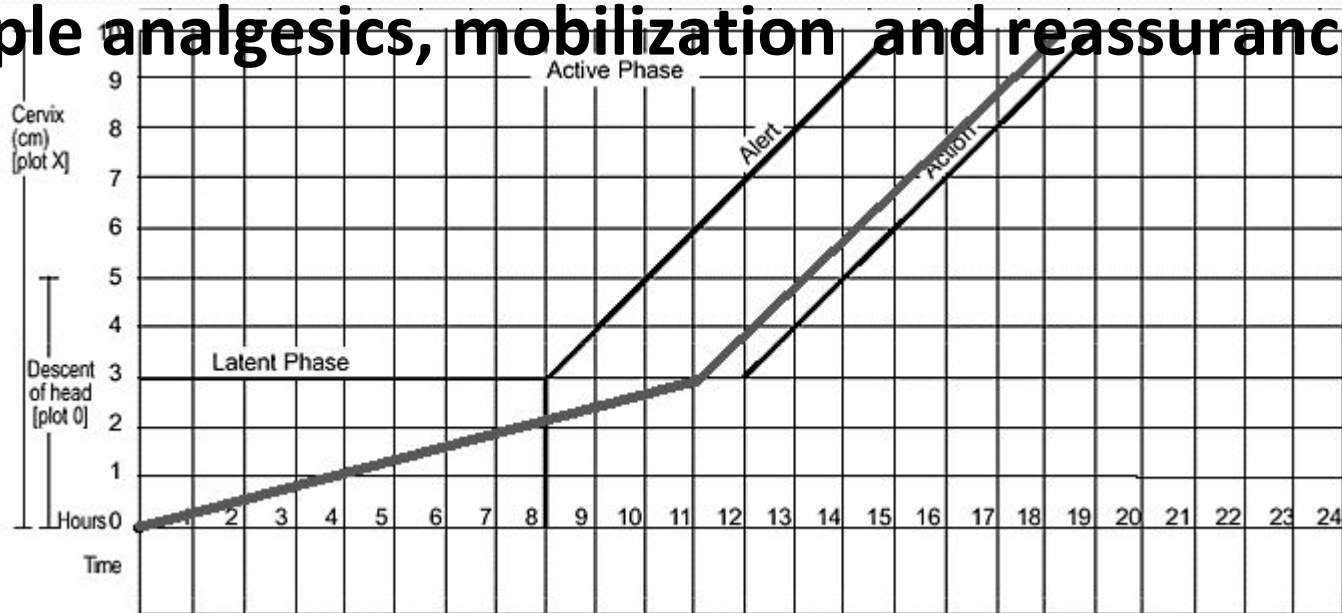
Fig. 26.1: Partographic analysis of labour to detect types of prolonged labour — protracted latent phase, protracted active phase and secondary arrest.

- Disorders of 2nd stage
- ✓ Protraction of descent-descent of presenting part is <1 cm/hr in nullipara and <2 cm/hr in multipara.
- ✓ Arrest of descent-no progress of descent is observed.

Patterns of abnormal progress in labour

1-prolonged latent phase

More in primiparous results from a delay in the chemical processes that occur within the cervix which soften it and allow effacement. Best managed away from the labour suite with simple analgesics, mobilization and reassurance

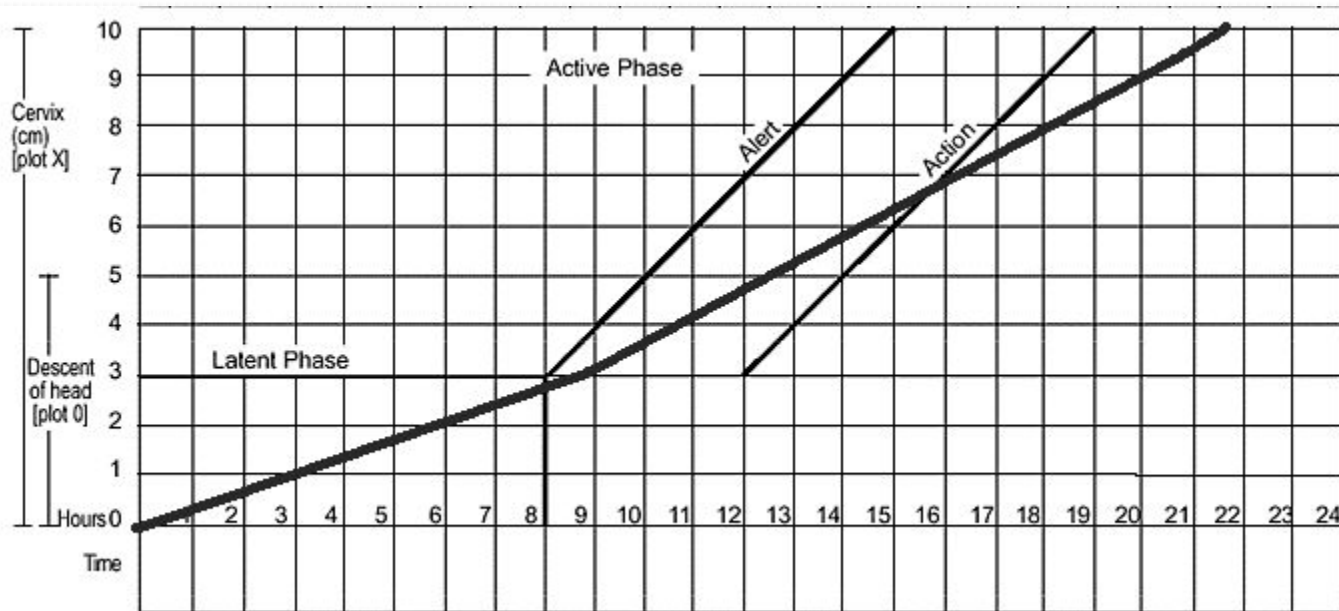


primary dysfunctional labour-2

Poor progress in active phase of labour ..more common in primiparous Less than 1 cm / hr

Causes:

.Inefficient uterine contractions, CPD & malposition of the fetus



secondary arrest-3

When progress in the active phase is initially good but then slow, or stops altogether typically after 7 cm dilatation.

Causes:

CPD & malposition of the fetus more common than Inefficient uterine contractions

