

Use of the Partograph

Module 6

Use of the Partograph

Session Objectives:

By the end of the session, the participants will be able to:

- Define the partograph
- Know the evidence that supports the advantages of using the partograph
- Describe the partograph and its components in detail
- Correctly fill in and analyze a partograph



Major Killers of Mothers and Newborns

Major Causes of Maternal Deaths

- Hemorrhage
- Sepsis
- Pre-eclampsia/ eclampsia
- Unsafe abortions
- Obstructed labor

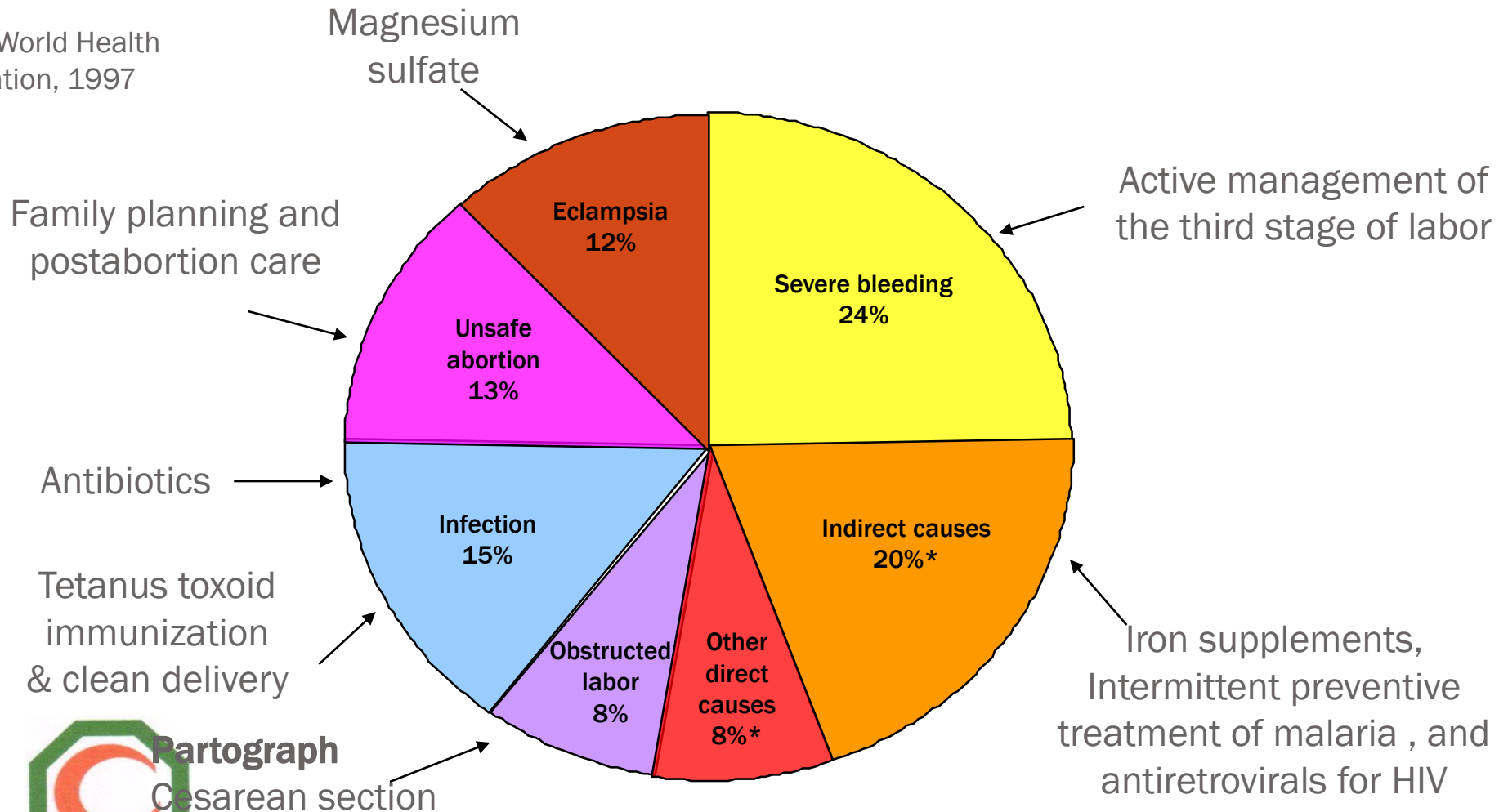
Major Causes of Newborn Deaths

- Sepsis
- Asphyxia
- Prematurity



Evidence-Based Interventions to Reduce Maternal Deaths

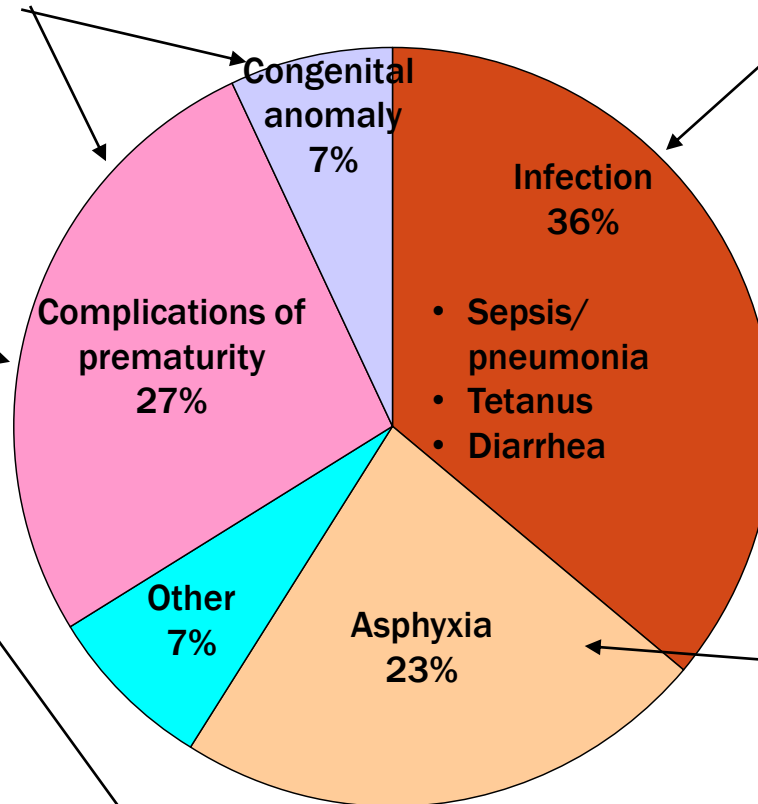
Source: World Health Organization, 1997



Partograph
Cesarean section

Evidence-Based Interventions to Reduce Newborn Deaths

- Syphilis control
- Folate supplementation
- Malaria control
- Antenatal corticosteroid
- Treatment of bacteriuria



- Tetanus toxoid immunization of mother
- Clean delivery
- Cord care
- Early and exclusive breastfeeding
- Antibiotics for mother and baby

- Kangaroo mother care
- Birth spacing
- Maternal nutrition

- Warming
- Resuscitation
- Skilled birth attendants

Low birth weight is a significant contributor to 40–70% of neonatal deaths.

Adapted from Lancet 2005



PPHI

A Skilled Attendant at Every Birth

- Every year, more than 500,000 women die from causes related to pregnancy and childbirth.
- An additional 300 million women suffer from short- or long-term illnesses related to childbearing.
- Most maternal deaths and morbidities occur in developing countries, where skilled attendance is often scarce.



Source : AbouZahr C and Wardlaw T. Maternal mortality at the end of a decade: Signs of progress? *Bull World Health Organ* 2001; 79(12): 1177; Interagency Group on Safe Motherhood 2000.



A Skilled Attendant at Every Birth (cont'd)

A skilled attendant has the knowledge and skills to:

- Use best practices to facilitate normal labor, childbirth, and the immediate newborn/postpartum period
- Recognize the onset of complications and stabilize the woman or newborn if necessary
- Manage complications and/or timely refer the woman or newborn to a higher level of care if necessary.



Definition of a Partograph

A partograph:

- Is a graphic representation of the progression of labor and the condition of the mother and fetus.

A partograph is a tool, not an end in itself. It is used to:

- Guide early detection of prolonged or obstructed labor, and
- Inform decision-making in the management of labor.

WHO recommends using the partograph to monitor all women during labor.



Who Can Use a Partograph?

Skilled birth attendants (doctor, nurses, lady health visitors, and midwives) can use a partograph to:

- Observe, conduct, and record normal vaginal delivery
- Perform vaginal examination and accurately assess the degree of cervical dilatation
- Accurately plot cervical dilatation.
- Analyze findings on partograph and take immediate action



Why Use a Partograph?

Use of a partograph:

- Encourages increased vigilance and alerts the provider to signs of fetal or maternal distress at an early stage, when it may be necessary to take action;
- Allows providers to know when it might be necessary to augment labor to increase the rate of dilatation, but also reduces the unnecessary use of oxytocin that can result in hyper stimulation and fetal hypoxia; and
- Helps to ensure timely cesarean section, which is sometimes necessary for safe delivery of a hypoxic fetus.



Objectives of Care during Labor and Childbirth

- Protect the lives of women and newborns
- Facilitate normal labor and childbirth
- Detect and manage complications in a skilled and timely manner



The Three Stages of Labor

- First stage: Lasts from initial dilatation of the cervix to full dilatation
- Second stage: Begins at full dilatation of the cervix and ends when the baby is born
- Third stage: Lasts from the birth of the baby until the placenta is expelled



Monitoring during Labor

During labor, the skilled birth attendant monitors:

- **Progress of labor**
 - Cervical dilatation
 - Contraction pattern
- **Maternal well-being**
 - Pulse, temperature, blood pressure
 - Urine voided
- **Fetal well-being**
 - Fetal heart rate and pattern
 - Color of amniotic fluid



The Parts of the Partograph

PARTOGRAPH
USE THIS FORM FOR MONITORING ACTIVE LABOUR

Progress of labor

CERVICAL DILATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12
10 cm													
9 cm													
8 cm													
7 cm													
6 cm													
5 cm													
4 cm													

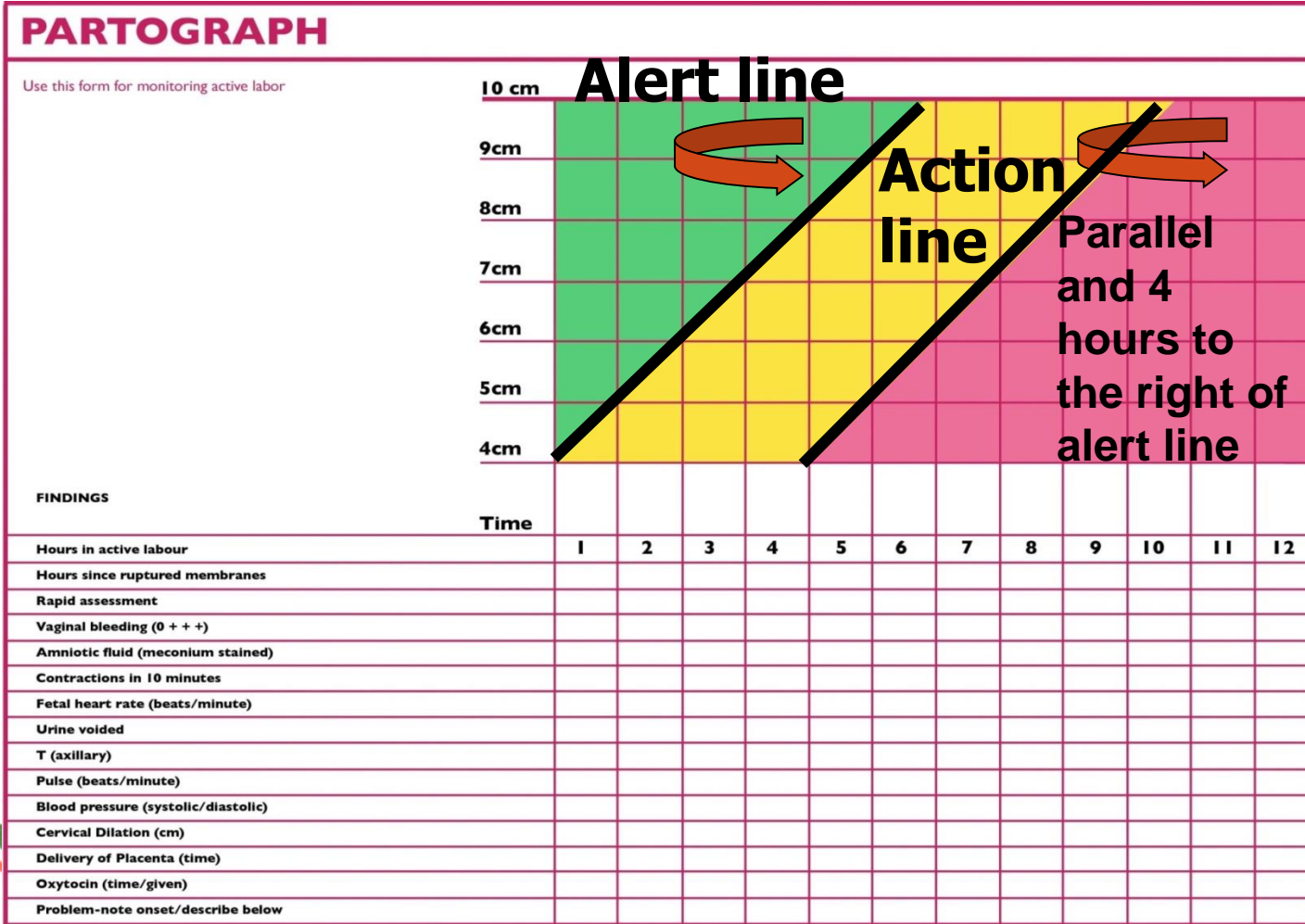
FINDINGS

Hours in active labour	
Hours since ruptured membranes	
Rapid assessment: 63-67	
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 (mg/kg)	
Problem-note oneself to be low	

Maternal and fetal well-being

Sample partograph revised on 13 June 2003.

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Recording Findings on the Partograph

Start by labeling the record with pertinent patient identifying information:

Name :

Para : Gravida : Hospital No:

Date of admission : Time of admission :

Ruptured Membranes : Hrs:



Recording Findings on the Partograph (cont'd)

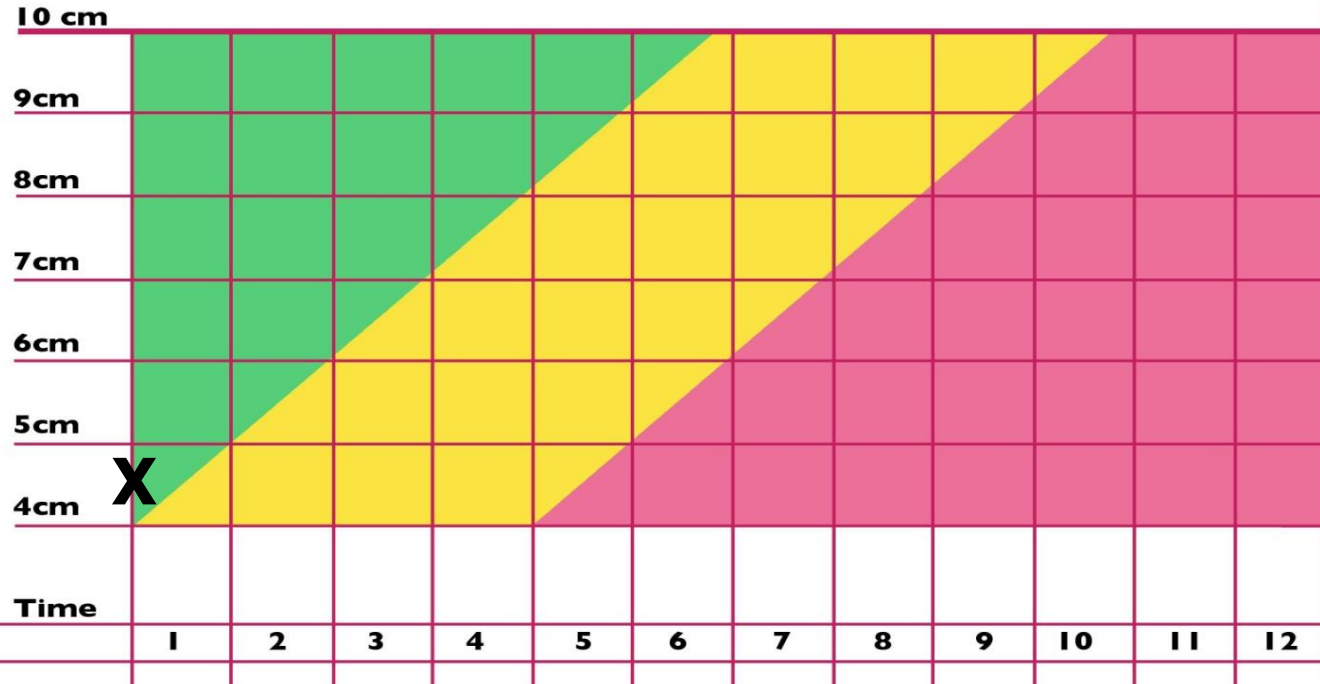
Plot the progress of labor:

- Plot the cervical dilation using an X.
- Start when woman is in active labor (4 cm or more) and is contracting adequately (3–4 contractions in 10 minutes).



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)

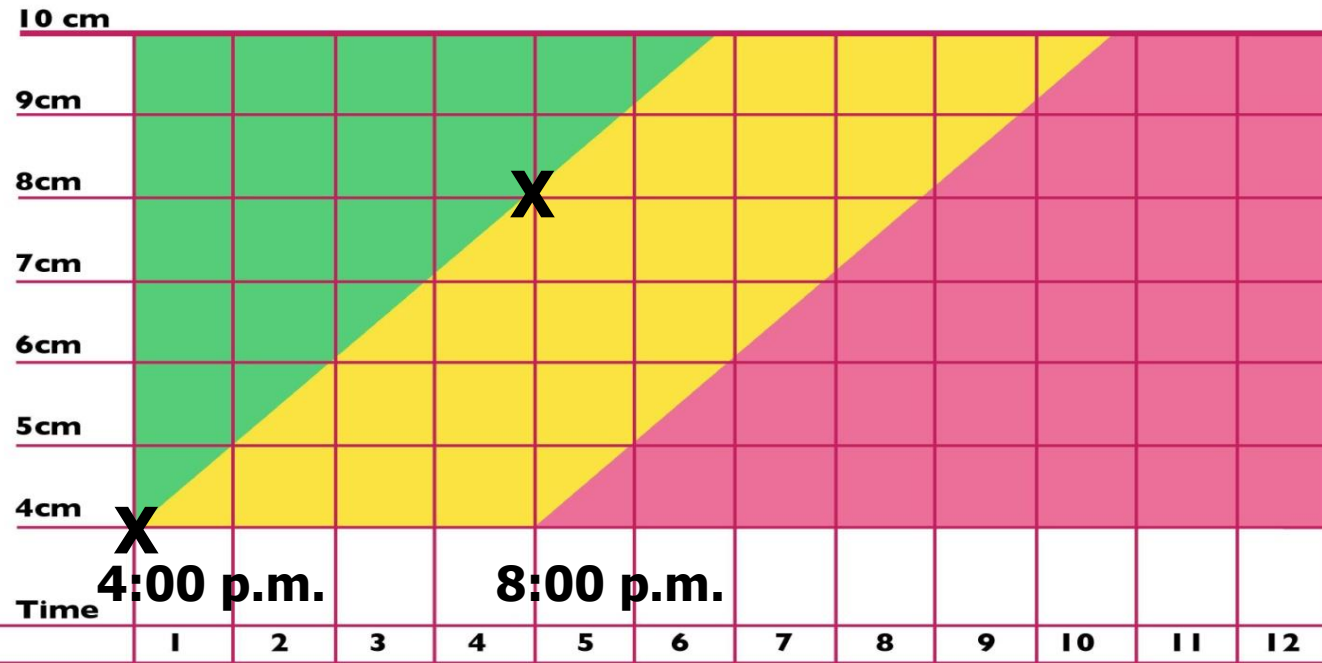
Oxytocin (time/given)

Problem-note onset/describe below

Start plotting on alert line at the intersection corresponding to the cervical dilation finding.

PARTOGRAPH

Use this form for monitoring active labor



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Amniotic fluid (meconium)

Contractions in 10 minutes

Fetal heart rate (beats/minute)

Urine voided

T (axillary)

Pulse (beats/minute)

Blood pressure (systolic/diastolic)

Cervical Dilatation (cm)

Delivery of Placenta (time)

Oxytocin (time/given)

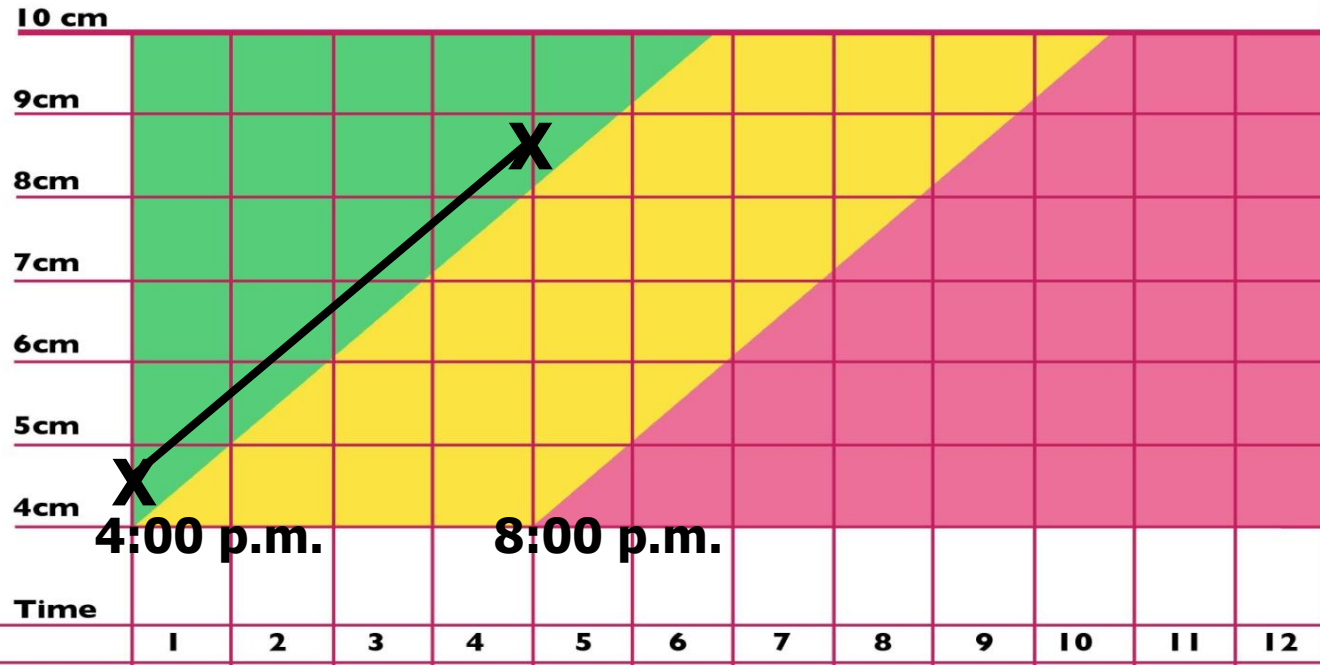
Problem-note onset/description

Perform an internal examination every four hours. Avoid unnecessary, frequent vaginal exams.

- Remember to write the time that each observation was made.

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)

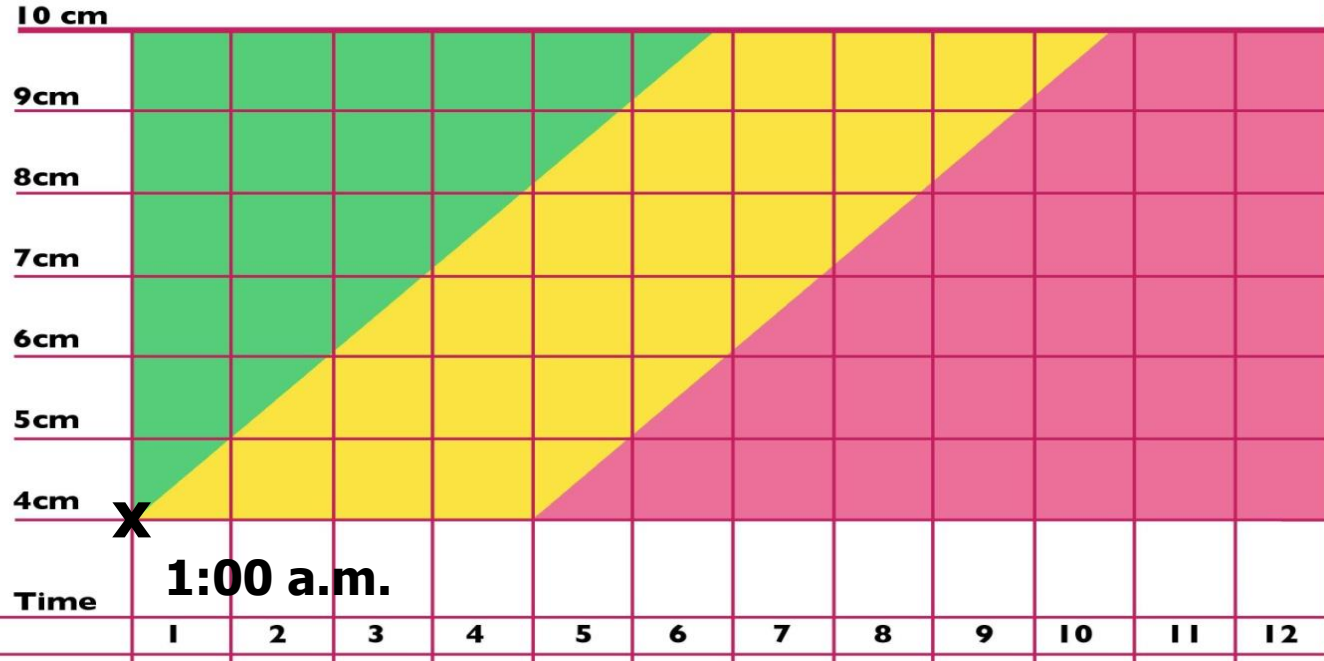
Problem-note onset/describe below

Connect the Xs to demonstrate the pattern of labor.

Example

PARTOGRAPH

Use this form for monitoring active labor



FINDINGS

Hours in active labour

Hours since ruptured membranes

Rapid assessment

Vaginal bleeding (0 + + +)

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Blood pressure (systolic/diastolic)

Cervical Dilation (cm)

Delivery of Placenta (time)

Oxytocin (time/given)

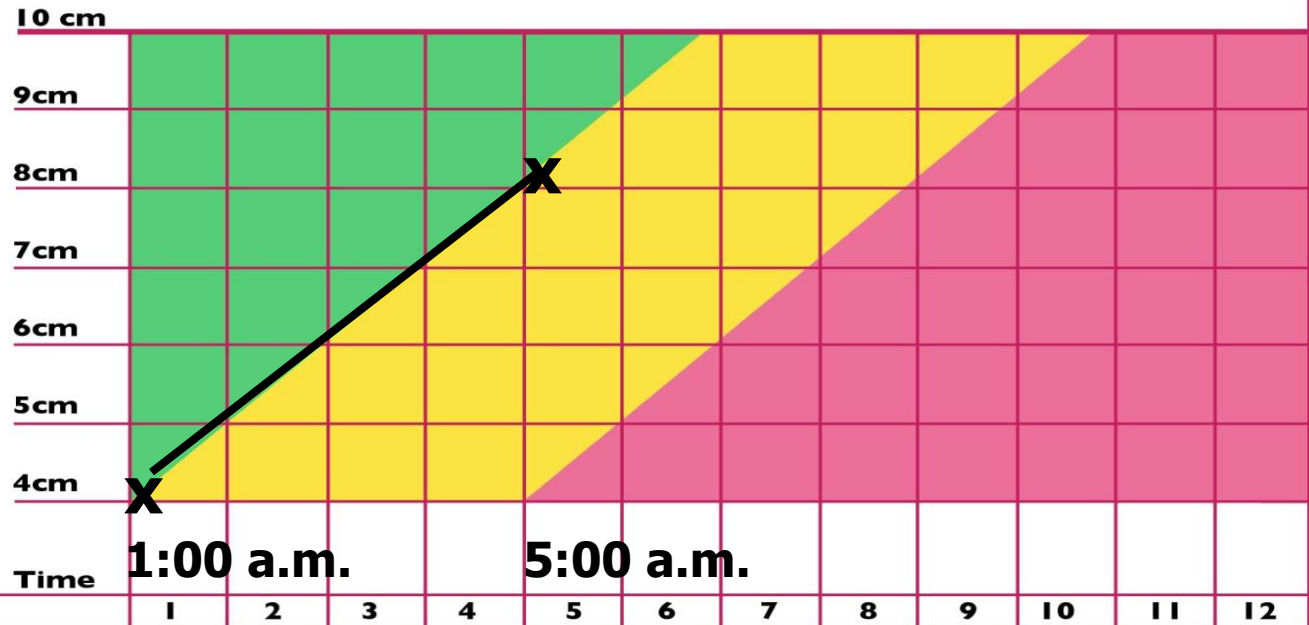
Problem-note onset/describe below

A woman (gravida1, para 0) is being monitored by a midwife at home. Her initial exam at 1:00 a.m. showed a 4 cm dilated cervix.

Example

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)

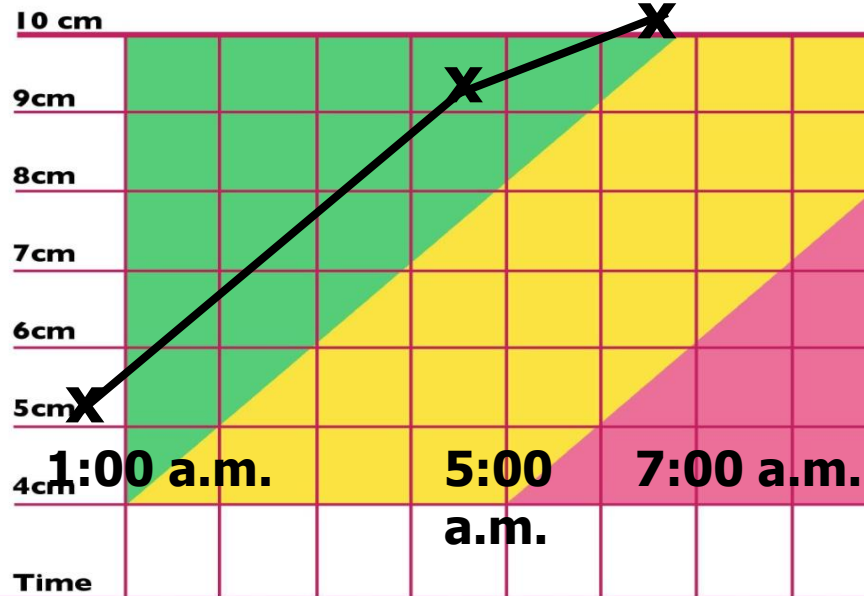
Problem-note onset/describe below

At 5:00 a.m., another exam showed an 8 cm dilated cervix.

Example

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

At 7:00 a.m., the patient is 9 cm dilated, intact membranes. Crossed alert line, moving toward action line.

Other Findings to Note (and Record) during Exam

Status of membranes

- If intact, write **I**.
- If ruptured, note color of amniotic fluid, and write:
 - **C**, if clear,
 - **M**, if meconium stained,
 - **A**, if absent, and
 - **B**, if bloody.



Monitor and Record the Findings: Active Phase of Labor

- **Oxytocin:** Record the amount of oxytocin per volume IV fluids in drops per minute every 30 minutes when used.
- **Drugs given:** Record any additional drugs given.
- **Pulse:** Record pulse every hour.
- **Blood pressure:** Record blood pressure every hour.
- **Temperature:** Record temperature every hour.
- **Protein, acetone, and volume:** Record when urine is passed.



Record Newborn's Findings

Record newborn's findings on the partograph:

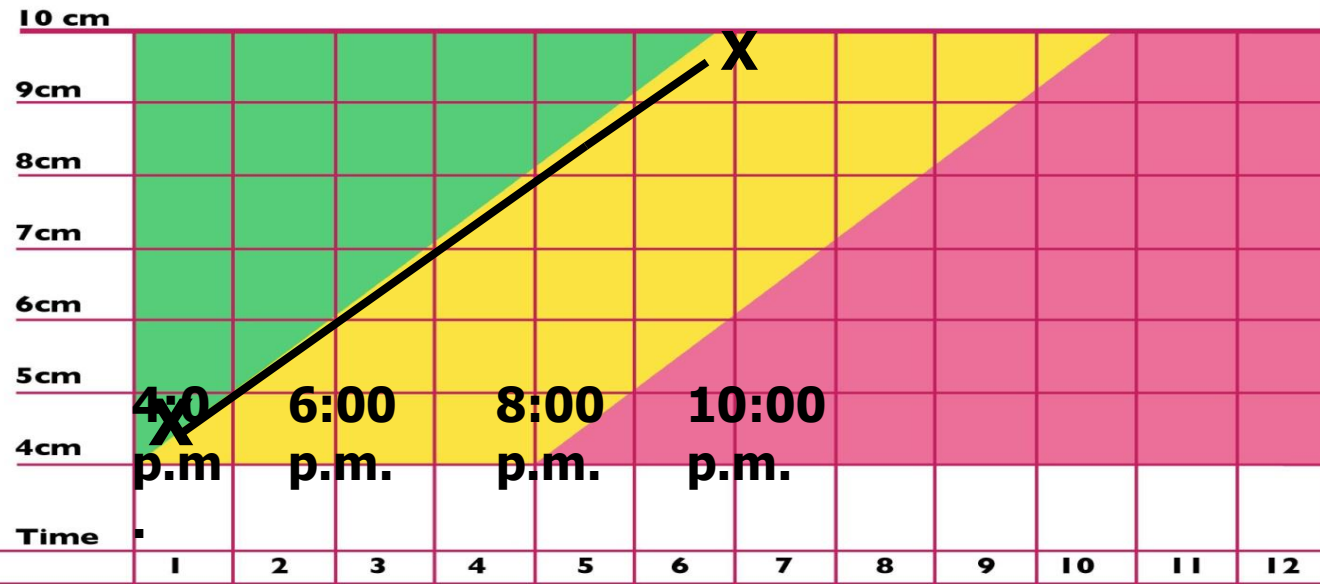
- Date and time of birth
- Single/ Twin/ Multiple
- Condition: Alive/Dead
- Mode of delivery (NVD /LSCS)
- Weight of the baby
- Sex of the baby



Distinguishing a Normal Labor Pattern from an Abnormal Labor Pattern

PARTOGRAPH

Use this form for monitoring active labor



FINDINGS

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Hours since ruptured membranes

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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)

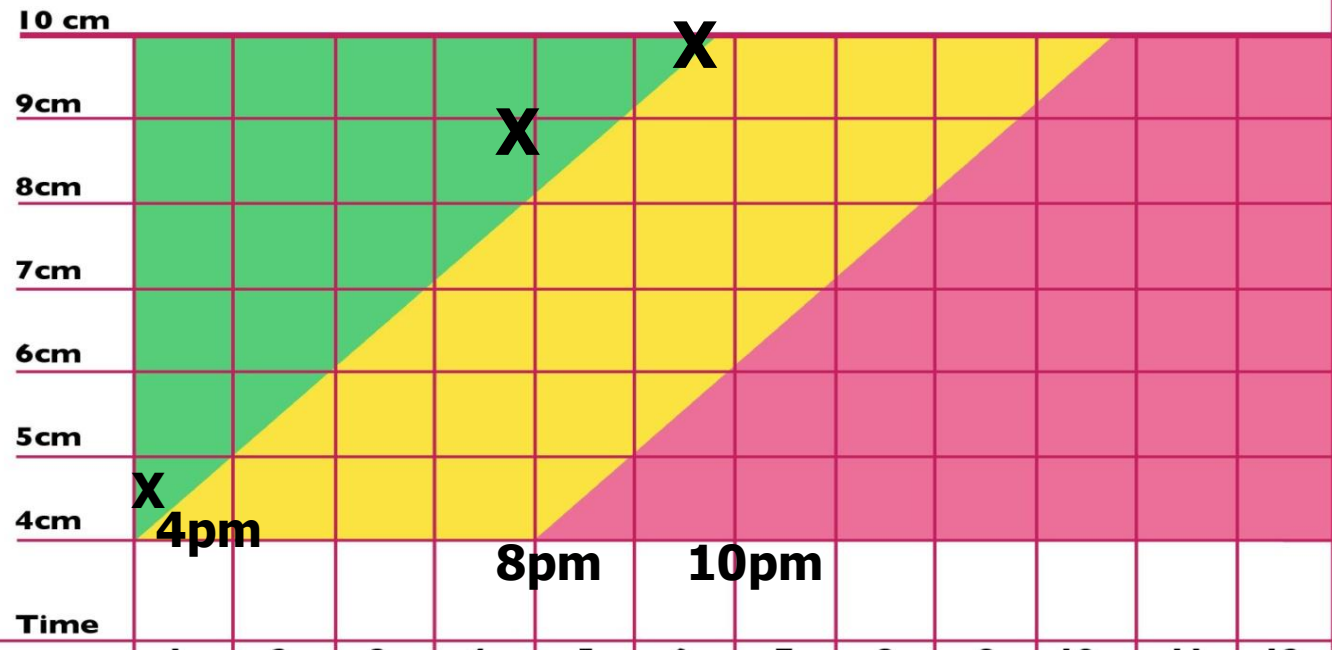
Oxytocin (time/given)

Problem-note onset/describe below

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 approximately ≥ 1 cm/hour.

PARTOGRAPH

Use this form for monitoring active labor



FINDINGS

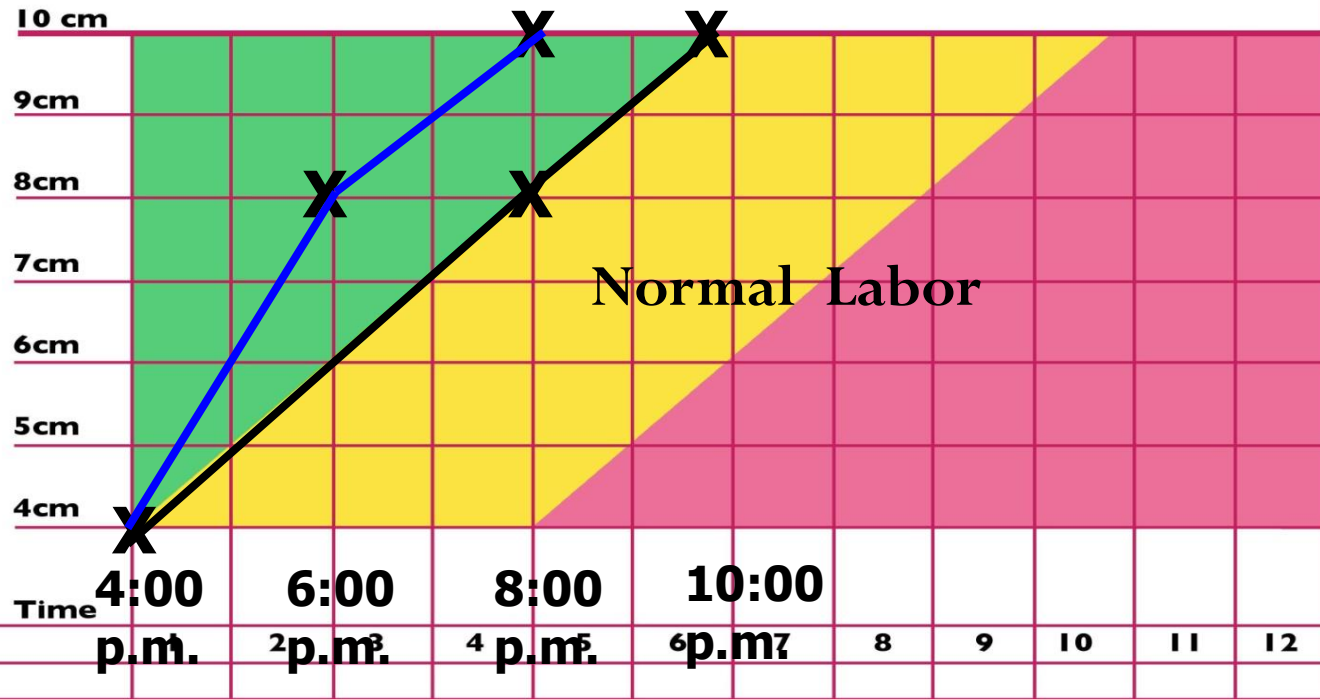
Hours in active labour
Hours since ruptured membranes
Rapid assessment
Vaginal bleeding (0 + + +)
Amniotic fluid (meconium)
Contractions in 10 minutes
Fetal heart rate (beats/minute)
Urine voided
T (axillary)
Pulse (beats/minute)
Blood pressure (systolic/diastolic)
Cervical Dilatation (cm)
Delivery of Placenta (time)
Oxytocin (time/given)
Problem-note onset/describe below

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

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

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

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Urine voided

T (axillary)

Pulse (beats/minute)

Blood pressure (systolic/diastolic)

Cervical Dilation (cm)

Delivery of Placenta (time)

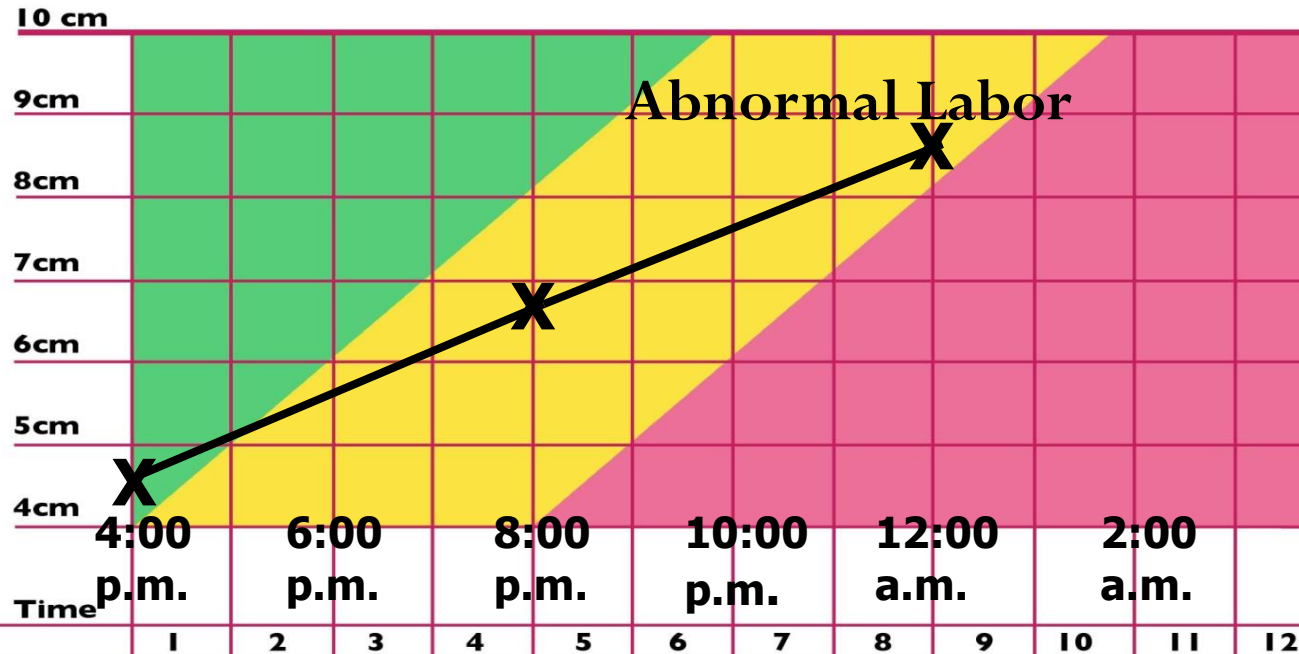
Oxytocin (time/given)

Problem-note onset/describe below

Progress of labor is normal if plotting stays on or to the left of the alert line.

PARTOGRAPH

Use this form for monitoring active labor



Plotting that passes the alert line—especially if it reaches or passes the action line—indicates abnormal progress of labor.

FINDINGS

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Rapid assessment

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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

Plotting that Passes the Alert Line

If plotting passes the alert line:

- Reassess woman and consider referral if facilities not available to deal with obstetric emergencies (unless delivery is imminent)
- Alert transport services
- Monitor woman intensively



Plotting that Passes the Alert Line (cont'd)

- Empty bladder
- Ensure adequate hydration but omit solid foods
- Encourage upright position and walking if woman wishes
- Monitor intensively (if referral long, reassess in two hours and refer if no progress)

If the partograph passes the action line, refer urgently to a comprehensive emergency obstetric care facility, unless imminent delivery.



Plotting that Reaches the Action Line

- If plotting reaches the action line:
- The patient must already be in a comprehensive emergency obstetric care facility, a decision made about the cause of slow progress, and appropriate action taken.



of a Partograph but Do Need Urgent Referral

- Antepartum hemorrhage
- Severe pre-eclampsia and eclampsia
- Fetal distress
- Previous cesarean section
- Multiple pregnancies
- Malpresentation
- Very premature baby
- Obvious obstructed labor



Summary

WHO recommends using the partograph to monitor all women during labor.

- A partograph is a decision-making tool to be filled out during labor.
- Timely decisions and actions can prevent many maternal and neonatal mortalities and morbidities.



Thanks!

