

LABOUR RECORD

USE THIS RECORD FOR MONITORING DURING LABOUR, DELIVERY AND POSTPARTUM RECORD NUMBER

NAME AGE PARITY

ADDRESS

DURING LABOUR	AT OR AFTER BIRTH - MOTHER	AT OR AFTER BIRTH - NEWBORN	PLANNED NEWBORN TREATMENT
ADMISSION DATE	BIRTH TIME	LIVEBIRTH <input type="checkbox"/> STILLBIRTH: FRESH <input type="checkbox"/> MACERATED <input type="checkbox"/>	
ADMISSION TIME	OXYTOCIN - TIME GIVEN	RESUSCITATION NO: YES <input type="checkbox"/>	
TIME ACTIVE LABOUR STARTED	PLACENTA COMPLETE NO: YES <input type="checkbox"/>	BIRTH WEIGHT	
TIME MEMBRANES RUPTURED	TIME DELIVERED	GEST AGE	WEEKS OR PRETERM
TIME SECOND STAGE STARTS	ESTIMATED BLOOD LOSS	SECOND BABY	

ENTRY EXAMINATION MORE THAN ONE FETUS - SPECIFY FETAL LIE: LONGITUDINAL TRANSVERSE FETAL PRESENTATION: HEAD BREECH OTHER - SPECIFY

STAGE OF LABOUR NOT IN ACTIVE LABOUR ACTIVE LABOUR

NOT IN ACTIVE LABOUR													PLANNED MATERNAL TREATMENT
HOURS SINCE ARRIVAL	1	2	3	4	5	6	7	8	9	10	11	12	
HOURS SINCE RUPTURED MEMBRANES													
VAGINAL BLEEDING (0 + + +)													
STRONG CONTRACTIONS IN 10 MINUTES													
FETAL HEART RATE (BEATS PER MINUTE)													
TEMPERATURE (AXILLARY)													
PULSE (BEATS/MINUTE)													
BLOOD PRESSURE (SYSTOLIC/DIASTOLIC)													
URINE VOIDED													
CERVICAL DILATATION (CM)													

PROBLEM	TIME ONSET	TREATMENTS OTHER THAN NORMAL SUPPORTIVE CARE

IF MOTHER REFERRED DURING LABOUR OR DELIVERY, RECORD TIME AND EXPLAIN

Sample form to be adapted. Revised on 13 June 2003.

PARTOGRAPH

USE THIS FORM FOR MONITORING ACTIVE LABOUR

FINDINGS	TIME	1	2	3	4	5	6	7	8	9	10	11	12
Hours in active labour													
Hours since ruptured membranes													
Rapid assessment SB-RT													
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 dilatation (cm)													
Delivery of placenta (time)													
Oxytocin (time/given)													
Problem-note onset/describe below													

Sample form to be adapted. Revised on 13 June 2003.

Partograph

Postpartum record

POSTPARTUM RECORD

MONITORING AFTER BIRTH	EVERY 5-15 MIN FOR 1ST HOUR	2 HR	3 HR	4 HR	8 HR	12 HR	16 HR	20 HR	24 HR
TIME									
RAPID ASSESSMENT									
BLEEDING (0 + + +)									
UTERUS HARD/ROUND?									
MATERNAL: BLOOD PRESSURE									
PULSE									
URINE VOIDED									
VULVA									
NEWBORN: BREATHING									
WARMTH									
NEWBORN ABNORMAL SIGNS (LIST)									
TIME FEEDING OBSERVED	<input type="checkbox"/> FEEDING WELL	<input type="checkbox"/> DIFFICULTY							
COMMENTS									
PLANNED TREATMENT	TIME	TREATMENT GIVEN							
MOTHER									
NEWBORN									
IF REFERRED (MOTHER OR NEWBORN), RECORD TIME AND EXPLAIN:									
IF DEATH (MOTHER OR NEWBORN), DATE, TIME AND CAUSE:									

ADVISE AND COUNSEL

MOTHER

- Postpartum care and hygiene
- Nutrition
- Birth spacing and family planning
- Danger signs
- Follow-up visits

BABY

- Exclusive breastfeeding
- Hygiene, cord care and warmth
- Special advice if low birth weight
- Danger signs
- Follow-up visits

PREVENTIVE MEASURES

FOR MOTHER

- Iron/folate
- Vitamin A
- Mebendazole
- Sulphadoxine-pyrimethamine
- Tetanus toxoid immunization
- RPR test result and treatment
- ARV

FOR BABY

- Risk of bacterial infection and treatment
- BCG, OPV-0, Hep-0
- RPR result and treatment
- TB test result and prophylaxis
- ARV

Sample form to be adapted. Revised on 25 August 2003.