CLINICAL PRACTICE GUIDELINE

Labour: Partogram

This document should be read in conjunction with this Disclaimer

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Key points

1. Alert and Action lines are drawn when the women is in the active phase of labour.
2. The Alert line separates women into two groups, women with cervical dilatation:
    - equal to / greater than 1cm/hour.
    - slower than 1 cm/hour who are more likely to require an intervention.
3. The WHO partogram does not differentiate between nulliparous or multiparous women.[4]

Documentation

The partogram is a record of care, which constitutes a legal document but is also an avenue for identifying accountability in clinical practice. Therefore, accurate, legible and comprehensive entries should be made in accordance with guidelines and in black ink. Such entries should be made contemporaneously and authenticated with a full and legible signature.

Procedure

Admission & assessment findings plus medical/obstetric history

- Place the woman's identification label in the top left-hand corner.
- The admission details should be recorded as soon as practicable following arrival.
- Enter all details in the appropriate sections on the front of the partogram.

Date

- Record the commencement date at the top of the partogram. When the date changes at midnight write the new date above the times.

Time

- The numbered (0 1 2 3 etc) full vertical lines are hour lines.
- Note the exact time (e.g. 1450) of the first observation that you wish to record (e.g. fetal heart, vaginal examination, etc). Go back to the nearest whole hour – 1400 in this example.
- Fill in the time scale along the top of the partogram: 1400, 1500, 1600 etc (1400 is 0 hour line) and record the observation on the partogram (in this example just to the left of the 1500 line).
- Times must be written along the top of the partogram and may be written along the mid-section of the page.

Maternal assessment

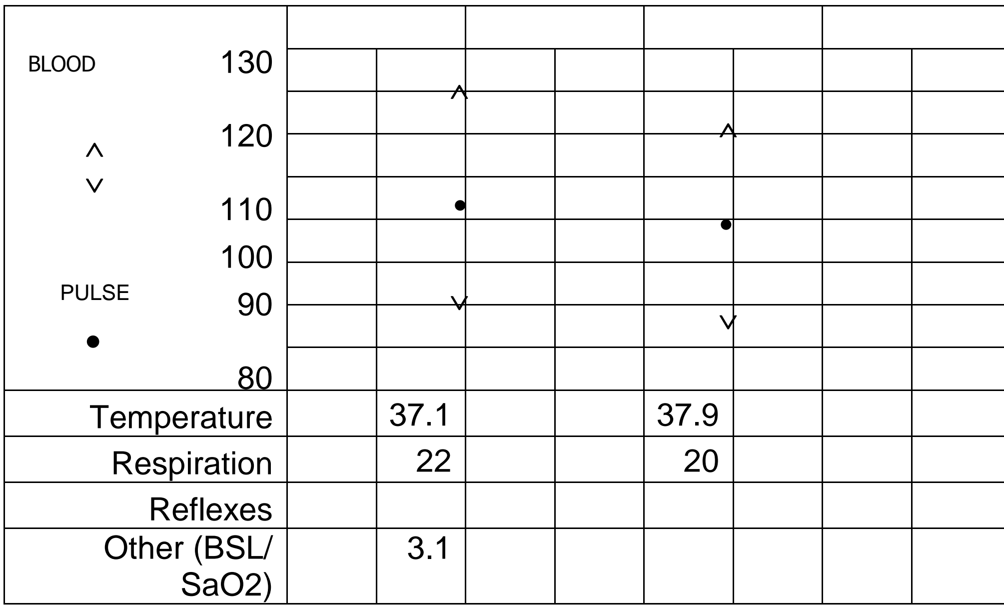
- Record maternal blood pressure, pulse, temperature, respirations, and other observations (e.g. reflexes, blood sugar levels) on the graph at the top of the partogram
- Using the measurements down the left side of the graph record:
  - ➢ Systolic blood pressure with a Λ
  - ➢ Diastolic blood pressure with a V
  - ➢ Pulse with a ●

For example:

Observations at 1500

and 1630hrs respectively

1400 1500 1600 1700 1800



Fetal assessment

Record the FHR with a dot as follows:

- The vertical lines are half-hourly so that the quarter-hourly recordings can be made
- During the second stage of labour the FHR is recorded 5 minutely in the boxes provided (if the fetus is not being continuously monitored). The time is written in the top left and the fetal heart rate is written below
- Second stage fetal heart rate recordings must also be documented half hourly on the graph as in the first stage

Amniotic fluid

- In the box that correlates with the correct time according to the vertical lines record half hourly absence or presence, and colour of fluid as follows:
    - I - membranes intact
    - C - amniotic fluid is clear
    - B - amniotic fluid is blood stained
    - M - amniotic fluid has meconium staining

Labour assessment

Contractions

- These are recorded graphically below the fetal assessment information. An area of 5 blank vertical squares goes across the width of the graph and record contractions as ‘frequency in 10 minutes’.
- Each square represents 1 contraction. Therefore if 2 contractions occur in 10 minutes, 2 squares will be shaded.
- Use the key for shading to demonstrate the strength of contraction.

Weak and/or 20-40 seconds duration

Moderate and 20-40 seconds duration

Strong and >40 seconds duration

Abdominal palpation

- Record in position abdominal palpation box.

Cervicograph

- The cervicograph is that section of the partogram which depicts cervical dilatation and descent of the presenting part in relation to time. Use of the cervicograph enables the progress of labour to be ascertained and delay in to progress readily recognised

Dilatation

- Record X for the cervical dilatation on the appropriate line and at the time the examination is carried out

Descent

- Descent of the head is measured by abdominal palpation and is expressed in terms of fifths above the pelvic brim. Record O for the level of descent at each vaginal examination

Alert line

- A line drawn from the point of cervical dilatation noted at the first vaginal examination in active labour. This line denotes a dilatation rate of 1cm/hour.

Action line

- A line parallel and 4 hours to the right of the alert line [1]

Oxytocin administration

Units: record half hourly in black the number of units per 500mL of intravenous fluid.

mL/h: record in black the mL/h infusion rate.

For example:

		0900		1000		1100	1200
Oxytocin	units		10	10	10	10	10
	mL/h		12 / 24	36	36	36	48

In this example the infusion commenced at 0930 at 12mL/h, increased to 24mL/h at 0945 and increased to 36mL/h at 1000.

Investigations

- Document any investigations performed since labour admission or those prior to induction of labour. For example: Full Blood Count, Group and Hold, vaginal swab.

Urine

- Record each void, measure the volume of urine as required
- Record urinalysis (if required) for protein and ketones in the appropriate time box

Staff initials

- Staff (including midwifery and medical students) that have performed observations are to provide their initials in the allocated boxes
- Full name, signature, designation and initial are to be recorded on the reverse side of the partogram

Vaginal examination (VE)

All VE's are to be documented on the partogram

Date/time

- Record for each examination

Indication

- Specify the reason for the vaginal examination

Cervical effacement/length

- Estimate length in cm

Dilatation

- Measured dilatation in cm

Cervical position

- Stated as either anterior, posterior or midline

Application

0: not applied

L: loosely applied

M: moderately applied

T: tightly applied.

Consistency

F: the cervix is firm to touch

M: the cervix is medium to touch

S: the cervix is soft to touch

Membranes/liquor

- Use ‘I’, ‘C’, ‘B’, ‘M’

Presentation

- Stated as cephalic, breech, shoulder, cord

Position

- Record LOA, LOL, LOP, ROA, ROL, ROP

Caput

0: no caput

+: small caput

++: moderate

+++: large caput

Moulding

0: no moulding

+: sutures are apposed

++: sutures overlapped but reducible

+++: sutures overlapped and not reducible

Station

- This is measured in cms above (-) or below (+) the ischial spines. That is
  - Above spines: -5, -4, -3. -2, -1
  - 0 (at spines)
  - Below spines: +1, +2, +3, +4, +5

Head above brim (as per abdominal palpation)

5/5: completely above

4/5: sinciput high, occiput easily felt

3/5: sinciput easily felt, occiput felt

2/5: sinciput felt, occiput just felt

1/5: sinciput felt, occiput not felt

0/5: none of head palpable

FHR post-VE/FBS

- Record the fetal heart rate after a vaginal examination and the result of a fetal blood sample here

Bishops score

- See scoring guide on the partogram. Record if induction of labour is required

Performed by

- Include signature, printed name and designation

Instrument/ pack count

- Two staff members are to check the number of birth instruments and/ or packs immediately prior to the procedure commencing and confirmed again at the end of the procedure prior to equipment being cleared away [**RCA recommendation Nov 2019]**
- Record the number of birth instruments and/or packs utilised on the Instrument/Pack Count section of the MR 270 Partogram
- Additionally, if perineal repair is required document the Instrument and Pack Count on the relevant form:
    - Spontaneous vaginal birth: On the MR 270 Partogram: Perineal Repair – Spontaneous Birth section
    - Operative birth: On the MR 275 Operative Vaginal Delivery and Perineal Repair: Perineal Repair section
- See also WNHS Policy: Count Policy [NEW 2019]

Recording of staff

- Legibly document name, signature, designation and initials

References

1. World Health Organisation. WHO recommendation on the use of active phase partograph with a four hour action line for monitoring the progress of labour. 2014.

Related WNHS policies, procedures and guidelines

WNHS Policy:

- Count Policy

KEMH Clinical Guidelines:

- Labour and Birth: First stage; Second Stage

Useful resources (including related forms)

Forms:

- MR 270: Partogram
- MR 275 Operative Vaginal Delivery and Perineal Repair

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