



Government of Sierra Leone
Ministry of Health and Sanitation

Doing Saves Lives
Use The Partograph



The partograph is a simple reliable tool for recording the progress of labour and monitoring the health of the mother and the foetus.

The partograph is an “early warning system” and helps in early decision making for interventions in labour.

If the partograph is used correctly, it results in reduced complications from prolonged labour for the mother (postpartum haemorrhage, sepsis, uterine rupture) and for the newborn (death, anoxia).

Always use the partograph for every woman in the active phase of labour (4 cm dilated and above).

If you are unsure how to use it properly, ask your in-charge or supervisor to explain. **Always start plotting on the alert line.**

Record the following information on the partograph:

Patient information- Name, gravida, parity, date and time of admission and time membranes ruptured in hours (if membranes already ruptured before charting began).

Fetal heart rate- Monitor every 30 minutes, and record with a dot (.). Always count for a complete minute

Amniotic fluid- observe colour at every vaginal examination and record using the following symbols:

I: Membranes intact

C: Membranes ruptured, clear fluid

M: Meconium- stained fluid

B: Blood- stained fluid

Moulding:

Sutures apposed (+), sutures overlapped but reducible (++) Sutures overlapped and not reducible (+++)

Cervical Dilation: Assess at every vaginal examination (4 hourly) and mark with a cross (X). Begin plotting on the partograph at 4cm and above.




Alert line: This line starts at 4cm of cervical dilation to the point of expected full dilation maintaining the rate of 1 cm per hour of cervix dilation.

Action Line: It is parallel to and right to alert line starting at 4cm.

Descent of the Head: Assessed by abdominal palpation 4 hourly before vaginal examination and record with a circle **O**. Mark with **S** when the head is at the level of the symphysis pubis

Hours: Record how long the woman has been in active labour

Time: Record actual time

Contractions: Record every 30 minutes, palpate number of contractions in 10 minutes and their duration in seconds. Record dotted lines in a box for contractions lasting <20  seconds, diagonal lines for 20-40seconds  and a thick shade  > 40 seconds

Oxytocin: record the amount of oxytocin/volume IV in drops per minutes every 30 mins when it is used.

Drugs given: record ALL additional drugs given

Pulse: record every 30 minutes and mark with a dot (.)

Blood pressure: record every 4 hours and mark with arrows.

Temperature: record every 2 hours

Urine Protein, acetone and volume: record every time urine is passed.

After delivery close the partograph with the following information: **delivery time, Birth Weight, Sex, APGAR score, Placenta & membranes, tear/episiotomy repair.**

Continue monitoring the mother for at least 24 hours (Pulse, BP, temperature, respiratory rate, blood loss) and the newborn (TPR danger signs and abnormalities, feeding) and record in mothers notes



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Name	Gravida	Para	Hospital number
Date of admission	Time of admission		Ruptured membranes
			hours
Fetal heart rate			
Amniotic fluid Moulding			
Cervix (cm) [Plot X]			
Descent of head [Plot O]			
Contractions per 10 mins			
Oxytocin U/L drops/min			
Drugs given and IV fluids			
Pulse and BP			
Temp °C			
Urine { protein, acetone, volume			