Partogram - Case 1

Enter the following information onto your partogram
Demographics

Kerry, a 20 year old primigravida, presented to the labour ward with a 2 hour history of contractions at 38+ weeks gestation. She was booked and her antenatal course had been uneventful.
Findings @ 09:00

Vitals: BP 120/80 mmHg, pulse 90/min, and temperature 37.1°C.

Contractions: 2/10 minutes lasting 20 seconds.

Palpation: longitudinal lie; Vx 5/5 above brim

And FHR 144

PV: Cx 2 cm dilated
Action

1st question?
Is she in latent or active phase?
Latent phase
So?
Enter her on the left of the chart
Next exam @ 13:00

Contractions: 3 in 10 minutes lasting 35 seconds, HAB: 3/5, FHR: 144

ROM @ 10:00 – clear liquor draining

Vitals: BP 120/70, pulse 88/min, temp 37°C

PV: Cx 4cm dilated
Action

1st question?
Is she in active or latent phase?
Active phase
So?
Transfer to Alert line
Enter new time scale
Draw arrow to indicate transfer
Further progress @ 15:00

- FHR 146/min
- Liquor clear
- Cx 8cm dilated
- HAB 2/5

Contractions 3/10 min lasting 50 seconds
Bp 120/70 mmHg, Pulse 85/min, 100 ml urine

Enter onto partogram
Interpretation and action?

Comment on progress

Making good progress because staying to the left of the alert line, mother in good condition and baby has clear liquor and no caput or moulding

Of slight concern is the fact that the patient is primigravid and still has 2/5 above brim

Reassess in 2hrs – should be fully dilated
Partogram – Case 2

Enter the following information onto your partogram.

Julia is a 19 year old primigravida at term who has been experiencing contractions for 2 hours.
Plot the following

<table>
<thead>
<tr>
<th>TIME</th>
<th>Cx cm</th>
<th>Contrct</th>
<th>FHR</th>
<th>LIQUOR</th>
<th>HAB</th>
<th>MOULD</th>
<th>CAPUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>06:00</td>
<td>5</td>
<td>3/10 40s</td>
<td>140</td>
<td>INTACT</td>
<td>4/5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10:00</td>
<td>5</td>
<td>3/10 45s</td>
<td>146</td>
<td>CLEAR</td>
<td>3/5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14:00</td>
<td>6</td>
<td>2/10 25s</td>
<td>140</td>
<td>CLEAR</td>
<td>3/5</td>
<td>0</td>
<td>+</td>
</tr>
<tr>
<td>16:00</td>
<td>6</td>
<td>2/10 20s</td>
<td>144</td>
<td>CLEAR</td>
<td>3/5</td>
<td>0</td>
<td>+</td>
</tr>
</tbody>
</table>
Interpretation & action?

Comment on partogram

What action should be taken?

Why?

Follow up?
If Julia had been examined 2 hourly her chart would have looked like the next slide and the same diagnosis and intervention made 6 hours earlier.
Case 3

Helen is G4P3 and has been in labour at home for 6 hrs. Maternal vital signs remain normal.
Enter the following information onto your partogram

<table>
<thead>
<tr>
<th>TIME</th>
<th>Cx</th>
<th>Contract</th>
<th>FHR</th>
<th>Liquor</th>
<th>HAB</th>
<th>M</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00</td>
<td>4</td>
<td>3/10 35s</td>
<td>150</td>
<td>Clear</td>
<td>3/5</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>14:00</td>
<td>6</td>
<td>4/10 40s</td>
<td>156</td>
<td>Blood stained</td>
<td>3/5</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>16:00</td>
<td>6</td>
<td>4/10 45s</td>
<td>164</td>
<td>Meconium</td>
<td>3/5</td>
<td>+++</td>
<td>+++</td>
</tr>
</tbody>
</table>
Interpretation & action?

Are there any problems?
CPD – why?
No cx dilation, no descent, good contractions, moulding 3+
Fetal distress – why?
Tachycardia, 3+ moulding, (meconium)
Treatment?
Intra-uterine resus & C/S (+?BTL)
What abnormalities can we diagnose on the partogram?
Failure to progress

1. Poor uterine action
   • No Cx dilation or descent BUT healthy mother & baby – weak contractions

2. CPD
   • As above but with unhealthy baby ± ill mother – strong contractions or 2° arrest

3. Incorrectly charted
   • Not transferred to the alert line
   • Latent phase entered on active side
Fetal distress

Tachycardia
Late +/- or abnormal decelerations
Loss of variability
3+ moulding
Meconium
Maternal distress

Tachycardia
Decreased urine output
↑ ketonuria
Pyrexia
Any questions?