## 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

## 1<sup>st</sup> question? Is she in latent or active phase? Latent phase So? Enter her on the left of the chart

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## 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

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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

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## 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

TIME	Cx cm	Contrct	FHR	LIQUOR	НАВ	MOULD	CAPUT
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## 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

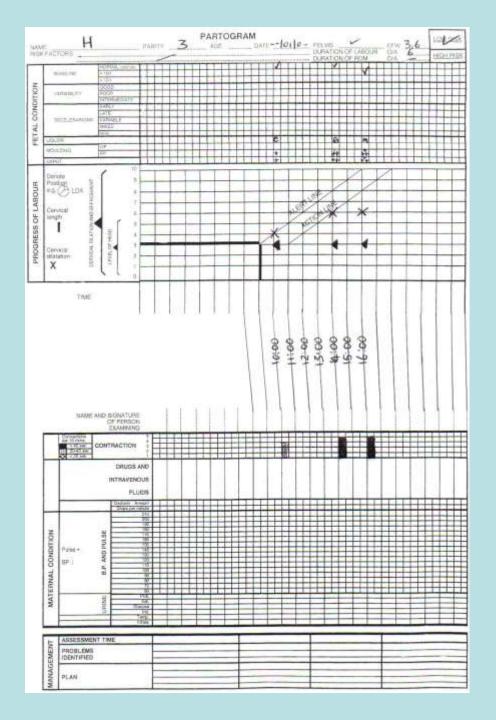
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## Case 3

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

TIME	Сх	Contract	FHR	Liquor	HAB	Μ	С
10:00	4	3/10 35s	150	Clear	3/5	+	+
14:00	6	4/10 40s	156	Blood stained	3/5	++	++
16:00	6	4/10 45s	164	Meconium	3/5	+++	+++



## 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

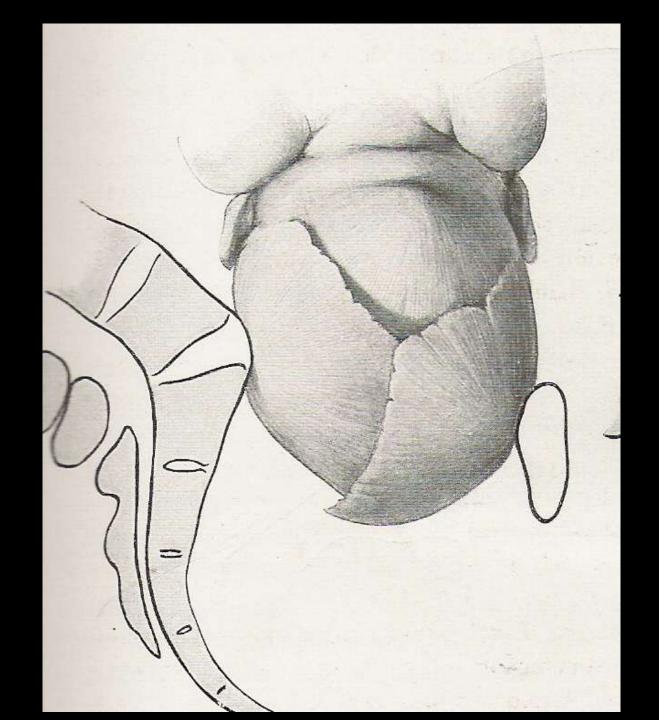
- As above but with unhealthy baby ± ill mother – strong contractions or 2° arrest
- 3. Incorrectly charted
- Not transferred to the alert line
- Latent phase entered on active side

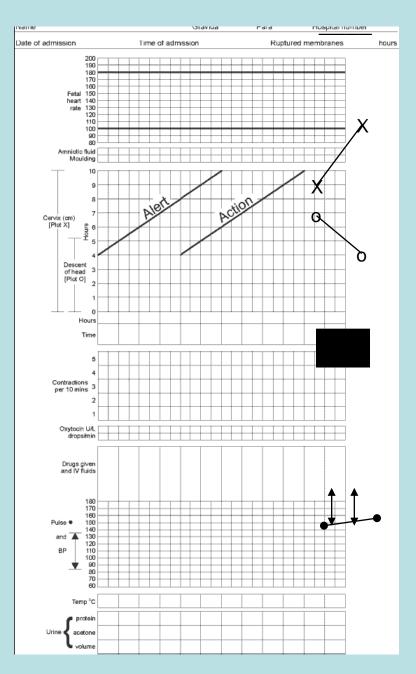
## Fetal distress

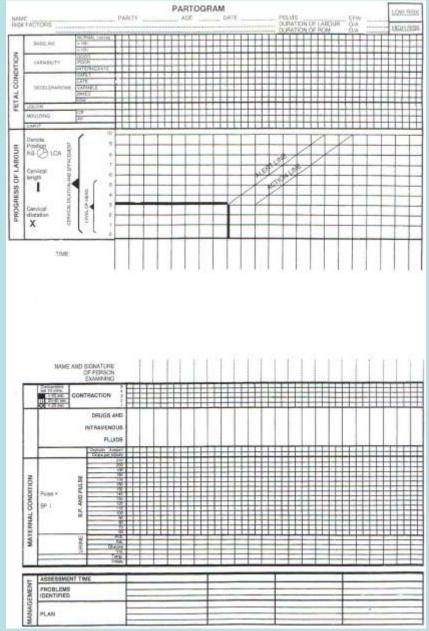
Tachycardia Late +/or abnormal decelerations Loss of variability 3+ moulding Meconium

## Maternal distress

Tachycardia Decreased urine output ↑ ketonuria Pyrexia







## Any questions?