



PARTOGRAM

Gravida: _____ Para: _____ Gestation: _____ weeks

Blood group/Rh: _____ Antibodies: _____

Date/time active labour established: _____

Date/time of membrane rupture: _____

Group B Strep positive? Yes No Unknown

Birth Plan: _____ Support person(s): _____

Risk factors/concerns: _____

Date		Time												Vaginal Examination:		
Hours		0	1	2	3	4	5	6	7	8	9	10	11		12	
Cervical Dilatation (°) Station (X)	9															Effacement: % or cm long Cx Position: (A) anterior, (M) mid, (P) posterior Presenting Part Position: (L) left or (R) right; (O) occiput or (Oth) other*; (A) anterior, (P) posterior or (T) transverse Moulding/Caput: (M) moulding (C) caput Amniotic Fluid: (Ø) absent, (Sc) scant, (Mod) moderate, or (L) large; (Cl) clear, (Bl) bloody, or (Mec) meconium present Blood/Show: (Sc) scant, (Mod) moderate, or (L) large
	-3	8														
	-2	7														
	-1	6														
	0	5														
	1	4														
	2	3														
3	2															
	1															
	0															
Effacement																
Cx position																
Presenting part position																
Moulding/caput																
Amniotic fluid																
Blood/show																
Examiner																

Document Medications on Medication Administration Record and Birth Record

Patient and Family Teaching					
Topic	Initials	Topic	Initials	Topic	Initials
Labour Progress		Induction/Augmentation		Second Stage of Labour	
Breathing/Relaxation Techniques		Birth Plan		Cesarean Birth	
Positioning for Labour and Birth		Pain Relief Options		Preterm Birth	
Third Stage of Labour		Infant Feeding		Baby Friendly Practices	

Signatures		
Print Name	Signature/Status	Initials



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Date		Time														
Fetal Health Surveillance	Mode (IA or EFM *indication)														Fetal Health Surveillance	
	Rate (beats/minute)															
	Rhythm (IA: regular or irregular)															
	Variability (absent, min., mod., marked)															
	Accelerations (Yes or No)															
	Decels (no, var., early, late, prolonged)															
Classification (Normal, Atyp, Abn)																
Contractions	Frequency (number in 10 minutes)														Contractions	
	Duration (seconds)															
	Intensity (mild, mod., strong OR mmHg)															
	Resting tone (soft, firm OR mmHg)															
Oxytocin dose (mU/minute)																
<input type="checkbox"/> Augmentation <input type="checkbox"/> Induction started at _____ h. (Init.)																
Fresh Eyes (Initial)																
Blood pressure																
Temperature, Pulse, Respirations																
Oxygen Saturation																
Somnolence Score																
Patient Position																
Other (e.g. glucose, reflexes)																
Bladder assessment																
Regional Analgesia	<input type="checkbox"/> Epidural <input type="checkbox"/> Spinal <input type="checkbox"/> Combined <input type="checkbox"/> PCEA Bolus at _____ h. Continuous infusion at _____ h.													Regional Analgesia		
	Dr.	Infusion Rate													Infusion Rate	Dr.
		Bolus (PCEA)													Bolus (PCEA)	
		Dermatome at or below T4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dermatome at or below T4	
		Bromage 4-6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Bromage 4-6	
Initials													Initials			



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		Bolus (PCEA)													Bolus (PCEA)	
		Dermatome at or below T4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dermatome at or below T4	
		Bromage 4-6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Bromage 4-6	
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