



PARTOGRAPH (USE THIS FORM FOR MONITORING ACTIVE LABOUR)

Name of Facility: _____

Name : _____
Date: _____

Address: _____ Family Record No.: _____ PhilHealth No.: _____

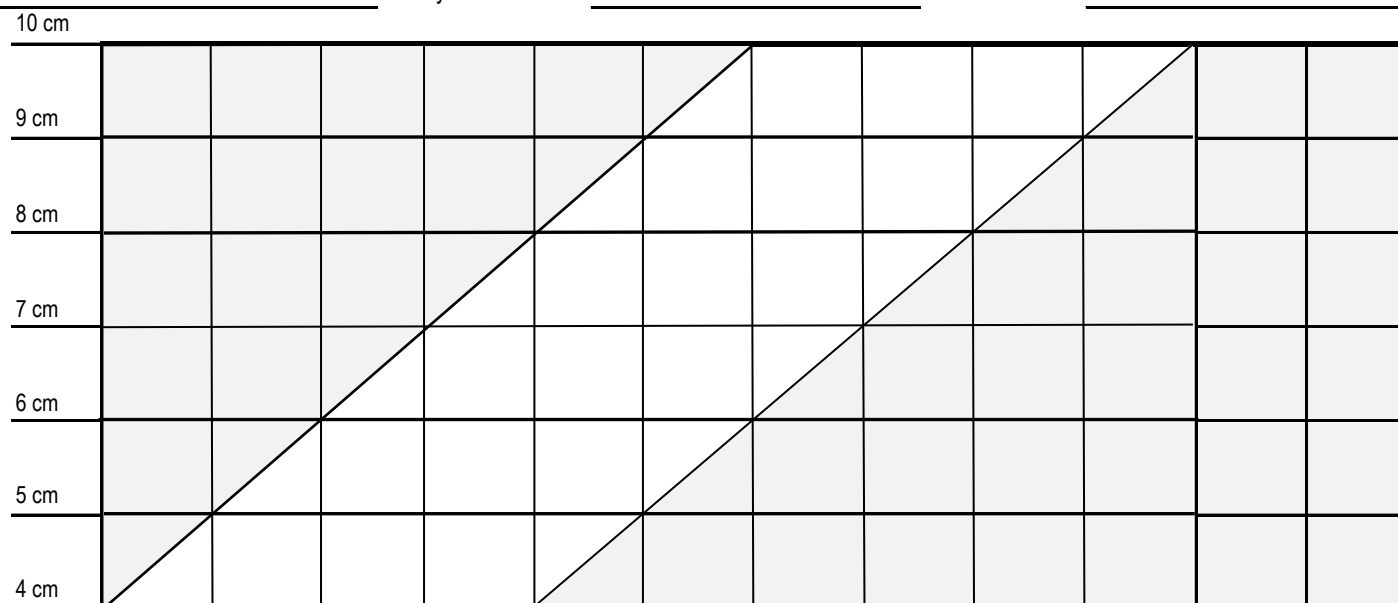
* Start on the alert line

* Mark "X" for cervical dilatation

Initial Examination. If NOT NORMAL, REFER.
Normal means cephalic, longitudinal, singleton and
>37wks

Presentation	
Lie	
Number of Fetus	
AOG	

* Record time over the line corresponding to cervical dilatation



FINDINGS

	TIME	1	2	3	4	5	6	7	8	9	10	11	12
Hours in active labour													
Hours since ruptured membranes (Time of the rupture: _____)													
Rapid assessment B3 - B7 (every 30 minutes)													
Vaginal bleeding (0/ +/ + +)													
Amniotic fluid I: Intact, C: clear M: meconium stained B: bloody													
Contractions in 10 minutes (every 30 minutes)													
Fetal heart rate (120-160/min is normal) (every 30 minutes in the 1st stage)													
Urine voided (Yes/No) (To check every 2 hours)													
Temperature (every 4 hours)													
Pulse (beats/minute) (every 4 hours if no problem)													
Blood pressure (systolic/diastolic) (every 4 hours if no problem)													
Cervical dilatation (cm) (every 4 hours unless indicated)													
Problem - onset/describe													
Management													

Birth date: _____ Time: _____ Livebirth ☐ Stillbirth: ☐ Fresh ☐ Macerated ☐
Delivery of Placenta (time): _____ Placenta & membrane complete ☐ Yes ☐ No Oxytocin (Doses & Time given): _____
Estimated blood loss: _____
Newborn: Sex: _____ Birth weight: _____ gm. Birth Length: _____ Head Circumference: _____ Chest Circumference: _____ Preterm: ☐ Yes ☐ No
Apgar Score: 1min: _____ 5mins: _____ Gest. Age: _____ Resuscitation Done: ☐ Yes ☐ No

*Record relevant findings /Management to Mother and Child Book