

Mercy Health
 UR No:
 Surname:
 First Name:
 DOB:
 OR Attach Patient Label

VAGINAL EXAMINATION/S

Date/Time	Effacement cm	Application	Membrane	Liquor Colour	Station: Abdominal	Vaginal	Caput	Moulding	Dilatation & Position
		Loosely Well applied	Intact SROM ARM				Yes No	Yes Nocms
Comments									○
<input type="checkbox"/> Informed Consent Print Name: Signature: Time next VE due:									
		Loosely Well applied	Intact SROM ARM				Yes No	Yes Nocms
Comments									○
<input type="checkbox"/> Informed Consent Print Name: Signature: Time next VE due:									
		Loosely Well applied	Intact SROM ARM				Yes No	Yes Nocms
Comments									○
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Comments									○
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Comments									○
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PARTOGRAM RECORD

Partner's name:

IDENTIFICATION
 DOCTOR / MIDWIFE: Ph(1) Ph(2)
 MODEL OF CARE:
 EDC: / / G: P: GEST: BABY UR:

SITUATION
 REASON FOR ADMISSION: LABOUR ONSET: DATE: TIME:
 SPONTANEOUS IOL REASON
 CTG: FSE Consent for IOL

BACKGROUND
 Please write if Negative / Positive / Unknown
 Syphilis Hep B Hep C GTT Rubella
 HIV Vit D Hb Platelets Date: / /
 GBS: Positive / Negative / Unknown Group & Hold Date: / /
 No. of U/S: < 13 WKS 13-26 WKS >26 WKS
 Anti-D antenatal: 1st dose date: / / 2nd dose date: / / Other doses:
 Position of placenta
 Print Name / Signature / Designation: Date: / /

ASSESSMENT
ABDOMINAL EXAMINATION **MEMBRANES**
 FUNDUS: POSITION: ARM / SROM HINDWATER LEAK
 LIE: STATION: DATE: DATE:
 PRESENTATION: FHR: TIME: TIME:
 COLOUR: COLOUR:

INFORMED VERBAL CONSENT CHECKLIST
 Informed Verbal Consent MUST be given by the patient and signed by the clinician prior to the procedures below:
 Informed Verbal Consent Granted for:
 Artificial Rupture of Membranes (ARM) Clinician Name: Sign:
 Fetal Scalp Electrode (FSE) monitoring Clinician Name: Sign:
 Episiotomy Clinician Name: Sign:
 Suturing Clinician Name: Sign:

**For all vaginal examinations (VEs) informed verbal consent MUST be granted prior to the examination (see Vaginal Examinations section – overleaf).

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STERILE STOCK TRACKING

Gowns / drapes	Delivery instruments	Single instruments
Suture sets	Bowls	Other

STOCK CHECKLIST

CHECKLIST	DELIVERY INSTRUMENTS	PACKS	SUTURE INSTRUMENTS	NEEDLES	NAME / SIGNATURE / DESIGNATION
PRE BIRTH					1 2
ADDED					1 2
POST BIRTH					1 2

SUMMARY

	DATE	TIME		
SECOND STAGE ONSET			PRESENTATION	
ACTIVE PUSHING ONSET			TYPE OF BIRTH	
TIME HEAD BIRTHED			POSITION AT BIRTH	
BIRTH			EBL	
OXYTOCIC			PPH	Y / N
THIRD STAGE			CORD - VESSELS	INSERTION:
MODE OF 3RD STAGE DELIVERY			PLACENTA / MEMBRANES	
ACCOUCHER			PERINEUM	
RECEPTION			SUTURED	Y / N By:
SEX	M / F		RESUSCITATION	
ALSO PRESENT			BABY APGARS	1 min: 5 min:

PARTOGRAM RECORD AD 1680

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Instructions

- Whenever an observation falls into a colour zone you must initiate the actions required for that colour
- If maternal heart rate is outside of 60 – 100 beats/ minute a FULL set of observations needs to be taken, documented on MORC and care escalated accordingly
- If CTG used as 'Mode of FHR monitoring' CTG interpret. section must be completed and countersigned by midwife in charge

PARTOGRAM RECORD

FIRST & SECOND STAGE		Date	Time	Date	Time
Fetal Heart Rate / Baseline (CTG) (beats / min) (*)	≥ 180			≥ 180	
	161-179			161-179	
	150-160			150-160	
	140-149			140-149	
	130-139			130-139	
	120-129			120-129	
	110-119			110-119	
	90-109			90-109	
	≤ 89			≤ 89	
Mode of FHR monitoring (AUS/CTG/FSE)					FHR mode
Maternal Heart Rate (beats/min)					Maternal HR
CTG Interpret. (*)	Variability	Absent		Absent	
		Increased		Increased	
		Reduced		Reduced	
		Normal		Normal	
	Decelerations	Late		Late	
		Prolonged		Prolonged	
		Variable		Variable	
Accelerations	Early		Early		
	Present		Present		
Cervical Dilation (cm) X Decent O	10			10	
	9			9	
	8			8	
	7			7	
	6			6	
	5			5	
	4			4	
	3			3	
	2			2	
	1			1	
	0			0	
Liquor					Liquor
Contractions	≥5:10 min			≥5:10 min	
	4:10 min			4:10 min	
	3:10 min			3:10 min	
	2:10 min			2:10 min	
	1:10 min			1:10 min	
Oxytocin	Units			Units	
	mL/hour			mL/hour	
Medications					Meds
Midwife Initial		RM			RM Initial

Code Pink

Response Criteria:

- Any observation in the pink area
- No response to urgent obstetric review within 15 minutes
- Condition not responding to treatment
- You are very worried about the patient or the fetus and they do not fit the specified criteria
- Two or more yellow zones at the same time

Actions Required:

- Place Code Pink on 3333
- Inform midwife in charge
- Begin initial support interventions
- Code Pink responder to attend within 5 minutes
- Use ISBAR to handover to responder
- Document code on back of patients MORC
- Medical staff to document in patients progress notes

Urgent Obstetric Review / Midwife in Charge Review

Response Criteria:

- Any observation in the yellow area
- Reportable parameter set by the clinical unit
- You are worried about the patient or the fetus and they do not fit the specified criteria

Actions Required:

- Initiate appropriate clinical care
- Consult with midwife in charge, decide if obstetric review is required

Obstetric review

- Phone / page registrar
- Must respond within 15min
- Use ISBAR to handover
- Document in patient record

Midwife in charge review

- Document rationale & plan of care in clinical record

Partogram Record MUST be used in conjunction with the following:

- Maternity Observation and Response Chart (MORC)
- Patient's labour progress notes
- Fluid balance chart
- Epidural chart (if applicable)
- IV Fluid Order chart (if applicable)
- Medication Chart

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