



FMH511700



Mercy Health  
Care First

**PARTOGRAM**

UR No:  
Family Name:  
Given Name:  
DOB:  
Address:  
(if no UR)  
Sex:

COMPLETE ALL FIELDS OR ATTACH PATIENT LABEL

**General Instructions**

**Maternal Physiological Vital Signs:**

- Heart Rate (HR) must be documented every 30 minutes
- You must record a full set of vital signs:
  - On commencement of Partogram
  - Minimum every 2 hours
  - Whenever you are concerned about the patient
  - If the patient is deteriorating or an observation in the shaded area
- Whenever an observation falls into a shaded area, you must initiate the actions required for that colour, unless a modification has been made.

**CTG Assessment / Labour Observations:**

- You must record:
  - CTG assessment (minimum every 2 hours) countersigned by midwife in charge
  - Progression of labour observations

**PORC to be used in conjunction with:**

- Patient's labour progress notes
- Medication chart
- Fluid balance chart
- Epidural chart (if applicable)
- IV fluid order chart (if applicable)

**Modifications**

Date	Time	Criteria modification	Level
E.g. 1/2/16	0800	O <sub>2</sub> saturation	≥ 88%

Doctor's name: Joe Smith  
Doctor's signature: Joe Smith  
Modification review by: 4/2/2018 0800

**If medical attention is required immediately call Code Blue on 2222**

Code Pink				Code Blue			
Date	Time	Criteria modification	Level	Date	Time	Criteria modification	Level

**Urgent Clinical Review**

Response Criteria	Actions Required	Response Criteria	Actions Required
<ul style="list-style-type: none"> <li>Any observation which is in an orange area</li> <li>Patient has reportable parameter set by clinical unit</li> <li>You are worried about the patient but they do not fit the specified criteria</li> <li>Second stage complication requiring urgent clinic review</li> </ul>	<ul style="list-style-type: none"> <li>Inform midwife in charge</li> <li>Phone/page Clinical unit registrar / resident</li> <li>Medical officer to attend patient within 30 minutes</li> <li>Use ISBAR format to handover to Medical Officer</li> <li>Increase frequency of observations (minimum 15 minutes until reviewed)</li> <li>Midwifery staff to complete documentation on chart: Medical staff to document review in the patient medical record</li> </ul> <p><b>CTG Assessment and Labour Observations</b></p> <ul style="list-style-type: none"> <li>Consult with midwife in charge</li> <li>Midwife in charge review document rationale and plan of care in clinical record</li> <li>If urgent medical review required, follow actions as above</li> </ul>	<ul style="list-style-type: none"> <li>Any observation in the pink area</li> <li>No response to urgent review in 30 mins</li> <li>Condition not responding to treatment</li> <li>You are very worried about the patient or fetus and they do not fit the above specified criteria</li> <li>Second stage complications requiring immediate obstetric support</li> </ul>	<ul style="list-style-type: none"> <li>Place CODE PINK on 2222</li> <li>Inform midwife in charge</li> <li>Begin initial support interventions</li> <li>Code pink responder to attend within 5 mins</li> <li>Use ISBAR to handover to responder</li> <li>Document code on back of patients MORC</li> <li>Code pink responder to document in patients progress notes</li> </ul>

**MET Call**

Response Criteria	Actions Required	Response Criteria	Actions Required
<ul style="list-style-type: none"> <li>Any observation which is in a purple area</li> <li>No response to Urgent Clinical Review call within 30 minutes</li> <li>Patient condition is not responding to treatment</li> <li>You are very worried about the patient but they do not fit the specified criteria</li> </ul>	<ul style="list-style-type: none"> <li>Place MET call on 2222</li> <li>Inform midwife in charge</li> <li>Begin initial patient support interventions</li> <li>Increase frequency of observations (minimum 5 minutes)</li> <li>MET responder to attend patient within 10 minutes</li> <li>Use ISBAR format to handover to MET responder</li> <li>MET responder to document in patient medical record</li> </ul>	<ul style="list-style-type: none"> <li>Any observation which is in a purple area</li> <li>No response to Urgent Clinical Review call within 30 minutes</li> <li>Patient condition is not responding to treatment</li> <li>You are very worried about the patient but they do not fit the specified criteria</li> </ul>	<ul style="list-style-type: none"> <li>Place MET call on 2222</li> <li>Inform midwife in charge</li> <li>Begin initial patient support interventions</li> <li>Increase frequency of observations (minimum 5 minutes)</li> <li>MET responder to attend patient within 10 minutes</li> <li>Use ISBAR format to handover to MET responder</li> <li>MET responder to document in patient medical record</li> </ul>

**MATERNAL PHYSIOLOGICAL VITAL SIGNS**

Date	Time	Respiratory Rate (breaths/min)	O <sub>2</sub> Saturation (%)	SYSTOLIC Blood Pressure (mmHg)	DIASTOLIC Blood Pressure (mmHg)	Heart Rate (beats/min)	Temperature (°C)	Consciousness	Fetal Heart Rate/ Baseline (CTG)	CTG Interpret	Liquor	Medications / comments	Midwife initial	IC RM	RM	IC RM	RM
		Write ≥ 30 21 - 30 11 - 20 8 - 10 Write < 8	96 - 100 92 - 95 Write ≥ 92 Write ≥ 200	100s 180s 170s 160s 150s 140s 130s 120s 110s 100s 90s 80s 70s 60s 50s 40s Write < 30s Write > 120	100s 90s 80s 70s 60s 50s 40s Write < 30s Write > 140	120s 110s 100s 90s 80s 70s 60s 50s 40s Write < 40s Write > 38 37.5 - 37.9 37.0 - 37.4 36.5 - 36.9 36.0 - 36.4 Write ≤ 35.9	Alert To voice To pain Unresponsive	≥ 180 161 - 179 150 - 160 140 - 149 130 - 139 120 - 129 110 - 113 50 - 109 ≤ 89 for ≥ 3 mins	<ul style="list-style-type: none"> <li>Absent</li> <li>Increased</li> <li>Reduced</li> <li>Normal</li> <li>Late</li> <li>Prolonged</li> <li>Comp. variable</li> <li>Variable</li> <li>Early</li> <li>Absent</li> <li>Present</li> </ul>	<ul style="list-style-type: none"> <li>≥ 5:10 min</li> <li>4:10 min</li> <li>3:10 min</li> <li>2:10 min</li> <li>1:10 min</li> <li>Units mL/hour</li> </ul>							

**CTG ASSESSMENT / LABOUR OBSERVATIONS**

CTG Interpret	Liquor	Medications / comments	Midwife initial	IC RM	RM	IC RM	RM
<ul style="list-style-type: none"> <li>Contractions</li> <li>Mild</li> <li>Moderate</li> <li>Strong</li> </ul>	<ul style="list-style-type: none"> <li>Units mL/hour</li> </ul>						

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**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 No	..... cms

Comments: \_\_\_\_\_  
 Informed Consent  
Time next VE due: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date/Time	Effacement cm	Application	Membrane	Liquor Colour	Station: Abdominal	Vaginal	Caput	Moulding	Dilatation & Position
		Loosely Well applied	Intact SROM ARM				Yes No	Yes No	..... cms

Comments: \_\_\_\_\_  
 Informed Consent  
Time next VE due: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date/Time	Effacement cm	Application	Membrane	Liquor Colour	Station: Abdominal	Vaginal	Caput	Moulding	Dilatation & Position
		Loosely Well applied	Intact SROM ARM				Yes No	Yes No	..... cms

Comments: \_\_\_\_\_  
 Informed Consent  
Time next VE due: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date/Time	Effacement cm	Application	Membrane	Liquor Colour	Station: Abdominal	Vaginal	Caput	Moulding	Dilatation & Position
		Loosely Well applied	Intact SROM ARM				Yes No	Yes No	..... cms

Comments: \_\_\_\_\_  
 Informed Consent  
Time next VE due: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**STERILE STOCK TRACKING**

Gowns / drapes	Delivery instruments	Single instruments

Suture sets	Bowls	Other

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**PARTOGRAM RECORD**

Partner's name: \_\_\_\_\_

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

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

DRUG SENSITIVITIES: \_\_\_\_\_ BLOOD GROUP: \_\_\_\_\_ Antibodies: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Signature: \_\_\_\_\_

RELEVANT MEDICAL AND OBSTETRIC HISTORY: \_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND**

Please write if Negative / Positive / Unknown  
Syphilis  Hep B  Hep C  GTT  Rubella   
HIV  Vit D  Hb  Platelets  Date: / /  
Group & Hold  Date: / /

GBS: Negative  Unknown   
Positive  Antibiotics given:  Yes Not given, reason: \_\_\_\_\_  
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).

PARTOGRAM RECORD AD 1680

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**PARTOGRAM RECORD**

Second stage onset: \_\_\_\_\_ Active pushing onset: \_\_\_\_\_

**SECOND STAGE OBSERVATIONS**

TIME	FH	COMMENTS	TIME	FH	COMMENTS	TIME	FH	COMMENTS

**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:

**SIGNATURE LOG**

Print Name	Initials	Designation	Print Name	Initials	Designation

BINDING MARGIN - NO WRITING