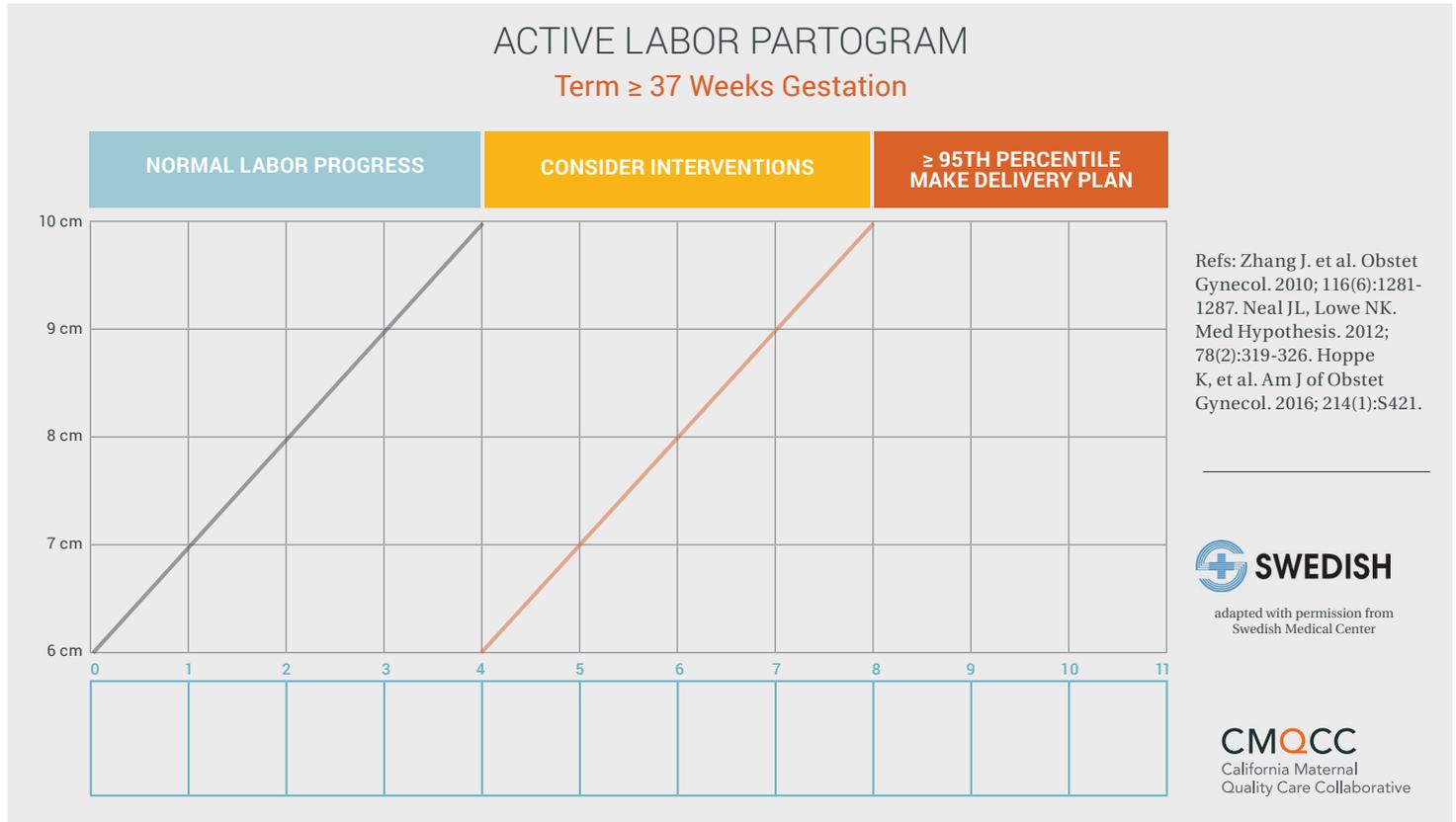


This partogram is meant to guide labor management and indicate when interventions may be necessary to promote labor progress and/or to assist with diagnosis of failure to progress. It can be useful for both multiparous and nulliparous labors, but is not meant to cover all clinical situations.



Instructions:

- For time “0,” enter the time of the exam when it was first noted that the patient’s cervix met the definition of active labor (6cm dilation or greater). Progress should NOT be plotted on this partogram prior to 6cm dilation.
- At each subsequent cervical evaluation, note the time and how many hours have passed since the patient was first determined to be in active labor. Plot a point on the graph at the intersection between the number of hours since active labor was first noted (x-axis) and the woman's cervical dilation at that exam (y-axis).

*Note that each box on the x-axis represents one additional hour in active labor, and the corresponding time of day should be entered into these boxes.

Example: the patient was first noted to be in active labor at 1300 hours, with a cervical dilation of 7 cm. At time “0,” 1300hrs was written in the box, and a dot was plotted at the (x-coordinate,y-coordinate) pair corresponding to (0,7). At 1600 hours, or 3 hours after the first exam, the patient was noted to be 9 cm. At time “3,” 1600hrs was written in the box, and a dot was plotted at the (x-coordinate,y-coordinate) pair corresponding to (3,9).

NOTE: Patients with “plotted lines” that cross over into the “Consider Interventions” zone are laboring at a rate that is slower than the 50th %tile duration for nulliparous labor. **Patients whose lines cross over the half-way point of the “Consider Interventions” zone are laboring at a rate slower than the 95th %tile duration for nulliparous labor.** Adverse maternal and neonatal events increase for labor durations in this zone. Furthermore, at 6 cms or more, 4 hours without cervical change is >95th %tile. Successful vaginal delivery is less likely and maternal and neonatal complications increase. Therefore, interventions should be considered well before the “Make Delivery Plan” zone. Interventions may include ambulation or position changes, AROM if not already done, and oxytocin administration.