



# MANIFEST

## ISSUE BRIEF

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## Embracing Partograph Use

“Previously, here at Kameke Health Centre 3, the use of partographs was a problem. But through mentorship, the mentors have reemphasised to us the importance of using the partograph. Although we knew the importance, we were not using partographs for no apparent reason. But since the start of the mentorship programme under MANIFEST, we have been using the partograph in monitoring labour. It has helped us to know who can be managed at the facility and who is to be referred to hospital. At one moment, the partograph helped us to refer a mother because she had gone beyond the action line. We used that to refer her to hospital for better management. Partograph use has also helped us to estimate the required time a mother should stay in labour. When you are not using a partograph you may assume that a mother will make it at a certain time yet it may not be the case. There are alterations and it is only the partograph which can help you to detect this. I therefore encourage all midwives and colleagues to use the partograph because it is very important in the management of a mother in labour. It guides you, it directs you, and it helps you to know who should be referred and who is to remain with you.”



*Midwife Anek Santurinah rallies colleagues on partograph use*

### About Kameke Health Centre:

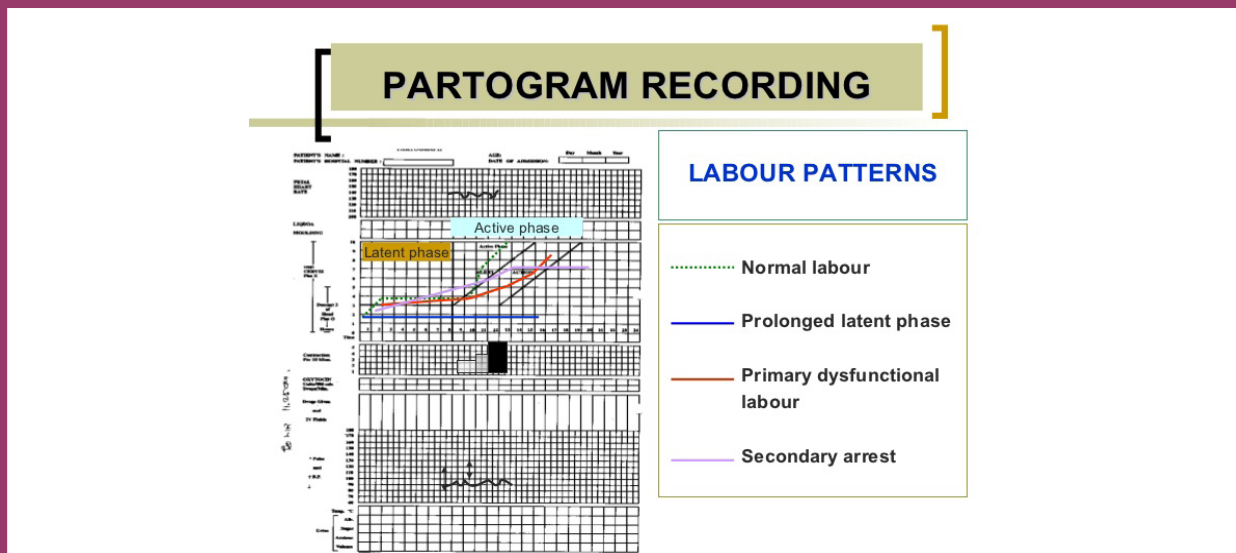
Kameke Health Centre is a level 3 facility found in Kameke sub-county-Pallisa District in eastern Uganda. It is served by 2 midwives who deliver an average of 70 mothers every month. The year June 2014-June 2015 saw partograph use increased from 5% to 45%. The OPD Clinic serves an average of 1200 clients per month.

## Practical tips for improving Partograph use

- Ensuring that enough copies of partographs are available in the maternity ward.
- For facilities with midwife shortages, task sharing could be embraced especially where one midwife is faced with a high number of women in labour. This would mean delegating some aspects of monitoring labour using the partograph such as blood pressure, contractions, and administered drug records to the junior staff, under supervision.
- Senior midwives and doctors should lead by example in order to popularise partograph use.
- Continuous medical education through mentorship and support supervision should be extended to health workers with challenges in partograph use.
- Health workers should not perceive partograph use as time wasting but rather as a lifesaving initiative.
- Health workers should appreciate the role of partograph use as a potential defence tool in case of litigation involving maternal and newborn death.

### What is a partograph?

A partograph is a simple chart for recording information about the progress of labour and the condition of a woman and her baby. It [partograph] is a plotted graph representing the progress of labour. As soon as a woman goes into active labour, the health worker regularly plots the descent of the baby through the birth canal, as well as the dilation (opening) of the woman's cervix, to monitor whether the woman's labour is progressing normally and identify when intervention may be needed. The provider also records details about the condition of both mother and fetus, including the fetal heart rate, the colour of the amniotic fluid, the presence of moulding, the contraction pattern, and the medications that have been given to the woman. In other words, when used appropriately, the partograph helps providers identify abnormal duration of labour, life threatening progression of labour for mother and baby as well as the need for intervention. Consequently, it helps the health workers take timely and appropriate actions, ultimately improving maternal and newborn outcomes.



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