

EVALUATION OF THE USE OF PARTOGRAPH IN
OBSTERTIC MANAGEMENT IN BENI SUEF.
GENERAL HOSPITAL

Thesis

Submitted for partial fulfilment of Master Degree of
Obsterics and Gynaecology

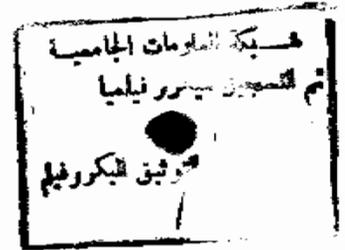
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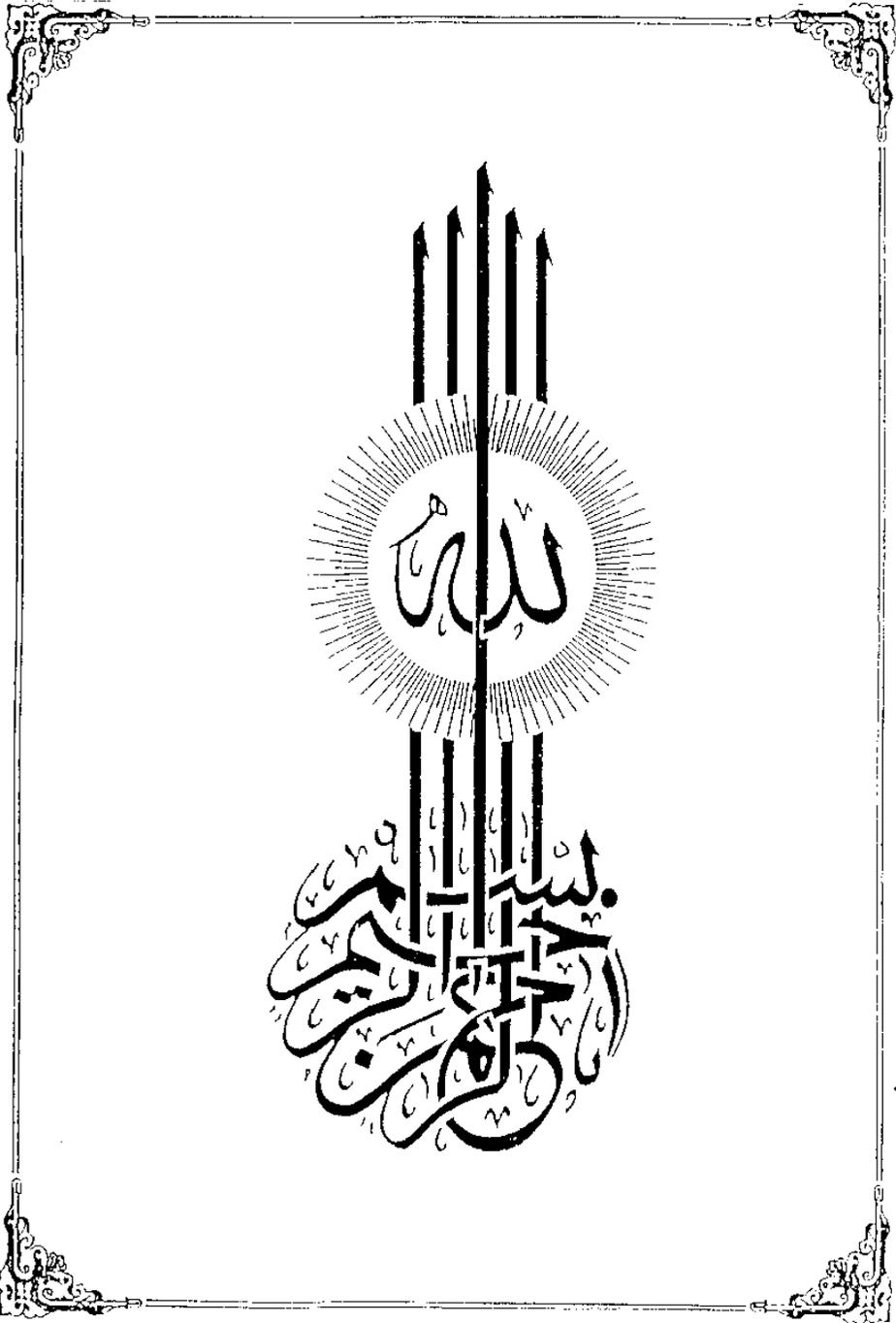
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To My Teacher
Dr. Abd EL-Wahab Zahzouh
Gynaecologist & Obstetrcian,
Beni-Suef General Hospital

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Introduction

INTRODUCTION

In an effort to evaluate the effects of various factors affecting the course of labour, a simple reproducible and relatively objective method of recording and comparing progressive changes was thought.

The graphic description of labour was not allowed to remain merely a philosophical concept, many workers have used the Friedman sigmoid cervical dilatation time curve as a basis for constructing partograms of differing complexity which allowed information to be charted in this form (*Studd, 1975*).

In the majority of cases labour is a normal process which will progress to a satisfactory conclusion if allowed to do so without intervention, but those patients in whom the first stage is delayed will benefit from augmentation. In order to select these patients and the correct timing of stimulation, labour must be clearly documented graphically by partograms and evaluated with reference to a curve of normal cervical dilatation.

The partographic control of labour has now out dated an impression of normal labour based up on palpation of uterine contractions and occasional vaginal examinations. (*Studd et al., 1982*).

Graphic representation of labour progress facilitates the diagnosis and treatment of abnormal labour and allows the recognition of normal labour at a glance. Nowadays there is no excuse for failing to relate practice to the information contained in cervimetric labour patterns (*Cardozo & Studd 1985*).

(*Duignan, 1985*) stated that the partographic control of labour is a spectacular success in the developing countries where medical resources and facilities are inadequate and the incidence of prolonged labour high.

The obstetric department in Beni Suef General Hospital did not adopt the recording of fetal or maternal data during labour according to the rules of graphical presentation i.e. partography.

Aim Of The Work

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- The aim of the prospective study is to find out the practical value of the use of partograms in labour and deliveries in the obstetric department of Beni Suef general hospital.
- The retrospective study aims to evaluate the narrative method usually applied in the same hospital.
- Estimation of the individual variations in digital assessment of cervical external os diameter simulated by rubber rings.

*Review of The
Literature*

Historical Development of Partography

The major observable events that occur during labour i.e. force, frequency and duration of uterine contractility, descent of the head or fetal presenting part and cervical effacement and dilatation only the last named was selected for detailed study because it seemed to parallel over all progress best. (*Studd et al., 1982*).

Forty years ago (*Friedman, 1954*) showed that the only accurate method of assessing the progress of labour was by the rate of dilatation of the cervix and descent of the presenting part. He constructed the first cervical dilatation time curve for normal labour and showed that it could be divided in to three parts (*Friedman 1955*), (Fig. I). The latent phase, the active phase and lastly the declaration phase which ended when the cervix was fully dilated and the second stage commenced.

On the continent of Europe simple graphic labour records have been used by (*Rosa and Chilain 1959*) and (*Rodesh et al., 1965*) in Brussels a local modification being the assessment of cervical dilatation as 1 france, 5 france along the centimetre scale. This is at least more reproducible than the fingers which demand much intrapartum practice.

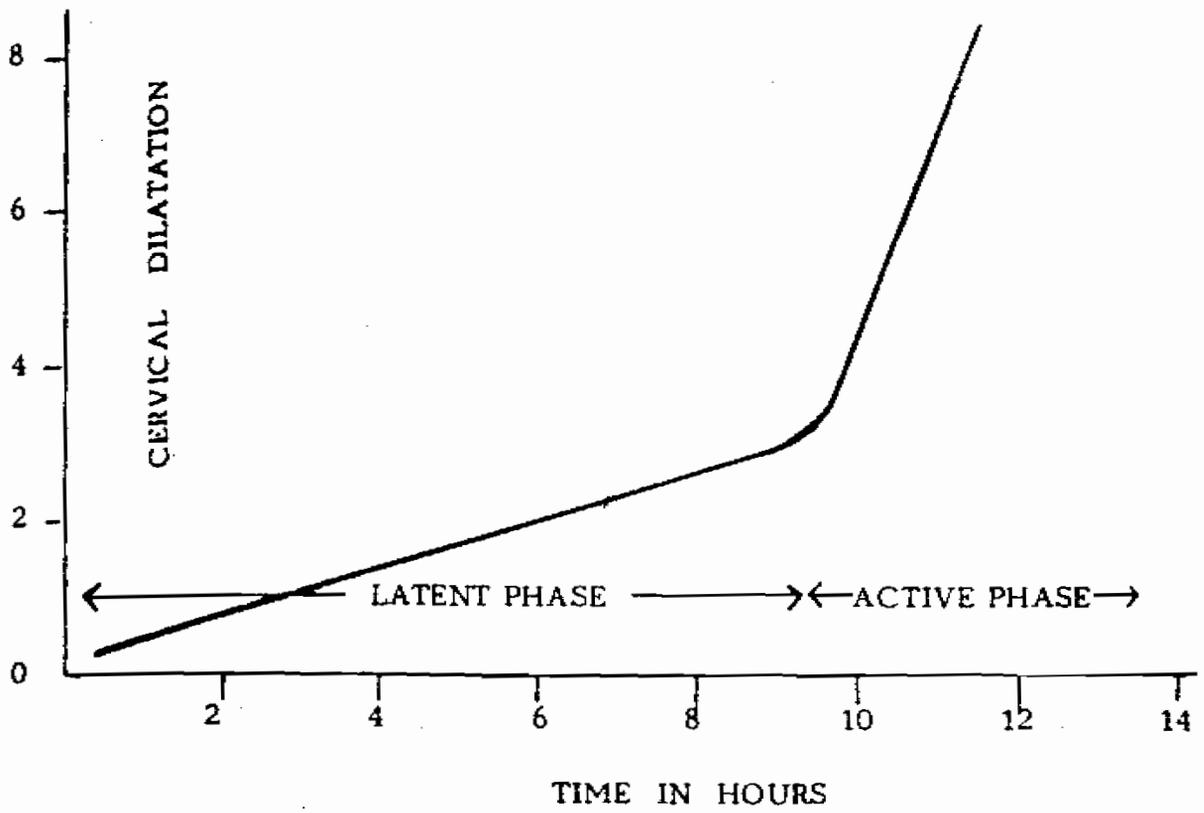


Figure. (I): Friedman's cervical dilatation time curve (1954).

Friedman's curve was not helpful in the practical management of an individual labour because it starts at 0 cm cervical dilatation and it is rare to see patients in labour at this early stage. Although (*Friedman & Sachtleben 1961*), realized that the cervix may dilate prior to the onset of labour it was not until 1970 that *Hendricks et al.*, showed that the cervix dilates during the 4 weeks before labour and the mean cervical dilatation within the 3 days before labour was 1.8 cm in primigravidae and 2.2 cm in multigravidae.

(*Ledger 1972*) reported the use of such a cervical dilatation graph and later demonstrated the application in assessing patients with poor progress. (*Ledger & Whitting 1972*).

(*Beazly and Kurjak (1972)* at Queen Charlottes Hospital devised a partogram based on their normal labour data commencing at the first vaginal examination and ending at delivery.

(*Philphott 1972*) working in Salisbury who made the simple yet revolutionary step in graphic recording. He combined the thoughts of Friedman and Hendricks to produce the first partogram. He charted cervical dilatation against time starting from the patients cervical dilatation on admission in labour (the cervicogram) and recorded his finding together with

information regarding maternal and fetal well being on a single sheet of paper.

This was designed to ensure quality of recording and management in a community with a high incidence of prolonged labour, inadequate medical resources and poor transport facilities for the great distances involved.

Following the introduction and acceptance in the main hospital, those engaged in midwifery throughout the region were taught either by refreshed courses within the teaching hospital or traveling lecture teams to the smaller hospitals and clinics in the remote areas.

(Philpott's partogram 1972) was the first used in the United Kingdom at the Birmingham Maternity Hospital *(Studd & Philpott, 1972)* and following a pilot study with Dudley Road Hospital, certain minor modifications were made based upon the wishes of the medical and nursing staff *(Studd & Duignan 1972)*.

The subsequent popularity for partograms encouraged other workers including:

(Notelovitz 1973 and Johansen 1973) to report their graphic labour records currently in use. A very comprehensive partogram has been used by *(Watson 1974)* for many years, and there are certainly many useful graphic records which have