AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

National Women's Partogram

SURNAME: _____ **NHI:** _____

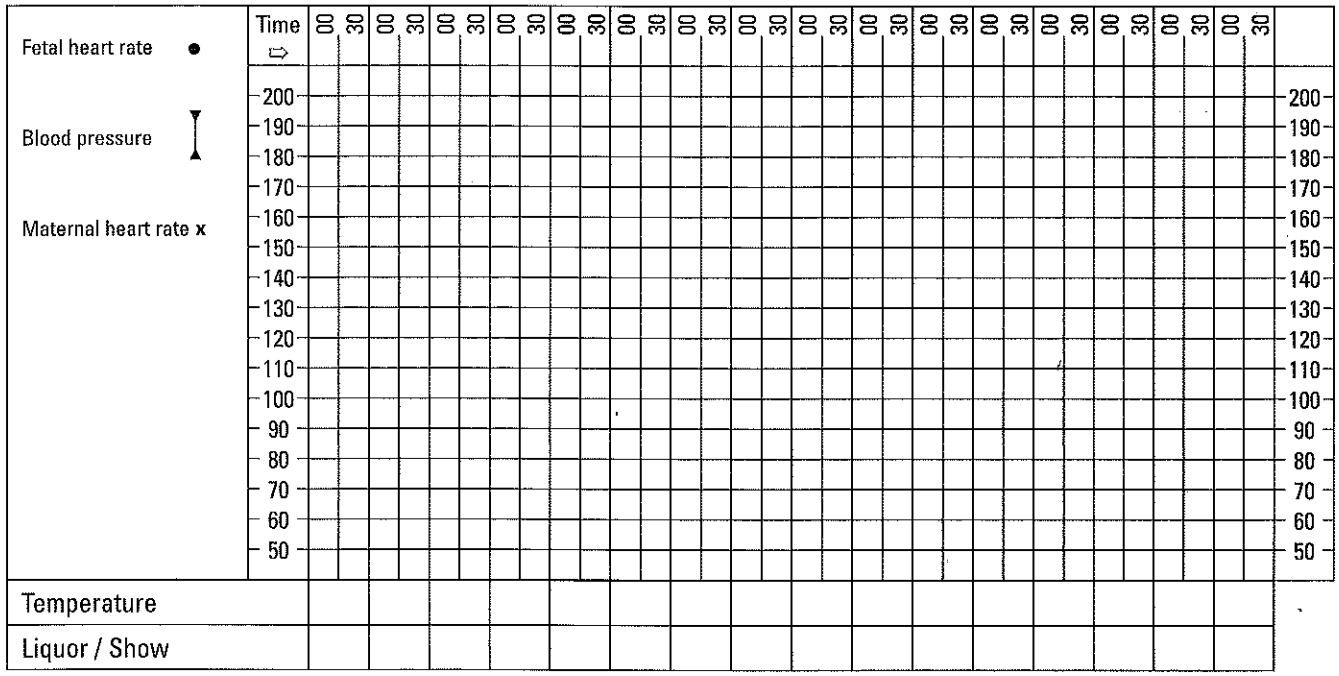
FIRST NAMES: _____

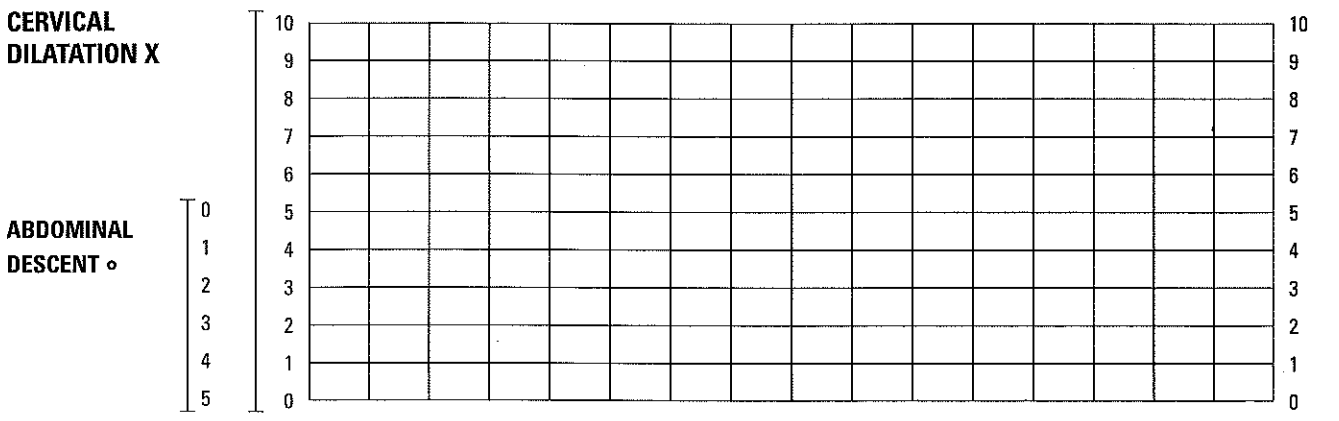
DATE OF BIRTH: ____/____/____ **SEX:** _____

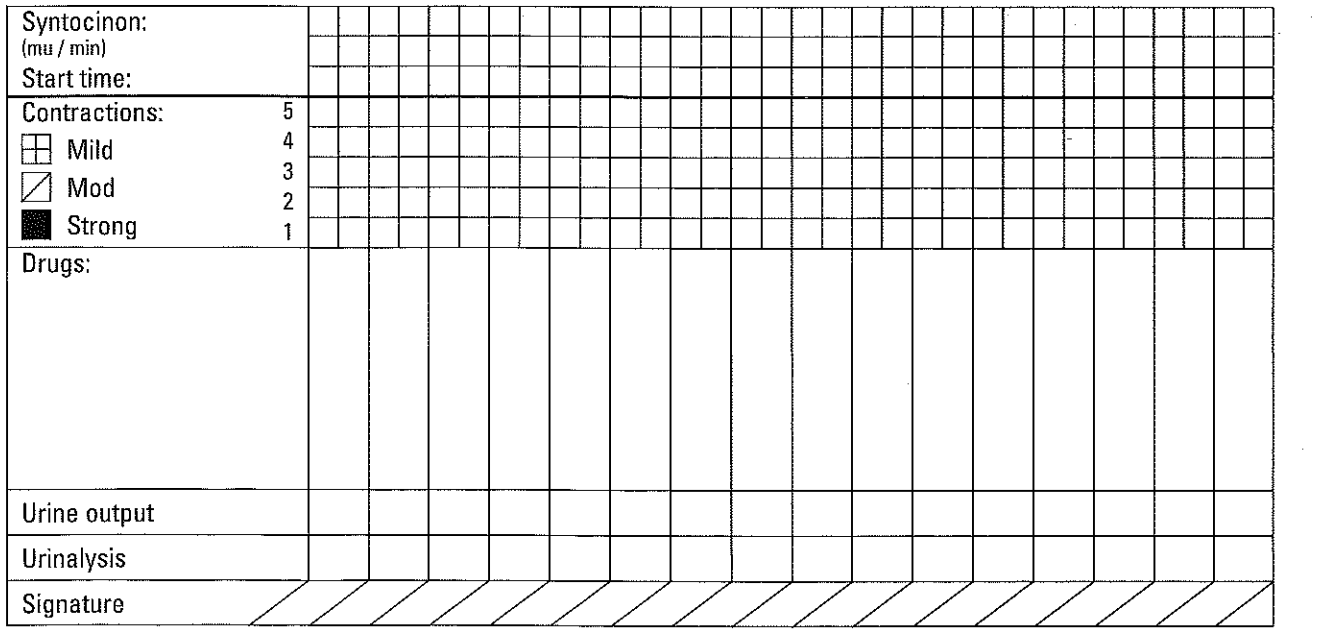
Please attach patient label here

Risk Factors:

G: P:	Blood Group:	Cord bloods: Yes / No	Membranes SRM ☐
EDD: Dates: Scan:	Antibodies:	Hb: Date: / /	Colour ARM ☐
Date: / /	Hep B:	Plat: Date: / /	Date: / / Time:







PARTOGRAM

CR3895

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

National Women's Partogram

SURNAME: _____ **NHI:** _____

FIRST NAMES: _____

DATE OF BIRTH: ___/___/___ **SEX:** _____

Please attach patient label here

1. ABDOMINAL PALPATION _____

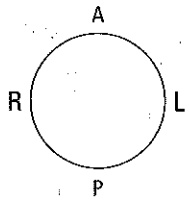
Date _____ Time _____

Cx dilatation _____

Effacement _____

Consistency _____

Station _____



Application _____

Position _____

Caput / moulding _____

F.H. _____

Membranes _____

Comments _____

Signature & Designation _____

2. ABDOMINAL PALPATION _____

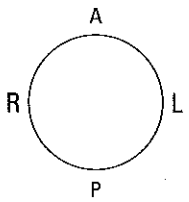
Date _____ Time _____

Cx dilatation _____

Effacement _____

Consistency _____

Station _____



Application _____

Position _____

Caput / moulding _____

F.H. _____

Membranes _____

Comments _____

Signature & Designation _____

3. ABDOMINAL PALPATION _____

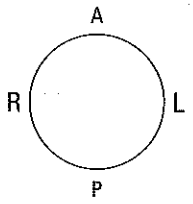
Date _____ Time _____

Cx dilatation _____

Effacement _____

Consistency _____

Station _____



Application _____

Position _____

Caput / moulding _____

F.H. _____

Membranes _____

Comments _____

Signature & Designation _____

4. ABDOMINAL PALPATION _____

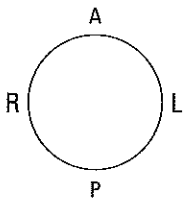
Date _____ Time _____

Cx dilatation _____

Effacement _____

Consistency _____

Station _____



Application _____

Position _____

Caput / moulding _____

F.H. _____

Membranes _____

Comments _____

Signature & Designation _____

5. ABDOMINAL PALPATION _____

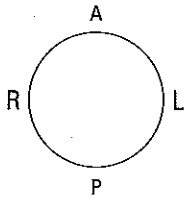
Date _____ Time _____

Cx dilatation _____

Effacement _____

Consistency _____

Station _____



Application _____

Position _____

Caput / moulding _____

F.H. _____

Membranes _____

Comments _____

Signature & Designation _____

HIGHLIGHTS OF BIRTHPLAN

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature & Designation _____

PARTOGRAM

CR3895