ABSTRACT

Objective: to reflect on the Partogram as an assessment tool in assisting the delivery and communication of the health team. Method: descriptive study of theoretical reflection, with search in the literature to support the reflection on the theme in question. For both were prepared two questions: what is the importance of Partogram as form of communication and as an assessment tool in assisting women in the process of parturition? Results: the Partogram as technological feature assists in monitoring and evolution of labor, is simple management and the data recorded in the chart facilitate communication among the health team. Conclusion: as indicator for assessing the mother, their systematic inclusion in maternity wards improves the quality of clinical service delivery and contributes to the safety of the professionals and for the prevention of adverse events in obstetric assistance. Descriptors: Medical Records; Obstetric Nursing; Labor.

RESUMO

Objetivo: refletir sobre o Partograma como instrumento de avaliação na assistência ao parto e na comunicação da equipe da saúde. Método: estudo descritivo, de reflexão teórica, com busca na literatura para respaldar a reflexão sobre o tema em questão. Para tanto foram elaboradas duas questões: qual a importância do Partograma como forma de comunicação e como instrumento de avaliação na assistência à mulher em processo de parturir? Resultados: o Partograma como recurso tecnológico auxilia na vigilância e evolução do trabalho de parto, é de manejo simples e os dados registrados no gráfico facilitam a comunicação entre a equipe da saúde. Conclusão: por ser indicador de avaliação da parteriante, a sua inclusão sistemática nas maternidades melhora a qualidade da assistência clínica ao parto e contribui para a segurança dos profissionais e para a prevenção de eventos adversos na assistência obstétrica. Descritores: Registros Médicos; Enfermagem Obstétrica; Trabalho de Parto.

ARTICLE


Mestre em Obstetricia, Goiânia (GO), Brazil. E-mail: vasconcelos.k.l@gmail.com; *Enfermeira Obstetrica, PhD Associado Professor de Enfermagem; Mano de obra. 

*Master Nurse in Obstetrician. Goiânia (GO), Brazil. E-mail: vasconcelos.k.l@gmail.com; *Nurse Obstetrician, PhD Associate Professor of School of nursing/Universidade Federal de Goiás/FEN-UFG, Vice-President of ABENFO-Goiás. Goiânia (GO), Brazil. E-mail: cleusa.alves@gmail.com; *Nurse, master of environmental science and health/PUC/GO; President of ABENFO-Goiás, Supervisor training course in Obstetrics and Pediatrics by Universo/Goiânia and Professor of FacUnicamps. Goiânia (GO), Brazil. E-mail: diegovmattos@hotmail.com; *Nurse Midwife, PhD, full Professor of the Anna Nery School of nursing at the Federal University of Rio de Janeiro/EEAN/UFRJ. Rio de Janeiro (BR), Brazil. E-mail: tyrrell2004@hotmail.com; *Nurse, doctor, Associate Professor of the Faculty of Nursing at the Universidade Federal de Goiás/UFG. Goiânia (GO), Brazil. E-mail: analuciaqueiroz@uol.com.br; *Gynecologist and Obstetrician. Goiânia (GO), Brazil. E-mail: vasconcelos.k.l@gmail.com

PARTOGRAMA: INSTRUMENTO PARA SEGURANÇA NA ASSISTÊNCIA OBSTÉTRICA

Karen Leverger Vasconcelos1, Cleusa Alves Martins2, Diego Vieira de Mattos3, Maria Antonieta Rúbio Tyrrell4, Ana Lúcia Queiroz Bezerra5, Júlio Porto6

REFLECTIVE ANALYSIS ARTICLE

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RESUMO

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RESUMEN

Objetivo: reflexionar sobre el Partograma como herramienta de evaluación para ayudar a la entrega y la comunicación del equipo de salud. Método: estudio descritivo de la reflexión teórica, con la búsqueda en la literatura para apoyar la reflexión sobre el tema en cuestión. Para ambos se prepararon dos preguntas: ¿Cuál es la importancia del partograma como forma de comunicación y como una herramienta de evaluación para ayudar a las mujeres en el proceso de parto? Resultados: el partograma como función tecnológica ayuda en el seguimiento y evolución de la mano de obra, es una administración simple y los datos registrados en la tabla facilitan la comunicación entre el equipo de salud. Conclusión: como indicador para evaluar a la madre, su inclusión sistemática en la maternidad en barrios mejora la calidad de la prestación de servicios clínicos y contribuyen a la seguridad de los profesionales y para la prevención de eventos adversos en la asistencia obstétrica. Descriptores: Registros médicos; Enfermería obstétrica; Mano de obra.

1Médico; Enfermagem Obstétrica; Trabalho de Parto. 2Hospital Universitário de Goiânia; Enfermeira Obstetria; PhD. 3Faculdade de Medicina; Obstetrícia. 4Faculdade de Medicina; Obstetrícia. 5Faculdade de Ciências da Saúde; Enfermagem. 6Faculdade de Medicina; Obstetrícia.
INTRODUCTION

This article is a cutout of a research that discusses the Partogram as technology used in assistance to parturient. This is a literature review that weaves the reflective optical considerations several authors about the attention to women in the parturitivo process. In this line of thought, discusses the Partogram in the communication of the health team and Provide as assessment tool of assistance delivery. To this end we developed two guiding questions: what is the importance of Partogram as form of communication and as an assessment tool in assisting women in the process of parturition?

The Partogram is a technology used in the area of obstetrics that assists in maternal-vigil and evolution of labor. In 1994 the World Health Organization has recommended its use during labor, aiming to reduce the maternal and fetal morbidity and mortality. This instrument published in 1986, in Appropriate Technology Following Birth, as an indicator of quality in assistance to parturient, bringing to light the path of obstetric complications, limiting interventions in labor and stimulates the normal childbirth. Also, this tool contributes significantly in the safety of health workers in the prevention of adverse events in the mother.

This registration mode came up with Emanuel Friedman, in 1951, to analyze the evolution of labor in Primiparous and noted a relationship between the labor and the cervical dilation. The author relied on extensive study of dilation of uterine cervix in labor, establishing standard curve of normality, widely accepted nowadays. And concluded that this relationship graphically described a curve with its own characteristics. Thus, transformed what was subjective in predictive science, giving the name of Partogram.2-10

The importance of partogram is confirmed when, at a time set, evaluates the complete evolution of childbirth; brings all the necessary information: the cervical dilation, the descent of the fetal position, presentation, variety, the fetal heart rate, uterine contractions, fluid infusion and analgesia. The full examination of all these variables allows knowing the evolution of childbirth and the etiological factors responsible for their normal and abnormal development.4

In the early days of civilization, childbirth was a lonely woman event essentially physiological.3 In Brazil, since the 19th century, the history of obstetric assistance presents profound transformations in search of improvements to ensure quality in the birth process.

The institutionalization of childbirth occurred in order to decrease maternal and fetal morbidity and mortality, according to the Ministry of health, more than 95% of deliveries take place in hospitals, however the high level of intervention in the physiological process of labor by health professionals do not have guaranteed the quality of obstetric assistance, nor the significant drop of the indicators of morbidity and mortality.4

In this understanding, it is sickening to see that more than 90% of maternal deaths could be avoided through proper and dignified treatment, because they are sometimes basic care and denied to those who have recently given birth and parturient. 5 in this perspective, the world observed to decrease the problems associated with childbirth and ensure assistance to the woman from the beginning of pregnancy and during the stages of the process parturitivo. The abuse of surveillance technologies in childbirth and birth has been a trend pointed to by various segments of society, and by most health professionals.6

In this sense, the Ministry of health advocates the adoption of quality indicators in gravid-puerperal period, in which the Partogram in order to monitor and evaluate the process parturitivo. This is justified as the instrument represents the security assistance to women in labor, especially in the hospital context4.

Obstetric care nurses must understand the importance of regular use and possess skills in use of Partogram therefore is a need of those professionals who wish to have a competent performance, humane, safe and assertive to parturition.

However, the development of this technology is still little explored, in the daily practice of obstetric nursing, but strongly encouraged within the framework of public policies for maternal and neonatal health care. So, we set out in this article to present the importance of Partogram and its routine use in health care facilities as well as the actions in connection with the intervention of the parturient.

- The professional team’s communication provide

Labor and birth is a physiological event, which belongs to the woman and her family and, in this conception, health workers are trained with the experience. In this process, the effective communication if shows as
From 1984, the graphic record of the evolution of labor was already pointed to as an objectively to monitor the labor and diagnose distócias and rationalize the use of ocitócicos and prevent the unnecessary indications of Cesarean sections. Therefore, the Partogram transforms into what was just intuitive predictive.\(^7\)

In 1991, the Ministry of health has recommended the introduction of Partogram as part of the safe motherhood initiative and in 1994, who makes mandatory the Partogram in maternity wards to the accompaniment of labor. After two years he published the manual "Normal childbirth assistance: A practical guide", with four categories of social assistance, in category A, "Practices included demonstrably useful and should be encouraged", points out the Partogram to careful monitoring of childbirth labor.\(^12,13\)

Reiterating this point, in 1996, the Ministry of health in partnership with the Brazilian Federation of Gynecology and Obstetrics-FEBRASGO, the United Nations Children's Fund-UNICEF and the Pan American Health Organization-OPAS launched the safe motherhood Project, along with the Integral health assistance program of woman and child-PAISM- in order to improve delivery and birth assistance, reduce the high rates of Cesarean section and perinatal and maternal mortality.\(^12-13\)

In 1999, the Regional Council of Medicina has launched a campaign to raise awareness and encourage normal childbirth, directed to doctors and mothers, with the fall of the high rates of Cesarean sections to acceptable levels, which is 20%, recommended by the World Health Organization.

Clinical care at childbirth, should stimulate learning in the use of Partogram to facilitate the monitoring of labor by beginners and the passage on duty of prepartum and rational use of ocitócicos and analgesia and, above all, the absolute indication of cesáreas. So the Partogram is an indicator for evaluating the quality of care and its systematic use determines that the caregiver to remain beside the mother, evaluating the transcription of care every hour.

Surely the professionals who attend births, as well as women who receive their services, aim at the end of a pregnancy to get a healthy newborn, with full capability for biological and psychosocial development, and also the wife/mother with health and not traumatized by the process of childbirth that just try.

In actuality, the Partogram is recommended by the Ministry of health and in several States of the country, being

\(^7\) Vasconcelos KL, Martins CA, Mattos DV de et al. Communication through the Partogram women during the process of parturition interdisciplinary facilitating establishes a relationship of records of observations as well as avoids conflicting attitudes among team members that attend the parturient.

Through a graphical representation of labor allows himself to diagnose, monitor and document the evolution of the process, as well as early detection of distócias, eliminating the subjective character of diagnosis, indication and proper conduct, avoiding unnecessary interventions, when using this simple, effective technology for the success of labor from childbirth to childbirth.\(^4\)

The guidelines of the Canadian society of Gynecology and Obstetrics-SOGC and the American College of Obstetricians and Gynecologists-ACOG, (Guidelines) classify partogram as level I evidence. And, the evidence points to the decrease of the maternal-fetal morbidity and mortality when it routinely uses the Partogram, to allow the diagnosis of prolonged/obstructed labor. To prevent childbirth blocked the routine use of this obstetric technology, is considered a basic tool in the maternal attention.\(^8\)

On the occasion of the State Seminar on Obstetric and Neonatal Care based on Scientific Evidence, in Goiânia, Go, in September 19, 2006, day argued that the outline of the Partogram arose in the middle ages with the midwives that to monitor the labor, captured graphically its evolution to forward their recently delivered in a timely manner, when necessary, to medical-surgical interventions. He pointed out that in localities where the obstetric assistance still performed by women, training of midwives is essential for correct use of Partogram to detect deviation from normality in the evolution of labor and forward the parturient with health unit security.\(^9\)

In 1972, in Rhodesia-Africa fit the two researchers set up two lines, one called "alert line" and the other "action line", clearly defining abnormal trends in labor. The lines had the purpose of guiding the midwives regarding the forwarding of dysfunctional deliveries to the hospital. On the basis of the original knowledge of cervical dilatation, built an alert line, which served to identify patients with risk childbirth. When the cervical dilatation crossed the alert line, the patient should be sent to the hospital. In a range of 4:0, brought the action line, parallel to the alert, because this was the time of transport from mother to medical centers, where they made deliveries, operative childbirth.\(^4,10,11\)
mandatory in public maternity wards. A similar situation also occurs in some private hospitals, as in the State of Pernambuco, Brazil.4

• Partogram Provide as assessment tool in assisting delivery

Obstetricians who participated in a survey of World Health Organization (WHO) said an increase in the sense of satisfaction in the process of labor. The combination of subjective feelings and reason may be important so that, together, result in improvement in births occur.15

According to some scholars the monitoring of many pregnant women is inadequate, without regular evaluations. A high percentage of maternal and fetal evaluation is an indicator of poor quality of care since, inadequate fetal assessment during labor is directly associated with the risk of perinatal death.16

The establishment of standards, routines and protocols must be based on the regulations of the Ministry of health, especially in the humanized childbirth and birth assistance. And in this sense the partogram manual record stands out as important in order to facilitate the diagnosis of changes, indicate the appropriate pipes and outlet for the correction of deviations, avoiding unnecessary interventions.4

However, it is worth mentioning that there are important points regarding the use of this tool that can restrict practice clinical procedures, reduces the autonomy of professional escorts and limits the flexibility to treat each woman individually. Results capable of causing impacts on physiological and clinical results.17,18 in addition, there are concerns that the partogram can create unnecessary interference.

One cannot say that all women will progress in labor. Similarly, inadequate driving based on the partogram does not prevent the occurrence of adverse effects, such as increasing rates of rupture of membranes, increase use of oxytocin and of analgesics, resulting in a negative experience of labor. 18 is up to professional experience, and competence in behavior to be taken.

In the Cochrane systematic review Database18 were evaluated two randomized clinical trials that compared the use and non-use of Partogram. There was no difference in the incidence of cesarean, instrumental delivery or low scores; use of partogram resulted in reducing the risk of Cesarean delivery in low-income countries. Therefore, there is no evidence that the routine use will bring important benefits for assistance, since it did not present significant difference in maternal and neonatal outcomes.

However, the regulations more clearly define guidelines and operational bases for assistance to women in parturition, in practice there are distortions and structural, procedural and cultural transformations that reflect in the quality of care, especially with regard to the use of Partogram.

The quality of the assistance presupposes planned change attitudes of health professionals at all levels, the establishment of clear targets, reflections on practice and improvement of knowledge as a way of achieving institutional goals.18-19

In this understanding, it is essential to establish, in maternity wards, indicators to assess the quality of care since, this methodology requires professional training and a change in attitude in the development of the activities. To do this, you must set up continuing education program to train medical professionals and nurses in the use of Partogram-as one of the standard tools of evaluation that reflects on the quality of care given to women in the parturitive process, the country's health institutions.18-19,20

Finally, effective implementation of Partogram in obstetric and neonatal assistance humanization, still depends on much in the way of professional approach, since only institutionalized prerogatives are not sufficient to adopt new paradigms. Even though the approach cause a social impact and satisfaction as the clients assisted.

CONCLUSION

This manuscript pointed the Partogram as appropriate technology for simple management and evaluation, based on the current proposals for humanization of labor and birth, with great potential to reflect the decisions and reduce the complications during delivery and contribute to the decline in maternal and neonatal morbidity and mortality. It is also an important instrument in public and private health institutions that serve women in labor, by allowing professionals who attend the parturient systematic monitoring with evaluation every hour, which certainly encouraged doctors and nurses to stay close to their customers, favoring, so the quality of care.

It is worth mentioning that a clinical intervention in labor becomes more secure when the conduct is based on data recorded on the Partogram. In this sense, those who attend the mother have the task of recognizing situations that require specialized
interventions, reducing risks and maternal-fetal harm.

For both, the Partogram serves as a tool to assess the evolution of childbirth as a whole: the cervical dilation, the descent of the fetal position, presentation, variety, the fetal heart rate, uterine contractions, fluid infusion and analgesia. The full examination of all these variables allows knowing the etiological factors responsible for the normal and abnormal development of the labor.

Adoption of a graphical method certainly is an indicator of quality and it is up to the managers and health professionals to encourage the systematic use of this technology, based on protocols and training, also by creating mechanisms for compliance with the standards set in the units that meet the normal childbirth, as a way of ensuring quality of obstetric and neonatal care.

Furthermore, it is essential to the health care professional the documentary record giving visibility monitoring the mother, because of the significant trend of society-though legal procedures in civil-assistance given to women in labor. Then, control bodies, in particular the hospital institutions make use of documents that have the quality of attention, this being an important instrument of detailed record of labor.

In this perspective, we hope this study give rise to reflections about the proposal for humanization of care in breeding, above all, an awakening of professionals and academicians for the need for accession of Partogram in health services and public and private maternity hospitals of Brazilian municipalities, since, for more than a decade the standardization of this methodology is the women’s health policy by the Ministry of health.

Unfortunately, this form of communication that encourages the participation and safety of those who attend, it is still used in its infancy by-doctors and nurses in maternity wards in the country, which certainly short, concerns about the adoption of Partogram in childbirth and birth assistance.

Finally, attention is drawn to the discussion about the application of partogram since, initially, the first proposition of its use was to follow the accelerated births in women with dilation and not physiological, and its use was expanded in women with physiological deliveries. In spite of the recommendations of the ministerial policy believe that these issues must be considered by professionals with experience in lightweight technologies to watch in women in labor, in home or hospital environment.

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Corresponding Address
Diego Vieira de Mattos
Rua Belo Horizonte, Qd.164, lote 4, C-3 – Parque Amazônia
CEP 74843-100 – Goiânia (GO) Brazil

Cleusa Alves Martins
Ed. Reserva Grann Parc
Rua 52, 92, Ap. 301 – Jardim Goiás
CEP 74.810-330 – Goiânia (GO), Brazil

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