(เกณฑ์ 2,3) แบบบันทึกการติดตามการคลอดและ PARTOGRAPH [update 25/3/2562]

Date_____Time_____G___P___A___L___GA_____wk By_____LMP_____EDC _____

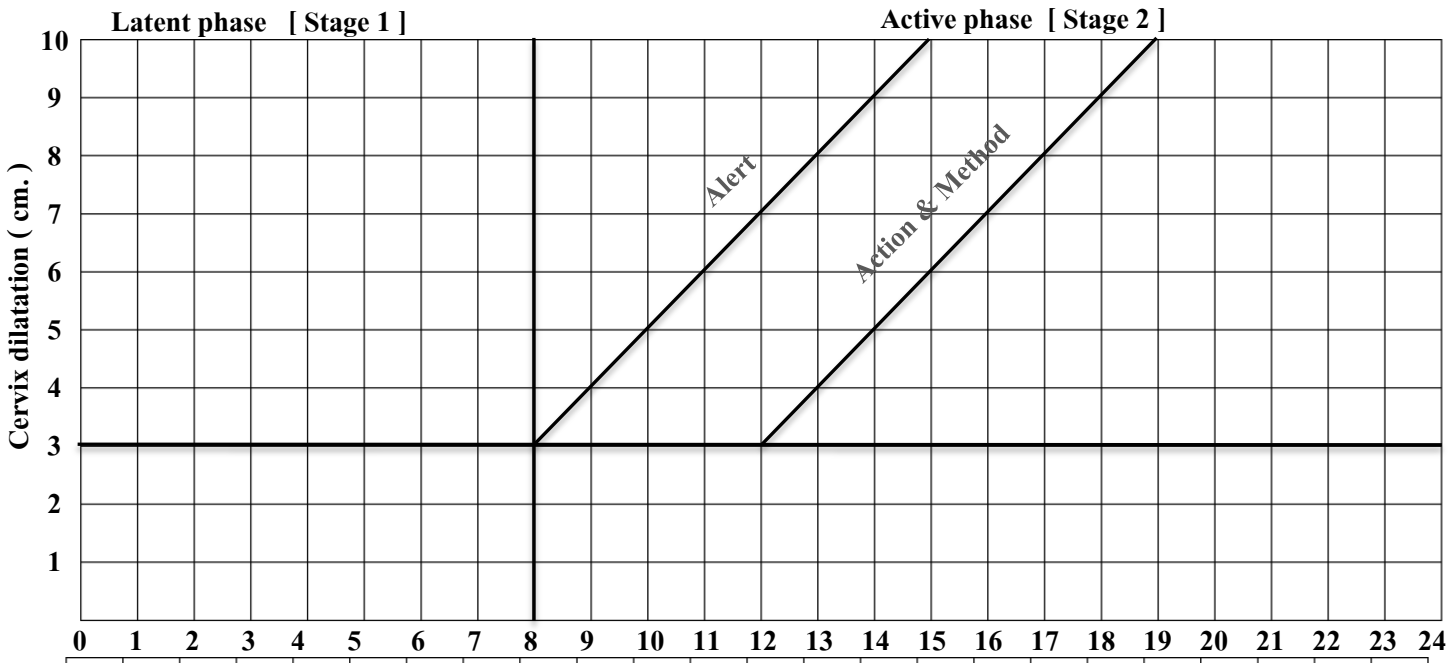
TT_____VDRL_____HIV_____Other_____EFW_____Albumin_____Sugar_____

CC _____ **RISK FACTOR** _____

Contraction ☐ Yes ☐ No Onset Date_____Time_____

Rupture of membrane ☐ No when admitted ☐ Spontaneous Date_____Time_____

☐ Artificial Date_____Time_____By_____ Amniotic fluid_____



Time	
PR	
BP	
FHS	
Position	
Interval	
Duration	
Cx dilate	
Cx efface	
Membrane	
Station	
Type exam	
Synto ud/min.	
Complicate	
Recorder	

Name of Patient	Age	HN.	AN.

Department or Service	Ward	Diagnosis	Attending Physician