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சுவசிரிபாய

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சுகாதார மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு
Ministry of Health and Indigenous Medical Services

All Provincial Directors of Health Services
All Regional Directors of Health Services
All Medical Officers of Health

Interim guidelines for field maternal and child care services during the outbreak of COVID-19 infection (Date: 2020 March 17)

This interim guideline on field Maternal and child health care services for the preventive health sector, is prepared based on the prevailing situation, to protect the pregnant mothers and the newborns and their communities from the current COVID-19 pandemic. This will be effective until further notice.

Instructions to Medical Officers of Health

1. Provision of domiciliary care

- Every PHM should carry out their routine domiciliary visits as per the national guidelines giving priority to high risk pregnant and postpartum mothers and infants [Gen circular 02-85/2014 and 02-84/2014 (revised 2014) dated 22.5.2014]
- Antenatal registration should be continued during home visits.
- Home visits for other under five children should be carried out only if essential.
- Family planning services should be provided in an uninterrupted manner.

Please refer to "protective measures" described under section 4.

2. Provision of field clinic care (All MOH clinics including clinics at primary level hospitals)

- Routine antenatal clinic care will be limited to the following pregnant women
 - Newly registered pregnant mothers
 - Pregnant mothers who are ≥32 weeks POA
 - Pregnant mothers who are <32 weeks POA with following morbidities / illnesses
 - Diabetes
 - Hypertension
 - Heart disease
 - Respiratory illnesses

- Previous history or current history of IUD/placental disorders/Foetal growth problems/ still births/PIH/ APH/ multiple pregnancy/ maternal jaundice/ asthma/ mental disorders/ liver and renal disorders
- Postnatal clinics must be conducted ONLY for mothers and newborns with complications
- Appointments should be given to mothers/clients to avoid overcrowding. (e.g. 5-10 clients per hour)
- Maintain distance preferably of one metre from each other (e.g. waiting area)
- Limit the family members accompanying client / pregnant mother/ children to the clinic
- If clients/mothers with respiratory illnesses or symptoms come to the clinic, maintain standard infection prevention and control (IPC) measures. Attend to them on priority basis and limit their waiting time.
 - Refer all pregnant mothers with fever and/or flu like symptoms to the hospital.
 - Refer to latest guidelines issued by the Epidemiology Unit, Ministry of Health for the further management
- Avoid conducting other routine clinics/ sessions until further notice except for routine family planning clinic services.

3. Referral criteria for specialised care

- a. Referral of newly registered pregnant mothers for specialist care: only the high risk mothers are to be referred until further notice. Routine referral for dating scan should be avoided till further notice.
- b. All identified high risk mothers with POA < 32 weeks should be referred.
(All pregnant mothers ≥ 32 weeks should attend specialized clinics as per routine)
- c. Pregnant mothers with fever and/or flu like symptoms –
 - i. All pregnant mothers with fever and / flu like symptoms should be referred to nearest specialized institution
 - ii. Clients or pregnant mothers fulfilling the criteria for suspected COVID-19, based on the latest case definitions, should be referred as per the instructions by the Epidemiology Unit, Ministry of Health (<http://www.epid.gov.lk/web/>) to the designated institutions (Annexe-01 & 02) .
 - iii. The receiving institution must be informed over the phone to be prepared to receive the patient

4. Protective measures

A. Update staff

- Guidelines are being frequently updated with evolving evidence thus the health staff must be updated as frequently as necessary (at least once a week) on the relevant guidelines and community awareness should be created. (<http://www.epid.gov.lk/web/> and <http://www.fhb.gov.lk>)
- Immediately update all health staff on universal precautions, Infection Prevention and Control (IPC) measures and usage of personal protective equipment.

B. Personal protective measures

• Proper hand washing

- Provide hand washing facilities at the entrance to clinics/MOH premises to all staff/clients.
- Soap and running water must be used.
- Practice hand washing before, in between and after the examination of clients in the clinics.
- Proper hand washing must be performed as soon as entering the house of the client and before leaving the house.

Note - Hand sanitizer should not replace hand washing with soap and water.

• Use of mask and safe disposal

- Use of mask is recommended when examining a patient with respiratory symptoms
- Refer to the latest guideline on “ **Guidance on the rational use of personal protective equipment (PPE) in hospitals in the context of COVID-19 disease**” issued by the Epidemiology Unit, Ministry of Health (Annex 03)

• Disinfecting surfaces and equipment–

- Adhere to the standard guidelines on IPC measures in clinic settings and refer to the instructions on “ **Environmental Cleaning Guidelines to be used during the COVID-19 outbreak – 15/03/2020**” issued by the Epidemiology Unit, Ministry of Health (Annex 04)

C. Logistics

MOH should request the necessary stocks of masks, hand-sanitizers and disinfectants (bleach) through divisional pharmacists/Regional Medical supplies Division.

D. Create community Awareness

- Advise community on social distancing (avoid hugging/shaking hands, keep a distance of one metre from each other, avoid exposure to crowded places, avoid visitors/ visiting).
- Home quarantine or self isolation must be advocated to visibly healthy, possible high risk contacts not requiring hospital admission. Refer to the **Guideline for the Home quarantine / Quarantine in non-health care settings** issued by the Epidemiology unit, Ministry of Health on 16.03.2020 (annex 05)
- Mobilize community to inform any suspected patients and/or their contacts to the relevant PHI/MOH/Police
- **Key messages to be given to all pregnant mothers**
 - If any respiratory or obstetric problems arise, mothers should be advised to seek medical care through telephone/mobile and inform PHMM/MOHH immediately.
 - Maintain kick count chart (KKC) at home for pregnant mothers ≥ 36 weeks of POA.
 - Pregnant mothers must avoid public gatherings, public transport and social events (e.g. Trips, weddings, funerals, religious gatherings, market places, supermarkets, shopping malls) as much as possible.
 - Stay at home at all times except when seeking medical care.

E. Advice on Breastfeeding and Newborn Care (for suspected /confirmed mothers with COVID-19)

- Breastfeeding should not be interrupted at all as it is a protective factor.
- Hand washing with soap and water before and after touching/ feeding the baby
- Wear a mask/cover the nose and mouth during feeding and continue breastfeeding and Kangaroo Mother Care practice for newborns

You are advised to consider this as a top priority and give urgent attention to implement the above recommendations. This information must be communicated to all relevant health staff in your respective areas.

Dr Anil Jasinghe

Director General of Health Services

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Secretary of Health

Additional Secretaries of Health

All Deputy Director Generals

Director/Maternal and Child Health

Chief Epidemiologist /Epidemiology Unit

Director/ Health Promotion Bureau

CCP – Province/District -to monitor implementation of the guidelines and co-ordinate with FHB

MOMCH - to monitor implementation of the guidelines

Heads of Institutions

President Sri Lanka College of Paediatricians

President Sri Lanka College of Community Physicians

President Sri Lanka College of Obstetricians and Gynecologists

President Perinatal Society of Sri Lanka

President College of General Practitioners, Sri Lanka

President Ceylon College of Physicians/ Pulmonologists