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SUWASIRIPAYA

මගේ අංකය) FHB/INBU/Circular

Guideline /2017/03

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Your No. :)

Date : 3.5.2017

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

General Circular Letter : 2017/03

All Provincial Directors of Health Services
All Regional Directors of Health Services
All Directors of Teaching/Provincial General/District General Hospitals
All Medical Superintendents of Base Hospitals
All Heads of Institutions
All Obstetricians & Gynecologists

Allowing a female companion during labour

With the achieving of a reasonable level of maternal mortality, it has now become necessary to focus on aspects of quality and client satisfaction in the delivery of care.

The presence of a companion during labour has been described as one of the most effective interventions in labour. It has been proven to have benefits on the process of labour, the mother and the neonate. These include lesser requirement of pain relief, shorter labour, and higher chance of a normal delivery, higher maternal satisfaction and better establishment of breastfeeding.

Obstetric units in Sri Lanka that are allowing female labour companions have reported positive results and proven the feasibility of this intervention within existing facilities.

Labour rooms in Sri Lanka will not have adequate facilities to provide adequate privacy for allowing husbands to enter labour rooms. However, with minor adjustments, it will be possible to allow a female labour companion. Ensuring availability of companion of choice at the time of delivery is a major activity identified in the National Strategic Plan on Maternal and Newborn Health 2012-2016 & 2017-2025.

You are advised to initiate this facility in all health institutions with labour room facilities.

Guidelines to be followed in the implementation of the facility are given below;

1. This facility should be provided considering the feasibility in the existing set up of each labour room. Necessary adjustments should be made with consultation of the obstetricians, nursing officers and hospital administrators
2. To receive this facility is the choice of the woman in labour. It is not mandatory.

3. Pregnant mothers attending antenatal clinics should be made aware of this facility.
4. Only female companions above 20 years of age, who have previously delivered a baby and of suitable physical and mental state to be in a labour room would be allowed.
5. Written consent of both the woman to be delivered and the prospective companion should be obtained in the BHT.
6. The companion should be advised that in case of an emergency, the need may arise to request her to leave and that she should comply with such requests.
7. The companion should be encouraged to give non-medical emotional and physical support to the labouring mother. These include measures such as wiping the mother's face with a wet towel, massaging the back. She may give clear fluids to the mother with permission of the staff.
8. The companion must be given instructions that there should be no interference at all with monitoring or other interventions carried out by the staff. The nursing and medical staff reserves right to request her to leave in such situations.
9. No cameras, phones or any other image capturing devices are allowed.
10. The companion should be allowed the use of toilets and other facilities as reasonably required.

You are advised to bring the contents of this circular to the notice of the all relevant staff to ensure effective implementation of this facility.

Dr J.M.W. Jayasundara Bandara,
Director General of Health Services

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