

දුරකථන) 0112669192 , 0112675011
தொலைபேசி) 0112698507 , 0112694033
Telephone) 0112675449 , 0112675280

ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax) 0112692913

විද්‍යුත් තැපෑල,) postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)



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

All Provincial Directors of Health Services,
All Regional Directors of Health Services,

Guidelines for delivery of the "Service Package for Newly Married Couples"

As you may be aware, at present the Public Health Officials of all the districts have been sensitized and orientated by the Family Health Bureau on the implementation of the above mentioned package, and it is envisaged that these services are being delivered to all the newly married couples by Medical Officer of Health teams in your area.

The availability of guidelines is considered as an essential requirement to improve the quality and to strengthen and streamline the above package. Therefore, guidelines to deliver the package have been developed by Family Health Bureau and are attached herewith.

Please be kind enough to instruct all Medical Officers of Health in your area to adhere to these guidelines in delivering the services to the newly married couples through the "service package for the newly married couples" in order to improve and strengthen the pre-conceptional care provided by the public health field staff in your area.

Dr. Anil Jasinghe
Director General of Health Services

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Director General of Health Services
Ministry of Health, Nutrition & Indigenous Medicine,
"Suwasiripaya"

Cc: Secretary/ Ministry of Health, Nutrition & Indigenous Medicine
Deputy Director General/ Public Health Services II
Director/Maternal and Child Health
Director/ National Institute of Health Sciences
Chief Medical Officer of Health/ Colombo Municipal Council
Provincial Consultant Community Physicians
Medical Officers/Maternal & Child Health
Medical Officers of Health

Guidelines for delivery of the "Service Package for Newly Married Couples"

Sri Lanka is considered a model country in relation to provision of maternal and child health services, where the services are delivered to the community via a well-organized Maternal and Child Health (MCH) programme. The MCH programme comprises of a number of evidence based intervention packages aimed at ensuring survival and thrive of mothers and children.

The programme has also established a strong link between the institutional and field health services and has ensured a continuum of care that spans pregnancy, childbirth, infancy, childhood, adolescence and adulthood over the past few decades. As a result, a steady decline of the maternal, newborn and infant mortality trends has been observed, giving rise to maternal and child health indicators which are comparable to developed countries.

However, a stagnation of these indicators was apparent in the recent past, necessitating a meticulous analysis into the circumstances related to maternal and child mortality. This has revealed an emergence of indirect causes such as cardiac diseases, respiratory diseases and other medical conditions as prominent causes of maternal mortality. Further, causes that were earlier shadowed by direct causes are emerging as important contributory factors, such as nutritional deficiencies and domestic violence. Analysis of these conditions makes it apparent that they are long lasting conditions which should ideally be addressed before the woman gets pregnant, in the pre conception period.

Early detection of these conditions during pre pregnant period may facilitate the prevention of complications not only in pregnancy but also thereafter, contributing to further reduction of adverse maternal and newborn outcomes.

Though the MCH programme has ensured a continuum of care across life cycle from pregnancy to adolescent period, a gap was existent in relation to care provision during the pre-conceptional period. As per above mentioned facts, the necessity to extend it to the pre conception period was recognized, and as an initiation, a new programme "The Service Package for Newly Married Couples", was introduced with the objective of optimizing the health status of both partners prior to their first pregnancy. Through this service package, the programme also aims to lay a firm foundation to a good marriage where happiness and expectations of the couple at the time of marriage are preserved throughout their married life. A good married life will in return ensure the good health of the entire family including children.

The "Service Package for Newly Married Couples" aims to achieve the following objectives:

- To improve the knowledge and awareness of the couple on reproductive health and to minimize unhealthy life styles such as alcohol and tobacco use, gender based violence etc, in order to create a conducive behavioural change in the couple.

- To improve the health status of women maximally to ensure healthy pregnancy before they become pregnant.
- To identify, and correct or minimize the health problems of husband and wife before they achieve parenthood.
- To minimize maternal and infant mortality by reducing complications during pregnancy and delivery (to end preventable maternal and child deaths due to conditions which may arise before or during pregnancy).

This service package should be delivered to the newly married couples by the Medical Officer of Health team comprising of MOH (Medical Officer of Health), PHNS (Public Health Nursing Sister), PHI (Public Health Inspector), and PHM (Public Health Midwife).

Tools included in the "Service Package for Newly Married Couples"

Five tools are available to facilitate the service delivery by the "Service Package for Newly Married Couples". They are:

1. The Invitation card
2. නව දිවි සුව පිරික්සුම් පත/ Pre conception screening tool
3. BMI calculator
4. සෞභාග්‍ය කැපැල්ලට සුවභසක් සුබ පැතුම්/"Our best wishes for your blissful home" booklet
5. "Nawa diwi suwa sathakaara sewaya salaseema pinisa saukhya kaaryamandalaya sandahaa wu maargopadesha athpotha" booklet .

➤ The Invitation card-

This is an invitation received by the couple at the time of marriage registration inviting them to come for the services available for newly married couples. The invitation card is handed over by the Marriage Registrar to a newly wedded couple at the time of registration of the marriage. MOH of the area should sensitize the marriage registrars of the area from time to time to ensure the smooth functioning of the system. MOH should ensure that there is a continuous supply of these invitation cards for all Marriage Registrars in the area.

This service should only be considered as a complementary strategy to popularize this service. The PHM should actively identify newly married couples for registration in the eligible couples register, and should not rely upon referral of the newly married couples to her through marriage registrars.

➤ **The Preconception screening tool-**

This is a questionnaire and a checklist which needs to be filled by the couple, PHM and the Medical Officer. Once the PHM registers the newly married couple in the eligible couple register (through invitation or direct identification), she needs to sensitize the couple about the programme and issue a screening tool to them. The couple should discuss among themselves before completing the questions directed to them in the preconception screening tool. The completed screening tool should be used by the public health staff to detect specific problems and risk factors of the couple. PHM should ensure that adequate stocks of screening tools are with her all the time.

➤ **BMI calculator-**

The BMI calculator provides the BMI value for a given height and a weight. It also provides a colour coded interpretation of a given BMI value. This will be used to calculate the BMI at the sessions.

➤ **"Sonduru Kedellakata Suwahasak Subha pathum" booklet-**

This is an information booklet for the couple. This booklet should be given to the couple at the end of the second health education session. It should be distributed on a lending basis and a mechanism should be available to obtain the books back from the couples once they have read it. MOH should ensure that each PHM has 5 books with her, and MO/MCH should ensure that adequate books are available for the district. If books are not available in adequate numbers, requests can be made to the Family Health Bureau to obtain books.

➤ **"Nawa diwi suwa sathakaara sewaya salaseema pinisa" saukhya kaarya mandalaya sandaha wuu maargopadesha athpotha -**

This booklet provides information required to update the knowledge of the service providers in relation to the topics discussed in the care package.

It should be distributed among all staff members providing pre-conceptional care services through the "Service Package for Newly Married Couples".

Procedure for Provision of the Service Package

Identification of clients for service delivery

Invitation to get the services dedicated for the newly married couples should be distributed through the marriage registrars. Field public health staff (PHMs and PHIs) should identify the couples eligible for this service during their field visits and direct to relevant PHMs for registration.

Provision of care in the field/ at PHM office:

The newly married couples should be identified and registered in the Eligible Family Register (H526) by the PHM.

Once registered, the couple should be sensitized about the "Service Package for Newly Married Couples" provided by the MOH team.

The preconception screening tool should be given to the couple. Instructions should be given to complete it after discussing with each other and to handover the completed preconception screening tool back to the PHM.

The couple should also be assured that the information provided by them in the preconception screening tool will be kept strictly confidential.

The completed preconception screening tool should be evaluated carefully by the PHM to identify any problems/ risk factors or conditions in the following areas:

- Selected past and present medical conditions, medications and risk factors
- Family history of selected medical conditions
- Sexual and reproductive health risk factors
- Family nutrition
- Life style risk factors
- Environmental risk factors
- Psychosocial concerns (Depression/ Violence)
- Rubella vaccination status/ Folic acid

She needs to clarify the information with the couple if necessary.

The identified problems or risk factors should be marked by the PHM in the relevant column of the preconception screening tool.

PHM should give early dates that are also convenient to the couple to attend the 1st and 2nd sessions for newly married couples, based on the schedule prepared by the MOH staff.

The importance of both of them attending both sessions should be highlighted.

It is essential that both husband and wife attend both

The sessions for the newly married couples

The care package should be delivered in two sessions. At least one session should be held for one month and the two sessions can be held on consecutive months.

(Eg: 1st Session - January
 2nd Session - February
 1st Session - March
 2nd Session - April)

Both husband and wife should attend both sessions.

If a couple misses a particular session, they should be instructed to attend the same session in the coming months.

(Eg: If a couple misses the 1st session which was held in January, they should be instructed to attend the same session held in March).

A schedule for sessions for newly married couples should be available and displayed at each MOH office and clinics, indicating the dates when and where each session would be held during the current year. The staff should be aware of this schedule.

The services that should be provided during these sessions include:

- Creating awareness on how to lead a happily married life and health promotion.
- Health screening for both partners.
- Appropriate management of identified conditions to reduce risk factors that might affect future pregnancies.
- Provision of family planning services, if required.
- Provision of health education.

Health education should be provided on eight important topics (the topics are provided in the service providers' handbook).

- ✓ Health education on following topics should be delivered in the first session:

- Pre conception Care Package
 - Sexuality and sexual relationship
 - Sexually transmitted diseases and responsible sexual behaviour
 - Family Planning for a well-planned family

- ✓ Health education on following topics should be conducted in the second session:

- Good Nutrition and good health habits
 - Good marital relationship and wellbeing of the family
 - Benefits of non-violence
 - Male participation and parenthood

- ✓ Both service providers and participants may be reluctant to discuss sensitive topics such as sexuality, sexual relationship, sexually transmitted diseases and responsible sexual behaviour. Therefore, these topics must be delivered by the MOH in order to improve the credibility of the information provided. Provision of these information by a Medical Officer would also encourage the participants to raise their queries and concerns related to these topics.
- ✓ Other topics can be delivered by an officer designated by MOH. These officers should be selected by the MOH based on their capabilities.
- ✓ Health education materials, such as power point presentations, flip charts can be developed locally.
- ✓ The guide to health care workers gives the necessary knowledge and information on topics to be covered in health education sessions. All the field health workers who contribute to health education sessions should read all the chapters in the guide.

Other services (such as BMI calculation, clinical examination and investigations and provision of family planning services) can be conducted on either session, according to the convenience of the staff and the participants.

As there can be a decline in the participation for the second session, measures should also be taken to improve its attractiveness, to ensure the same level of participation for both sessions. (Eg: Blood investigations can be carried out in the second session to ensure participation of the couples for that session. They should also be made aware of the importance of attending the second session).

It is mandatory to conduct two sessions to provide services for the newly

Provision of other services for newly married couples: at the sessions

The couple should be registered and directed to the MOH with the preconception screening tool, which is completed by the couple and validated by the PHM. Before directing to the MOH the following needs to be carried out:

- Measurement of height and weight and calculation of BMI using the BMI calculator

- Basic investigations- Blood sugar level and Haemoglobin level should be conducted in both partners. If facilities are available other investigations such as Blood Grouping & Rh, VDRL can be carried out.

MOH should go through the information provided in the preconception screening tool by the couple and PHM.

MOH should make clarifications on the information provided in the format and if necessary, he/she needs to obtain more information.

A basic medical examination which includes CVS, RS, CNS and abdominal examination with Blood Pressure monitoring in both partners and a breast examination in the wife should be carried out by the MOH.

Risk factors and other health problems related to the couple should be identified through the history, examination and basic investigations.

Identified issues and risk factors need to be managed appropriately (counseling, management at MOH level or if needed refer to the higher levels).

If needed appropriate family planning services should be provided including counseling.

At the end of the session:

The preconception screening tool should be handed back to the couple.

As the preconception screening tool will be reviewed again at the first antenatal clinic visit of the couple, they should be informed to keep it safely till conception. They should further be informed to take the screening tool whenever they go for medical treatment.

If there is a necessity of reviewing the couple again, it should be informed to the couple and a follow up date should be given.

Any important information with regard to the health and well-being about the couple should be conveyed to the relevant PHM by the MOH, with an emphasis on importance of follow up.

At the end of the second session, the couple should be given the "Sonduru Kedellakata Suwahasak Subha pathum" booklet to take home and read.

Advice the couple to take the preconception screening tool when they go for medical treatment

Duties and responsibilities of each category of staff

Duties of PHM

In the field

- Identification of all newly married couples in the area and registration in the Eligible Couples Register.
- Sensitization of the couple about the "Service Package for Newly Married Couples".
- Provision of the preconception screening tool to the couple with instructions for completion.
- Identification of the problems or risk factors of the couple by going through the completed preconception screening tool.
- Provision of a date and a time for the couple to attend the 1st and 2nd sessions held at the MOH office/ clinic.
- Follow up couples who need continuous care.
- Maintain a cordial relationship with the couples and educate them regarding the services available with her and how to reach her when needed.
- Sensitization of the community regarding the "service package for newly married couples" and how to receive the service package.
- Maintain the privacy and confidentiality of information provided by the couples.

At the session for Newly Married Couples

- Registration of the couple at the clinic.
- Measurement of the weight and height of both husband and wife and calculation of the BMI using the BMI calculator.
- Provision of necessary advice to optimize the BMI based on the BMI values.
- Provision of MMR vaccine to women who have not received rubella vaccination.
- Assessment of Blood glucose and Haemoglobin levels of the clients (using strips).
- Provision of health education (under the supervision of MOH), to create awareness among newly married couples on important topics of the session and encourage a behavioural change which will help them to lead a happy and successful married life.
- Provision of family planning counseling and services based on the recommendations of the MOH.
- Treat the couple with respect and dignity and maintain their privacy and confidentiality.

Duties of PHI

- The PHI should work in collaboration with the PHM to identify newly married couples in the area and to sensitize the couples about the "Service Package for Newly Married Couples" and encourage them to attend the two sessions conducted at the MOH office/ clinic.

At the clinic he should carry out the following tasks:

- Assisting the public health staff (MOH, PHNS, PHM) to arrange and conduct the sessions.
- Provision of health education to improve knowledge and create awareness among the couples at these sessions.

Duties of PHNS

The PHNS should assist the public health staff (MOH, PHMM, PHII) to arrange the sessions for the newly married couples. In addition she should carry out following tasks:

- Provision of necessary guidance for efficient clinic management.
- Supervision of conducting basic investigations such as blood sugar levels and haemoglobin levels.
- Drawing blood for investigations such as Grouping & Rh, VDRL.
- Supervision of activities carried out in the sessions.
- Ensuring a continuous supply of preconception screening tools, booklets, invitation cards, BMI calculators and other necessary logistics.
- Updating the knowledge of public health staff on new concepts, circulars and guidelines about the "Service Package for Newly Married Couples" at in-service training programmes/ monthly conferences.
- Provision of knowledge and awareness for newly married couples at sessions.

Duties of MOH

MOH is responsible for conducting the sessions for newly married couples in MOH office/ clinic.

At the session, he/she is responsible of the following tasks:

- Identification of the risk factors and problems of the newly married couples by going through the completed preconception screening tools.
- Provision of guidance and assistance to solve the identified problems.
- Conducting a medical examination for all newly married couples (both husband and wife) who attend the sessions.
- Provision of treatment/ instructions/counseling to solve the problems identified.
- Referring the clients for specialized care where necessary.
- Provision of health education on important topics in the first session: Sexuality and sexual relationship, sexually transmitted diseases and responsible sexual behaviour.
- Ensuring continuous supply of preconception screening tools, booklets, invitation cards, BMI calculators and other necessary logistics.

- Updating the knowledge of public health staff on new concepts, circulars and guidelines about the "Service Package for Newly Married Couples" at in-service training programmes/ monthly conferences.
- Follow up of all the couples with identified problems.
- Overall supervision, conduction and coordination of the sessions.

RHMIS in relation to preconception care package

A printed clinic attendance register for the 'Service Package for Newly Married Couples' will be provided to MOH offices in 2018. The MOH staff is expected to enter data related to both husband and wife in this register during the sessions.

A summary of the data should be entered in the Quarterly MCH Clinic Return (RH MIS 527). The relevant cages will be included in RH MIS 527 since 2018.

1. To calculate the percentage of newly married couples who received services through this package.

Half the number of couples who attended the sessions (indicated in RH-MIS 527) should be divided by the number of new couples registered by the PHMM during the year (RH MIS 509) x 100% (number of couples is divided into 2; because a couple has to attend 2 sessions).

Number of couples who attended the sessions during the year/ 2 X 100%

Number of couples registered by PHMM during the year

2. Normally the percentage of marriages in Sri Lanka is about 1% of the population. Hence, the number of couples who should get services of this package is about 1% of the population.


Dr. Anil Jasinghe

Director General of Health Services

Dr. Anil Jasinghe
Director General of Health Services
Ministry of Health, Nutrition & Indigenous Medicine,
"Suwasiripaya"
385, Rev Sadddegama Wimalawansa Thero Mawatha,
Colombo 10.