My No: FHB/FE/05/98
Family Health Bureau,
231, De Saram place,
Colombo 10.
14th July 1999

To all Provincial Directors of Health Services,
Deputy Provincial Directors of Health Services,
Medical officers Maternal and Child Health,
Divisional Directors of Health Services,
Medical officers of Health,
Heads of Medical Institutions.

## Guidelines for Implementation of the Well Woman Clinic Programme

Further to General Circular No. 1926 dated 19th August 1996 and the Guidelines for Operationalizing the Well Woman Clinic programme dated 22nd February 1997, a ***Consolidated Guideline*** has now been prepared, to further assist staff implementing the programme. It is important that this guideline be adhered to in order to ensure uniformity in programme implementation.

1. All MOH/DDHS who have not yet commenced well woman clinics, (WWC) should establish such clinics in their respective areas. The services offered to clients at these WWCs would consist of;
   I. a general physical examination
   II. blood pressure measurement to screen for hypertension
   III. examine of urine for sugar to screen for diabetes
   IV. breast examination and instruction on self examination of the breast, to screen for breast malignancy
   V. visual examination of the cervix for abnormalities including reproductive tract infections, cervical malignancies and taking a cervical smear (Pap smear). In situations where laboratory services are still not yet established for cervical smear examination, visualization of the cervix alone should be undertaken with appropriate referral as indicated
   VI. if a family planning need is expressed provision should be made accordingly
   VII. health education on menopause, STD/AIDS nutrition etc, should also be available

2. It must be noted that WWCs serve any woman over 35 years of age, initially Pap smear testing should as far as possible be restricted to those in the age group 40-60 years.

3. In MOH/DDHS areas where a WWC has already been established, these services should if feasible, be extended to other suitable centres so as to make services more accessible to the population.

4. A **clinic register** should be maintained indicating standard client information, the results of the examination/screening and any follow up actions (where relevant). Results of reports (e.g. cervical smear) should also be entered against the respective client. Data in the clinic register would serve to evaluate coverage of the target population and the service components. An illustration of the WWC register is shown below.

## Well Woman Clinic Register

Clinic Identification Number - 2025

| Date | Reg: No: | Reg No Subsequent visit | Name | Age | Address | Examination Findings | | | | Cervical Smear | | Action Taken | Date of next visit |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | BP | Urine Sugar | Breast Examination | Vaginal Examination | Date | Result | | |
| 3/4/99<br>3/4/99<br>3/4/99<br>5/5/99 | 1<br>2<br>3 | 2025/23 | | | | | | | | | | | |

5. All Clients attending a WWC for the first time should be registered at the WWC and a registration number should be given. A **"Well woman clinic record"** should be provided with a **"Client Identification Number"**. Since the strategy has been to utilize the existing registered Family Planning Clinics as centres for conducting WWCs the same Family Planning Clinic code number will be used to identify the Well woman clinic. The **Client Identification Number** should include the **FP Clinic code number** followed by the **Registration Number** of the client in the WWC register. Take for example a Client identification number 2025/23; 2025 will identify the Well woman clinic, 23 will identify the client from the clinic register.

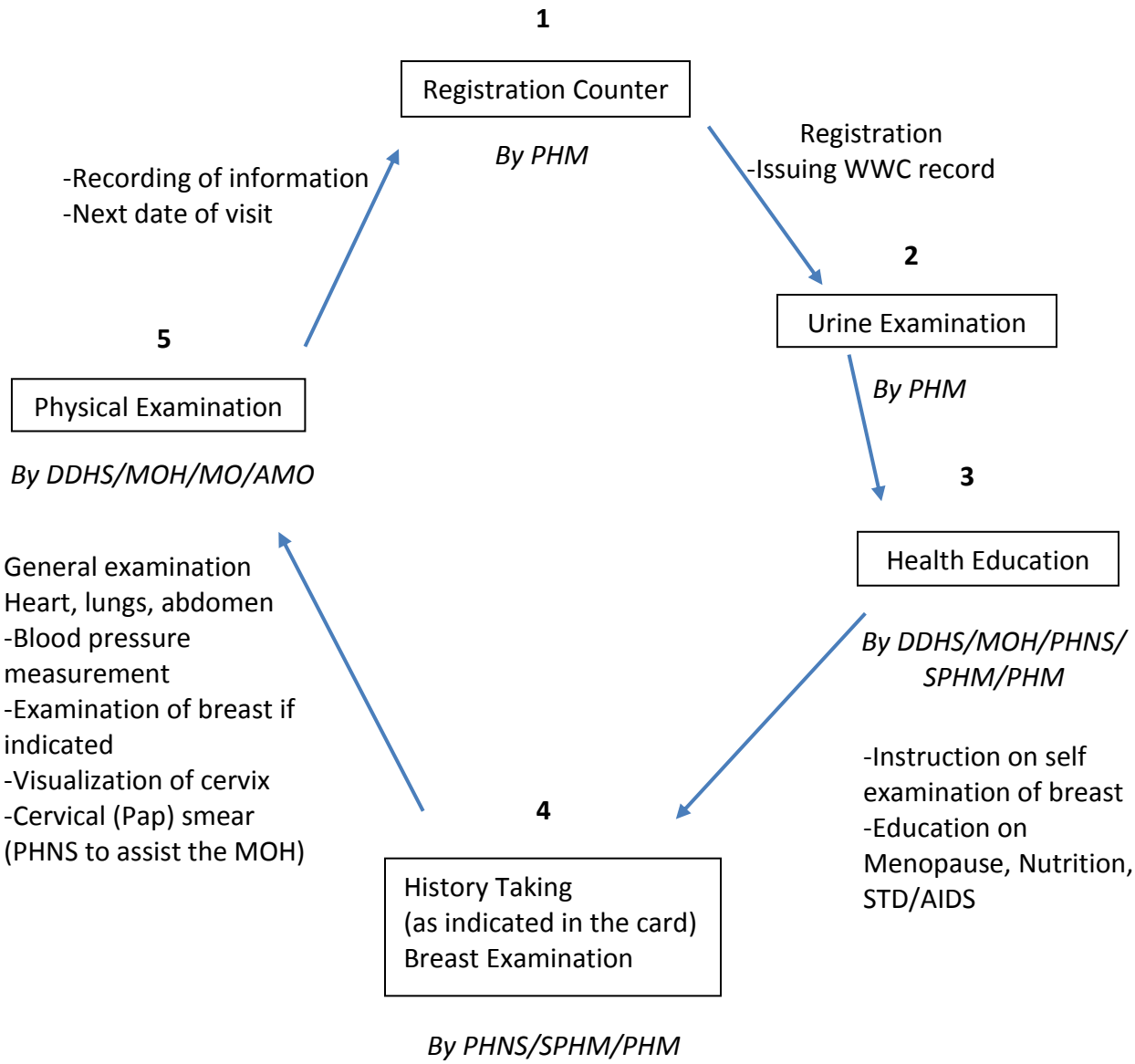
   The subsequent visit to clinics should be entered in the WWC Register by entering the Client Identification Number in the **subsequent visit** column.

6. Any abnormalities detected during the screening process should be referred for appropriate attention. To ensure that an effective referral system is established between WWC's and institutions, the DPDHS should assist the MOH/DDHS to make satisfactory arrangements with the respective Heads of Institutions and Specialists concerned, in order to facilitate service to clients referred from WWCs. This would include feed-back to the WWC from the referral institution, which would indicate that the client has reported as advised and any

follow-up action needed by the MOH. Pap smear results would as a routine be intimated to the respective WWC, with relevant instructions regarding follow up action.

7. MOH/DDHS are requested to ensure that all clinic staff have a clear understanding of the purpose of WWCs. PHNS/SPHM/PHMs should be competent in examining/instructing woman regarding self-examination of the breast. If any abnormality is detected these cases should be examined by the MOH/DDHS prior to referral.

8. A Flow chart to outline the activities of a model Well woman clinic is shown below.




This flow chart indicates the sequence of events that should clearly take place in a WWC.

9. If facilities are available for measurement of height and weight this could be done at 1 or 2 above and the readings entered at the top of the 2nd page of the WWC record.

10. The following instructions should be followed when undertaking a cervical (Pap) smear.

- a smear should not be taken if the patient has a significant menstrual flow or obvious inflammation of the cervix or vagina.
- if infection is present refer for treatment/ treat appropriately and once the infection has settled take the cervical smear.
- the speculum may be slightly moistened with water. No other lubricants should be used.
- the slide should be labeled using a diamond pencil before the smear is made. The label should have the Client Identification Number. The same identification number should be indicated in the accompanying referral form.
- the cervix and the vagina should be completely visualized before collection of the specimen. There should be good source of illumination.
- a wooden or plastic spatula is introduced with the narrow end into the endo-cervical canal. Rotate the spatula 360° around the circumference of the cervix, while maintaining firm contact with the epithelial surface.
- spread the material collected on the spatula evenly over the slide with a single smooth motion. Thin out large clumps of material as possible, while avoiding excessive manipulation.
- the slides should be immediately wet fixed by immersing in 95% ethanol for 30minutes.
- take out and allow to dry in the air before transporting to the laboratory.

11. All PHNSS/SPHMM/PHMM should be trained to instruct clients on self examination of the breast. The main steps are as follows.

- self breast examination should be done monthly on a fixed day of the month preferably one week after menstruation.
- observe any abnormalities of the breast by standing in front of a mirror.
- palpate both breasts with the palmar aspect of the fingers to detect any lumps or thickening of the skin.
- palpation should start from the outer margin and should gradually extend towards the middle in a clock-wise direction.
- the right hand should be used to examine the left breast and the left hand the right breasts.
- palpate for axillary lymph nodes on both sides after palpating the breast.
- finally squeeze the nipple using the thumb and the index finger to detect any abnormal discharge.

12. When performing Blood Pressure examination the following is recommended.

- A Mercury type of blood pressure apparatus should be used in all clinics to measure the blood pressure.
- Ideally the client should be allowed to rest for few minutes before the examination is performed.
- A systolic blood pressure of 140 mm Hg and diastolic of 90 mm Hg could be considered as cut of points requiring special care.

- if the blood pressure is marginal it may require repeated measurement (say after a week) and if found to be persistently high, will need to be referred to a specialist medical clinic.

13. Proper attention should be given to clients with abnormal glucose levels.
    - Blood sugar estimation is mandatory for women whose urine sugar is found to be positive (green or more).
    - Clients with positive urine sugar test results should be referred to a specialist clinic for further management. Meanwhile dietary advice should be given to the patient.

14. All clients who are normotensive and/or with normal glucose levels ideally require screening every two years. Cervical screening however, should be repeated every five years for those with normal test results.

15. It must be stressed that women who are found to be positive following examination/ investigation should be properly counselled. Such cases need close follow up in the clinic and as well as in the field.

16. A quarterly return is introduced to collect necessary information to monitor implementation of the Well woman clinic programme. Annex - I & II

    The WWC Return has to be prepared quarterly by the clinic staff in duplicate extracting the relevant data from the WWC register. A copy of the return has to be sent to the DDHS/MOH of the area before the 5th of the month following the quarter together with the MCH Clinic return (H 527).

    All the DDHS/MOH office, the data received from the WWCs in the area should be consolidated and forwarded in the Consolidated WWC Return together with the Quarterly MCH Return (H 509) to the Family Health Bureau and DPDHS office before 25th of the month following the quarter. Since monitoring of the programme is essential at different levels of the system, please ensure timely forwarding of the returns.

Please ensure that all those involved in the WWC programme adhere to the guidelines in order to provide an efficient service of good quality at all Well Woman Clinics island wide. Arrangements should be made early to inform all relevant staff regarding the contents (as well as the practical aspects) of this guide.

Your co-operation to make this programme a success, in the interests of the women of this country is much appreciated.

Dr V. Karunarathne
Director (MCH)
Family Health Bureau

Dr. Dula de Silva
Deputy Director General of Health Services (Public Health)
Department of Health Services