General circular No: 02-37/2013

My No: FHB/Edu/Duty list/2013
Ministry of Health,
"Suwasiripaya"
385,Baddegama Wimalawansa
Thero Mawatha,
Colombo 10.
07/02/ 2013

All Provincial Directors of Health Services
Regional Directors of Health Services

Guidelines on maintenance of office of Public Health Midwife

Public Health Midwife is the frontline health care worker delivering maternal and child health services in the community. She is expected to maintain an office according to the guidelines given in the General circular No 01-26/2006 dated 28.09.2006 on duties of Public Health Midwife. The present guideline is a revision of that in order to improve her work efficiency and also to monitor and evaluate her performance effectively. The revised guidelines are given below to be adhered by all Public Health Midwives to maintain their offices.

1.) Place where office should be situated
   i. Should be situated at a place in her field, approved by the Medical Officer of Health.
   ii. Should be situated at a place easily accessible to the community.

2.) Official name board
   i. Should have a length of 2 feet and width of 1 1/2 feet
   ii. State emblem should be shown on the top
   iii. Should be written in all 3 languages in white letter on a black back ground (letters could be in font size of 1 square inch and should be in the order of Sinhala, Tamil and English from top to down)

3.) Magi board or black board
   i. Should be hanged up at a place which is well visible to the community, in front of the office.
   ii. Office hours should be shown clearly.
   iii. Place to be officially visited on the following day, should be written on the previous day before leaving the office and be shown clearly.

4.) Things to be displayed on the wall.

   i. Certificate of efficiency of the PHM.
   ii. Certificate of registration as a PHM (SLMC).
   iii. Area map
      - Should be marked in a A4 paper
      - Directions should be marked correctly
      - GN divisions and villages should be marked separately.

- Roads, clinic centers (if any), health institutions, weighing posts and the landmarks should be clearly marked using standard symbols.

iv. Advance programme approved by MOH for the current month

v. Population, number of eligible families and number of houses should be displayed in a table, according to the village.

vi. Statistics -MCH indicators: - Following rates for national, district and MOH levels should be displayed for the last year. (latest available)

- Crude Birth rate
- Neonatal mortality rate
- Infant mortality rate
- Maternal mortality rate
- Low birth weight rate
- Under 5 year mortality rate
- Contraceptive prevalence rate

vii. Estimated and actual values of the target groups in the PHM area should be displayed in a table format – for the previous year and quarterly for the current year.

Target group	Previous year		Current year				
	Estimated	Actual	Estimated	Actual			
				1st Q	2nd Q	3rd Q	4th Q
Eligible families							
Pregnant mothers							
Infants							
Preschool children (1-2 years)							
Preschool children (2-5 years)							

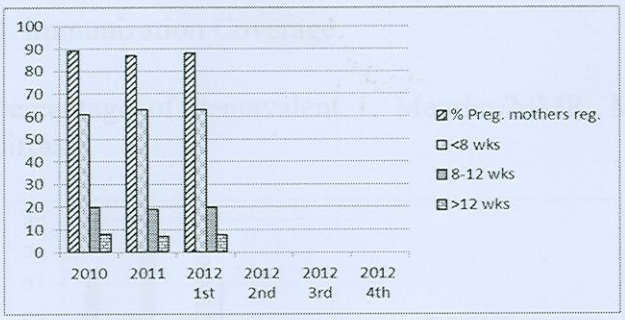
viii. Emergency cards (with the signature of PHM and a supervising officer).

ix. The graphs (bar charts) should be displayed to elicit achievements on following indicators for consecutive previous two years and quarterly for the current year. (Antenatal care, Postpartum care, Family planning, Immunization, Nutrition status of children, Well Women clinic services)

The proposed graphs are shown below. The percentage achieved should be marked in the shaded area of the graph.

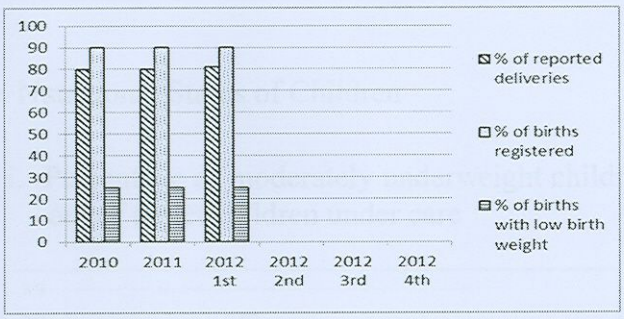
a. Antenatal Care

Percentage of pregnant mothers registered (out of estimated births) and percentage of pregnant mothers registered during different antenatal periods (out of total number of pregnant mothers registered) are shown below.

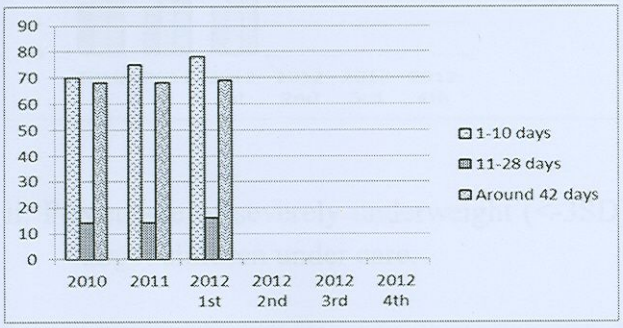


b. Postpartum care

i. Percentage of deliveries reported, births registered and births with low birth weight.

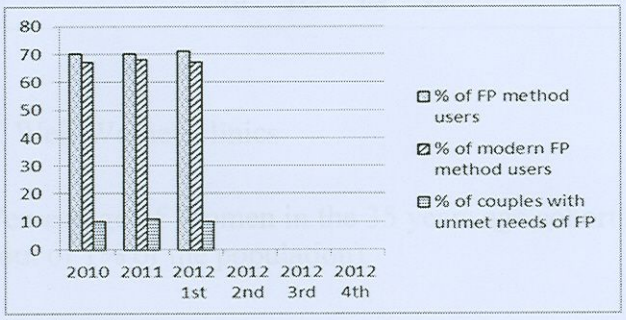


ii. Percentage of home visits (1st visits) done during different postpartum periods (1-10 days, 11-28 days, around 42 days), out of estimated births.



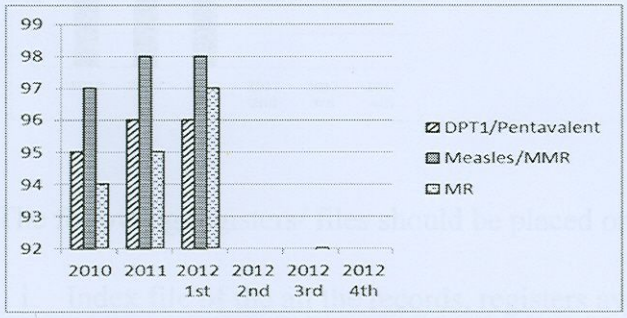
c. Family Planning

Percentage of family planning methods (modern + traditional) users, percentage of modern method users and percentage of couples with unmet need of FP, out of eligible families under care.



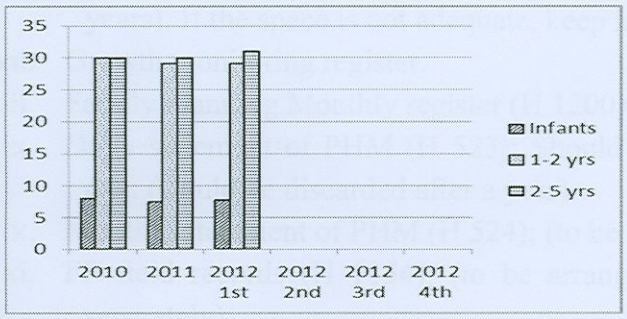
d. Immunization Coverage

Percentage of Pentavalent 1, Measles/MMR, MR vaccines received, out of estimated births.

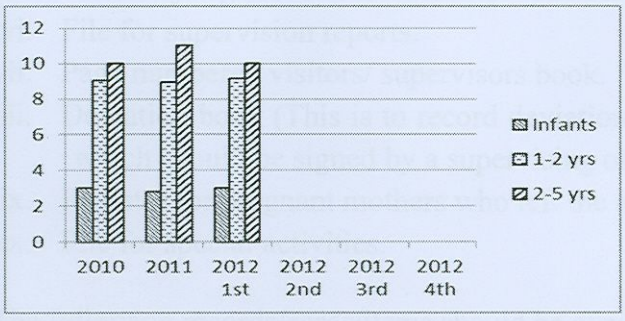


e. Nutritional Status of Children

i. Percentage of moderately underweight children (-2SD _-3SD) in different age groups out of target children under care

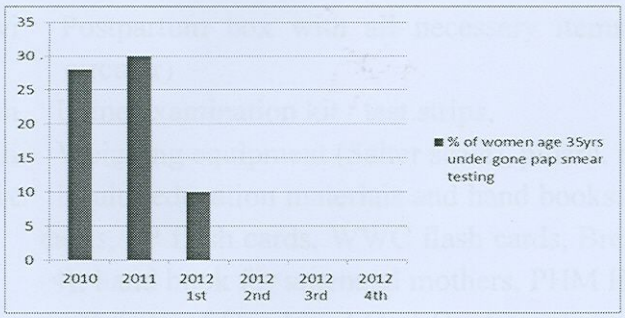


ii. Percentage of severely underweight (<-3SD) children in different age groups out of target children under care.



f. Well Women clinics

Percentage of Women in the 35 years age cohort screened for cervical cancer (pap smear) (out of 1% of the population).



5.) The following registers/ files should be placed on the table.

i. Index file of the all the records, registers available.
ii. Diary of the PHM (H 511); (should be taken with PHM during field/clinic visits and updated at the end of each working day).
iii. Eligible family registers (H 526) (should be newly prepared every 5 years).
iv. Pregnant mothers register (H 513).
v. Monthly expected dates of delivery register (H 515).
vi. Birth and Immunization Register EPI 3/79 (to be maintained until the child is 15 years). If the space is not adequate, keep in a separate place in the office.
vii. Growth monitoring register.
viii. Family Planning Monthly register (H 1200).
ix. Daily statement of PHM (H 523); Should be updated at the end of each working day. (Could be discarded after a year).
x. Monthly statement of PHM (H 524); (to be kept in the office for 5 years).
xi. FP field records (H 1154); (to be arranged by each village and method of FP separately).
xii. Family planning stock return (H1158) in a file.
xiii. Action plan for the current year.
xiv. Consumables register.
xv. Inventory register and file for Departmental guidelines.
xvi. File for supervision reports.
xvii. Page numbered visitors/ supervisors book.
xviii. Deviation book (This is to record deviations from the approved advanced program, which should be signed by a supervising officer at the end of each month).
xix. Register for pregnant mothers who left the area.
xx. File for special activities.

6.) The following records/cards/items should be available and updated.

i. Pregnancy records B (512 B) of all pregnant mothers under care (by villages).
ii. Pregnancy records B (512 B) of all postpartum mothers (up to 3 month period).
iii. CHDR (B portions) of all children under care below 5 years to be kept by villages.
iv. Family planning field records (H 1154) by village and the current method.
v. Clean delivery kit with all essential items in usable condition.(refer to the new circular)

vi. Postpartum box with all necessary items in usable condition.(refer to the new circular)

vii. Urine examination kit / test strips.

viii. Weighing equipment (Salter scale), pinard, measuring tape.

ix. Health education materials and hand books:- ECCD flash cards, Breast feeding flash cards, FP flash cards, WWC flash cards, Breast feeding booklets (5), ECCD booklets (4), hand book for antenatal mothers, PHM Handbook on postpartum care, Guidelines on the use of Combined Oral Contraceptives & DMPA contraceptives, Guidelines on Record keeping, Well Woman clinic manual, BMI chart and models (eg. Model Breast).

x. FP equipment (packets of oral contraceptives, condoms, emergency pills and samples of all commodities).

xi. Drugs / micronutrients: - Iron folate/ferrous sulphate/ folic acid, Vitamin C, Calcium, Vitamin A mega dose. These should be properly stored and expired drugs / micronutrients should be properly discarded.

xii. A small stock of new records should also be available at the PHM office for future use: H 512 A, H 512 B, CHDR, H 1153, H 1154, H 1155, H1158.

7.) It is important that all the registers, records and returns should be maintained according to the departmental instructions.

8.) At the end of each month, the monthly report of the PHM H 524, family planning stock return H 1158 and the FP monthly return H 1200 should be forwarded to the office of the MOH before 5th of the following month.

Please ensure that all PHMs in your division are adhered to the above guidelines when maintaining their offices.

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Cc

1. Medical Officers /Maternal and Child Health
2. RSPHNO

} Pl. sensitize all supervising staff and PHMs on the available guideline