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Telephone) 011 2675449 , 011
2675280

ෆැක්ස්) 011 2693866
பெக்ஸ்) 011 2693869
Fax) 011 2692913

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)postmaster@health.gov.lk
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Ministry of Health and Indigenous Medical Services

DDG NHSL/ National Hospital, Kandy
All Provincial Directors of Health Services
All Regional Directors of Health Services
All Directors of TH, PGH, DGH
All Medical Superintendents of Base Hospitals
All Heads of Institutions
All Heads of Private Hospitals

Interim Guidelines for Maternal and Newborn Care Services in Hospitals during the Outbreak of COVID-19 Infection (Date: 18 March 2020)

This interim guideline for Maternal and Newborn Care Services in hospitals, is prepared based on the prevailing situation, to provide optimal care for pregnant mothers, newborns and their communities during the current COVID-19 pandemic. This will be effective until further notice.

Objective of this guideline is to utilize the limited hospital resources effectively to manage the current outbreak and to provide optimum care for the pregnant mothers and newborns suspected/confirmed with COVID-19 while minimizing exposure to health care staff, in-ward patients and patients attending the OPD/clinics.

This guideline is intended for all healthcare personnel involved in maternal and newborn care services in the curative sector including outpatient services.

- **All hospitals providing maternal care services, must have a predesignated isolation area for pregnant/postpartum mothers and newborns suspected of COVID-19.** This should also include a designated area to conduct emergency delivery and provide neonatal care until the mother and/or newborn are fit for transfer.
- **Base Hospital Colombo East** (Base Hospital Mulleriyawa) is identified as the national centre for management of pregnant/ postpartum mothers and newborns confirmed of COVID-19.
- The sample collection will be carried out at designated hospitals for confirmatory testing (please see Annexure 01).
- All other hospitals are requested to admit and transfer pregnant/postpartum mothers and newborns fitting to the 'suspected' case definition of COVID-19 (Annexure 02) to the designated hospitals for confirmatory testing.
- **The private hospitals/ institutions should not manage suspected or confirmed pregnant/ postpartum mothers and newborns until further notice. They are requested to adhere to this guideline when a suspected case presents to them.**
- Minimize the number of public present in the hospital premises including the relatives of patients.

- If pregnant mother becomes positive, transfer her to Base Hospital East Colombo (Base Hospital Mulleriyawa) with strict adherence to infection control measures.
- If a pregnant mother becomes negative, treat and manage appropriately in the designated/isolation area (e.g. exclude H1N1 infection). If mother is discharged, advise her to adhere to home quarantine for 14 days from exposure.

4. Management of suspected/confirmed pregnant mothers for COVID -19 during delivery

➢ **Identifying a designated space for delivery**

- Separate labour room and theatre facilities must be identified and universal precautions must be adhered to. The health staff must use PPEs even during emergencies.
- A designated space should be prearranged for performing deliveries in the event of absence of a separate labour room for this purpose.

➢ **Intrapartum care**

- Intra-partum care should be given by a multi-disciplinary group including Consultant Physician.
- Mode of delivery should be based on the obstetric indications and should take into consideration the mother's respiratory status.

Note – Currently there is no evidence to favour LSCS.

- If the pregnant mother requires oxygen, maintain oxygen saturation at ≥94%.
- Fetal monitoring should be done with CTG during labour.
- Postpartum monitoring should be carried out using MOEWS chart and according to the national guidelines.
- All other standard care during labour is applicable for these mothers.
- Currently, there is NO evidence of transmission of infection through blood or vaginal secretions.
- No evidence to suggest that steroids for fetal lung maturation cause any harm in the context of COVID-19. However, urgent delivery should not be delayed for steroid administration.

➢ **Important -**

- Minimize the number of staff entering the particular units and labour rooms.
- Labour companion should not be allowed until further notice.
- If Caesarian Section is indicated due to obstetric reasons:
    - Spinal or Epidural anaesthesia is preferred over General Anaesthesia (GA), as they would reduce the contact with the patient's respiratory secretions.
    - Provide epidural /spinal anaesthesia and avoid GA unless absolutely necessary.
    - Use of PPE can cause communication difficulties between team members. Checklists (including incubating checklist) should be used at all times.
    - If GA is used-
        - Intubation checklist should be used to facilitate communication between team members.
        - An experienced anaesthetist should be available.
        - Consider wearing a second pair of gloves and remove one pair once the ET tube is secured.
- Designated hospitals for caring pregnant mothers with COVID-19 should conduct dry-run simulation exercises to ensure preparedness of staff and identify issues.

5. Postpartum follow up of mother and newborn

- In the routine postnatal clinics, only mothers and newborns with complications should be seen.

6.5 **Admission of a newborn baby with a history of exposure**

Both baby and mother should be tested for COVID-19 and managed as mentioned above

7. **Routine neonatal clinics**

- **All routine neonatal clinics should be stopped until further notice**
- **Low risk babies** - On discharge mothers should be given the contact number of the hospital and the extension of the neonatal unit and asked to call if there is a problem. A medical officer should attend the problem case by case (e.g. giving appointments).
- **High risk babies** - An appointment for review will be given on discharge
- **Babies who have been given appointments previously and come to the clinic during this period** - They will be seen by the medical team while adhereing to safe distancing and other universal precautions. Appointments will be given follow up on a case by case basis.

8. **Routine gynaecological surgeries and clinics**
   - All routine gynaecological surgeries and clinics must be stopped except in lifesaving situations until further notice.
   - These measures are taken to make ICU beds available for the management of confirmed COVID-19 cases. (e.g.: Minimizing all routine surgeries).

9. **Routine family planning clinics at specialized institutions**

Family planning should be considered as a strategy for reduction of maternal mortality hence should be continued adhering to the universal precautions.

10. **Safety precautions**

- Guidelines are being frequently updated with evolving evidence therefore, health staff must get updated as frequently as necessary (at least once a week) on the relevant guidelines (http://www.epid.gov.lk/web/ and http://www.fhb.gov.lk).
- All categories of health staff should immediately be updated especially on universal precautions, Infection Prevention and Control (IPC) measures and use of personal protective equipment.
- Universal precautions must be adhered to at all times and all settings including patient transfer.
- Provide hand washing facilities at the entrance to clinics /ward premises to all staff / clients with soap and running water.
  Note - Hand sanitizer should not replace hand washing with soap and water but could be used in the absence of soap and water.
- Refer to the latest guidelines on
  - Use of PPE – " 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 (Annexure 03)

Annexure 01

List of designated hospitals for collection of specimens for pregnant mothers and newborns for COVID-19

No.	Name of the hospital
1.	North Colombo Teaching Hospital
2.	District General Hospital Negombo
3.	District General Hospital Kalutara
4.	District General Hospital Gampaha
5.	Colombo East Teaching Hospital (Neville Fernando Hospital) - for suspected pregnant mothers in Colombo District
6.	Teaching Hospital Kurunegala
7.	District General Hospital Chilaw
8.	National Hospital Kandy
9.	District General Hospital Matale
10.	District General Hospital Nuwaraeliya
11.	Teaching Hospital Mahamodara
12.	District General Hospital Hambantota
13.	Teaching Hospital Jaffna
14.	District General Hospital Vavuniya
15.	Teaching Hospital Batticaloa
16.	Teaching Hospital Anuradhapura
17.	District General Hospital Polonnaruwa
18.	Provincial General Hospital Badulla
19.	Teaching Hospital Ratnapura
20.	Teaching Hospital Kurunegala

Annexure 02

Epidemiology Unit

Ministry of Health, Nutrition and Indigenous Medicine

231, De Saram Place, Colombo 01000, Sri Lanka

Tele: (+94 11) 2695112, 4740490, 4740491, 47404923681548 Fax: (+94 11) 2696583

Email: chonid@sltnet.lk, epidunit@sltnet.lk Web: www.epid.gov.lk

UPDATED INTERIM CASE DEFINITION AND GUIDELINE ON INITIAL MANAGEMENT

1. Clinical case definitions of COVID-19

The present recommendation is to isolate and test all clinically suspected cases of COVID-19 infected patients.

All confirmed cases should be transferred to National Institute of Infectious Diseases (IDH) until further notice.

1.1 Clinically Suspected Case:

A. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat) with a history of FEVER (at any point of time during this illness), returning to Sri Lanka from ANY COUNTRY within the last 14 days.

OR

B. A person with acute respiratory illness AND having been in close-contact* with a confirmed or suspected COVID-19 case during the last 14 days prior to onset of symptoms;

** Close-contact: A person staying in an enclosed environment for >15 minutes (e.g. same household/workplace/social gatherings/travelling in same vehicle).*

OR

C. A patient with severe acute pneumonia** (critically ill and not explainable by any other aetiology) regardless of travel or contact history as decided by the treating Consultant

*** Severe acute pneumonia: A patient with features of severe respiratory distress, RR>30per minute, SpO2 <90% at room air.*

1.2 Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

2. Disposition of suspected cases

All patients fitting to the above suspected case definitions (A, B or C) should be admitted and transferred by ambulance to the closest designated hospital (see Annexure for the list of designated hospitals) for confirmatory testing and management. This should be done only after stabilizing the patient and in prior consultation with the respective designated hospital, adhering to necessary infection prevention and control (IPC) precautions.

3. Disposition of a confirmed case

All confirmed patients should be transferred to National Institute of Infectious Diseases (IDH) with necessary precautions.

This protocol is to be applied in all hospitals including those in the private sector.

Guidance on the rational use of personal protective equipment (PPE) in hospitals in the context of COVID-19 disease

The rational use of PPE is a key measure to protect healthcare workers and prevent transmission of COVID-19 in healthcare settings.

This document outlines the recommendations for the rational use of PPE in hospitals in the current context.

In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. Healthcare workers should discard PPE in an appropriate waste container after use and perform hand hygiene before donning and after doffing of PPE.

Setting	Target personnel or patients	Activity	Type of PPE or procedure
Healthcare facilities			
Triage*	Healthcare workers	Preliminary screening not involving direct contact.	Maintain spatial distance of at least 1 m. Surgical mask
	Patients with respiratory symptoms.	Any activity	Maintain spatial distance of at least 1 m. Provide surgical mask.
	Patients without respiratory symptoms	Any activity	No PPE required
Waiting areas until transfer (in hospitals where inpatient facilities are not available and patients awaiting transfer to designated hospitals)	Suspected cases of COVID 19	Any activity	Provide surgical mask Immediately move the patient to an isolation room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1m from other patients.
Areas of patient transit (e.g., wards, corridors) [1]	All staff, including healthcare workers.	Any activity that does not involve contact with COVID-19 patients.	No PPE required
	All staff, including healthcare workers.	If involved in patient transfer	Surgical mask or and gloves

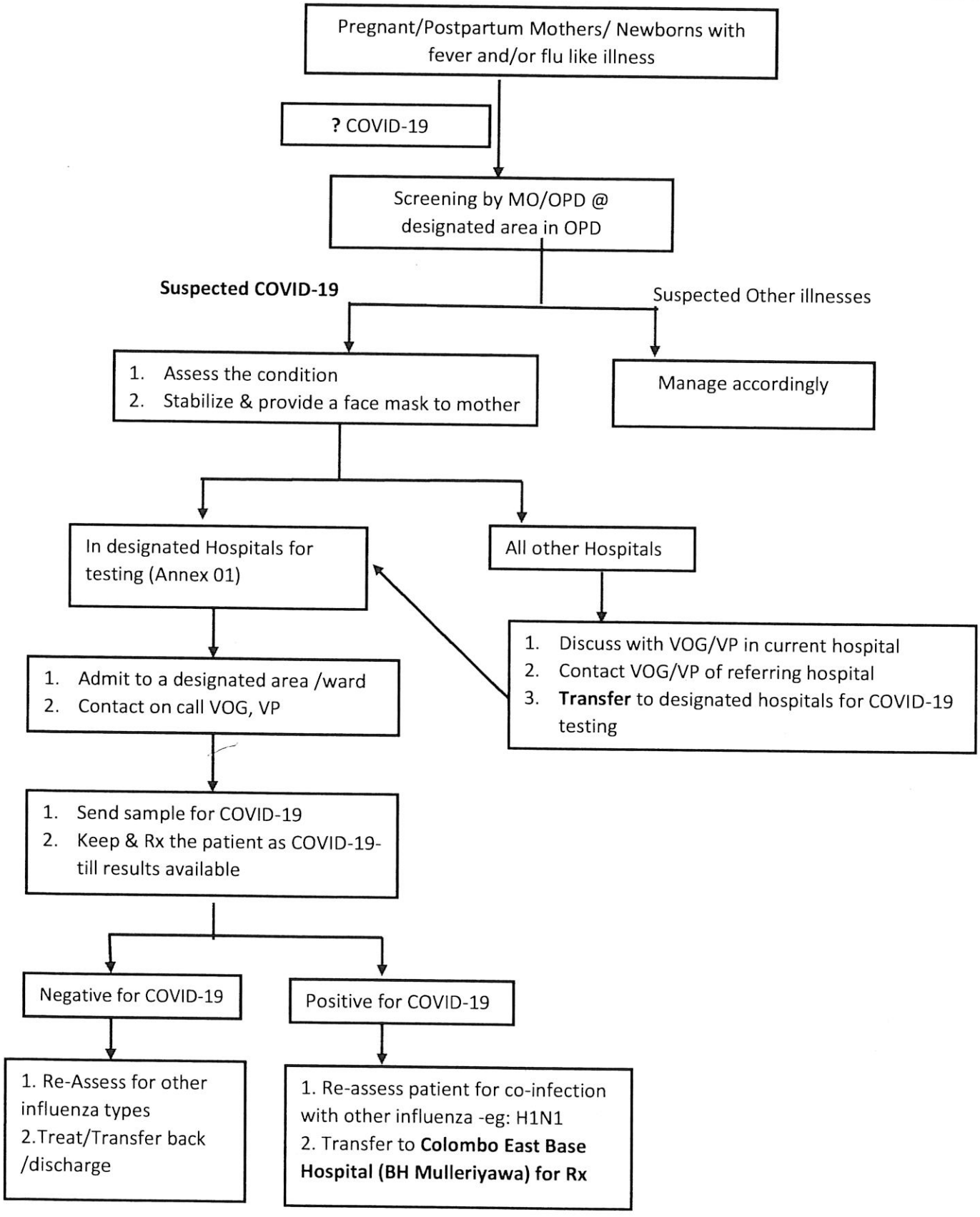
[1] (Have a designated route for the transport of patients within the hospital. Before transporting the patient, inform the destination unit of the patient's transfer. Make arrangements to clear the route of transport within the hospital (making announcement over the public address system or through staff). Make sure the patient is given a surgical mask.

Administrative areas	All staff, including healthcare workers.	Administrative tasks that do not involve contact with COVID-19 patients.	No PPE required
Ambulance or transfer vehicle[4]	Healthcare workers	Transporting suspected COVID-19 patients in the same compartment of the ambulance to the referral healthcare facility.	Surgical mask or NIOSH approved N95 mask Fluid resistant gowns Gloves Eye protection
	Driver	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the COVID-19 patient	Maintain spatial distance of at least 1 m. No PPE required
		Assisting with loading or unloading patient with suspected COVID-19 disease.	Surgical mask or NIOSH approved N95 mask Fluid resistant gowns Gloves Eye protection
		No direct contact with patient with suspected COVID-19, but no separation between driver's and patient's compartments	Surgical mask
	Patient with suspected COVID-19 disease.	Transport to the referral healthcare facility.	Surgical mask
	Cleaners	Cleaning after and between transports of patients with suspected COVID-19 disease to the referral healthcare facility.	Surgical mask Fluid resistant gown Heavy duty gloves Eye protection Boots or closed work shoes

[4] Always use ambulances with two compartments (separate driver's area), if available.

Annexure 04

Care Pathway for Pregnant/Post-partum mothers suspected for COVID-19 infection



Annexure 05

Environmental Cleaning Guidelines to be used during the COVID-19 outbreak – 15/03/2020

1. **Environment Cleaning/ surface cleaning in isolation units and Triage areas**
   - Hypochlorite at 0.1% (equivalent 1000ppm)
   - Door knobs of isolation rooms- Wipe with 70% Ethyl alcohol after each use
   - Other metal surfaces in the isolation and triage- 70% Ethyl alcohol

2. **Reusable dedicated equipment (e.g., thermometers, stethoscope, BP cuffs) between uses**
   - 70% Ethyl alcohol

3. **Metal equipment (Kidney trays etc)**
   - Autoclave

4. **Environment Cleaning/ surface cleaning in other vulnerable areas (OPD, Medical wards, ICU etc)**
   - Hypochlorite at 0.1% (1000ppm)

5. **Spill cleaning-**
   - Hypochlorite at 1%(10,000ppm) , contact time at least 10 min

6. **Soiled bedding, towels and clothes from patients with COVID-19**
   - Washing by machine with warm water (60-90°C) and laundry detergent.
   - If machine washing is not possible soak linen in 0.05% chlorine for approximately 30 minutes. Finally, rinse with clean water and let linen dry fully in the sunlight.
   - (If there is any solid excrement on the linen, such as feces or vomit, scrape it off carefully with a flat, firm object and put it in the commode or designated toilet before putting linen in the designated container. If the latrine is not in the same room as the patient, place soiled excrement in covered bucket to dispose of in the toilet)

7. **Bedpans**
   - Hypochlorite at 0.5% after disposing of excreta and cleaning with a neutral detergent and water. (Chlorine is ineffective for disinfecting media containing large amounts of solid and dissolved organic matter. Therefore, there is limited benefit to adding chlorine solution to fresh excreta and, possibly, this may introduce risks associated with splashing.)
     Contact time at least 10min
   - Use washer disinfector if available

8. **Toilets-**
   - Hypochlorite at 0.5%

9. **Reusable PPE**
   - Boots- Hypochlorite at 0.5%
   - Goggles- Soap and water/Teepol solution and Ethyl 70% alcohol

10. **Cleaning equipments (mops/dust pan etc)**