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சுவசிரிபாய

SUWASIRIPAYA

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Date) 16/04/2020

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சுகாதார மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு
Ministry of Health & Indigenous Medical Services

Provincial Directors of Health Services,
Regional Directors of Health Services,
Director NIHS,
Heads of Institutions,
Chief MOH/CMC,

Interim guidelines on strengthening maternal care services during the outbreak of COVID-19 infection (Date: 2020 April 16)

My previous letters titled "Interim guidelines on field maternal and childcare services during the outbreak of COVID-19 infection (Date: 2020 March 17)", "Interim guidelines for maternal and newborn services in hospitals during the outbreak of COVID-19 infection (Date: 2020 March 18)" and "Interim guidelines on Maternal and Child Health Services during CURFEW PERIOD during outbreak of COVID-19 infection (Date: 2020 March 27) communicated recommendations regarding provision of maternal and child health services during the current epidemic. Taking into consideration the maternal complications reported recently and the epidemiological changes of the COVID-19 epidemic following recommendations are made:

1. Registration of pregnant women should be done by PHMM as before.
2. All newly registered pregnant women during this period should be referred by the MOH or the PHM to the nearest hospital with specialist care for booking visit/ basic investigations, on an appointment basis. The mechanism of providing this service should be worked out by the respective hospital.
3. After the booking visit, the care plan by the obstetrician should be closely followed up by the MOH and PHM.
4. In low risk areas, field and institutional antenatal care should be normalized, ensuring infection prevention measures and by providing appointments for clinic visits.
5. In high risk areas (Western Province, Chilaw, Kandy and Jaffna at present), other than the booking visit, a clinic visit should be arranged at 20-24 weeks and 26-28 weeks of POA for all. Any clinic service missed out, should be provided during these clinic visits.

6. Arrangements should be made to check the blood pressure of all pregnant women more than 20 weeks of POA. It should be arranged within a week of this circular, and a follow up also arranged as indicated by the blood pressure reading/clinical condition.
7. Pregnant women who obtain care from the private sector should also be contacted and offered required services.
8. MOOH should maintain a list of all high risk pregnant women in the area, and monitor the care they receive. Please ensure that the contact number of the PHM is mentioned in the pregnancy records of all women.

Please bring the content of this guideline to the attention of all relevant health staff under your supervision and ensure that they abide by the instructions given.

Dr Anil Jasinghe
Director General of Health Services

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