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சுவசிரிபாய

SUWASIRIPAYA

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எனது இல )  
My No. ) FHB/EH/ 12 /2015

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உமது இல )  
Your No. : )

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திகதி ) 2016.02.24  
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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  
All Heads of the Health Institutions  
All Heads of the Private Health Institutions  
Director – National Institute of Health Sciences  
Chief Medical Officer - Colombo Municipal Council

**Implementation of the National Feto-infant Mortality Surveillance System**

With the reduction of maternal mortality and infant mortality to lower levels and a majority of the infant deaths are concentrated in the early neonatal period, feto-infant mortality surveillance plays a crucial role in improving maternal and child health service delivery and also in further reduction of infant mortality. It also contributes to the availability of quality feto-infant mortality data.

Surveillance of feto-infant deaths involves the ongoing, systematic collection, analysis, and interpretation of data related to feto-infant deaths, essential to the planning, implementation and evaluation of public health practice, closely integrated with the dissemination of these data to those who need to know and linked to prevention and control of such deaths. Ministry of Health has introduced a feto-infant mortality surveillance mechanism, with Family Health Bureau (FHB), as the national nodal point.

The objectives of the surveillance is to make available quality feto-infant mortality data, to utilize such data effectively at different levels (field, hospital, district and national levels) and to translate lessons learnt in to practice by dissemination to all stakeholders of maternal & child health.

The implementation of the feto-infant surveillance will commence with immediate effect both in the hospitals and the field levels. All feto-infant deaths that occurred both in the field and hospitals since 1<sup>st</sup> January 2016 should be included in the feto-infant mortality surveillance.

The feto-infant surveillance mechanism is described in detail in the Guidelines on National Feto-infant Mortality Surveillance (Annexure I).

Key components of the surveillance mechanism are as follows;

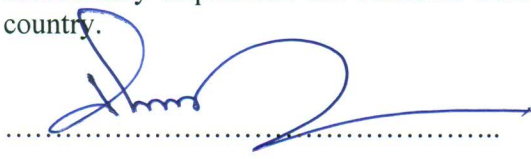
- 1. Feto-intant deaths in all hospitals (both government and private sector) and in the field are subjected to feto-infant surveillance*

2. *All fetuses and infants weighing > 500 g or >22 weeks of POG at birth, whether alive or dead at birth (and later died), should be included in perinatal death surveillance at hospital level.*
3. *All **perinatal deaths** (>22 weeks POG or > 500g weight upto 7 days after birth) of both government and private hospitals should be notified to the head of the institute by the medical officer confirming the death (at obstetric or paediatric unit) using the **Perinatal Death Documentation Format** within 24 hours. (Filling of H-26 is no longer necessary).*
4. *All **Infant deaths** (excluding early neonatal deaths which are covered under perinatal deaths) of both government and private hospitals should be notified to the head of the institute by the medical officer confirming the death using the form Hospital Infant Death Notification Form within 24 hours. A fact-finding institutional infant death review should be conducted within 14 days and completed **Hospital Infant Death Investigation Form** should be sent to Director (MCH) by the head of the institute.*
5. ***Monthly Hospital Perinatal Mortality Surveillance Report** should be sent along with all individual Perinatal Death Documentation Formats within one week after conducting the Hospital Perinatal Mortality Surveillance meeting to Director (MCH) by the head of the institute.*
6. *The Certificate of Still Birth (B22) for all foetal deaths > 28 weeks of POG and the Declaration of Death (B 33) for all live borns (irrespective of the POG) and later died should be filled by the medical officer confirming the death.*
7. *All **Infant deaths** reported from the **field** should be notified within 24 hours and a fact-finding field infant death review should be conducted within 14 days and completed **Field Infant Death Investigation Form** should be sent to Director (MCH) by the head of the institute. (Filed Infant Death Investigation conducted by PHM/PHNs and reporting in H678 is no longer required).*

All heads of all levels of hospitals (both in the government & private sector) and all medical officers of health (MOOH) are advised to facilitate the implementation of fetio-infant mortality surveillance by establishing the information flow with the help of relevant staff involved. You are also advised to make sure the availability of all data collecting formats at each level.

You are instructed to copy this letter and attached Guidelines on National Fetio-infant Mortality Surveillance to all relevant officials and/or institutions for the successful implementation of the system.

I trust that all officers concerned would comply with the guidelines and make every effort to successfully implement the National Fetio-infant Mortality Surveillance System in the entire country.



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Pediatricians / College of Community Physicians of Sri Lanka / Sri Lanka College of  
Forensic Pathologists / Perinatal Society of Sri Lanka / Sri Lanka College of  
Pathologists / Sri Lanka College of Administrators / Sri Lanka Medical Association