

General Circular: 01-46/2015
Revised 2015

My number: DGHSD/IFHS/2015
Director General of Health Services
Office of Director General of Health Services,
Ministry of Health,
Suwasiripaya,
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Mawatha,
Colombo 10.
30/11/2015

To:

All Provincial Directors of Health Services,
All Regional Directors of Health Services,
Director- National Institute of Health Sciences,
Chief Medical Officer of Health (Municipal Council – Colombo, Kandy, Galle),
All Medical Officers of Health,
All Heads of Institutions.

The previous national guideline for prevention and control of maternal anaemia circular No. 1945 and dated 2004/06/16 is cancelled by this circular.

NATIONAL GUIDELINES FOR PREVENTION AND CONTROL OF MATERNAL ANAEMIA

1. Advice pregnant women to add food items abundant with iron for their meals

Women should be encouraged to consume foods of animal origin which are rich in iron such as meat and fish. They should also be encouraged to eat green leafy vegetables and pulses such as lentils, green grams, dhal and chick pea. They should be encouraged to consume foods which enhance the absorption of iron, such as citrus fruits with animal and plant foods. They should be discouraged to consume foods such as milk, coffee and tea which inhibit the absorption of iron from plant sources during meals or 1-2 hours before or after a meal.

2. Supplementation of iron-folate during pregnancy and lactation

All pregnant women should receive iron and folic acid with Vitamin C after POA of 12 weeks for 6 months during pregnancy and 6 months after delivery. A pregnant/lactating woman needs 60mg of elemental iron and 400µg of folic acid per day. This can be given as follows:

- i. One tablet of iron-folate (60mg iron + 400µg of folic acid) per day or
- ii. When iron-folate tablets are not available, give 200mg of ferrous sulphate (1 tablet) and 1mg of Folic acid (1 tablet) per day and
- iii. Two tablets of 50mg or one tablet of 100mg of Vitamin C with iron folate/ ferrous sulphate which enhance the iron absorption. Calcium tablets, foods containing calcium or tea or coffee or milk which inhibits iron absorption should not be taken within 1-2 hours of taking iron tablets.
- iv. During first trimester, all pregnant women should take one tablet of folic acid (1mg). Ideally folic acid should be started at the time, the couple decided to have a child (pre-conception folic acid supplementation). Mothers, who have a history of having children with neural tube defects, should take folic acid 5mg till next pregnancy.

Mother should be informed about possible side effects of iron such as vomiting, nausea, loss of appetite before prescribing iron tablets. As these tablets contains very low dose of iron, side effects

Actions should be taken according to the table given below;

Ask, check, record	Look, listen, feel	Signs	Classify	Treat and advice
Do you tire easily? Are you breathless (short of breath) during routine household work?	On first visit: Measure Hb Look for conjunctival pallor On subsequent visits: Look for conjunctival pallor Look for palmar pallor. If pallor: - Is it severe pallor? or Some pallor? - Count No. of breaths in a minute	Haemoglobin <7 g/dl And / or - Severe palmar and conjunctival pallor or - Any pallor with any of the following ▪ >30 breaths per minute ▪ tires easily ▪ breathless at rest	Severe Anaemia	Refer urgently to hospital. Revise the birth plan so as to deliver in a facility with blood transfusion services. Give double dose of iron for 3 months and monitor the progress Counsel on compliance with treatment. Give worm treatment and oral anti-malarial treatment appropriately. Follow up in 2 weeks to check clinical progress, test results, and compliance with treatment.
		Haemoglobin 7- >11 g/dl Or Palmar or conjunctival pallor	Mild to Moderate Anaemia	Give double dose of iron for 3 months and monitor the progress. Counsel on compliance with treatment. Give worm treatment and oral anti malarial treatment appropriately. Reassess at next antenatal visit. If anaemia persists without any improvement in Hb levels, refer to hospital. Once Hb levels become normal continue with single dose of iron (60mg of elementary iron)
		Haemoglobin ≥ 11 g/dl. No pallor.	No clinical anaemia	Give iron 1 tablet once daily for 6 months. Counsel on compliance with treatment.

4. Control of infections related to anaemia

i. Control and treatment for intestinal worm infestations

All pregnant mothers should receive worm treatment with Mebendazole just after completion of 12 weeks of POA.

Dosage: Mebendazole 100mg twice daily for 3days

Mothers should be informed regarding other preventive methods of worm infestations such as use of clean bed linen, proper construction and use of toilets, use of safe water, washing hands before a preparation of meals, before meals and after using the toilet.

ii. Control and prevention of malaria

As malaria has low prevalence in Sri Lanka, the routine prophylaxis treatment for all pregnant mothers is not recommended even in the endemic areas.

If further is needed please contact Anti Malaria Campaign.

5. Information, education and communication

It is important to understand the knowledge, attitude and practices on anaemia in the community, as control and prevention of anaemia is closely linked with the practices of the people. Therefore, well organized and targeted health education programs are essential.

These health education programs should target the important groups such as adolescent girls, pregnant and lactating women, working women, women in urban slums, estate women and displaced women.

6. Ordering, receiving and storage of drugs needed for the maternal care program

The drugs needed for the program of prevention of anaemia are iron / iron folate, folic acid, vitamin C (ascorbic acid) and mebendazole (worm treatment). It is important to prepare the estimates correctly to order drugs and it should be done at the level of MOH/ RDHS or medical institution.

Drug Estimation

$$\text{Estimated No of Pregnant women} = \text{Total Population} \times \text{CBR}$$

Iron/ iron - folate tablets

No. of Iron-folate/ Iron tablets required for a MOH area	=	Estimated No. of pregnant mothers for the year	x	360 Days	x	1 tablet
(for 180 days during pregnancy and 180 days after delivery)						

Folic acid

When iron and folic acid are in combination, folic acid should be estimated only for the first 3 months of pregnancy.

When Iron folate is available

No. of folic acid tablets required for a MOH area	=	Estimated No. of pregnant mothers for the year	x	90 Days	x	1 tablet
(for first 90 days of pregnancy)						

When Iron tablets are available

No. of folic acid tablets required for a MOH area	=	Estimated No. of pregnant mothers for the year	x	450 Days	x	1 tablet
(for 270 days during pregnancy + 180 days after delivery)						

$$\text{Vitamin C tablets required for a MOH area} = \text{Estimated No. of pregnant mothers for the year} \times 360 \text{ Days} \times 1 \text{ tablet}$$

(for 180 days during pregnancy and 180 days after delivery)

Mebendazole

$$\text{No. of Mebendazole (100mg) tablets required for a MOH area} = \text{Estimated No. of pregnant mothers for the year} \times 6 \text{ tablets}$$

The estimates for the entire district should be prepared by summarizing the estimates from the MOH areas. As Family Health Bureau procures the micronutrients required for the maternal and school health programmes through MSD, annually district micronutrient estimates should be sent to Family Health Bureau by the 15th of June each year. FHB will request the necessary stocks from the MSD. Please do not include this estimate in your district drug estimates. As FHB will distribute the micronutrients for maternal and school health programmes based on the district estimates.

The drugs should be stored in a dark dry place to avoid oxidization and destruction. The regional suppliers division to MOH office and clinic should follow these instructions.

When issuing drugs, the calculation of drugs should be done in retail at each level (medical suppliers division, MOH office, and clinic) and a record should be maintained in each clinic at the end of the day.

e.g.

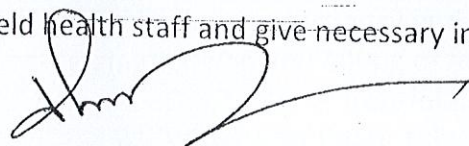
Date	Amount in hand	No of mothers attended	Amount issued	Balance

Receipt of drugs, distribution, storage and issue should be supervised by MOMCH/ an officer appointed by RDHS when this post is vacant.

The RDHS, MOH, MOMCH, head of the institution, RSPHNO, SPHI D and other supervisory officers such as public health nursing officer (PHNS), Supervising Public Health Inspector and supervising public health mid wife (SPHM) are responsible for supervisory work at clinic, field and institutional level.

All the activities in this program should be monitored, supervised and evaluated at regional level as well as at district level. It is a responsibility of the supervisory committee of the region and MOMCH at district level.

Please communicate the contents of this circular to all MOHs, Heads of institutions, RMOs and other field health staff and give necessary instructions to implement the circular.



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Cc:

1. Deputy Director General (Public Health Services 1)
2. Deputy Director General (Public Health Services 11)
3. Deputy Director General (Medical Services 1)
4. Deputy Director General (Medical Services 11)
5. Director (Maternal and Child Health)
6. Director (Primary Health care)
7. Director (Health Education and Promotion)
8. Medical Officers Maternal and Child Health
9. All Medical Officers of Health
10. All Institution Heads
11. Medical Officers In charge/ Registered Medical Officer