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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 Directors / MS Hospitals

Prevention of Maternal Deaths due to Seasonal Influenza
-Prescribing Oseltamavir for Pregnant Women who are unable to get admitted for inward care

So far, three cases of maternal deaths due to Influenza have been reported this year.

Ministry of Health has already issued instructions to refer all pregnant & postpartum women for inward care on Day 1 of the illness. In addition, hospital heads were advised to keep a stock of Oseltamavir specifically for pregnant & postpartum women (50 tablets) in each obstetric unit.

However, many pregnant women with fever are reluctant to get admitted for inward care on Day 1 due to various personal reasons and as a result, end up in late admissions and fatal outcomes.
Based on the recommendations following the Immediate Response to Maternal Deaths Meetings and the Consultative Meeting held on 24.05.2018 chaired by Secretary Health, it was decided to issue Oseltamavir only for pregnant or post-partum women at out-patient settings both at government and private hospitals.

Instructions to be followed are as follows;

1. Every attempt should be taken to convince the pregnant or post-partum women with fever (and family members) to get admitted for inward care.
2. If the patient still refuses admission, the attending medical officer (at out-patient setting, clinic, inward or when leaving against medical advice), should consult either consultant physician or obstetrician on call at this point and get guidance.
3. Only after obtaining specific instructions from either consultant physician or obstetrician, the attending medical officer should prescribe Oseltamavir for 5 days and give required instructions on its use.
4. The attending medical officer should document contact details of the patient, contact details of the area Public Health Midwife (available in the pregnancy record), clinical history, justification for prescribing and the fact that advice was obtained from the consultant. The signed note should be forwarded to the head of the hospital.
5. Prescribed Oseltamavir should be dispensed from the stocks already available at the obstetric unit. The prescription with details of the patient, name of the consultant from whom instructions and advice received should be kept in the ward for audit, surveillance and future analysis.
6. Details of the illness and treatment should be noted in the pregnancy record and the index pregnant or post-partum woman should be instructed to report back immediately if symptoms get worse and if not in 2 days for review to the hospital.

(continued next page)

7. The attending medical officer should also inform area Public Health Midwife of the details of the pregnant woman, illness, issue of Oseltamavir, the need for follow up and to refer back when necessary.

You are advised to establish a suitable mechanism, depending on the organizational structure of hospital / hospitals under your purview to ensure availability of the drug and make all relevant categories of healthcare staff aware on the arrangements.

Director General of Health Services

Copy:

Secretary Health
DDG (PHS I / PHS II / MS I / MS II)
Director – MCH / TCS / MS / MSD
Presidents – SLCOG / CCP / PSSL