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சுகாதார அமைச்சு
Ministry of Health

All Provincial and Regional Directors of Health Services,
Heads of Medical Institutions,
Provincial and Regional Consultant Community Physicians,
Medical Officers of Maternal and Child Health,
Medical Officers of Health,

Revised Guideline for implementation of Well Woman Services

The Well Woman Clinic (WWC) was established in 1996, at the time when the Reproductive Health concept was introduced into Primary Health Care Services with the objective of improving the Health of Women in this country.

Further to the guidelines issued by the letter FHB / GWH / 2018 /02 dated 07 February 2018, hereby new directives are given to expand and streamline the services to women of reproductive and post reproductive age in accordance with the recommendations made by the relevant professional colleges and technical experts.

1. Coverage of Well Woman Clinics

All Medical Officers of Health (MOH), including municipal councils should have functioning Well Woman Clinics (WWCs) in their respective institutions / hospitals (at least one WWC per 15,000 populations) for women aged 35 and 45 years of age (two target age cohorts). Medical Officers may conduct special WWCs for occupational groups such as health staff, teachers, staff of the Government offices serving in their area.

2. Cervical cancer screening

The primary target group for cervical cancer screening is the cohort of women who are 35 and 45 years of age born in years 1986 and 1976. In 2021, it is estimated that 0.8% of the total population belongs to each age cohort and this percentage could vary based on the population structure and will be informed accordingly. The Public Health Team is requested work towards reaching 80% coverage of cervical cancer screening (Pap smear or HPV DNA testing) of each age cohort.

3. Registration of clients

All clients attending a WWC for the first time should be registered in the "Well Woman Clinic Register". 'A client identification number (CIN)' (FP clinic code / year / serial no.) should be given to all clients should be recorded in the appropriate column in the register. A Well woman Clinic Record should be provided to all clients after entering the basic information (eg. information on pregnancies and outcome, family planning, past medical history, complaints on peri menopausal and menopausal problems etc.

4. Well Woman Clinic Services

Well Woman Clinics should be held as per need and services should be provided by a team which may consist of a Medical Officer, Public Health Nursing sister (PHNS), Nurse or Public Health Midwife (PHM). At the clinic, screening should be carried out for the following conditions and services provided if required.

1. Hypertension
2. Nutritional status assessment (BMI)
3. Diabetes
4. Breast abnormalities
5. Cervical abnormalities / Pap Smears / HPV DNA testing
6. Family planning use
7. Menstrual disorders and reproductive tract infections
8. Peri – menopausal / menopausal problems

NB – Screening for Thyroid gland abnormalities is discontinued from the year 2021.

5. Health Education

This should be carried out in all well woman clinics (WWC) by the health staff. The schedule should be displayed in the clinic which should include the topics, responsible officer and the dates. The WWC 'Flash cards' should be used during these sessions. Some examples of important topics that should be addressed in the health education sessions include:

- a) Importance of attending well woman clinics by females at the age of 35 and 45 years and attending 'Healthy Lifestyle Centres' in hospitals by both males and females.
- b) Optimizing the nutritional status – Advice on maintaining the appropriate BMI by eating healthy foods and avoiding sugar, salt and oily foods.
- c) Screening for cervical cancer with Pap Smear or HPV DNA
- d) Educate on risk factors for breast cancers and demonstrate self breast examination technique using flash cards/ models/ videos – to be followed monthly by all women above 20 years.
- e) Sexuality and healthy sexual relationships
- f) Importance of family planning (FP) for a healthy family life and referral to FP clinic
- g) Menopause and peri menopausal symptoms and referral to Gynaecology Clinics
- h) Prevention of Sexually Transmitted Infections including HIV

6. Documentation and follow up

- a) Results of all clinical findings should be entered against the respective clients in the WWC register.
- b) Pap smears – Medical Officer of Health should ensure the receipt of pap smear reports from the cytology labs within two months and all pap smear reports irrespective of its results (even if they are negative) should be given to the clients. Positive pap smear reports should be handed over to the clients only by Medical Officer as the client may need counselling and referral for specialized care. The MOH should personally follow up the clients with abnormal pap smears.
- c) Breast abnormalities and Pap Smear positives detected and referred should be duly recorded in the 'Well Woman Clinic – Positive Client's follow up register' and should be followed up at one month, 6 months and then yearly for 5 years. PHM should follow up such women during home visits and report at the monthly conference.
- d) Women detected with any other abnormality should be referred for further investigations and management. MOH should ensure that all such women are followed up and findings of all referrals should be entered correctly in the WWC register.
- e) In districts, where HPV DNA screening has been initiated, data on HPV DNA should be entered along with the pap smears taken in section 8 of Quarterly MCH Clinic return (H 527) on a monthly basis.

7. Maintaining records

The data extracted from the WWC register need to be entered monthly by the clinic staff on the relevant section in “Quarterly MCH Clinic Return” (H -527 RH – MIS) and prepare in duplicate.

NB. The ‘Clinic attendance’ and the ‘Pap smears taken’ should be entered under the categories ‘35 years’, ‘45 years’ and ‘Other’.

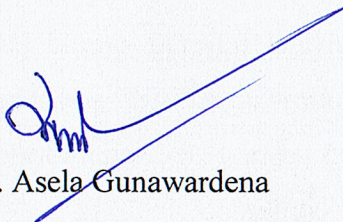
8. Online platform for data entry for Cytoscreeners

From January 2021, an online platform is introduced for Cytoscreeners of the laboratories to enter data related to “Monthly Progress Return”. The new system will prevent delay in sending returns from hospitals and enable close monitoring and analysis of data at district level.

9. HPV DNA testing

Having completed the pilot project in 2018, Family Health Bureau is in the process of scaling up the HPV DNA testing to well woman programme in Sri Lanka. The objective of HPV DNA screening for women aged 35 and 45 years is to eliminate cervical cancer from Sri Lanka by 2030. Scaling up process will be based on the availability of test kits and reagents required for screening. Clients tested positive for HPV DNA are managed according to an algorithm developed by the College of Pathologists of Sri Lanka.

Please ensure the content of this guideline is communicated to all relevant officers and adhere to the instructions given.


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Director General of Health Services

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