My No. FHB/GWH/2018/02
Family Health Bureau,
231, De Saram Place,
Colombo 10.
07th February 2018

To all;

Provincial & Regional Directors of Health Services,
Provincial & Regional Consultant Community Physicians,
Medical Officers of Maternal and Child Health,
Medical Officers of Health,
MO STD Clinic & Healthy Lifestyle Centres,
Heads of Medical Institutions,

Revised Guidelines for Implementation of Well Woman Services- for Women of Reproductive and Post Reproductive Age

The Well Woman Clinic (WWC) was established in 1996, at the time when the Reproductive Health concept was introduced into primary healthcare services with the objective of improving the health of women in this country. Approximately 1000 Well Woman Clinics are currently functioning Island-wide (Family Health Bureau, 2017).

Further to the guidelines issued by letter FHB/FE/05/98 dated 14th July 1999, hereby, new directives are given to expand the service delivery to women of reproductive and post reproductive age in accordance with the recommendations made by the experts from the Sri Lanka College of Pathologists, Sri Lanka College of Obstetricians and Gynaecologists, Menopause Society of Sri Lanka and National Cancer Control Programme.

1. All Medical Officers of Health (MOOH), Heads of all Health Institutions including Municipal Councils should have functioning Well Woman Clinics (WWCs) in their respective Institutions/Hospitals (at least one WWC per 15,000 population) for women between 35 & 60 years of age. Depending on service availability, Medical Officers may conduct special WWC clinics for occupational groups serving in their area such as health staff, teachers, staff of the Government offices etc.

2. Cervical cancer screening- The primary target group for cervical cancer screening is the cohort of women who are **35 years** of age. From 1st of July 2016 the **45 year** age cohort of women were also included as a target age group for cervical cancer screening. It is estimated that 1% of the total population from each target group, belongs to the age cohorts of 35 and 45 years. The

Medical Officers of Health should work towards reaching 80% coverage in each of the target age groups with cervical cancer screening (i.e. pap smears). Depending on service availability women who volunteer, may be screened for cervical cancer up to 60 years of age, every 5 years (including sexually active unmarried women).

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'* (FP clinic code/year/Serial no) should be given to all clients. The client Identification number (CIN) of women who come for subsequent visits should be entered in the appropriate column in the register. A *'Well Woman Clinic Record'* should be provided to all clients after entering the basic information (e.g. information on pregnancy, its outcome, family planning, past medical history, complaints with regards to peri menopausal and menopausal symptoms etc).

4. Well Woman 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 (MO) or a Registered Medical Officer (RMO), Public Health Nursing Sister (PHNS), Nurse or Public Health Midwife (PHM). At the clinic, screening has to be carried out for the following nine conditions and services provided if required (also see Annex 1);
    1) Hypertension
    2) Nutritional status
    3) Diabetes
    4) Breast abnormalities
    5) Thyroid gland abnormalities
    6) Cervical abnormalities
    7) Family Planning (FP) status
    8) Menstrual disorders and reproductive tract infections
    9) Peri- menopausal/ menopausal problems

5. Health Education should be carried out in all Well Woman Clinics (WWC) by the health staff. A roster should be displayed in the clinic with the health education topics and name of the officer conducting each session. 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 women clinics by females and attending Healthy Lifestyle Centres (HLCs) in hospitals by both males and females

b) Optimizing the nutritional status- Advise on maintaining the appropriate BMI by eating healthy foods and avoiding sugar, salt and oily foods

c) Educate on risk factors for breast cancers (Annex 2a), breast awareness ('be breast aware') and teach self-breast examination- to be followed monthly by all women above 20 years (Use flash cards on breast examination and mannequin, if available).

d) Sexuality and healthy sexual relationships

e) Importance of family planning for a healthy family life

f) Menopause and peri-menopausal symptoms- Refer Annex 2b

g) Prevention of Sexually Transmitted Diseases including HIV

6. Documenting findings 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 (MOH) should ensure to obtain pap smear reports from the cytology labs within 2 months of taking the smear and all pap smear reports irrespective of its results (even if they are negative) should be handed over to the clients. **Positive pap smear reports** should be handed over to the client by the **MOH/MOO only**, as the client may need counseling and referral for specialized care. The MOH should follow up clients with abnormal pap smears and adhere to recommendations as per Annex 3.

c) All clients who have suspicious cervix and follow-up cervical smears should be given a blue colour request form. It will ensure that the client's smear gets high priority during the screening process to avoid delay. The MOMCH should ensure that each MOH and medical institutions have adequate stocks of blue request forms. Any other abnormalities detected during the screening process should be referred for further investigations and management. The MOH holds the responsibility to follow up all clients who had been referred to other institutions and the results/ findings of all referrals should be inserted in the relevant column of the WWC register.

d) Thyroid abnormalities, breast abnormalities and pap smear positives detected should be entered in the 'Well Women Clinic-**Positive Client's Follow-up Register**'.

7. Maintaining records – The data extracted from the WWC register has to be entered quarterly by the clinic staff on the relevant section on 'Quarterly MCH Clinic Return' (H-527 RH-MIS) in duplicate. *N.B. The 'Clinic attendance' and the 'pap smears taken' should be entered under the categories; '35 years', '45 years' and 'other'.* A copy of the 'MCH Clinic Return' (H-527 RH-MIS) has to be sent to the MOH of the area before the 5th of each month following the quarter. The other copy should be filed as the office copy. At the MOH, the MCH clinic returns (RH-MIS-527) will be consolidated and entered in the 'Maternal Child Health Return' (H-509 RH-MIS).

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For Director (Maternal & Child Health)
Family Health Bureau

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1. Director General of Health services
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4. Deputy Director General of Health Services (PHS I)
5. Chief Epidemiologist
6. Director, Health Promotion Bureau
7. Director, Mental Health
8. Director, National Cancer Control Programme
9. Director, National Institute of Health Science, Nagoda, Kalutara
10. Director, Non Communicable Diseases
11. Director, National STD AIDS Control Programme
12. Chief/Medical Officer Health, Municipal Councils
13. President, Sri Lanka College of Community Physicians
14. President, Sri Lanka College of Obstetricians & Gynaecologists
15. President, The College of Pathologists of Sri Lanka

Annex 1

Guide for screening conditions/diseases at the Well woman Clinic

	Condition/ disease to screen	Action
1.	Hypertension & General examination	Examine pulse, measure blood pressure, auscultate heart and lung fields if an abnormality is detected, refer to the Medical Clinic. **Responsibility:** MO/MOH
	Nutritional status	-Measure height and weight and calculate the Body Mass Index (BMI)- Height (m)/Weight^2 (kg) using the BMI calculator. - Show the client, her BMI, on the calculator and the range of her optimal weight. If the BMI is abnormal, refer to the Healthy Life Style Clinic in the hospital. **Responsibility:** PHM
2.	Diabetes	Measure random blood sugar (RBS) level. If RBS is > 200 mg/l, Advice to get a Fasting Blood Sugar (FBS). If the FBS result is between 100-126 mg/l, advice on dietary modification, exercise and repeat FBS in 6 months. If the result is >126 mg/l, refer to the Medical Clinic/Diabetic clinic. **Responsibility:** MO/MOH
3.	Breast abnormalities	Clinical breast examination: Usually on women 20-40 years, examine every 3 years and on women 40 years and above, examine yearly. Refer women with breast abnormalities to the Surgical clinic/Breast clinic. **Responsibility:** MO/ MOH/PHNS
5.	Thyroid gland abnormalities	Observe it as a whole neck and pay particular attention to the area of the thyroid gland. Ask the client to swallow. Watch the movement of any swellings as they swallow as this can help to differentiate between different causes. Also examine the eyes from behind and above to look for any exophthalmos – sign of hyperthyroidism. Next you should feel the gland. The approach is from behind so always tell the client what you will be doing and that you will be behind them. Palpate the entire length of both lobes of the gland as well as the isthmus. Note any swellings or abnormal lumps. You should note the shape and consistency of any lumps as well as whether they are tender or

		mobile. Whilst still behind the client, take the opportunity to examine the cervical lymph nodes. Finally, you should auscultate the thyroid. A bruit, a sign of increased blood flow, may be heard in hyperthyroidism. If an abnormality is detected, refer to the Surgical clinic or ENT clinic. **Responsibility:** MO/MOH
6.	Cervical abnormalities	Do a visual examination of the cervix for abnormalities including reproductive tract infections and cervical malignancies. If an abnormality is detected refer to the Gynaecology/STD Clinic. Do a Pap smear (cervical smear) and send the slides to the designated cytology lab for reporting. **Responsibility:** MO/PHNS
7.	Family Planning (FP) status & counselling	Unless there is evidence to the contrary, assume that clients have a need for family planning. If she is not already on a modern family planning method, counsel her for a suitable method using the MEC wheel/chart and provide a contraceptive of her choice (condoms, pills, injectables, implants or IUD). If a woman is less than 50 years, she should be advised to continue FP up to two years after menopause and If a woman is more than 50 years, FP should be continued up to one year after menopause. **Responsibility:** MO/ MOH/PHNS
8	Menstrual disorders and reproductive tract infections	Ask if there are complaints of menorrhagia, post coital bleeding, inter menstrual bleeding and post-menopausal bleeding. Do a visual examination of the vulva and vagina and an examination with the speculum. Refer to the Gynaecology /STD Clinics if there are any abnormalities or suspicion of infection. **Responsibility:** MO/ MOH/PHNS
9	Peri-menopausal/ menopausal problems	Ask if there are complaints of Peri-menopausal/menopausal symptoms and enter in the Well Woman Clinic Record. Women with problematic symptoms should be referred to the Gynaecology clinic (see below). **Responsibility:** MO/MOH/PHNS

Annex 2

a. Some of the risk conditions for breast cancer

- A family history of breast or ovarian cancer
- Unmarried women/ Nulliparity (after the age of 30 years)
- Early menarche – attained menarche before the age of 11 years
- Delayed menopause – Not menopaused by age of 55 years
- First live child birth after 30 years
- Not breast fed/ short span of breast feeding for their children (less than 12 months)
- Treated with hormone replacement therapy
- Obese women
- Alcohol consumption
- Smoking (active or passive)

b. Referral guide for Menopause and peri-menopausal symptoms

Menopause and peri-menopausal symptoms	Referral
1. Hot flushes or night sweats	If severe and affecting activities of daily living, refer to gynaecology clinic
2. Loss of libido or dyspareunia	Refer to gynaecology clinic
3. Urinary incontinence	Refer to gynaecology clinic
4. Irritability, mood changes or anxiety	If unusually severe and affecting activities of day to day life, refer to psychiatric clinic
5. Depression or poor memory	Refer to psychiatric clinic

Annex 3

Modified Bethesda Classification

Category	Recommendation for follow up and referral
1. Negative for intraepithelial lesion and malignancy (NILM)	Routine re-screening in 5 years
2. Low grade squamous intraepithelial lesion (LGSIL)	Follow up by Medical Officer of Health (MOH) Two repeat smears 6 months apart -If negative, routine re-screening in 5 years -If positive, refer to a Gynaecologist
3. High grade squamous intraepithelial lesion (HGSIL)	Refer to a Gynaecologist for colposcopy and biopsy
4. Atypical squamous cells of undetermined significance (ASCUS) - Low grade	Follow up by Medical Officer of Health (MOH) Repeat smear in 6 months
5. Atypical squamous cells of undetermined significance (ASCUS) - High grade	Refer to a Gynaecologist for colposcopy and biopsy
6. Glandular cell atypia	Refer to a Gynaecologist
7. Benign endometrial cells in a woman >40 years	Refer to a Gynaecologist to investigate based on clinical details
8. Squamous or glandular malignancy	Urgent gynaecological referral for appropriate management