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சுவசிரிபாய

SUWASIRIPAYA

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

General Circular Letter No: 01/45/2017

All Provincial Directors of Health Services,
Regional Directors of Health Services,
Directors/Medical Superintendents of Teaching Hospitals/General Hospitals/Base Hospitals,
Heads of Institutions.

Strengthening postpartum family planning services provided by curative institutions

Family planning is a vital component of maternal and child health services and essential for improvement of overall health status of the society. With the current focus by global family planning initiatives on the postpartum period, postpartum family planning services provided by curative institutions need to be strengthened, while continuing preventive health services in this aspect.

Please ensure that following instructions are carried out in your institution/ area:

- 1) All hospitals, where specialists are available and providing maternity care services, should ensure provision of postpartum intrauterine device (PPIUD), which comes under WHO Medical Eligibility Criteria Category 1 for mothers without complications, and implants which come under Category 2 in the same categorization, after obtaining informed consent in writing. Tubal ligation (LRT) method too should be made available. Consent for these should ideally have been taken during the antenatal period. Mode of delivery, in the absence of any complication, is not a barrier for provision of any of the above methods.
- 2) Heads of Institutions should arrange to provide tubal ligation services for clients who demand them. If there are limitations related to theatre time during regular working hours, on-call staff members could be arranged to provide this service after working hours.
- 3) Heads of Institutions should make necessary arrangements to make available adequate numbers of contraceptive commodities and equipment in maternity care units, so as to ensure that no client who has opted for above described methods is denied of it due to logistic issues.
- 4) Adequate numbers of equipment and training material required for the PPIUD and implants, i.e. Kelly's forceps, training models and thread retrievers, could be obtained by Heads of Institutions from Family Health Bureau.
- 5) As per instructions of Director General of Health Services, issued by letter no. FHB/FB/01/2015 dated 11/08/2015, all specialist hospitals where specialists are available and providing maternity care services are required to establish daily functioning family planning clinics. These family planning clinics should coordinate postpartum family planning services within the institution as well, under the

administrative supervision of the Head of the Institution and the technical guidance of Consultant Obstetrician and Gynaecologists. In addition these clinics should continue to provide modern temporary methods of family planning as interval methods.

- 6) With the assistance of Family Health Bureau and Sri Lanka College of Obstetricians and Gynaecologists where necessary, Consultant Obstetricians and Gynaecologists should train all their new Intern House Officers on administration of all family planning methods.
- 7) Family Health Bureau should improve the existing Family Planning Training Module and other training programmes conducted for health professionals in order to enhance their counseling skills on post partum family planning, including PPIUD, to provide unbiased and balanced counselling to all women through antenatal care and during the hospital stay for delivery.
- 8) Public Health Midwives should counsel all women regarding suitable family planning methods, including postpartum family planning, and record details in the pregnancy record. Written consent should be obtained in the relevant formats from mothers consenting for postpartum family planning methods (vide annexed formats).
- 9) Family Health Bureau should take action to include data regarding administration of postpartum family planning into the routine RHMIS.
- 10) Birth Register to be used to record information about postpartum family planning administrations in institutions. If the client is getting the method for the first time, it should be recorded in the H1200A. Each Unit should maintain H1200A separately, and should be indicated by different Roman numerals (i.e. i, ii, iii etc.) after the registration number given to the hospital family planning clinic. Heads of Institutions should ensure that H1200A return is sent to the respective MOH office before the 5th of the following month.
- 11) Each client receiving both postpartum family planning services, as well as interval methods from the clinic, should be issued with H1155 record. The number given in H1200A should be indicated as the registration number in H1155.
- 12) Heads of Institutions should inform their requirements of printed formats to Medical Officer (Maternal and Child Health) of the Region.

Please bring the contents of this circular to the attention of all relevant staff in your Province/District/Institution.


Dr. J. M. W. Jayasundara Bandara
Director General of Health Services

Dr. J. M. W. Jayasundara Bandara
Director General of Health Services (Acting)
Ministry of Health, Nutrition & Indigenous Medicine,
No. 385, "Suwasiripaya",
Rev. Baddegama Wimalawansa Thero Mw,
Colombo 10.

- Cc: 1) Secretary/Ministry of Health, Nutrition and Indigenous Medicine
2) Deputy Director General/Medical Services
3) Deputy Director General/Public Health Services II
4) Director/Maternal and Child Health
5) Director/National Institute of Health Sciences
6) Chief Medical Officer of Health/CMC
7) President/Sri Lanka College of Obstetricians and Gynaecologists
8) Consultant Community Physicians/Provincial
9) Medical Officers/Maternal and Child Health

புதிதான பித்திரி கருவுறுதல் வலி கடுகிய - பித்திரி பித்திரி அந்த: கருவா/கருவா கருவு*
கருவா கருவா கருவா கருவா கருவா கருவா

தேசிய குடும்பத்திட்டமிடல் நிகழ்ச்சித் திட்டம்
பிரசவத்தின் பின் கருப்பப்பை உட்சுருள் / ஹோர்மோன் உட்சுருகி*
குடும்ப திட்டமிடல் முறையை பெற்றுக் கொள்வதற்கான சம்மதப்படிவம்

**National Family Planning Programme - Insertion of Postpartum Intra-uterine
Device/Hormonal Implant* - Declaration of Consent**

.....பித்திரி வலி அந்த: கருவா
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.....ஆகிய வயதுடைய
.....எனும் விலாசத்தில் வசிக்கும் நான் பிரசவத்தின் பின்
கருப்பப்பை உட்சுருள்/ ஹோர்மோன் உட்சுருகி* பெற்றுக் கொள்வதற்கு விண்ணப்பிக்கின்றேன்.

I, the undersigned
aged years and residing at
request that an intra-uterine device/hormonal implant* be inserted on me.

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(அ) பிரசவத்தின் பின் கருப்பப்பை உட்சுருளினால் / ஹோர்மோன் உட்சுருகியினால்* ஏற்படக்கூடிய
அசௌகரியங்களையும் அதன் பக்கவிளைவுகள் மற்றும் ஏற்படக்கூடிய நன்மைகள் உள்ளடங்கலாக
அவை பற்றிய முழுமையான தகவல்களை, சுகாதார சேவை வழங்குனர்களிடம் இருந்து அறிந்து
விளங்கிக் கொண்டேன்.

