

දුරකථන ) 011 2669192 , 011 2675011  
தொலைபேசி ) 011 2698507 , 011 2694033  
Telephone ) 011 2675449 , 011 2675280

ෆැක්ස් ) 011 2693866  
பெக்ஸ் ) 011 2693869  
Fax ) 011 2692913

විද්‍යුත් තැපෑල ) postmaster@health.gov.lk  
மின்னஞ்சல் முகவரி )  
e-mail )

වෙබ් අඩවිය ) www.health.gov.lk  
இணையத்தளம் )  
website )



සුවසිරිපාය  
சுவசிரிபாய  
SUWASIRIPAYA

මගේ අංකය ) FHB/MCU/COVID-19/2020  
எனது இல )  
My No. )

මගේ අංකය )  
உமது இல )  
Your No. : )

දිනය )  
திகதி )  
Date ) 27/03/2020

සෞඛ්‍ය සහ දේශීය වෛද්‍ය සේවා අමාත්‍යාංශය  
சுகாதார மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு  
**Ministry of Health & Indigenous Medical Services**

Provincial Directors of Health Services,  
Regional Directors of Health Services,  
Director NIHS,  
Heads of Institutions,  
Chief MOH/CMC,  
Medical Officers Maternal and Child Health,  
Medical Officers of Health

**Interim guidelines on Maternal and Child Health Services during CURFEW PERIOD during outbreak of COVID-19 infection (Date: 2020 March 27)**

The attached interim guideline is prepared further to the DGHS letter No: FHB/MCU/COVID-19/2020 dated 17/03/2020 to provide uninterrupted Field Maternal and Child health care services during curfew periods.

**Objective:**

To provide essential and emergency care for pregnant, postpartum women and newborns while minimizing exposure of the health care staff to COVID-19 infection during curfew hours.

**Organizing services**

1. MOH offices should be kept open during usual working hours, since health is declared as an essential service.
2. PHM should prepare a list of all high risk and POA>32 weeks pregnant mothers with EDD (according to PHM area) in the respective MOH area for domiciliary / centre based care. A copy of the list to be sent to MOH.
3. If a PHM is not available for work, a suitable cover up arrangement should be made.
4. PDHS, RDHS and MOH should make their maximum effort to arrange transport facilities for field staff for maintenance of essential services.
5. Advise pregnant and postpartum women to use Suwasariya ambulances (Call 1990) in an EMERGENCY.

### Home visits

6. PHMM need to contact all pregnant/postpartum women who are due to receive domiciliary visits during a particular day and decide on home visits.
7. Antenatal registrations could be done through home visits/over the phone and get the pregnant women with risk conditions to the clinic at the MOH office for the initial assessment.
8. MOH or PHNS with the PHM should do home visits to quarantined families with pregnant /postpartum women by adhering to strict infection control procedures.
9. At least one home visit should be conducted for postpartum women and newborns within first 10 days.

### Clinic services

10. When organizing clinics, emphasis should be made to minimize movement of the people, in order to achieve the objective of imposing the curfew.
11. MOOH should conduct the Central clinics. The MOH may use his discretion to have other field clinics considering the accessibility of pregnant women.
12. Newly registered pregnant women should be assessed over the phone and advised to attend the clinic only if required.
13. Pregnant women who are at high risk and with a POA of 32 weeks or more could be informed to get the service from the central or a hospital/field clinic.
14. All pregnant women due to attend a clinic on a particular day should be contacted over the phone by the PHM, and appointments be given on case by case basis to those who require immediate care.
15. If there is any difficulty in conducting domiciliary visits, pregnant/postpartum women could be invited to a centre, where they should be assessed by PHNS/PHM and managed accordingly.
16. Quarantined Pregnant women **should not be** requested to attend clinics.
17. Family planning services should be continued. PHMM should follow up the regular users of family planning and support continued use.
18. Immunization services should not be offered until further notice.
19. RDHS/MOH should decide on the distribution of micronutrient supplements/ Thripasha based on the ground situation.

### Communications


20. All field officers should be contactable on 24/7 basis.

21. MOHH and PHMM should share their contact numbers with all pregnant and postpartum women in the area. PHMM should have the contact numbers of all pregnant and postpartum women in her area as well.
22. MOH should conduct meetings with field staff as and when necessary, but at least weekly, to discuss the situation in the area and to communicate the latest instructions.
23. The PHM should inform all pregnant/postnatal women over the phone about dangers signals. In the event a danger signal occurs, they should be informed to get admitted to the designated hospital, based on the status of COVID-19 infection of the woman (positive, negative or suspected).
24. All antenatal women should be requested to maintain a kick count chart after 36 weeks of POA. They should be educated regarding how to maintain it.

**Protective measures**

25. All Infection Prevention and Control measures should be practiced by public health staff during each home visit or clinic session to prevent exposure to COVID-19 infection and ensure staff well-being.

Please bring the content of the guideline informed to all public health staff including the Public Health Midwives in your respective area and ensure that they abide by the instructions given.

  
Dr Anil Jasinghe  
Director General of Health Services

**Dr. Anil Jasinghe**  
Director General of Health Services  
Ministry of Health, Nutrition & Indigenous Medicine  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

Copies:  
Secretary, Ministry of Health  
Additional Secretaries of Health  
All Deputy Director Generals  
Director/Maternal and Child Health  
Chief Epidemiologist  
Director/ Health Promotion Bureau  
CCP – Province/ District  
President Sri Lanka College of Obstetricians and Gynecologists  
President Sri Lanka College of Paediatricians