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சுவசிரிபாய  
SUWASIRIPAYA

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දිනය ) 24/10/2020  
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## සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

Provincial Directors of Health Services,  
Regional Directors of Health Services,  
Director NIHS,  
Chief MOH/CMC,  
Heads of Institutions,

### Interim guidelines on Maternal and Child Health Services for lockdown (isolated) areas and quarantined families during the current outbreak of COVID-19 infection (Date: 2020 October 22)

This interim guideline is prepared further to previous instructions, to provide uninterrupted field maternal and child healthcare services for quarantined families and lockdown (isolated) areas during the current outbreak of COVID-19 infection. Once lockdown (isolation)/quarantine period is over, regular services should commence.

1. MOH offices, irrespective of whether they are situated within or outside the lockdown (isolated) area, should be kept open during usual working hours. All field healthcare workers should be contactable on 24 x 7 basis.
2. PHM should prepare a list of all pregnant women with EDD and risk conditions, under her care. A copy of the list to be sent to MOH.
3. PHM should get a daily update on pregnant women and postpartum women quarantined in her area.
4. A PHM living in a lockdown (isolated) area should not discharge her duties outside that area. If the PHM is not available for work in a particular area, a suitable cover up arrangement should be made.
5. Pregnant and postpartum women should be advised to call Suwasariya ambulances (Call 1990) in an emergency.

#### Field care

6. Routine field clinics should not be conducted in lockdown (isolated) areas. MOOH should conduct the Central Clinics and may arrange special clinics based on the feasibility.



7. Antenatal registrations should be done over the phone and pregnant women educated on danger signals. If they have any risk condition, the PHM should do a home visit, guided by MOH/AMOH or PHNS, adhering to strict infection control procedures.
8. PHMM need to contact all pregnant/postpartum women who are due to receive domiciliary or clinic visits on a particular day and decide on the need for a home visit or urgent referral.
9. Whenever possible PHMM may conduct home visits at the same time when MOOH/PHII visit quarantined homes.
10. Delivery plans of all pregnant women should be reviewed by PHM and referred to the nearest hospital with a Consultant Obstetrician for childbirth.
11. At least one home visit should be conducted for postpartum women and newborns within first 10 days.
12. Urgent referrals for hospital care can be decided by any member of the field healthcare team.
13. PHMM should follow up the regular users of family planning and support continued use.
14. Antenatal and postpartum women should be advised to contact their PHMM regarding obtaining clinic services at the end of quarantine/lockdown (isolation) period.

#### **Hospital care**

15. Any emergency transfer to a hospital should be done in a hospital or Suwaseriya ambulance. Due to the possibility of stigma attached to clients from lockdown (isolated) areas, Heads of Institutions and relevant consultants should be informed in advance.
16. The staff accompanying the mother should wear appropriate personal protective equipment as for a suspected patient with COVID.
17. Women from lockdown (isolated) areas or quarantined families should be taken to the nearest hospital with isolation facility. Pregnant/ postpartum mother and newborn should be provided inward care in the isolation unit.
18. If the reason for hospital admission is non-COVID related, they should be managed at the same institution if possible or transferred to a higher level institution once stabilized.
19. If the reason for hospital admission is COVID related transfer them to the designated hospital with testing facilities for COVID for confirmatory testing and further management, only after stabilizing the patient.
20. They should be provided with standard medical, paediatric and obstetric care according to national guidelines.
21. When discharging pregnant/postnatal women from a hospital to quarantined homes or to lockdown (isolated) areas, their obstetric or pediatric management plan should be communicated to the MOH of the area of residence. If discharging to a Quarantine Centre, the MO in charge of the Quarantine Centre should be informed of the obstetric or paediatric management plan.
22. Family planning services should be continued in hospitals.

## **Communication**

23. MOOH and PHMM should share their contact numbers with all pregnant and postpartum women in the area. MOOH and PHMM should have the contact numbers of all pregnant and postpartum women in the lockdown (isolated) area as well.
24. The PHM should inform all pregnant/postnatal women over the phone about maternal and neonatal danger signals. In the event a danger signal occurs, they should be informed to get admitted to the closest suitable hospital, based on the status of COVID-19 infection of the woman (positive, negative or suspected).
25. The public should be made aware regarding the SGBV and Mental Health helplines:
  - 0714 432361 -Mithuru Piyasa
  - 1938- Women's Helpline
  - 1926- National Mental Health Helpline
26. The public should be made aware about the contact details of nearby Mithuru Piyasa centres, if it is needed (Make use of the directory on service providers for survivors of GBV).
27. Maintain records/document all the services provided to the quarantined families in PHM diary (H511), 512 B and CHDR B portions.

## **Protective measures**

28. All Infection Prevention and Control measures should be practised 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 this guideline to the attention of all relevant health staff under your supervision and ensure that they abide by the instructions given.



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Consultant Community Physicians – Provincial/ District

Medical Officers Maternal and Child Health,

Medical Officers of Health