

Antenatal Care and Postnatal Care

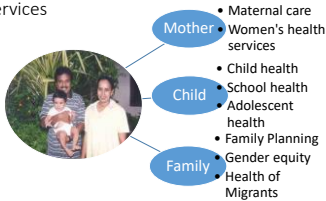
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Outline

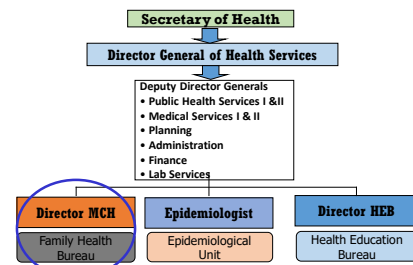
National family health programme and its components
Family health bureau
MOH and team
Standards for antenatal care provision
Standards for postnatal care provision
RHMIS
Achievements

National Family Health Programme

- Comprehensive Package of family care services is delivered through the **National Family Health Programme of Sri Lanka** at central level
- The prime objective of the programme is to promote the health of families using the life cycle (life course) approach throughout the country with a special emphasis on mothers and children.
- Aspects of services



ORGANIZATIONAL STRUCTURE OF NFHP (Central Level)

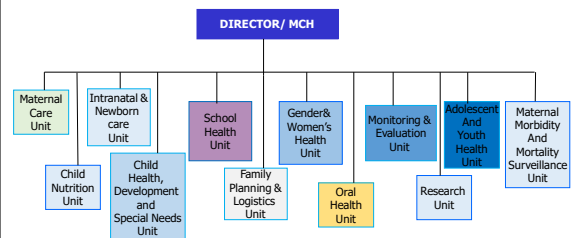


Family Health Bureau

- Only institution to regulate maternal care services is the Family Health Bureau (Established in 1968)
 - Resource provision
 - Supervision and
 - Monitoring
- It carries out its task under National Family Health Programme

Family Health Bureau

Organizational Structure of Family Health Bureau



Responsibilities of Family Health Bureau

- Advocate on matters relevant to MCH including policy formulation
- Formulate plans and facilitate the development of provincial/district plans relevant to MCH
- Provide guidance and technical expertise on MCH
- Capacity building of health personnel
- Develop programme specific training materials
- Manage logistic requirements

Responsibilities of Family Health Bureau

- Mobilise funds and other support from SL government and international sources
- Monitor and evaluate MCH programme
- Maintain surveillance systems
- Conduct operational research
- Ensure the provision of MCH services during emergencies

National Family Health Programme

Implemented as an Integrated Package addressing the needs of target population at different stages of life

- Pre –pregnancy
- Pregnancy
- Delivery
- Postpartum
- Newborn
- Infancy
- Childhood 1-5 years & 6-18 years
- Reproductive age – couples

National Maternal and Child Health Policy

Vision

A Sri Lankan nation that has optimized the quality of life and health potential of all women, children and their families



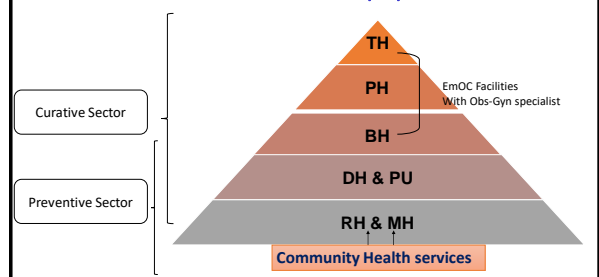
Mission

To contribute to the attainment of highest possible levels of health of all women, children and families through provision of comprehensive, sustainable, equitable and quality Maternal and Child Health services in a supportive, culturally acceptable and family friendly settings

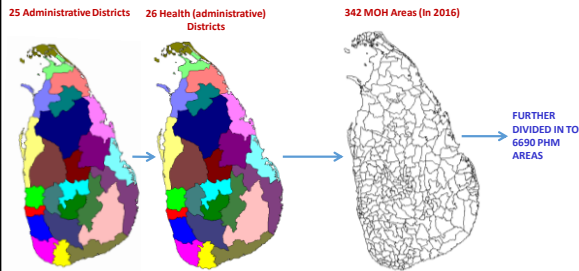
Shared Care

- Maternal care services of the government, under National Family Health Programme are delivered through,
 - Preventive sector and
 - Curative sector
- It is a shared care system

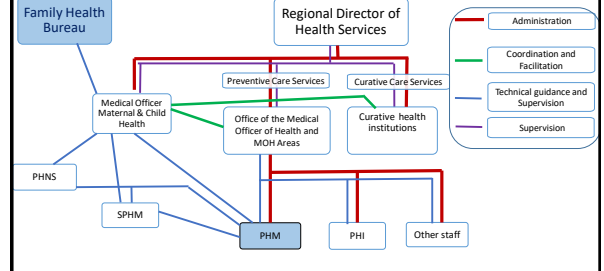
Maternal Health Care Delivery System



Preventive Health System in Sri Lanka



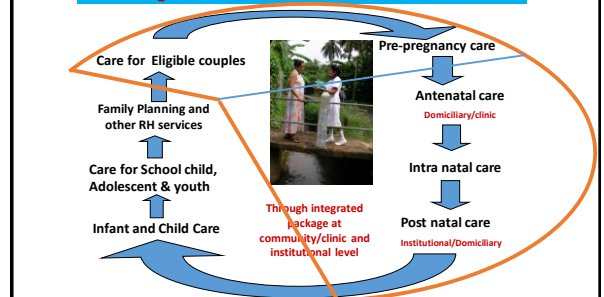
Organizational Structure at District and MOH Level



Channels of Service Delivery

- It is an Integrated Package consisting of,
 - Domiciliary care - By PHM (Public health midwife)
 - Clinic care
 - Field Clinic - By MOH, PHNS (Public health nursing sister), PHM
 - Institutional Clinic - Primary Care - By MOIC, MOO
 - Secondary & Tertiary Care - Specialist's Clinic
 - Institutional care
 - Primary Care - By MOIC, MOO
 - Secondary & Tertiary Care - Specialized Care By Obstetrician and Gynaecologist and his team
- In this integrated package, it is an organized and continued care system

Organized and continued MCH care



Pre-conception Care

- Starts at registration of eligible families by PHM usually at client's home (Domiciliary care)
 - Eligible families for the National Family Health Programme of Sri Lanka
 - A woman between 15 - 49 years of age married legally or customarily and living with the partner
 - A pregnant women of any age
 - A family with a child less than 5 year of age
 - A woman between 15 - 49 years of age living together with a male partner
 - A woman between 15 - 49 years of age who is widowed or divorced
- Pre-conception care was introduced in 2012

Pre-conception Care

- To promote health of women and their partners to enter pregnancy in optimal health and to maintain it throughout the life course by,
 - Creating awareness
 - Health promotion
 - Assessment of Nutritional status and appropriate interventions
 - Rubella immunization
 - Postponement of pregnancy if needed (Family planning)
 - Screening for medical problems and appropriate referral
 - Folic acid (FA) supplementation
 - Strengthen the support from male partner and family
- Newly married couples are expected to participate at two sessions conducted by the Medical Officers of Health (MOHs).

Preventive Antenatal Care

(All based on the General circular No: 02 – 85/2014 on 22.05.2014)

- Provided through clinic based and home based care

Preventive Antenatal Care

Home Based Care (Domiciliary Care)

- Domiciliary care at the door step by PHM on regular basis
- Registration of pregnant mothers preferably before 8 weeks. Pregnancy record (H 512 A) should be issued to each mother)

- Routine home visits by PHM

- First - During first trimester
- Second - During second trimester
- Third - During third trimester

- If any problem of the mother PHM should refer her to the MOH

Preventive Antenatal Care

Home Based Care (Domiciliary Care)

- For high risk mothers

- Routinely as above Eg: PIH or eclampsia during a previous pregnancy
APH or PPH or retained placenta during a previous pregnancy
- Monthly Eg: Surgeries such as Removal of septum, Cone biopsy, Large loop excision of transformational zones
IUGR in a previous pregnancy
Delivery of low birth weight baby/s in previous pregnancy/s
- Fortnightly Eg: IUGR in present pregnancy
Diseases such as Hypertension (DBP>90mmhg), DM, Rheumatic or congenital heart diseases, Malaria, Liver diseases, Kidney diseases etc. in present pregnancy
Severe anaemia (Hb<7g/dl)

- If any problem of the mother PHM should refer her to the MOH

Preventive Antenatal Care

Clinic Based Care

- Pre-pregnancy sessions

- First - During first trimester
- Second - During second trimester
- Third - During third trimester

Preventive Antenatal Care

Clinic Based Care

- One clinic per each 10000 population
- Once in every two weeks at each center

- Clinical care

- Clinic visit for low risk mothers:
 - First - Between 6 – 8 weeks
 - Second - Between 12 – 14 weeks
 - Third - Between 18 – 20 weeks
 - Fourth - Between 22 – 24 weeks
 - Fifth - Between 26 – 28 weeks
 - Sixth - Between 32 – 34 weeks
 - Seventh - Around 36 weeks
 - Eight - Around 38 weeks
 - Ninth - Around 40 weeks

Preventive Antenatal Care

- Routine Antenatal care includes

- Regular monitoring of wellbeing of the mother and fetus
- Nutritional assessment and supplementation
- High risk screening and appropriate referral
- Immunization against tetanus
- Prophylaxis treatments
- Prepare for the delivery
- Referrals

Preventive Antenatal Care

Regular monitoring of wellbeing of the mother and fetus

- General and breast examination by PHM at home visit
- Measuring height and BMI of the mother
- General examination at each visit
- Checking blood pressure, urine albumin and sugar at each visit
- Monitoring of pregnancy weight gain
- Measuring fundal height, palpation of the uterus and auscultation of fetal heart
- A fetal movement chart it should be issued and clear instructions to mark it correctly should be given at 36 weeks

Preventive Antenatal Care

Nutritional assessment and supplementation

- Measuring BMI before 12 weeks of pregnancy
- Measuring haemoglobin (Hb) level of the mother at first visit (preferably before 12 weeks) and around 28 weeks
- Iron supplementation (200mg daily)
- Other supplementations such as FA (1mg daily), Vit-C (100mg daily) and Calcium (Calcium lactate 600mg daily)
- Dietary advices according to the pregnancy weight gain

Preventive Antenatal Care

High risk screening and appropriate referral

- Measuring BMI before 12 weeks of pregnancy
- Checking blood pressure and urine albumin at each visit
- Checking urine sugar at first visit and between 24 to 28 weeks (Urine strips/Benedict's test/heat test)
- Auscultation of the heart for murmur etc. during first, second and third trimesters
- Measuring Hb level of the mother at first visit (preferably before 12 weeks) and around 28 weeks (Should be repeated if anaemic)
- Measuring FBS at first visit (around 12 weeks) and between 24 to 28 weeks
- Testing VDRL and HIV at first visit (preferably before 12 weeks)
- Blood grouping and Rh testing at first visit (For first pregnancy)

Preventive Antenatal Care

Immunization against tetanus

- First pregnancy – Two doses at the completion of 12 weeks and 6 – 8 weeks after the first dose
- Subsequent pregnancies – A single dose at the completion of 12 weeks up to fourth pregnancy (**It should be at least 2 weeks before delivery**)

Preventive Antenatal Care

Prophylaxis treatments

- Worm treatments
- Malaria prophylaxis

Preventive Antenatal Care

Prepare for the delivery

- Referral for deciding mode of delivery by a specialist
- Giving necessary advices for the delivery

Preventive Antenatal Care

Referrals

- Referrals are essential because of shared care system
- Mandatory
 - Between 10 to 13 weeks for dating USS
 - At the time of detection of any high risk condition
 - Eg: Frequent abortions
 - APM in present pregnancy
 - PPH or retained placenta in previous a pregnancy
 - Grand multipara
 - Previous LSCS or surgery of uterus
 - Heart murmurs
 - Between 36 to 37 weeks for planning the delivery
- Optional
 - Between 20 to 22 weeks for placental location
 - Around 28 weeks for assessment of growth if the FH(in cm)<POA(in weeks)

Postnatal Care

(All based on the General circular No: 02 – 84/2014 on 22.05.2014)

- Provided through clinic based and home based care

Postnatal Care

Home Based Care (Domiciliary Care)

- PHMs report the pregnancy outcome of all pregnant mothers registered by them and visit them to provide postpartum care
- To ensure the health and wellbeing of the post-partum mothers and the newborns
- Mothers and newborns are assessed for,
 - general health
 - breast feeding establishment
 - signs of postpartum complications and common illnesses.
- Mothers are provided with relevant advice
- If any problem of the mother PHM should refer her to the MOH
- SPHM should carry out 3 supervisions and PHNS should carry out 2 supervisions in each month on postpartum care

Postnatal Care

Home Based Care (Domiciliary Care)

- Domiciliary care at the door step by PHM on regular basis
- For a normal vaginal delivery in an institution,
 - First visit - within first 5 days
 - Second visit - during 5 - 10 days
 - Third visit - during 14 - 21 days
 - Fourth visit - around 42 days (for referral for family planning)
- For a home delivery,
 - Five postpartum visits
 - Three visits within first 10 days
 - Fourth visit - during 14 - 21 days
 - Fifth visit - around 42 days (for referral for family planning)
- These are same for mothers with still births and early neonatal deaths
- More visits should be done for risk and problematic mothers and babies

Postnatal Care

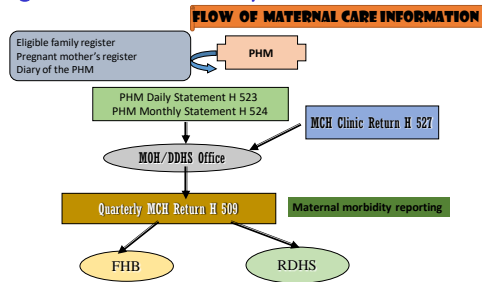
Clinic Based Care

- Clinic care by MOH
 - Complete examination of mother (including mental state using Edinborough Postnatal Depression Scale) and baby between 4 – 6 weeks postpartum
 - Referred for specialized care if problems exist
- Nutritional supplementation (Up to 6 months postpartum)
 - Iron (200mg) and FA (1mg) as iron folate combination of separately
 - Vit C (100mg daily)
 - Calcium (Calcium lactate 300mg daily)

Management Information System on MCH

- Assist in monitoring and evaluation of MCH services
- Quality of services with inbuilt quality indicators

Management Information System on Maternal Care



Achievements

- The coverage of registration eligible families – 98% (AHB 2015)
- 49.3% of primi-mothers out of all registered primi-mothers have attended at least for one preconception session where as 25.3% has attended both sessions (AHB 2015)
- 93.5% of pregnant mothers out of the total pregnancies have been registered by the midwives (AHB 2015)
- 94.6% of registered mothers have visited a field antenatal clinic at least once during pregnancy (AHB 2015)
- Approximately 98% of mothers receive care from Government Programme (DHS 2016)
- 88.5% of registered mothers had been visited at least once at home by the PHM (AHB 2015)
- Percentage of pregnant mothers attended by skilled personnel - 99.5 (DHS 2016)
- Percentage of live births occurred in government hospitals – 91.7 (AHS-2016)

Achievements

Pregnant Mothers Registration and Care Received Through Family Health Programme (FHP), 2009 - 2015

Indicator	2009	2010	2011	2012	2013	2014	2015
	%	%	%	%	%	%	%
Pregnant mothers registered by PHMs out of estimated pregnancies	90.0	85.9	94.3	94.0	90.0	91.2	84.9
Pregnant mothers registered							
	before 8 weeks	66.0	69.8	72.6	75.2	75.4	76.2
	between 8-12 weeks	25.0	22.6	20.3	18.3	17.7	17.4
Teenage pregnant mothers out of all registered pregnancies	6.5	6.5	6.1	6.0	5.3	4.9	5.3
Pregnant mothers protected with Rubella at registration	94.8	95.4	95.9	96.8	97.0	98.2	97.6
Pregnant mothers tested for VDRL at the time of delivery	97.8	96.0	97.0	99.3	99.7	98.1	98.7
Pregnant mothers blood group tested at the time of delivery	99.9	99.8	99.6	99.9	99.9	97.8	99.3
Pregnant mothers protected for Tetanus out of reported deliveries	100.0	99.9	99.6	99.9	99.9	97.8	99.0
Mothers with low BMI at clinic visit before 12 weeks	25.4	25.4	24.6	23.8	23.0	24.3	20.2

Achievements

Pregnancy Outcome and Postpartum Care for Mothers Registered during 2011 - 2015

Indicator	2011	2012	2013	2014	2015
% of Pregnancy outcome reported out of registered pregnancies	88.7	88.8	91.5	93.7	90.2
% of deliveries reported out of total live births registered	88.1	89.8	87.7	91.6	93.7
% of deliveries reported out of total estimated pregnancies	69.7	76.9	76.7	75.3	73.8
% of institutional deliveries out of total reported deliveries	99.9	99.9	99.9	99.7	99.9
% of Home deliveries out of total reported deliveries	0.2	0.2	0.1	0.1	0.1
% of Postpartum mothers receiving at least 1 visit by PHM during 1st 10 days out of estimated births	77.4	77.3	80.6	79.3	73.6
Average number of home visits during first 10 postpartum days	1.8	1.7	1.7	1.7	1.7

- Percentage of pregnant mothers attended by skilled personnel - 99.5 (DHS 2016)
- Percentage of live births occurred in government hospitals – 91.7 (AHS-2016)

Thank You

Questions?