

Facility Based Postnatal Care in Sri Lanka: *Achievements and Challenges*



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Sri Lanka



Sri Lanka

Overview of the Country Situation

Indicator	Value		Year
Land Area	62,705	Sq.Km	2009
Total Population	20.27	Million	2012
Population Density	326	Persons per Sq. Km	2012
Population growth	1.1	%	2009
GDP per Capita	3280	US\$	2013
Population below Poverty Line	8.9	%	2012
Literacy Rate	91.3	% >15 Yrs	2008
Unemployment Rate	5.8	%	2009
Life Expectancy	74.0	Yrs	2007 2007
	Male 70.3		
	Female 77.9		
Human Development Index	0.702	(Min 0 – Max 1.0)	2013





Continuum of free healthcare with wider coverage..



Antenatal Care

99%



Skilled Birth Attendance

99.9%



Domiciliary Post-partum care

82%

MCH Serv
Delivery



Each household is designated to a PHM

350,000 Live births



Post-mortem



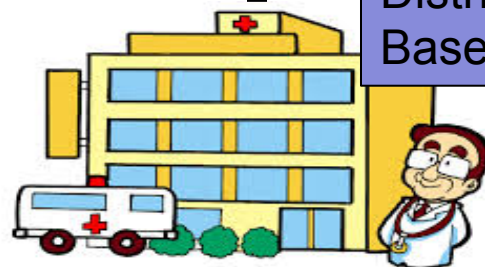
Laboratory



GP / OPD



Teaching Hospitals
Provincial General Hospitals



District General Hospitals
Base Hospitals



Peripheral Hospitals

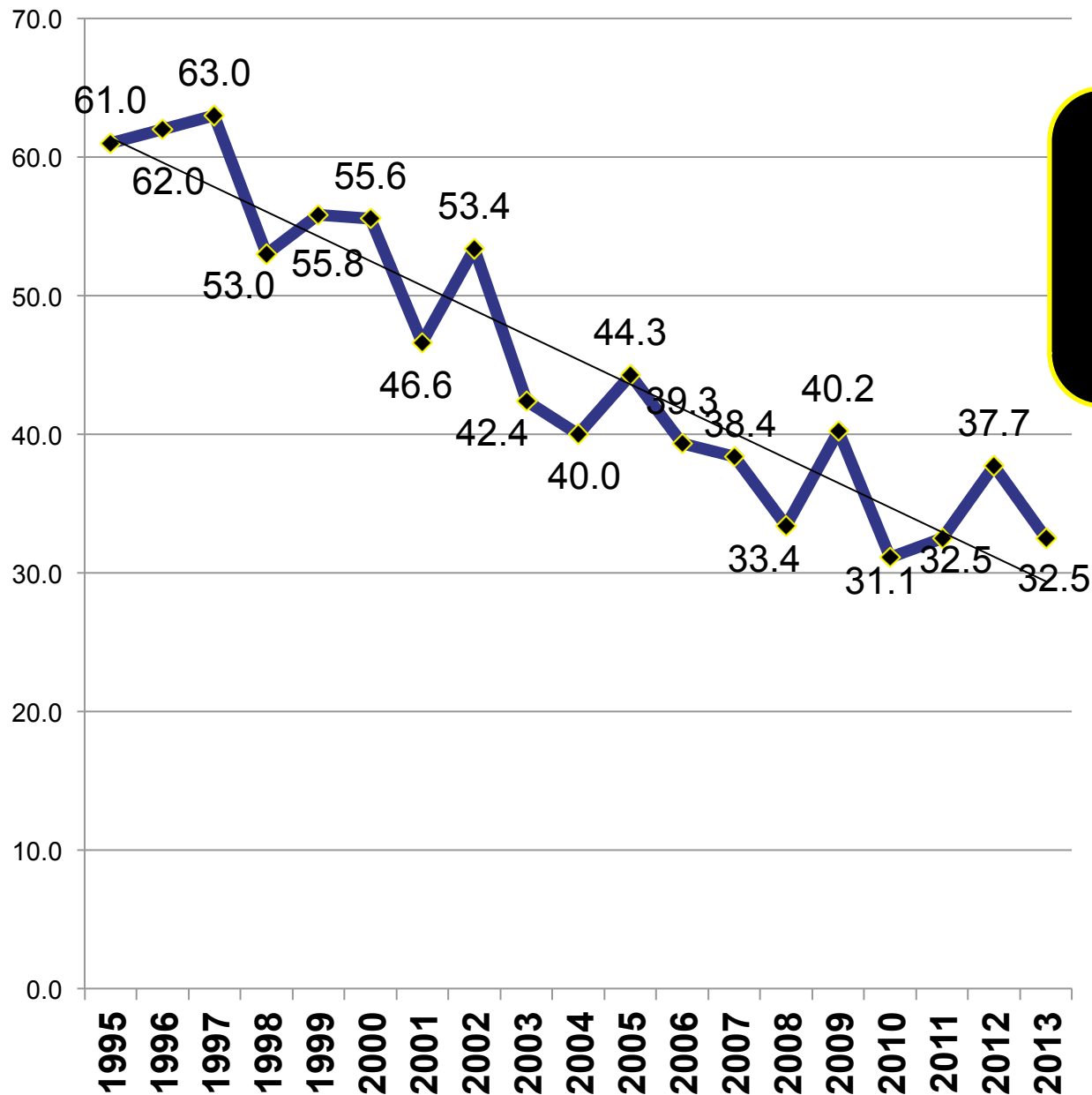
94%
Deliveries

< 5%



Private Hospitals

Maternal Mortality Ratio Sri Lanka 1995 - 2013



2014
MMR = 32.0 per
100000 Live Births
112 deaths

Source: FHB
Maternal Mortality
Surveillance
System

Progress on Perinatal Death Audits

-2014 (*Preliminary Analysis*)

- No of specialized institutes = **74** (Coverage 100%)

Total Live Births in hospitals covered	331152	94.7%
Total Live Births in Sri Lanka 2014 (RGD)	349715	

Reported PNDs	Number	%
Foetal deaths	1354	45.95%
Neonatal deaths (<7days)	1593	54.05%
Total Perinatal Deaths	2947	

- **Perinatal Morality Rate**
- = **8.86** *per 1000 total births*
- **Still Birth Rate**
- = **4.05** *per 1000 total births*



Facility-based Post Natal Care

National Policy

- All postpartum women should be kept under strict supervision in a labour room at least for 2 hours after delivery.
- All women after delivery should be observed for at least 24 hours in a health institution.



Labour Room care

-Evidence based interventions

Mother:

1. Monitor general condition, vaginal bleeding, uterine contractions, fundal height, pulse every 15 minutes
2. Measure blood pressure soon after the birth and document
3. Identify danger features, intervene appropriately and referral if needed

Labour Room care

-Evidence based interventions

Newborn:

1. Skin to skin care
2. Prevention of hypothermia
3. Delayed cord clamping
4. Resuscitation if needed
5. Initiation of breast feeding
6. Vitamin K injection



Post-natal Ward

-Evidence based interventions

- Monitoring of mother and baby every 4 hours
- Bedding in
- Establishment of breast feeding
- Vit. A mega dose for the mother
- BCG immunization
- Examination of the mother by a Medical Officer before discharge including a vaginal examination





Post-natal Ward

-Evidence based interventions

- **Newborn Screening**

Screening for birth defects and other morbidities before discharge by a medical officer:

- General examination for macroscopic defects
- Auscultation and pulse oxy meter (recently introduced) for heart diseases,
- Heel prick blood sample for hypothyroidism

Post-natal Ward

-Evidence based interventions

- Counseling and providing information for: -
 - exclusive breast feeding
 - danger signals of mother and baby
 - maternal nutrition
 - family planning
 - newborn care
- Birth registration
- Referral for community based postnatal care



Service providers

- Obstetrician: On site & 24/7 On call
- Paediatrician: On site & 24/7 On call
- Medical officer- Obstetric : 24/7 onsite
- Medical Officer- Paediatric/newborn: 24/7 On call
- Midwifery qualified nurses: 24/7 onsite
- Midwives: 24/7 onsite



Documentation / Record keeping



- Partograph and MEOWS chart
- Bed Head Ticket –Obstetric formats
- Newborn Bed Head Ticket
- Pregnancy Record: continued for post-natal home care
- Child Health Development Record: continued to home care

Facilitate the continuum of care, data generation and accountability

Continuum of Postnatal Care at Field level

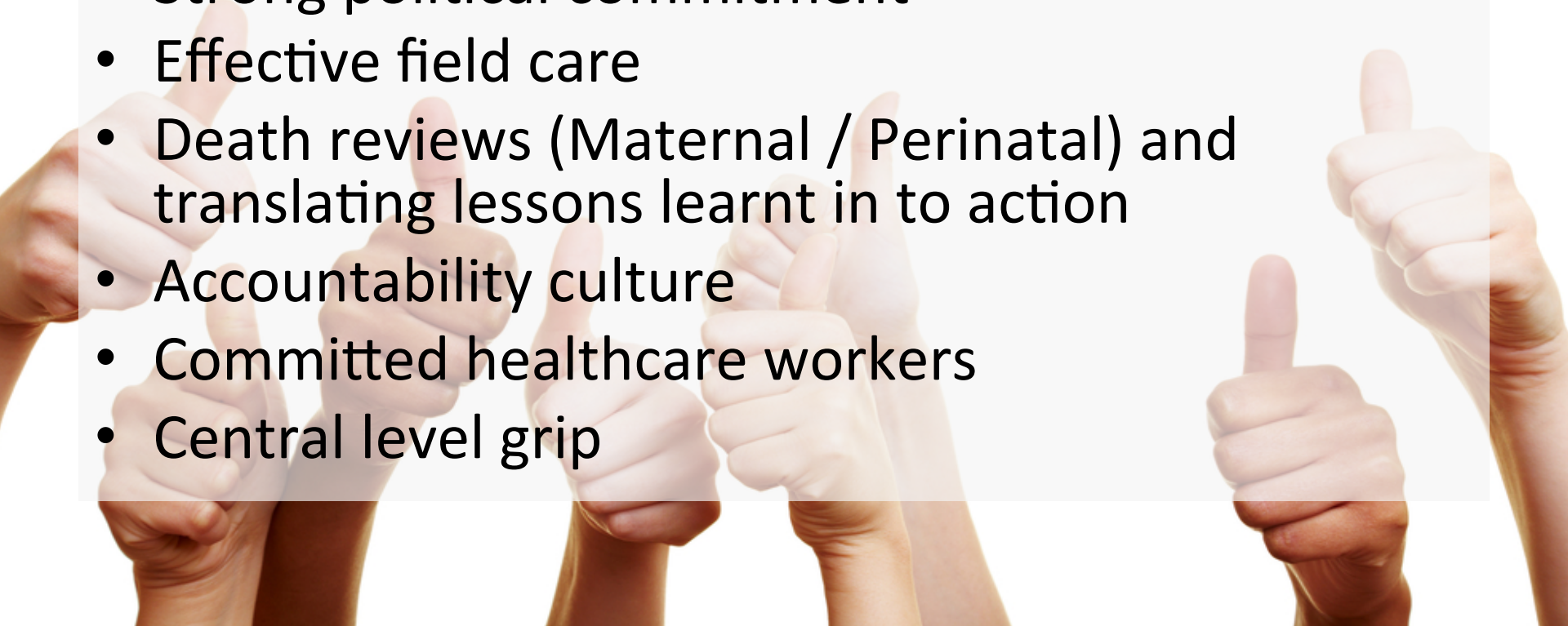


Community-based postnatal care by Public health midwife:

- 1st home visit: Day 2-5
- 2nd home visit: Day 6-10
- 3rd home visit: Day 14-21
- Postnatal field clinic visit: Day 28-35
- 4th Home visit: Around day 42

Contributory factors to achievements

- Free education / Free healthcare
- High level of literacy –female literacy / health literacy
- Strong political commitment
- Effective field care
- Death reviews (Maternal / Perinatal) and translating lessons learnt in to action
- Accountability culture
- Committed healthcare workers
- Central level grip





Challenges

- Quality of care -room for improvement
- Human resource issues
- Changing pattern of cause of obstetric morbidities and maternal deaths (Direct → Indirect)
- Neonatal deaths -60% perinatal causes – complex scenarios
- Low levels of neonatal and maternal deaths – further reduction difficult



Thank You



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குடும்ப சுகாதார பணியகம் - சுகாதார மற்றும் சுதேச மருத்துவ அமைச்சு
Family Health Bureau - Ministry of Health and Indigenous Medicine

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