Facility Based Postnatal Care in Sri Lanka: Achievements and Challenges

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Ministry of Health - Sri Lanka
Sri Lanka
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Unit</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land Area</td>
<td>62,705</td>
<td>Sq.Km</td>
<td>2009</td>
</tr>
<tr>
<td>Total Population</td>
<td>20.27</td>
<td>Million</td>
<td>2012</td>
</tr>
<tr>
<td>Population Density</td>
<td>326</td>
<td>Persons per Sq. Km</td>
<td>2012</td>
</tr>
<tr>
<td>Population growth</td>
<td>1.1</td>
<td>%</td>
<td>2009</td>
</tr>
<tr>
<td>GDP per Capita</td>
<td>3280</td>
<td>US$</td>
<td>2013</td>
</tr>
<tr>
<td>Population below Poverty Line</td>
<td>8.9</td>
<td>%</td>
<td>2012</td>
</tr>
<tr>
<td>Literacy Rate</td>
<td>91.3</td>
<td>% &gt;15 Yrs</td>
<td>2008</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>5.8</td>
<td>%</td>
<td>2009</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td>74.0</td>
<td>Yrs</td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>70.3</td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>77.9</td>
<td>2007</td>
</tr>
<tr>
<td>Human Development Index</td>
<td>0.702</td>
<td>(Min 0 – Max 1.0)</td>
<td>2013</td>
</tr>
</tbody>
</table>
Each household is designated to a PHM
Peripheral Hospitals
District General Hospitals
Base Hospitals
Teaching Hospitals
Provincial General Hospitals

GP / OPD
Laboratory
Post-mortem

350,000 Live births

94% Deliveries

< 5%
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%)**

<table>
<thead>
<tr>
<th>Total Live Births in hospitals covered</th>
<th>331152</th>
<th>94.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Live Births in Sri Lanka 2014 (RGD)</td>
<td>349715</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reported PNDs</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foetal deaths</td>
<td>1354</td>
<td>45.95%</td>
</tr>
<tr>
<td>Neonatal deaths (&lt;7 days)</td>
<td>1593</td>
<td>54.05%</td>
</tr>
<tr>
<td>Total Perinatal Deaths</td>
<td>2947</td>
<td></td>
</tr>
</tbody>
</table>

- **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
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

Visit our Website: http://fhb.health.gov.lk/