General Circular Letter No: 01/45/2017

All Provincial Directors of Health Services,
Regional Directors of Health Services,
Directors/Medical Superintendents of Teaching Hospitals/General Hospitals/Base Hospitals,
Heads of Institutions.

Strengthening postpartum family planning services provided by curative institutions

Family planning is a vital component of maternal and child health services and essential for improvement of overall health status of the society. With the current focus by global family planning initiatives on the postpartum period, postpartum family planning services provided by curative institutions need to be strengthened, while continuing preventive health services in this aspect.

Please ensure that following instructions are carried out in your institution/area:

1) All hospitals, where specialists are available and providing maternity care services, should ensure provision of postpartum intrauterine device (PPIUD), which comes under WHO Medical Eligibility Criteria Category 1 for mothers without complications, and implants which come under Category 2 in the same categorization, after obtaining informed consent in writing. Tubal ligation (LRT) method too should be made available. Consent for these should ideally have been taken during the antenatal period. Mode of delivery, in the absence of any complication, is not a barrier for provision of any of the above methods.

2) Heads of Institutions should arrange to provide tubal ligation services for clients who demand them. If there are limitations related to Theatre time during regular working hours, on-call staff members could be arranged to provide this service after working hours.

3) Heads of Institutions should make necessary arrangements to make available adequate numbers of contraceptive commodities and equipment in maternity care units, so as to ensure that no client who has opted for above described methods is denied of it due to logistic issues.

4) Adequate numbers of equipment and training material required for the PPIUD and implants, i.e. Kelly's forceps, training models and thread retrievers, could be obtained by Heads of Institutions from Family Health Bureau.

5) As per instructions of Director General of Health Services, issued by letter no. FHB/FB/01/2015 dated 11/08/2015, all specialist hospitals where specialists are available and providing maternity care services are required to establish daily functioning family planning clinics. These family planning clinics should coordinate postpartum family planning services within the institution as well, under the
administrative supervision of the Head of the Institution and the technical guidance of Consultant Obstetrician and Gynaecologists. In addition these clinics should continue to provide modern temporary methods of family planning as interval methods.

6) With the assistance of Family Health Bureau and Sri Lanka College of Obstetricians and Gynaecologists where necessary, Consultant Obstetricians and Gynaecologists should train all their new Intern House Officers on administration of all family planning methods.

7) Family Health Bureau should improve the existing Family Planning Training Module and other training programmes conducted for health professionals in order to enhance their counseling skills on post partum family planning, including PPIUD, to provide unbiased and balanced counseling to all women through antenatal care and during the hospital stay for delivery.

8) Public Health Midwives should counsel all women regarding suitable family planning methods, including postpartum family planning, and record details in the pregnancy record. Written consent should be obtained in the relevant formats from mothers consenting for postpartum family planning methods (vide annexed formats).

9) Family Health Bureau should take action to include data regarding administration of postpartum family planning into the routine RHMIS.

10) Birth Register to be used to record information about postpartum family planning administrations in institutions. If the client is getting the method for the first time, it should be recorded in the H1200A. Each Unit should maintain H1200A separately, and should be indicated by different Roman numerals (i.e. i, ii, iii etc.) after the registration number given to the hospital family planning clinic. Heads of Institutions should ensure that H1200A return is sent to the respective MOH office before the 5th of the following month.

11) Each client receiving both postpartum family planning services, as well as interval methods from the clinic, should be issued with H1155 record. The number given in H1200A should be indicated as the registration number in H1155.

12) Heads of Institutions should inform their requirements of printed formats to Medical Officer (Maternal and Child Health) of the Region.

Please bring the contents of this circular to the attention of all relevant staff in your Province/District/Institution.

Dr. J. M. W. Jayasundara Bandara
Director General of Health Services

Cc: 1) Secretary/Ministry of Health, Nutrition and Indigenous Medicine
2) Deputy Director General/Medical Services
3) Deputy Director General/Public Health Services II
4) Director/Maternal and Child Health
5) Director/National Institute of Health Sciences
6) Chief Medical Officer of Health/CMC
7) President/Sri Lanka College of Obstetricians and Gynaecologists
8) Consultant Community Physicians/Provincial
9) Medical Officers/Maternal and Child Health
National Family Planning Programme - Insertion of Postpartum Intra-uterine Device/Hormonal Implant* - Declaration of Consent

______________________________ ...
Date ...

I, the undersigned ...

aged ... years and residing at ...

request that an intra-uterine device/hormonal implant* be inserted on me.

(1) ... health condition/medical reason...

(2) ... to the point...

(3) ... to the extent...

(4) ... to the extent...

... I hereby declare that...

*persons with medical reasons may receive the said treatment.

... the said treatment.

*persons with medical reasons may receive the said treatment.
I certify that I understand the following:

(a) Details about the postpartum intra-uterine device/hormonal implants*, possible discomforts, side effects and benefits to be expected have been explained to me by healthcare officers.
(b) Other family planning methods that I can practice were also explained to me by healthcare officers.
(c) I am aware about the need to attend the clinic 4-6 weeks postpartum, and get the intra-uterine device checked*.

I have applied for postpartum intra-uterine device/hormonal implant* on my own free will without any coercion or inducement. I can change my mind at any time before the insertion and decide against the insertion. I received adequate opportunity to clarify my doubts in this regard.

.........................................................
Date

.........................................................
Signature of acceptor

*Details of device to be inserted
*Please delete inapplicable words.