Well Woman Clinic Guidelines

2023

Family Health Bureau

Ministry of Health

Sri Lanka

Acknowledgement

The far-sighted vision of our predecessors in public health developed a public health infrastructure where grass root level workers would visit each and every household in Sri Lanka to combat certain illnesses and to ensure health and well being of fellow citizens.

In the presence of such a well-built strong public health system, Well Woman Program was introduced in Sri Lanka with a view to improve health and well-being of women. One of the highlights of the program is to screen women for cervical cancer at an early stage and to eliminate it from Sri Lanka.

Over the last decade, the coverage of screened women aged 35 and 45 years has been on the rise until the program was hit by the Covid 19 pandemic in 2018. With the motivation of the field staff, the program again stood up to previous level where the clinic attendance for the 35-year age cohort exceeded 60%.

The program aims to screen for certain cancers including cervical and breast and to detect certain non-communicable diseases and risk factors early. Family planning services and counselling women on the importance of screening and issues related to menstrual hygiene and menopause early are integral parts of the program.

In the revised version, menopause is screened for using a scale. Gender based violence is added as a new component. Screening for cervical cancer with HPV DNA was added as a new component to the program since 2020 and added to the new guideline. Importance of follow up of positive clients using the unique register is also highlighted in this revised edition.

Our sincere hope is that, field staff will make maximum benefit of this guideline and deliver their services to the target population to improve health and save their lives who would otherwise die early of non-communicable diseases and cancers.

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2. MOH - Medical Officer of Health

1.Introduction

Sri Lanka has been successful in reducing maternal and infant mortality to comparable levels with more developed countries. While the impact of many communicable diseases is reducing in Sri Lanka it is facing a rising trend in the incidence of Non-Communicable Diseases (NCDs) and deaths attributable to these conditions. To compound the problem, Sri Lanka has one of the fastest aging populations in Asia. Life expectancy at birth is 80- years for females and 73 years for males. Moreover, gender roles and norms can greatly affect exposure to risk factors and health outcomes of the major NCDs in Sri Lanka.

The far-sighted approach of the Ministry of Health (MoH) in addressing these new challenges led to the introduction of Well Woman Clinics (WWC) in 1996, exclusively for women between the ages of 35 and 60 years. The objective of the Well Woman Program was to screen women for selected health conditions, namely, diabetes, hypertension, breast and cervical cancer for early detection and to reduce mortality and morbidity. Health education on menopause, nutrition and when appropriate family planning (FP) services were also provided.[1] The objectives of the Well Woman programme have undergone changes over time. Since 2018, the programme concentrates on screening women in 35 and 45 age cohorts.

A review of the Well Woman Program (WWP) was carried out in 2018 and a strategy to address the bottlenecks were identified. These included

(i) Increasing coverage and equity of the WWP;

(ii) Improving the quality of services provided by the WWP;

(iii) Health system strengthening to maximize the outcomes of the WWP, and

(iv) Increasing health seeking behavior of eligible women for Well Woman services. This revised guideline aims to address these issues

2. Objectives of the Well Woman Clinic

[1]Guidelines for implementation of the Well Woman Clinic Programme. FHB/FE/05/98

A visit to a Well Woman Clinic provides a critical opportunity to receive recommended clinical preventive services, including screening and counselling, which can lead to appropriate identification, treatment and prevention of disease to optimize the health of women. For example, cervical screening and management of chronic conditions such as diabetes, and counselling to achieve a healthy weight, can be addressed during a visit to the Well Woman Clinic (WWC).

3. Services provided at the Well Woman Clinic

The following services will be provided:

- General physical examination
- Checking body mass index (BMI)
- Measuring blood pressure
- Screening for diabetes mellitus
- Awareness about breast examination- self-breast examination (SBE) and clinical breast examination (CBE) – Annex 7
- Cervical screening test (Conventional Pap test or HPV testing)
- Providing family planning services
- Advice and counselling on menstrual irregularities
- Menopause and raising awareness on lifestyle modifications (at 45 years)
- Screening for gender-based violence

4. Expected outcomes of the Well Woman Programme

By 2030, every woman in the targeted age cohorts, has utilized quality well woman services.

Targets

1. Increase the coverage of 35-year cohort attending WWCs to 80 percent by 2030.
2. Increase the coverage of 45-year cohort attending WWCs to 80 percent by 2030.
3. Increase the proportion of women undergoing clinical breast examination to 80 percent by 2030;

4. Increase the proportion of women undergoing Pap smear/HPV testing in the 35 year age cohort to 80 percent by 2030;
5. Increase the proportion of women undergoing Pap smear / HPV testing in the 45 year age cohort to 80 percent by 2030;
6. Reduce the percentage of "unsatisfactory smears" to ≤5 percent by 2030;
7. Increase the percentage of women undergoing Pap smear /HPV testing who receive their report in 6 weeks or less to 90 percent.

5. Organization and management of Well Woman Clinics and referral services

a. Defining the target population

The Well Woman Program is population based and targets women who are 35 years and 45 years.

Women who have had hysterectomy and did not have premalignant or malignant conditions of the cervix in the post-operative specimen do not need screening for cervical cancer. Those women who have never been sexually active may be invited to the WWC. But cervical screening of such women need not be done.

b. Recruitment of the target population

Screening and early detection programs need to achieve high coverage in order to reduce the impact of morbidity and mortality of breast and cervical cancer. The area Public Health Midwife (PHM) periodically invites women in the 35 and 45 age cohort to attend the WWC during home visits, or field clinics in the community. Women are given an information leaflet about the WWC which also indicates the location, date and time of the clinic. The PHM should plan to cover the screening of women systematically village by village in her area in a given calendar year.

Women in the traget age group should ideally attend the clinic at least one week after the onset of menstrual bleeding when bleeding ceases (there should be no intermenstrual bleeding as well). Those who are invited to attend the clinics should not be pregnant. Ideally the woman should not have engaged in sexual intercourse 24 hours prior to the test. If women have

symptoms such as purulent discharges, rashes or severe lower abdominal pain, it is important to advise them to seek medical attention prior to screening. Screening could be made available for pregnant women 6 weeks post partum.

Home visits allow personal contact to be established between the health system and women and reinforces the message that women are valued. They also provide means of reaching out to women who do not frequent health care establishments. If a male partner or other family members are present, they are also made aware of the services available in the WWCs.

c. Register all women who are 35 and 45 years who are permanent residents of the MOH area

At the beginning of the year, the PHM identifies women who will be 35 and 45 years that year, from the Eligible Family Register maintained by her and lists them. *Grama Niladhari, who is having the electoral list* is also consulted to confirm that all women who are 35 and 45 years are included.

The list of women turning 35 and 45 years in a given year may be entered in a separate book and maintained by each PHM.

Unique client identification numbers **-** The eRHMIS has given all Districts a unique number (e.g. Ratnapura district = 91) and MOHs a unique three letter code (e.g. Kalawana MOH =KLW) A client from a particular MOH will have a serial number as per WWC register. Therefore, the unique id no of the first client in the WWC register will be; Dist. code/ MOH code /Sr no (e.g. 91/KLW/001). If there are multiple WWCs in the MOH area you may assign one series of numbers (e.g. a001 to a999 to one clinic, b001-b999 to another clinic etc)

d. Screening interval

Cervical screening with conventional pap smear and HPV testing is conducted at 35 and 45 years of age (annex – 06).

Screening for breast abnormalities At Well Woman Clinics, women are screened for breast abnormalities at 35 and 45 years of age. All women who attend WWC are trained to do self-

breast examination once a month (about one week after the onset of their menstrual bleeding or once a month after menopause).

In addition, those at high risk of breast cancer such as those having a first degree family history of breast cancer, uterine or ovarian cancer, early menarche, nulliparity, tobacco and alcohol use could be referred to HLC for screening at more frequent intervals.

e. Location and frequency of clinics

WWCs are conducted at locations decided by the MOH. In addition to the WWC conducted at the Medical Officer of Health (MOH) office, other sites where they are conducted include Maternal and Child Health (MCH) clinics and Family Planning clinics.

Frequency of clinics should be decided based on the number of women to be covered in the target population and availability of human resources. WWC must be held on a fixed day.

Mobile clinics **-** Mobile clinics could be conducted based on the geographical location, accessibility and feasibility as decided by the MOH. These may be necessary in the estate sector or remote rural areas where access to static clinics are limited. In addition to the estates, mobile clinics may be conducted in factories or institutions with large numbers of female workers.

There are several challenges and risks involved with offering screening via mobile clinics as compared with static clinics. Referral systems and challenges with follow-up are major issues. Since the female workforce in factories or large institutions, include women from areas other than those from the MOH area in which the mobile clinic is held, there is a possibility that such women may be lost to follow-up. In a mobile clinic setting, any abnormalities that are detected will require the client to travel to a clinic to visit a physician on a separate date.

f. Staffing

The minimum staff required for the conduct of the WWC are:

1. Medical Officer (MO)

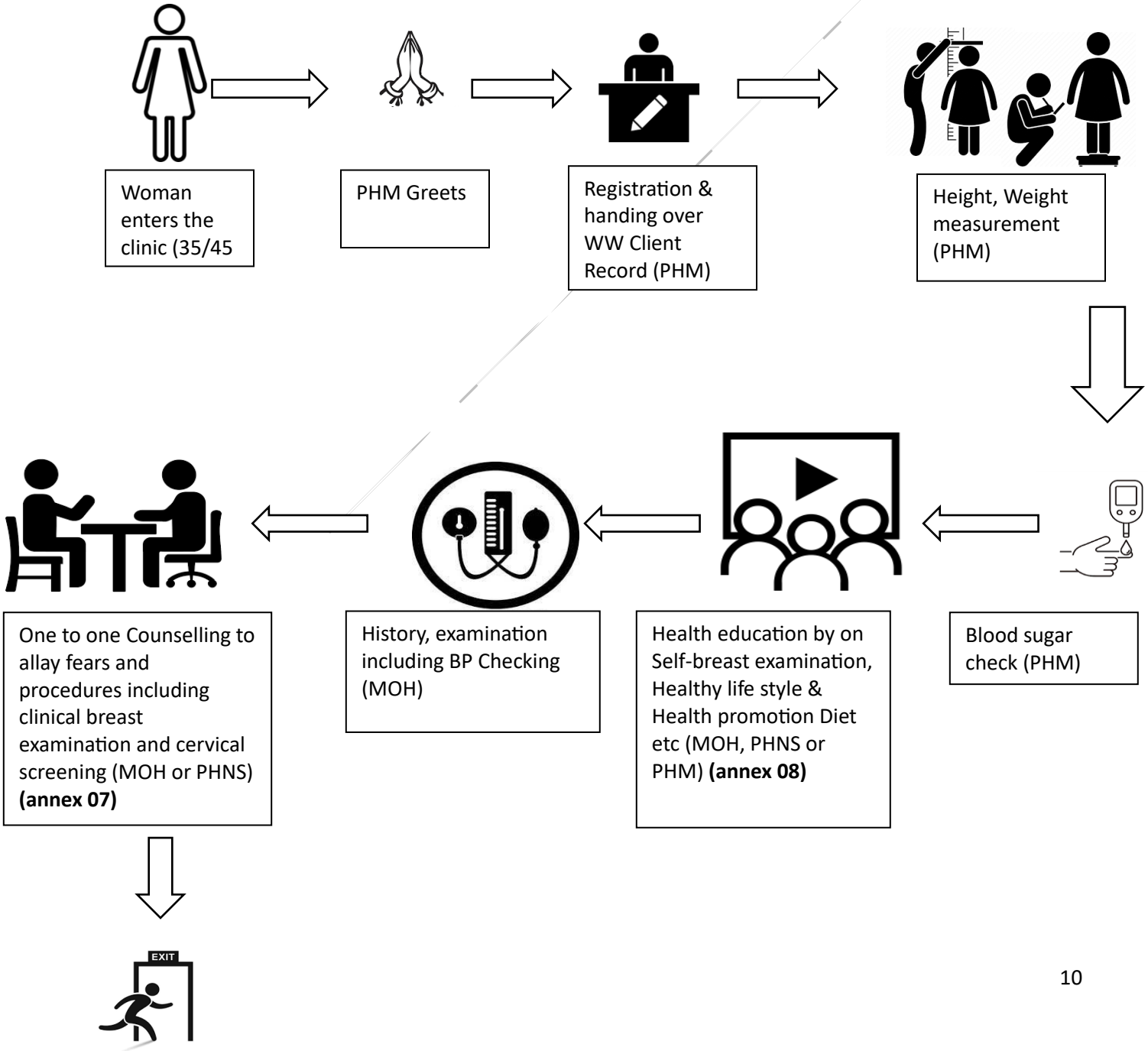
2. Public Health Nursing Sister (PHNS)

3. Two Public Health Midwives (PHM) with or without Supervisory Public Health Midwife (SPHM)

The WWC is conducted under the supervision of the MOH. The general examination will be carried out by the MOH. Clinical Breast Examination (CBE) and cervical screening will be carried out by the MOH or PHNS.

g. Sequence of activities in a Well Woman Clinic

The following diagram shows the tasks and the responsible officers of the staff for different tasks involved at the Well Woman Clinic.



h. Equipment requirements and supplies

Required equipment to conduct Well Woman Clinics is attached **(Annex -01)**. Above equipment and consumables are supplied by the Family Health Bureau and items which are in short supply could be locally purchased at district level.

i. Health education

At the WWC the MOH /AMOH, PHNS, SPHM or PHM may conduct education sessions about the services provided and the conditions that are screened for at the WWC. During these education sessions, Information Education and Communication (IEC) material such as videos, power point presentations, as well as flashcards, may be used.

Topics to be covered at Health Education sessions

I. Importance of pap screening

II. Self-breast examination and clinical breast examination

Doctors, Public Health Nursing Sisters, Supervisory Public Health Midwives and Public Health Midwives must have the knowledge of counselling clients regarding self-breast examination. For this a Power Point presentation may be used (see page …….. for details on CBE and SBE).

All women should be instructed to follow the following steps during a self-breast examination

- Examine their breasts themselves on a specific day each month. It is best to examine 07 days after the onset of menstruation. Choose a suitable place covered with a curtain for this.
- Keep the fingers close together and press the breast with the inside of the fingers to check for lumps and nodules. Examine the entire breast and all areas in this way. All areas of both breasts should be examined in this way.
- Start with the outside of the breast and examine it with the fingers in a clockwise direction gradually to the centre.
- Then gradually press the hand and examine as shown in ……..
- Use the right hand to examine the left breast and the left hand to examine the right breast.;

- ❖ Examine the breast and then the lymph nodes in both armpits. Finally gently squeeze the nipple using the thumb and forefinger to check if any fluid/blood is coming out.
- ❖ If any abnormality is detected during SBE, the client should seek medical attention.

Any abnormalities detected in the breast during CBE

- ❖ If any abnormal conditions (lumps, nodules, fluids from nipple, changes in the skin, swelling of the lymph nodes) are observed during the clinical breast examination, such women should be referred to a surgical clinic.
- ❖ In such situations clients are anxious and the health care provider (HCP) should show empathy. Explain to them about the need for further investigations.
- ❖ The client should be informed about the date, time and place of the nearest surgical clinic and MOH should maintain such details.
- ❖ These women should be followed up in the Well Women Clinic Positive Clients' Follow up Register. It is compulsory that continuous follow ups to be conducted on women who have been referred for such further care.
- ❖ These staffs must ensure whether the clients follow the instructions and advice given in the treatment centers and get the service properly.

III. Importance of prevention of non-communicable diseases

Physical inactivity, unhealthy diet, use of tobacco and alcohol are the major modifiable risk factors for NCDs. The WHO recommends at least 150 minutes of moderate severity exercises throughout the week (for those aged above 18 years). Reaching the community through available health systems through an integrated approach to provide behavioural modification would be feasible given the availability of adequate human resources. Women attending WWC could be empowered to be responsible to make healthy choices the best choice and thereby contribute to addressing the challenge of risk factor reduction in low resource settings.

In order to achieve above, following measures could be implemented

1. To improve awareness of WWC attendees on burden of NCDs and their risk factors with special focus on active lifestyle and healthy diet
2. To encourage WWC attendees to engage in physical activity as described above
3. To encourage WWC attendees to consume a healthy diet

IV. Importance of family planning services to avoid unwanted pregnancies

V. **Menstrual irregularities including menopause**

VI. **Importance of Follow up care in maintaining health**

Pre-test counselling, informed consent and post-test counselling

Prior to CBE and cervical screening tests, pre-test counselling will be provided by a MOH, or a trained PHNS and informed consent will be obtained from the client prior to conducting the procedure. If treatment is necessary, the client will be seen by MOH / AMOH. Women with positive test results will be provided with counselling by the MOH /AMOH.

At the pre-test counselling, client is educated on the procedure and verbal consent obtained. Client should be reassured that the procedure is free of pain and any fears should be allayed stating that most abnormalities detected are not cancers and even if a cancer is detected it is possible to detect them at an early stage through screening. The presence of a chaperone during examination and respecting their privacy and confidentiality should also be highlighted.

Following the procedure, if any abnormality is detected, client is referred to appropriate place after a session of counselling taking her concerns into account.

j. Reporting of pap smears

The pap smears taken in a clinic are transported back to the MOH office. At the MOH office, the slides with the pap smears are duly labelled and sent to a designated laboratory with a request form. The laboratory has to report on the slide within 2 months and the reports should be sent to the MOH office. Once the reports are received from the laboratory, the area PHM should hand over the report to the respective clients as soon as possible. In the case of an abnormal report, it is the responsibility of the MOH to counsel the client and refer and / or follow her up. All clients with an abnormal pap report should be entered in the WWC Positive Clients Follow up Register and duly followed up. If the woman is non- resident, then the MOH /staff conducting the clinic is responsible to liaise with the MOH in which the woman is a resident and refer her back.

k. Referral system

It is important that the WWC establish strong forward and backward referral linkages with the referral facilities at secondary or tertiary level. Once the screening is carried out at the WWC and any abnormalities are detected by the health care providers (HCP), the MOH must:

- ensure timely referral to the appropriate clinic.
- screen-positive women who need higher center referral will be counselled to travel to referral centers and not to default.
- carry out timely follow-up of Pap smear positive women using the Positive Clients Follow up register. Instructions on how to document positive clients' details are explained in Annex -2.

Table -01

Referral pathways for clients with various abnormal findings detected at Well Woman Clinics

Abnormality detected	Referral center
High grade lesions and glandular cell atypia after cytology test (Pap smear or Liquid Based Cytology)	Colposcopy facility (Annex -04)
Low-grade lesions in cytology test (Pap smear or Liquid Based Cytology)	Repeat smear in 6 months (Annex -04)
HPV DNA positive clients (16,18 or other high risk types)	Refer to the algorithm (Annex -06)
Breast abnormalities	Surgical clinic
High blood sugar	Medical Clinic

High blood pressure	Medical Clinic
BMI > 25 kg /m2	Healthy lifestyle centers
Menstrual irregularities (Heavy menstrual bleeding, Oligomenorrhoea, intermenstrual bleeding, Dysmenorrhea)	Gynecology clinic – Whenever required
Severe menopausal symptoms (see MRS)	Gynecology clinic
Severe rheumatological symptoms (see MRS)	Rheumatology clinic
Severe depressive symptoms (see MRS)	Psychiatry clinic
Gender based violence	Mithuru Piyasa

l. Follow up

One of the problems associated with cervical cancer screening programs in Low and Middle Income Countries is screen positive women defaulting diagnosis and treatment if there are multiple steps in the screening and treatment process.

In Sri Lanka Positive Clients Follow Up Register was introduced from 2018 onwards in order to improve follow up mechanism and to improve compliance of those clients who are having cellular changes in cervical smears and breast abnormalities. All Medical officers of Health (MOOH) are expected to go through the register carefully as this will improve the quality of Well Woman Program reducing cervical and breast cancer deaths. It is essential that during the monthly conference MOOH monitor the progress of positive clients by asking relevant PHMs about follow up clients entered in the last 4 pages of the register. Positive clients should to be followed up at intervals of 1 month, 6 months, 1 year and yearly up to 5 years. Their identity could be easily traced when their details are entered in the relevant box in last 4 pages of the register (Annex -2).

6. Clinical guidelines

6. 1 History

Health status: medical / surgical, menstrual, reproductive health including FP

Family medical history

Dietary/nutrition assessment

Physical activity

Use of complementary and alternative medicine

Pelvic prolapse

Perimenopausal /Menopausal symptoms

Abuse/neglect

6.1.1 Screening for Gender Based Violence (GBV) including Intimate Partner Violence (IPV) /Domestic violence (DV)

Health care providers and health systems have a critical role in supporting women

- All health professionals must be alert to the identification of DV to enable the provision of appropriate support for women.
- All women should be routinely asked about DV as part of their history
- The WWC is an opportunity to enquire routinely about DV,
- Explain that enquiry about DV is a routine part of WWC and that it aims to identify women who would like assistance.

Box 1 Hurt, Insulted, Threatened with Harm and Screamed (HITS) Domestic violence Screening Tool
Please read each of the following activities and place a check mark in the box that best indicates the frequency with which your partner acts in the way depicted

How often does your partner?	Never 1	Rarely 2	Sometimes 3	Fairly often 4	Frequently 5
1. Physically hurt you					
2. Insult or talk down to you					
3. Threaten you with harm					
4. Scream or curse at you					
Total score					

Each item is scored from 1-5. Scores for this inventory range from 4-20. A score of greater than 10 indicates the woman is at risk of DV, and should seek help.

Ideally, when the woman is alone or within an environment where privacy and confidentiality could be maintained, the subject of occurrence of any form of violence within the relationship should be introduced. The provider can ask specific questions such as given in the **Hurt, Insult, Threaten, Scream (HITS)** screening tool. The HITS is a four-question, self-reported or staff administered screening tool that assesses the frequency of certain components of IPV using a five-point Likert scale from 1=Never to 5=Frequently. The total score can range from four to 20. A score of 10 or higher indicates that the person screened is at risk of IPV (Box 1)

The tool is available online HITS Domestic Violence Screening Tool.

(https://www.baylorhealth.com/PhysiciansLocations/Dallas/SpecialtiesServices/EmergencyCare/ Documents/BUMCD-262_2010_HITS%20survey.pdf).

Box 2 DOCUMENT THAT ENQUIRY HAS BEEN MADE ABOUT DOMESTIC VIOLENCE (DV) AT EACH CLINIC VISIT This needs to be coded so that if the abusing partner looks at the chart, this information is not obvious

	V0/V1/V2/V3
35 yrs	
45 yrs	

V0 – The woman has been asked and reveals **"no violence"** in the home
V1 – The woman has been asked and **"denies violence"** in the home
V2 – The woman has been asked and **"admits violence"** in the home
V3 – The woman has been asked and **"admits violence in the home and action has been taken by the health staff"**
No mark- The woman has not yet been asked, so enquiry regarding violence in the home should be made as soon as possible.

The HITS tool is also to be found in the Health Sector Response to Gender Based Violence. National Guideline for First Contact Point Health Care Providers. Sri Lanka. Family Health Bureau 2019 on page 18

Record in the notes that, the woman has been asked about DV within the social history. **Do not write any disclosure in the hand-held notes of the patient.** It should be in a code such as given in Box 2 that the woman has been asked about DV. Separate table is printed in new version of Well Woman Client Record.

Information and support for women

- Assure the woman that confidentiality will be maintained.
- Pass on information about ***Mithuru Piyasa / Natpu Nilayam*** service to all women whether or not a woman discloses abuse
- Ensure the safety of the woman and that of her children in relationships where violence has been disclosed.

When the provider suspects DV, but the woman does not disclose/denies DV

If abuse by the partner is suspected, (Box 3) but the woman does not acknowledge that it does happen:

- respect her response and do not challenge her
- let the woman know that if the situation changes the carers are able to discuss it
- provide them with the means of contacting appropriate support agencies, e.g brochure from ***Mithuru Piyasa / Natpu Nilayam***
- Continue asking about DV routinely during home visits as specified in Box 3

- Make a special note in the client record to assess for violence again at future presentations.

"***Any intervention such as referrals when there is DV must be guided by the principle "do no harm", ensuring the balance between benefits and harm*** and done with the consent of the woman.

Box 3: Signs and symptoms associated with intimate partner violence

The factors below may raise suspicion of DV **but are not diagnostic**

Physical injuries	**Illnesses**
• Injuries to the head, face, neck, chest, breast, abdomen or genitals • Bilateral distribution of injuries, or injuries to multiple sites • Contusions, lacerations, abrasions, ecchymosis, stab wounds, burns, human bites, fractures (particularly of the nose and orbits) and spiral wrist fractures, complaints of acute or chronic pain without evidence of tissue injury • Sexual assault (including unwanted sexual contact by a partner) • Injuries or vaginal bleeding during pregnancy, spontaneous or threatened miscarriage, low birth weight babies • Multiple injuries, such as bruises, burns, scars, in different stages of healing • Substantial delay between time of injury and presentation for treatment • Tufts of hair pulled out, strangulation/choking	• Headaches, migraine • Musculoskeletal complaints • Gynecological problems • Sexually transmitted infections • Chronic pain/undiagnosed causes for pain • Malaise, fatigue • Depression • Insomnia • Anxiety • Chest pain, palpitations • Gastrointestinal disorders • Hyperventilation • Eating disorders
Patient's manner	**Serious psychosocial problems**
• Hesitant or evasive when describing injuries • Distress disproportionate to injuries (eg, extreme distress over minor injury, or apparent lack of concern about a serious injury) • Explanation does not account for injury (eg, 'I walked into a door') • Different explanation for same injury at different presentations	• Alcohol abuse or addiction • Severe depression • Drug abuse or addiction • Suicidal ideation or attempts. • Inappropriate attempts to lose weight, development of eating disorder during pregnancy
History	
• Record or concerns about previous abuse (eg, injuries inconsistent with explanation) • Substantial delay between time of injury and	

presentation for treatment • Multiple presentations for unrelated injuries	

(Adapted from Fanslow J L, Kelly P, 2016. Family Violence Assessment and Intervention Guideline: Child abuse and intimate partner violence (2nd edn). Wellington: Ministry of Health.)

Reference

1. Health Sector Response to Gender Based Violence. National Guideline for First Contact Point Health Care Providers. Sri Lanka. Family Health Bureau 2019.

6.1.2 Menopause related symptoms and referral pathway

The Menopause Rating Scale (MRS) is a questionnaire that ranks the severity of 11 symptoms that occur during the transition to menopause. Women indicate on a scale starting with 0 (no symptoms), 1 (mild), 2 (moderate), 3 (severe), 4 (extremely severe) how much the symptoms are affecting their health-related quality of life. These climacteric symptoms represent the gradual change of a woman's ovarian function during perimenopause, before menopause actually arrives.

The questions fall into three subcategories:

- Hot flashes, heart discomfort, sleep problems, and joint and muscular discomfort are considered somatic symptoms.
- Depressive mood, irritability, anxiety, and physical and mental exhaustion are considered psychological symptoms.
- Sexual problems, bladder problems, vaginal dryness and are considered urogenital (annex -05).

Referral pathway for those with severe or extremely severe symptoms

Symptoms are subjective. The severity is as experienced by the patient.
Referral pathways for healthy women completing the MRS

- If two or more symptoms are severe or extremely severe, then the patient should be referred to the gynecology clinic
- If the woman has extremely severe depression especially with suicidal ideation the patient should be referred to the psychiatry clinic
- If the rheumatoid complains are extremely severe the woman should be referred to the rheumatology clinic
- If the cardiac symptoms suggest angina or ischemic heart disease, the woman should be referred to the medical clinic
- If the client is having any other symptoms appropriate referrals should be done

6.2 Physical Examination

Height
Weight } Body mass index (BMI)

Blood pressure

General Examination
Neck: adenopathy, thyroid
Breasts, axillae
Abdomen
Pelvic examination
Additional physical examinations as clinically appropriate

6.2. 1 Measuring weight in the clinic setting.

- The weighing scale should be placed on a smooth, level surface.
- Before weighing, the woman should be asked to remove slippers, heavy clothes, handbags and any other heavy item (keys, coins etc.) with them.
- The reading of the scale should be checked, and it should be adjusted to '0'.
- Ask the woman to step onto the scale. Ensure that:
  - the woman stands upright, with her arms hanging loosely at sides. She should look straight ahead and not move.
  - reading of the scale display should be noted down to the nearest 0.1kg when it stops changing.
- PHM should stand in front of the woman.

6.2.2 Measuring height in the clinic setting

- Microtoise tape or stadiometer / height measuring rod should be used to measure the height.
- Microtoise should be set up against a wall in full length.
- Ask the woman to remove slippers and stand against the wall as straight as she can.
- Look at the person from the front and make sure that she is under the Microtoise meter and keeping the feet slightly apart.
- Look at the person from the side and make sure that the back of the head, shoulders, buttocks and her heels are touching the wall.
- Lower the head piece of the Microtoise until it sits firmly on the top of the head and made sure that it touched the head and not the hair.
- The reading should be taken to the nearest 0.5 cm

6.2.3 Calculation of the Body Mass Index (BMI)

$$\text{BMI} = \frac{\text{Weight (kg)}}{}$$

Height X Height (m^2)

Instead of calculating BMI, field HCP use the BMI chart or BMI wheel, which gives the BMI comparing weight and height.

Interpretation of BMI

<18.5 kg/m^2	Under nutrition
18.5 – 24.9 kg/m^2	Normal
25 – 29.9 kg/m^2	Over weight
≥ 30 kg/m^2	Obese

If the client's BMI is above 25 or below 18.5 kg /m^2 she should be referred to the Healthy Lifestyle Centre.

6.3 Measuring Blood pressure

Measuring blood pressure in the clinic setting.

Sphygmomanometer should be used with an adult cuff. An extra-large cuff should be available for obese women.

The following procedure should be followed to measure blood pressure accurately.

Table Blood pressure measurement technique

TECHNIQUE	PROCEDURE [2]	RATIONALE
Position of woman	• Seated • Feet supported on a flat	• Different arm positions can produce significantly different

[2] Kaberi Dasgupta, Robert R. Quinn, Kelly B. Zarnke, Doreen M. Rabi, Pietro Ravani, Stella S. Daskalopoulou, et al. The 2014 Canadian hypertension education program recommendations for blood pressure measurement, diagnosis, assessment of risk, prevention and treatment of hypertension. Canadian Journal of Cardiology. 2014; 30:485-501

TECHNIQUE	PROCEDURE [2]	RATIONALE
	surface. • Arm supported horizontally at the level of the heart. • Allow to rest for 5 minutes prior to measurement. • Avoid supine position. • Measure using both arms at initial visit. • If BP is consistently higher in one arm, use the arm with the higher values for all BP measurements. •	measurements. • A rise in BP may occur in the first few minutes of a medical encounter. • Avoids supine hypotension syndrome. • Excludes rare vascular abnormalities.
Cuff size	• Cuff length 1.5 times the circumference of the arm • If arm circumference greater than 33 cm use large cuff or extra-large cuff	• Correct sized cuff is necessary for correct measurement and hence diagnosis
Cuff position	• Place lower edge of cuff 2–3 cm above the point of brachial artery pulsation • Place rubber tubes from cuff bladder superiorly	• Allows easy access to the antecubital fossa for auscultation
Measurement device	• Calibrate and maintain device as per manufacturer's instructions.	• All devices require regular servicing and calibrating
Systolic blood pressure (sBP) measurement	• Palpate BP at the brachial artery • Inflate cuff to 30 mmHg above where pulse disappears. • Deflate cuff slowly at approximately 2 mm Hg per second. • Use Korotkoff phase I (first sound heard • Take readings to the nearest 2 mm Hg (not nearest 0 or 5 mmHg)	• Palpation of the brachial artery is required to ensure correct placement of the stethoscope. • Necessary for accurate systolic and diastolic estimation • Avoids bias through digit preference (i.e., observers estimating BP to nearest 0 or 5 mmHg)

TECHNIQUE	PROCEDURE [2]	RATIONALE
Diastolic blood pressure (dBP) measurement	• Record dBP using Korotkoff phase V (i.e. when sounds disappear) • If phase V cannot be detected use Korotkoff phase IV (i.e. when sounds muffle)	• Korotkoff phase V is detected with greater reliability than Korotkoff phase IV and is a better estimation of true diastolic pressure
Documentation	• Record site and position of the BP reading at the WWC visit	• Facilitates detection of true BP changes
Other factors affecting BP readings	• Stress and anxiety • Talking while BP taken • *Tobacco products (containing Nicotine) • *Caffeine • Temperature • Full bladder	• Increase BP • *Avoid for 30 minutes prior to measurement

If blood pressure is found to be abnormal

- ❖ Inform the woman about it and explain to her the steps to follow.
- ❖ Send her to appropriate places for further examination or treatment.
- ❖ That is to say, she should be advised to go to the Specialist Medical Clinic or the nearest District hospital
- ❖ Investigate whether the patient is receiving treatment. Find out on the field whether the treatment is being followed properly as instructed in the field and in the treatment center.
- ❖ If the woman is 35 years or less it is important to inform her that investigations may be carried out to determine the cause of hypertension.
- ❖ In addition to this, it is important to advise the best habits, such as physical exercise, diet control, and adequate water intake, (minimizing salty foods as much as possible).

6.4 Clinical and self-breast examination (CBE)

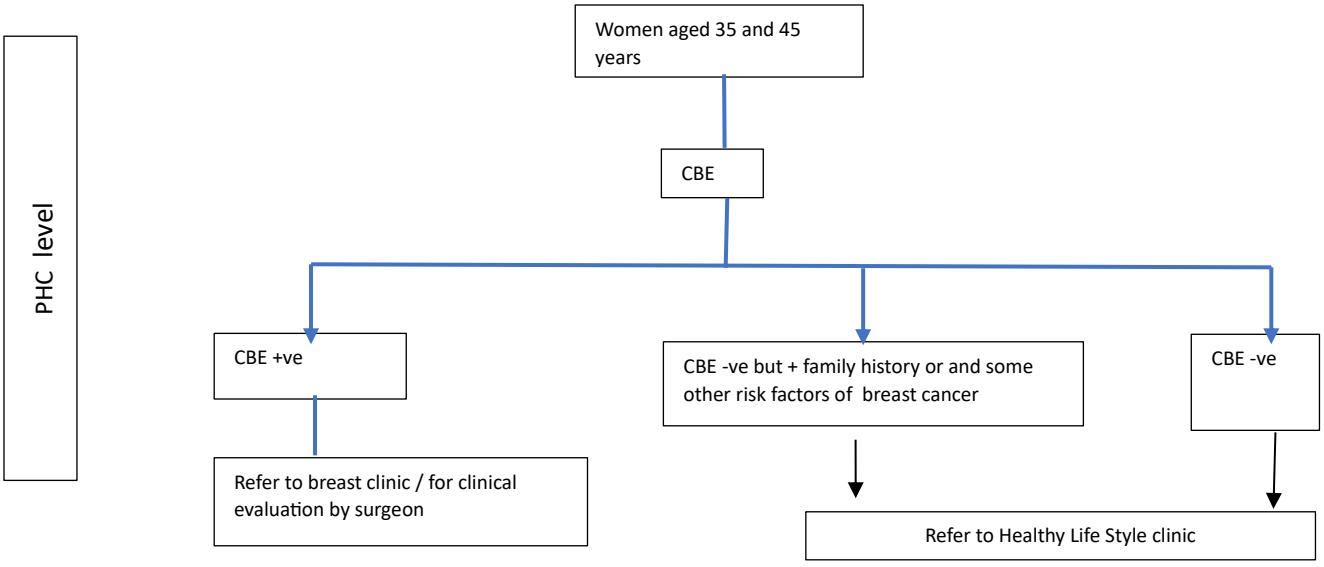
Counselling before Clinical Breast examination

Check list

1. Appreciate the client for health seeking behavior
2. Explain the procedure (process, privacy, chaperone)
3. If an abnormality detected the referral pathway
4. If no abnormality detected the importance of self-breast examination
5. Time for Q&A

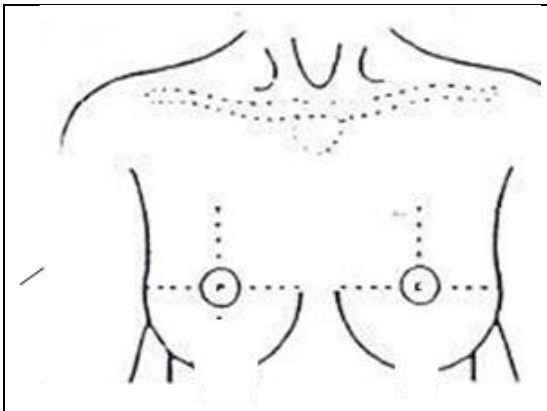
Figure 6.4

Screening for breast abnormalities at the WWC



The following diagram in the clinic card can be drawn to record the findings

PLEASE INDICATE SITE OF CONCERN (Use left / right above for nipple symptoms)	
	Examination findings

6.4.1 Interpretation of the findings of CBE

1. Normal/Negative: No abnormalities on visual inspection or palpation.

2. High Risk: Women with family history of breast, ovarian or colon cancer, with a personal history of breast cancer in the same breast or the opposite breast will be categorized under 'high risk group' and should be referred to the HLC.

3. Abnormal: Definite asymmetrical finding on either visual inspection or palpation. It could be either malignant or not malignant. Presence of discrete hard lump(s) in the breast with or without swelling(s) in the armpit, recent nipple retraction or distortion, skin dimpling or retraction, ulceration, blood stained nipple discharge presence of other lumps will be considered as positive findings on CBE and patient will be managed according to the screening and management algorithm for breast cancer. The proposed algorithm for screening for breast cancer is shown in Figure 6.4 which is for a low resource setting**.**

6.4.2 Recommended screening protocol

- Clinical breast examinations (CBE)
    - Age 20 to 40 - 3 yearly
    - Age 40 or over-annually
    - Family history: breast or ovarian cancer under the age of 40 years - Annual clinical breast examination :5 years before the index case

NB – Currently women are screened for breast abnormalities in Well Woman Clinics at 35 and 45 years.

- Screening mammography: once in 2-3 years for women aged 50 – 69 years (currently not available)
- Breaking news: Positive findings in Breast examination and Positive PAP smear should be counselled by the MOH

6.4.3 Self-breast examination

Self-breast examination

Recommendation is to do self-breast examination once a month after 20 years of age

Breast self-examination should be taught and reinforced at every consultation.

Palpation

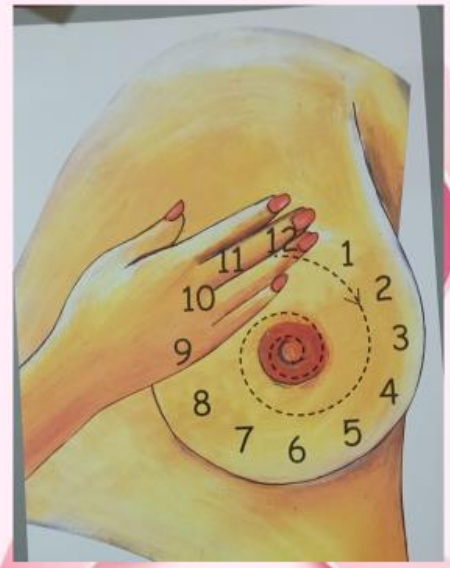
- Sitting
- Standing
- Lying down

Palpation Contd.

- Palpate the breast using flat surface of the middle three fingers

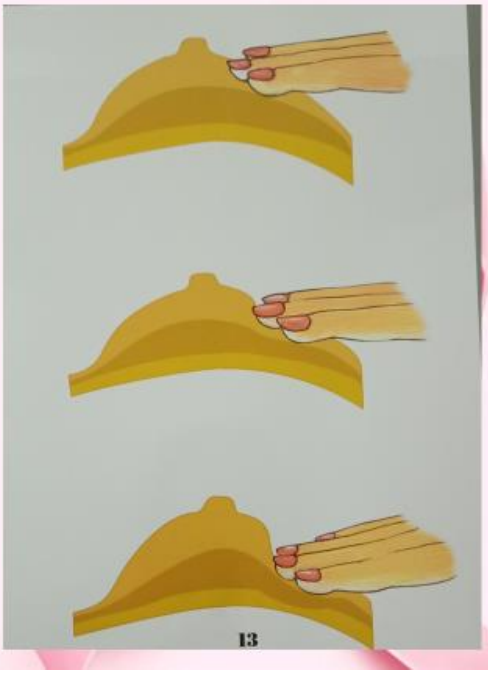
Palpation Contd.

- Palpate the breast in a clock wise direction from outer circle of the breast towards the nipple.



Palpation Contd.

- Use three pressure levels
  - Superficial
  - Intermediate
  - Deep



Palpation Contd.

- End of the breast palpation,
- Squeeze the areola using thumb and middle finger

Palpation Contd.

- Examine the armpit and look for lump

Link for the Self-Examination Booklet

https://www.nccp.health.gov.lk/storage/post/pdfs/Be%20breast%20aware%20booklet%20sinhala.pdf

6.5 Cervical Cancer Screening

6.5.1 Introduction

- The rationale for cervical cancer screening is to detect premalignant lesions of the cervix and treat the lesion. Pap smear is one of the methods that can be used to detect premalignant lesions of the cervix. The other method being used in Sri Lanka for cervical cancer screening is HPV DNA.
- Clients are invited to attend clinics and referred for screening by the PHM
- Interpretation of Pap smear is difficult if the smears are contaminated with blood and other contaminants. Hence the following advise should be given
    - ✓ Avoid the period of menstruation
    - ✓ Refrain from intercourse 24 hours prior to performing Pap smear test
    - ✓ Avoid using vaginal gel or any other lubricant prior to the test
- Cervical screening is not performed during pregnancy and in the presence of clinical features suggestive of some sexually transmitted infections who should be referred to a STD clinic for treatments.

6.5.2 Staffing and training

- Cervical cancer screening (Pap smear or HPV DNA) should only be carried out by a doctor, or PHNS who has been trained and certified as competent to carry out the procedure.
- Two staff are required for the procedure. One to carry out the procedure, and the other to assist.
- The senior HCP must escalate to the MOH if any issues are identified with regard to staffing or resources for screening.
- If the service provider is a male, then a female chaperone must always be present.

6.5.3 Overview of cervical cancer screening procedure

- Women aged 35 and 45 years are the target population for screening at Well Woman Clinics.

- Cervical cancer screening commences for women living with HIV at 25 years of age.
- Screening (with Pap smear or HPV DNA) will be carried out at 35 and 45 years if there is no abnormality at the first visit.

6.5.4 Equipment and supplies

Prior to carrying out the procedure ensure that equipment and supplies are available.

6.5.5 Ensure there is visual and auditory privacy.

6.5.6 Preparation prior to the Pap procedure

✓ Before taking the smear (one to one counselling)

Introduce yourself. Explain the procedure to the woman. Answer any questions she may have.

- ✓ Informed consent will be obtained from the woman prior to the procedure. The fact that informed consent was obtained must be documented in the notes.
- ✓ Practice of universal precautions including hand washing and wearing gloves to prevent infections.
- ✓ The woman should be reassured that the procedure is painless, and every effort should be made to ensure that she is fully relaxed and remains at ease during testing.
- ✓ Ask the client if she has emptied her bladder, if not to do so.
- ✓ Prior to taking a pap smear label the slide using a diamond pencil to clearly identify the woman from whom the sample is taken (client identification number). In HPV DNA sampling, labelling should be done on the collection medium container. These should match the information on the request form and the WWC register.
- ✓ Ask the woman to remove only enough clothing, including the underwear, so that the pelvic examination and Pap test / HPV DNA may be performed.
- ✓ Assist the woman onto the examination table.
- ✓ Ask the patient to sit at the edge of the exam table and place a sheet over their lap and knees
- ✓ Position the head of the bed at approximately 30°

- ✓ Position the client by helping the patient lie back, slide down until her buttocks are at the edge of the table, bend her knees, and open her legs.

6.5.7 Technique – Pap smear and HPV DNA

- The examiner should sit at the foot of the exam table with an exam light shining on the perineum.
- Remember to reassure the patient, explain what is going on, tell the patient before you touch them, and remind them to tell you if anything is uncomfortable
- Choose the appropriate speculum
- Water is most commonly used as lubricant since it does not interfere with cytologic interpretation
- If the patient is not relaxed, direct her to breathe in through her nose and out through her mouth, gently and regularly, rather than hold her breath.
- Also, direct the patient to identify specific muscle groups that need to be relaxed
- Hold the speculum with the dominant hand
- Hold by the handle with blades completely closed
- Insert the speculum at a horizontal plane with the width of the blades oblique to the vertical axis of the introitus
- Use slight continuous downward pressure to distend the perineum to create space for the speculum to advance
- Direct the speculum posteriorly at approximately 45° angle from horizontal plane
- Adjust the angle as the speculum is inserted
- Take care not to pull on the pubic hair, pinch the labia with the speculum, or place too much pressure on the sensitive urethra
- It may be helpful to separate the labia majora to avoid this
- Insert the speculum as far as it will go (in most women the entire length of the speculum length can be inserted) with some pressure on the posterior wall of the vagina avoiding clitoris and urethra.
- Open the speculum in a smooth, deliberate fashion
- Gently rotate and adjust the speculum until the cervix comes into view and is cupped by the speculum
- Failure to find the cervix most commonly results from not having the speculum inserted far enough
- Withdraw the speculum slightly and reposition on a different slope if still having difficulty finding the cervix
- Lock the speculum into the open position using the thumbscrew

- If more space is required, gently expand the vertical distance between the blades by the use of the screw on the handle of the speculum. The speculum usually stays in place without being held
- Adjust the lamp so the cervix is well visualized
- If discharge obscures the view, wipe it away with a large cotton swab
- Advise the patient they may feel a slight scraping sensation as the specimen is collected

Cervical screening should not be performed if there is a menstrual bleeding or active cervicitis. Appropriate treatment should be provided for any abnormal bleeding conditions or infections. Also, be advised to come another day for screening as bleeding or inflammation could itself be due to pre-cancerous lesions.

	Pap smear	**HPV DNA**
Equipment used	Ayers spatula, glass slides Coplin jar, 96% ethanol, diamond pencil, transport boxes	Broom like brush / cytobrush, Sample collection container with medium
Procedure	Obtain specimens from the endocervix and ectocervix using the wooden spatula by placing the longer end of the spatula in the cervical os and rotating it 360^0 clockwise and 360^0 anticlockwise. Immediately spread the smear on a glass slide from the middle outwardly. Care should be taken that the smear is not too thick, not air dried and not too bloody and immerse in 96% ethanol in Coplin jar. When placing the glass slides in an alcohol-containing container, the cervical smear sides should be placed in opposite directions. Do not place more than 5 glass slides in one container After 20-30 minutes can take out slides and air dry.	Obtain specimens from the transformation zone using the broomlike /cyto brush by rotating it 5 times clockwise and 5 times anticlockwise. Immerse the smear in the container and press it towards the bottom for 15 seconds in such a way that cells get absorbed into the medium. Later on the container should be closed with the screw cap and discard the brush.
Storage and transport	Store in a slide transport box before being transported to the designated lab. Check the identification details with those of request form prior to packing. Arrange the request form in order of the slide order in the box	Can be stored between 15 0 - 30 0 for about 1- 2 months without direct sun exposure until it reaches the PCR lab.
Obtaining results	Positive results immediately informed by the lab and a paper report should be issued to the client within 6 weeks.	Results generated by the machine is communicated online usually with Liquid Based Cytology report for those positive for HPV.

Additional points

- For an optimal test endocervical cells as well as squamous cells including transitional zone must be included.
- Tell the patient you are removing the speculum
- Open the blades of the speculum slightly by putting pressure on the thumb hinge, and completely loosen the thumbscrew
- Opening the blades slightly avoids pinching the cervix between the blades
- Withdraw the speculum approximately 1 inch before slowly releasing the pressure on the thumb hinge
- Take care that no pressure is placed on the thumb hinge as the end of the blades approaches the introitus as any pressure can cause the anterior blade to flip up and hit the sensitive vaginal, urethral, and clitoral tissue
- Remove the speculum completely
- Wipe off the patient's external genitalia or offer her some tissue so she can do it herself

- Slides should not be wrapped in papers or cotton wool

6.5.8 Post procedure

- All smears should be dispatched with their accompanying request forms to the laboratory within one week. HPV DNA samples could be dispatched to the PCR lab within one month.
- Give the client a return date in six to eight (6 -8) weeks' time.

6.5.9 Reasons for unsatisfactory smears

- Inadequate sample- at least 10% of the slide area should be having properly smeared squamous epithelial cells
- Thick smears
- Smears contaminated with blood and lubricants
- Air-dried smears
- Smears performed in spite of obvious infection - smears contaminated with inflammatory exudate
- Mislabeled or unlabeled slides
- Broken slides

6.5.10 Pap smear test: Diagnostic categories and recommendations (see annex -04)

6.5.11 HPV DNA test: Recommendations for management **(see annex -06)**

6.5.12 Side effects after conventional Pap screening or HPV DNA testing

Side effects are rare. Includes mild bleeding and irritation. But no long-term side effects like subfertility.

Annex -01

Strategies to improve compliance

- Provision of screening and treatment in one visit
- Mobilization efforts led by local HCP (MO, community health workers) who are known and respected in the community
- Involvement of community leaders e.g. women's group members
- Use of advertising campaigns through print and other media
- Promotion of 'champions' such as cancer survivors or local celebrities
- Education of women, husband and families
- Recruitment through home visits by known health care workers
- Provision of screening appointment and information cards
- Provision of screening and treatment services at locations close to the community
- Provision of screening by female health workers
- Provision of transportation to referral clinic for diagnostic and treatment services
- Minimization of waiting time

Annex -2

Well Women Clinic Positive Client's Follow Up Register- Instructions for data entry

Enter the serial number and columns 1- 23 as per instructions given below.

Column	Description
Serial No.	Enter numbers serially according to the client's attendance order. You may use more than one line per client
1	Date of data entry
2	Enter the registration number as in the 'Client record'(or Well Woman Clinic Register)
3	Name of the client
4	Age of the client
5	Address and telephone (preferably a mobile phone) number of the client
6	Public Health Midwife Area
7	Date of examination at the well women clinic (Breast, pap smear-info can be obtained from the client's record or cervical cytology report etc.)
8	Type of abnormality detected – e.g. abnormal pap smear report or breast abnormality
9	Action Taken/ Referral and Next visit- Details of referred specialty and date of referral
10	Enter the outcome of referral (e.g. VS seen/VOG seen)
11	Enter next follow up date in 6 months. Briefly explain future follow up plan (e.g. Followed up at Surgical Clinic, Date for Colposcopy)
12-23	Enter information as in column 10 & 11 as appropriate
	Follow up summary schedule (see last 4 pages)

Annexure 03

Item	Quantity
Aneroid blood pressure apparatus	1
Instrument table	1
Instrument tray with lid	1
Examination table	1
Light source (angle pause 60 watts)	1
Cuscos Bivalve Vaginal Speculum	12 (20 medium and 4 large)
Glass slides	200
Diamond pencil	02
Drapes for table	12
Slide transport boxes	06
Tray covers	5
Trolley covers	5
Rolling stool	1
Torch	1
Sponge holding forceps	24
Stainless steel Gallipots	24
Dry cell batteries for the torch*	2 pairs / month
Latex disposables gloves*	700 (14 boxes of 50/box)
Cotton wool*	5 rolls / month
Cotton tip 8” long swabs or wooden spatula	1 box of 50 – as needed

Item	Quantity
Cidex (2–4% glutaraldehyde)	5 litres / month
Biohazard plastic bags *	60/month
Gauze swabs*	100 / month
Condoms	200 / month
Disposable gloves	1 box
Disposable aprons	100 per month
Screen for privacy	1
Records/forms for capturing data (such as client card and register)	2

Annexure – 04

Modified Bethesda Classification System categories and Recommendations

Category	**Recommendation**
Negative (NILM)	Routine re-screening If inflammatory – treat and follow up
Low grade SIL (CIN 1)	Follow up by MOH Repeat smear in 6 months If repeat smear negative- routine follow up If repeat smear positive – refer to VOG
High grade SIL (CIN II & III)	Refer to VOG for Colposcopy
ASCUS-low grade ASCUS – high grade	Follow up by MOH and repeat smear in 6 months Refer to VOG for colposcopy
Glandular lesions	Refer to VOG

Annex -05

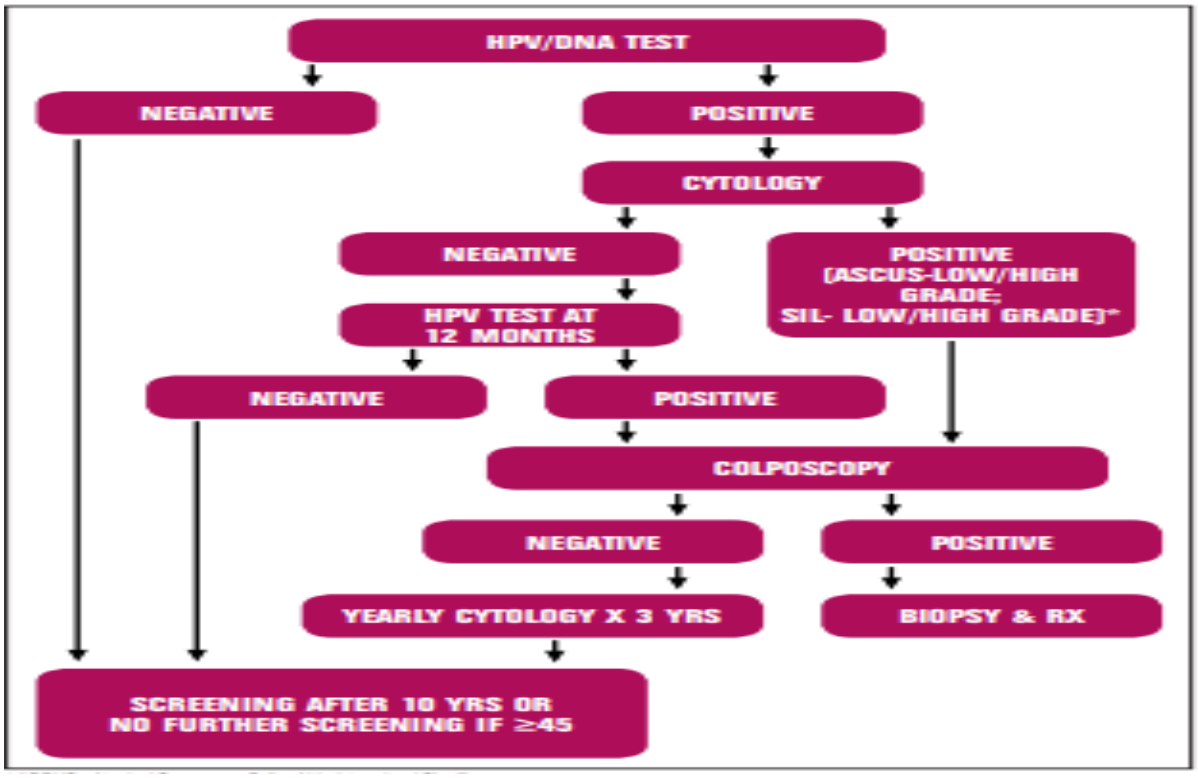
Menopause rating scale (MRS)

If patients experience **severe or extremely severe symptoms to refer them to the gynae clinic?** (This is a simple tick box scale, and it would not be difficult try get the perimenopausal or menopausal woman< 45 years to the gynae clinic (or once we establish our midlife clinic we can change the referral pathways to the midlife clinic !)
mild to moderate symptoms can be managed by simple lifestyle measures etc (for which we have to send you the guidelines)

The MRS is as follows,

Symptoms	None	Mild	Moderate	Severe	Extremely Severe
score	0	1	2	3	4
1. Hot flashes, sweating, (episodes of sweating)					
2. Heart discomfort, unusual awareness of heartbeat, heart skipping, heart racing, tightness					
3. Sleep problems (difficulty falling asleep, difficulty in sleeping through the night, waking up early)					
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)					
5. Irritability (feeling nervous, inner tension, feeling aggressive)					
6. Anxiety (inner restlessness, feeling panicky)					
7. Physical mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)					
8. Sexual problems (changes in sexual desire, in sexual activity and satisfaction)					
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)					
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)					
11. Joint and muscular discomfort (pain in joints, rheumatoid complaints)					
Total					

Annex – 06


HPV/DNA TEST
NEGATIVE
POSITIVE
CYTOLOGY
NEGATIVE
POSITIVE (ASCUS-LOW/HIGH GRADE; SIL- LOW/HIGH GRADE)*
HPV TEST AT 12 MONTHS
NEGATIVE
POSITIVE
COLPOSCOPY
NEGATIVE
POSITIVE
YEARLY CYTOLOGY X 3 YRS
BIOPSY & RX
SCREENING AFTER 10 YRS OR NO FURTHER SCREENING IF ≥45

Annexure - 07

Counselling Key areas Before taking PAP smear (one to one counselling)

1.1 Check list

a. Greet the woman respectfully and introduce yourself
b. Provide general information on prevention and early detection of cancer
c. Explain importance of cervical screening and how PAP smear can help prevent cervical cancer
d. Explain how the test is done (procedure, privacy, confidentiality, chaperone, painless, practice of universal precautions to prevent infections)
    i. Be impersonal, e.g. 'It will involve placing a small instrument inside the vagina to look at the mouth of the womb (cervix).'
    ii. 'It shouldn't be painful, but if at any point you are uncomfortable or want to stop, just say so. One of the nurses will also be present to ensure you are comfortable and act as a chaperone.'
e. Provide information on what a positive test result means, and explain the necessity of further investigation and/or treatment if the test result is positive
f. Discuss the available methods of treatment, the procedures, and the expected side-effects
g. Respond to the woman's questions, and address her concerns
h. Obtain verbal consent for examination

1.2 Preparation for PAP smear

- Patient should be lying flat but remain covered initially: 'You will need to undress from the waist down, put your heels together and bring them as close to your bottom as possible, then flop your knees down outwards.'
- Before starting, ask about: last menstrual period, intra-menstrual bleeding, discharge, contraception, last smear
- Ask if the patient needs the toilet before the procedure
- Position the patient so you are on their right side if possible

1.3 After PAP smear (one to one counselling)

1.4 Reassurance

1.5 Information on the report of the PAP smear

2. Counselling before Clinical Breast examination (one to one counselling)

2.1 Check list

1. Appreciate client for health seeking behavior
2. Explain the procedure (process, privacy, chaperone)
3. If an abnormality detected the referral pathway
4. If no abnormality detected the importance of self-breast examination
5. Time for Q&A

2.2 Post test counselling for positive findings:

a.) Positive findings in Breast examination

b.) SPIKES protocol on breaking bad news

Annexure 08

Health Education:

General Awareness

a. Prevalence of Cancers (breast, cervical, uterine and ovarian) and their symptoms
b. Importance of early detection in complete recovery from the cancer
c. Service provision and availability
    i. Cancer screening
    ii. Physical Examination with Anthropometric measurement: BMI, WC
    iii. Biochemical screening for NCD
d. Address Myths and allay fears related to women's health

2. Self-Breast Examination
3. Importance of taking 35- and 45-year age cohorts (early diagnosis)
4. Family planning
5. Menstrual Health and Menopause
6. Mens' Health
7. HPV vaccination in elimination of a Cancer
8. Importance of Follow up care in maintaining health

*Please consider cultural and racial barriers which can hinder service reception

* Keep talking to and reassuring the client, using their name throughout.

Reference

https://screening.iarc.fr/VIA%20checklist.pdf

https://oscestop.education/clinical-procedures/cervical-smear/