



Induction of the
25th President
of Perinatal Society of Sri Lanka



"BEYOND SURVIVAL: THRIVING WITH ADVANCED MATERNAL AND NEONATAL CARE"

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"BEYOND SURVIVAL: THRIVING WITH ADVANCED MATERNAL AND NEONATAL CARE"

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Message from the President



PROFESSOR RUWANTHI PERERA

PRESIDENT 2026

The theme of PSSL for 2026, "Beyond Survival: Thriving with Advanced Maternal and Neonatal Care," reflects a shift from focusing solely on mortality reduction to ensuring long-term health, development, and quality of life for mothers and newborns. The PSSL agenda for 2026 is built on four key pillars, namely,

1. Antenatal Breastfeeding Promotion
2. Antimicrobial Stewardship – promoting judicious antibiotic use in pregnancy and neonates,
3. Enhancing Neuroprotection of Newborns – focusing on prevention of brain injury through improved antenatal, peripartum, and neonatal care, alongside early intervention and follow-up and
4. Strengthening the Research – expanding national and multicentre research, including emerging areas such as neonatal gut microbiome and fetal programming.

Implementation of our theme successfully during the year will focus on sharing knowledge and uplifting the skills of our medical paternity involved with perinatal care and reaching the ultimate recipients of our service, the mothers and newborns.

With the support of my energetic council for 2026, PSSL will commit for equity in perinatal care, capacity building, research, and strong national and international collaborations. Strong collaborations with our development partners, Ministry of Health and other relevant ministries, professional organizations are the crucial steps of our successful journey. Our education arm will comprise of the PSSL journal, newsletter, monthly webinars, symposia, workshops and our annual academic sessions planned for the second half of the year.

I take this opportunity to pay my tribute to the President, Dr Harendra Dassanayaka and the PSSL Council of 2025, the Founding President, and all past leaders whose collective efforts have shaped the society into a strong, multidisciplinary professional body. I extend my deep gratitude to all my council members for year 2026 for all their support rendered for the activities during my tenure. I also humbly request all the members of the PSSL to join hands with unity and compassion to ensure that every mother and newborn in Sri Lanka has the opportunity not just to survive, but to thrive.

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Induction of 25th President of Perinatal Society



The 25th President of the Perinatal Society of Sri Lanka was inducted on 2nd of January 2026 at The Grand maitland, Colombo, at a grand ceremony held to mark the occasion.

In her presidential address, Prof. Ruwanthi Perera highlighted four key areas she intends to focus on during her term: strengthening research capacity, promoting antenatal breastfeeding counselling, ensuring antibiotic stewardship, and enhancing neurodevelopmental follow-up for at-risk babies.

We wish her every success in the year ahead





From Secretary's Diary

1st January to 31st March

The new council for the Perinatal Society of Sri Lanka for the year of 2026 was appointed at the Annual general meeting held on 17th December 2025 at SLCOG office

The official presidential induction ceremony was held on the 2nd of January 2026 under the patronage of the Honorable Minister of Health, Nalinda Jayatissa at the Grand maitland, Colombo 07.



Dr Asela Gunawardane, Director General of Health Services and Dr. Rajesh Sambhajirao Pandav, WHO representative also joined as special guests for the event . It was attended by more than 300 distinguished invitees. The theme for 2026 "Beyond survival, thriving with advanced maternal and Neonatal care " was elaborated by Prof Ruwanthi Perera.

At the 1st council meeting held on the 22nd January 2026, the newly elected president Professor Ruwanthi Perera presented the agenda and objectives to be achieved in the year of 2026 by the society.

The following PSSSL activities has initiated in the month of January.

1. Discussion and proposal submission of antenatal breast feeding promotion programme to WHO
2. Neonatal life support programme conducted at Lanka Hospital for 24 participants on 28th of January 2026. CPD points accredited for participants and resource team
3. 1st monthly webinar - "Gestational diabetes uncovered" conducted on 30th January 2026 . Nearly 300 participants has joined the webinar. Programme participation appreciated with e-certificate .

The upcoming PSSSL events in February are

1. 1st Regional capacity building workshop scheduled at DGH Kalutara
2. 2nd Neonatal life support program for private sector doctors and nurses
3. Monthly webinar - 2nd lecture



Feature Article

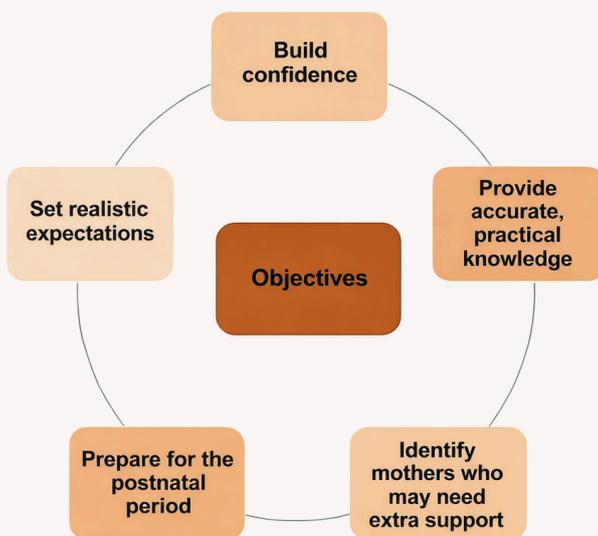
Antenatal Breast Feeding Promotion

Dr .Nimesha Gamhewage MBBS (Col), DCH, MD (Paed), MRCPCH (UK)
 Consultant Neonatologist, Colombo South Teaching Hospital
 Senior Lecturer in Paediatrics, University of Sri Jayewardenepura



Breastfeeding is recognised as the single best strategy in enhancing infant survival, nutrition, immunity, neurodevelopment, and maternal health. Sri Lanka has a strong public health framework supporting breastfeeding. However, early initiation, exclusivity, and continuation are at risk of disruption. Antenatal breastfeeding counselling is one of the effective, low-cost interventions to improve breastfeeding outcomes. This is highlighted as one of the key objectives of the PSSL 2026 agenda.

Importance of antenatal breastfeeding counselling



Antenatal counselling enhances maternal knowledge, attitudes, and confidence in breastfeeding and empower mothers to break away from cultural myths. It prepares mothers for common challenges such as pain, delayed milk onset, and perceived insufficiency. This ultimately increases the rates of early initiation, exclusive breastfeeding, and continuation of breastfeeding at six months

What should antenatal breastfeeding counselling include?

Antenatal breastfeeding counselling should provide clear, practical, and reassuring information that prepares mothers without overwhelming them. It should briefly explain the key benefits of breastfeeding, simple explanations of the physiology of lactation, early initiation of breastfeeding, the importance of skin-to-skin contact and what to expect immediately after vaginal or caesarean birth. Practical guidance on positioning, attachment, and demand feeding is essential. Finally, counselling should proactively address common concerns and myths. It is important to involve the husband as well as extended family members for the best outcome.

Common Myths

- Breast size determines the milk
- Milk production is less following caesarian sections
- Mothers with inverted nipples cannot breastfeed successfully
- Newborns should be fed at two hourly intervals
- Colostrum should be discarded

Targeted delivery of antenatal breastfeeding counselling

While all pregnant women benefit from antenatal breastfeeding counselling, additional attention should be provided for mothers who are at higher risk of breastfeeding difficulties. This includes first-time mothers, those with previous breastfeeding challenges, mothers with multiple pregnancies, and those experiencing anxiety, depression, or limited family and social support, as these groups may require additional reassurance, practical guidance, and follow-up.

In Sri Lanka, antenatal breastfeeding counselling can be effectively delivered by a range of healthcare providers, in the hospital as well as community settings. Public Health Midwives (PHMs), nursing officers and lactation-trained staff play a major role. The most effective approach is a coordinated, team-based model in which consistent messages are reinforced across different providers and repeated throughout antenatal care.

Counselling should ideally begin in the second trimester, be reinforced in the third trimester, and be integrated into routine antenatal clinic visits and antenatal classes. Delivery can include one-to-one counselling during clinic appointments, group education sessions, and the use of visual aids and short videos. Repeated, brief, and focused messages delivered over time are more effective than a single lengthy counselling session.

Antenatal breastfeeding counselling should not stand alone but be linked to postnatal support. Mothers must be informed about the roles of ward staff, Public Health Midwives, and lactation management centres.

Public health and Economic impact

Breastfeeding promotion carries far-reaching public health and economic benefits at the national level. By reducing neonatal and infant morbidity, it lowers rates of common childhood illnesses and decreases hospital admissions, thereby easing the burden on healthcare systems. The protective effects of breastfeeding against infectious diseases contribute to reduced healthcare expenditures and fewer lost workdays for families. In the long term, breastfeeding is associated with lower risks of obesity, diabetes, and cardiovascular disease, helping to reduce the prevalence of chronic non-communicable diseases that strain national health budgets. Additionally, improved cognitive outcomes linked to breastfeeding can enhance educational achievement and workforce productivity. For mothers, breastfeeding reduces the risk of breast and ovarian cancers, further decreasing healthcare costs and improving long-term wellbeing. Consequently, antenatal breastfeeding counselling is not only an investment in individual maternal and child health but also a strategic intervention that strengthens national health indicators and supports economic sustainability.

Conclusion

Antenatal breastfeeding counselling is a high-impact, low-cost intervention that strengthens maternal confidence, improves breastfeeding outcomes, and supports child health at a population level. By embedding structured, compassionate counselling into routine antenatal care, Sri Lanka can further consolidate its achievements in maternal and child health.

Guideline

From Survival to Thriving: An Appeal to Strengthen Developmental Care in Neonatal Units



Dr. Asiri Hewamalage
 Consultant Community Physician
 National Programme Manager – Child Care, Development and Special Needs Unit
 Family Health Bureau

Introduction

Over the years, working in maternal and child health in Sri Lanka, I have had the privilege of witnessing the extraordinary dedication of our neonatal teams. Doctors, nurses, midwives, therapists, and support staff work tirelessly, often under challenging conditions, to save the lives of our smallest and most vulnerable citizens. Because of your commitment, thousands of babies who once had little chance of survival are now growing up in our communities.

This is a remarkable national achievement. Yet, with this success comes a new responsibility. Increasingly, we are seeing children who survive complicated neonatal periods but later struggle with development, learning, and social participation. As a health system, we can no longer focus only on keeping babies alive. We must also ensure that they are supported to grow, learn, and thrive.

It was with this understanding that the Ministry of Health, through the Family Health Bureau, introduced the Neonatal Care Pathway under the Inclusive Early Childhood Development Programme. This pathway is described in detail in the national

guideline, Care Pathways for Early Detection of Common Childhood Developmental Disabilities (2022), which is freely available to all healthcare professionals.



Why This Care Pathway Was Needed

For many decades, Sri Lanka's child health programmes rightly focused on survival. Through strong public health systems and committed clinical services, we reduced deaths from infections, malnutrition, and birth complications. These efforts saved countless lives.

However, as neonatal care improved, a new reality became visible. More extremely preterm and critically ill babies were surviving, but many were growing up with developmental difficulties affecting movement, speech, learning, and behaviour. Often, these problems were detected late, when opportunities for early intervention had already been missed.

Scientific evidence clearly shows that the first months and years of life are critical for brain development. Experiences during this period shape how children think, communicate, and relate to others throughout their lives. When support is delayed, families and children pay the price for many years.

The Neonatal Care Pathway was developed in response to this reality. It aims to ensure that developmental support begins in the hospital, continues in the community, and reaches every child who needs it.

The Central Role of Neonatal Teams

Every member of the neonatal team plays a vital role in shaping a child's future. Doctors guide medical management, nurses provide continuous hands-on care, midwives support early bonding, therapists assist with feeding and stimulation, and attendants help maintain a safe environment. Together, you create the world in which a newborn first learns to feel safe and secure.

Neonatal care today is much more than managing equipment and medications. It is also about protecting fragile brains, minimizing unnecessary stress, supporting early relationships, and building parental confidence. A calm voice, gentle handling, patience with anxious parents, and attention to comfort all contribute to healthy development.

The Neonatal Care Pathway recognizes this collective effort. It is not designed for a single profession. It is meant to strengthen teamwork and give every staff member a shared purpose in supporting early development.

A Broader Vision for Neonatal Care

The pathway encourages us to see neonatal units not only as places of intensive treatment, but also as environments for early human development. Light, noise, handling, routines, and emotional atmosphere all influence how a baby's brain organizes itself.

Small changes in daily practice can have lifelong effects. Protecting sleep, encouraging skin-to-skin contact, reducing unnecessary procedures, and promoting responsive caregiving

are simple but powerful interventions. When these become part of routine care, developmental protection happens naturally.

The national guideline provides practical guidance on how units can gradually adopt these principles within their available resources.

Walking Alongside Parents as Partners

Parents of babies admitted to neonatal units often experience fear, uncertainty, and emotional distress. Many feel unprepared to care for a fragile infant and worry deeply about the future. How we treat them during this vulnerable period leaves a lasting impression.

When parents feel respected, informed, and involved, they gain confidence and resilience. They become active partners in their child's care and development. When they feel ignored or confused, anxiety may persist long after discharge.

The Neonatal Care Pathway emphasizes parental education and emotional support. It encourages staff to see every interaction with parents as an opportunity to build trust and understanding. Preparing families for life after discharge is as important as preparing the baby.

Strengthening Continuity of Care

One of the most common reasons for the delayed diagnosis of developmental problems is loss of follow-up after discharge. Even the best hospital care loses its value if children are not properly linked to community services.

The pathway, therefore, focuses on strengthening communication between neonatal units, public health teams, and Child Development Intervention Clinics. Proper documentation, clear referrals, and good explanations to parents help ensure that care continues seamlessly.

Every member of the neonatal team contributes to this continuity. Attention to records and coordination with field staff often determines whether a child receives timely support.

Learning and Growing Together

Successful implementation of the Neonatal Care Pathway requires knowledge, skills, and confidence. The Family Health Bureau, together with professional bodies and academic institutions, continues to support training in developmental care, screening, counselling, and referral systems.

These programmes are meant to support and empower you. They are designed to make your work more effective and more rewarding. We encourage all members of neonatal teams to es

participate actively, share experiences, and identify areas where further support is needed.

Your practical insights help us improve national programmes and make them more responsive to real-life challenges.

A National Resource for Daily Practice

The Care Pathways guideline was developed by Sri Lankan experts for the Sri Lankan context. It reflects our health system, our resources, and our realities. It is intended to be a practical tool, not just a policy document.

I encourage all staff working in neonatal units to read it, discuss it within your teams, and use it as a reference in daily practice. Our team at the Family Health Bureau is always ready to support you in accessing and using this resource effectively.

An Invitation to Engage

This pathway will only succeed if it is embraced by those who work closest to babies and families. Policies can provide direction, but meaningful change happens at the bedside, in counselling rooms, and during follow-up visits.

I warmly invite doctors, nurses, midwives, therapists, and all neonatal staff to engage actively with the Family Health Bureau. Share your challenges, request training, suggest improvements, and advocate for better developmental care in your institutions.

When you create demand for high-quality developmental services, it strengthens our ability to mobilize resources and improve systems nationally.

Conclusion

The Neonatal Care Pathway is built on a simple belief: every child deserves not only to survive, but to reach their full potential.

All of you working in neonatal units are guardians of both life and possibility. Through your skill, compassion, and commitment, you shape the earliest experiences of thousands of children each year.

By embracing this pathway, strengthening teamwork, and engaging with national efforts, you can help ensure that Sri Lanka's neonatal success story becomes a story not only of survival but of thriving.

The guideline gives us direction. Your dedication gives it life. Together, we can build a future where every child has the opportunity to grow, learn, and flourish.

Feature article

Perinatal Care After Previous Caesarean Section: Are We Being Too Conservative



Dr. Sharada Jayalath

Consultant Obstetrician and Gynaecologist
Teaching Hospital Kalutara, Sri Lanka.

Maternity and Children Hospital, Kalutara, Sri Lanka

Introduction

Sri Lanka's obstetric services have long been recognised for achieving excellent maternal and neonatal outcomes despite constrained resources. However, one emerging challenge is the steadily rising caesarean section (CS) rate, now exceeding 40% nationally, with even higher figures reported from tertiary units and the private sector. A previous caesarean section has become one of the commonest indications for repeat operative delivery, creating a self-perpetuating cycle of surgical births.

While the safety of caesarean delivery is undisputed when clinically indicated, growing concern exists that an overly conservative approach to labour after caesarean may be contributing to avoidable repeat CS, with important implications for neonatal outcomes, health-system burden, and women's birth experiences. This article examines whether our current perinatal care practices following a previous caesarean section are excessively risk-averse and how a more balanced, evidence-based approach could improve neonatal outcomes without compromising maternal safety.

The Sri Lankan Context: Why This Matters

National data demonstrate that Sri Lanka's CS rate has risen more than fourfold over the past three decades. Audit data from large maternity units consistently show that previous caesarean section is the leading single indication for elective CS. In many hospitals, fewer than one in five eligible women are offered or proceed with a trial of labour after caesarean (TOLAC), despite international and local evidence supporting its safety in selected cases.

This trend has direct perinatal consequences. Increasing numbers of neonates are born by elective repeat CS at early-term gestations, with higher risks of transient tachypnoea, respiratory distress, delayed breastfeeding initiation, and admission to special care baby units. In a resource-limited setting, these avoidable admissions place additional strain on neonatal services.

VBAC Selection: Evidence vs Practice

Vaginal birth after caesarean (VBAC) is one of the most studied areas in modern obstetrics. International data consistently report success rates of 60–75% among appropriately selected women with a single previous lower-segment caesarean section. Importantly, Sri Lankan data mirror these findings.

A tertiary-care audit from Sri Lanka reported an overall VBAC success rate of approximately 70%, rising to over 80% in women with a previous vaginal birth. Neonatal outcomes in this cohort were reassuring, with low rates of 5-minute Apgar scores below 7 and no excess neonatal morbidity attributable to VBAC itself. These findings confirm that, when selection is appropriate, VBAC in Sri Lanka is both feasible and safe.

Despite this, exclusion criteria are often applied conservatively. Factors such as maternal short stature, estimated fetal weight approaching the upper limits of normal, post-dates pregnancy, or lack of previous vaginal birth are frequently cited as reasons to deny TOLAC, even when evidence does not support their use as absolute contraindications. This practice reflects a culture of defensive obstetrics rather than individualised risk assessment. From a perinatal standpoint, denying VBAC to women with a high probability of success may paradoxically increase neonatal risk by exposing babies to the well-documented respiratory morbidity associated with elective repeat caesarean delivery.

Antenatal Counselling: A Missed Opportunity

Audit findings from Sri Lankan maternity units suggest that counselling regarding mode of birth after caesarean is often inconsistent and heavily clinician-dependent. Many women report receiving counselling late in pregnancy or being informed that repeat CS is the "safer" option without a balanced discussion of neonatal implications.

Effective antenatal counselling should include:

- Individualised estimation of VBAC success
- Discussion of absolute risks (rather than relative fear-based framing)
- Neonatal outcomes associated with VBAC vs elective repeat CS
- The importance of labour occurring in a suitably equipped unit

When counselling is structured and balanced, international experience shows higher VBAC uptake without adverse perinatal consequences. Sri Lanka is well positioned to adopt such an approach within routine antenatal care.

Labour Monitoring After Previous Caesarean: Safety Without Over-Intervention

Intrapartum care is central to perinatal safety following previous caesarean section. Continuous electronic fetal monitoring is recommended, yet Sri Lankan audits reveal that abnormal cardiotocography (CTG) interpretation is one of the leading triggers for emergency repeat CS during TOLAC.

Two contrasting problems emerge:

- Over-interpretation of equivocal CTG patterns, leading to premature caesarean delivery
- Delayed recognition of genuine fetal compromise, particularly in busy labour wards

Both scenarios carry neonatal risk. Audit reviews of emergency CS following failed TOLAC frequently identify poor correlation between CTG findings, labour progress, and overall clinical context. This highlights the need for:

- Improved CTG training
- Regular senior obstetric input
- Clear escalation pathways
- Emphasis on labour progress assessment alongside fetal surveillance

A system that supports timely decision-making rather than reflex intervention is more likely to optimise neonatal outcomes.

Uterine Rupture: Risk in Perspective

Fear of uterine rupture remains the dominant reason for reluctance to offer VBAC. While uterine rupture is a serious complication, its absolute risk in women with a single previous lower-segment caesarean remains low, generally 0.5%.

Sri Lankan experience suggests that most adverse neonatal outcomes associated with uterine rupture are linked not to the trial of labour itself, but to delays in diagnosis and response. This underscores a crucial point: avoiding VBAC does not eliminate risk; improving system readiness reduces it.

Units with:

- Immediate theatre access
- Skilled anaesthetic and neonatal teams
- Clear protocols for managing suspected rupture

can safely support VBAC while minimising perinatal morbidity.

Neonatal Outcomes: What Does the Evidence Show?

Neonatal benefits of successful VBAC are well established and increasingly relevant in Sri Lanka:

- Lower rates of respiratory morbidity
- Reduced NICU and SCBU admissions
- Earlier skin-to-skin contact
- Improved breastfeeding initiation

Conversely, multiple repeat caesarean sections are associated with increasing neonatal risk, particularly in subsequent

pregnancies, including prematurity related to placental complications and technically difficult deliveries.

Sri Lankan audits show that neonates born following successful VBAC have outcomes comparable to those born after uncomplicated spontaneous vaginal delivery, reinforcing the argument that VBAC is not merely a maternal issue but a perinatal one.

Health-System Implications

From a broader perinatal health perspective, rising repeat CS rates increase:

- Theatre utilisation
- Postoperative bed occupancy
- Neonatal unit admissions
- Overall healthcare costs

In high-volume maternity units, promoting safe VBAC has the potential to improve efficiency without sacrificing outcomes. Regular audit of VBAC rates, success rates, and neonatal outcomes should therefore be viewed as a quality-of-care indicator rather than a medicolegal risk.

Moving Forward: A Sri Lankan Perinatal Strategy

Rather than asking whether we should offer VBAC, the more pertinent question is whether our systems are robust enough to support it.

Key strategies include:

- Nationally standardised VBAC counselling frameworks
- Unit-level protocols adapted to local resources
- Ongoing audit and feedback
- Multidisciplinary perinatal teamwork

Sri Lanka's strong public maternity infrastructure provides an ideal platform to implement these changes.

Conclusion

An overly conservative approach to perinatal care after previous caesarean section may inadvertently increase neonatal morbidity while contributing to unsustainable CS rates. Sri Lankan data demonstrate that VBAC, when appropriately selected and carefully monitored, is safe and beneficial for both mother and baby.

The challenge ahead is not to eliminate risk, but to manage it intelligently through evidence-based selection, vigilant intrapartum care, and system preparedness. In doing so, we can improve perinatal outcomes while preserving choice and quality in maternity care.

New-Born Life Support Training Programme at Lanka Hospital

28th January 2026



Driving Growth, Inspiring Change

The Perinatal Society of Sri Lanka conducted a Neonatal Life Support training program to enhance the knowledge and competencies of healthcare professionals involved in neonatal care across hospitals in Sri Lanka. The program trained over 50 staff members and included comprehensive hands-on sessions to strengthen practical skills and clinical preparedness.





PSSL
Monthly Webinar Series
 Neonatal & Obstetrics care

The PSSL is proud to announce the launch of our monthly webinar series focused on neonatal and obstetrics topics. These sessions are designed to provide up-to-date knowledge, practical guidance, and meaningful discussion around maternal and newborn health.

Our goal is simple yet powerful: to uplift the health and wellbeing of mothers, babies, and families as a whole. By strengthening knowledge and collaboration among healthcare professionals and stakeholders, we aim to improve outcomes and promote safer, healthier communities.

Each webinar will feature expert speakers, evidence-based practices, and opportunities for interactive engagement.

We warmly invite healthcare professionals, students, and all those passionate about maternal and newborn health to join us in this important initiative.

Together, we can make a difference in the lives of mothers, babies, and families.

Perinatal Society of Sri Lanka
 Towards healthier mothers and newborns

WEBINAR SERIES - 01

Gestational Diabetes Uncovered Case-Based Webinar
 Organized by the Perinatal Society of Sri Lanka

Dr Shamitha Dassanayake
 Consultant Physician in Internal Medicine
 Castle Street Hospital for Women
 Colombo

Dr Prabath Randimbage
 Consultant Obstetrician and Gynaecologist
 Colombo North Teaching Hospital, Ragama
 Senior Lecturer, FOM, LOK

Dr L.P.C. Suman Kumara
 Consultant Neonatologist
 Madana Metropolitan University Hospital
 United Kingdom

8:00 – 9:00 pm | 30th January, 2026

Registration

Moderator
Dr Achintha Dissanayake
 Consultant Obstetrician
 Colombo South Teaching Hospital
 Senior Lecturer
 Faculty of Medicine, University of Jayawardenepura

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"Beyond Survival: Thriving with Advanced Maternal and Neonatal Care"

For more information , follow our official communication channels.



UPCOMING EVENTS

1. Newborn life support
2. Capacity building regional work shop
3. Webinar
4. Collaborative workshop
5. Workshop – professionalism
6. Breast feeding counselling program
7. Antenatal breastfeeding promotion
8. Perinatal antibiotics stewardship
9. Perinatal developmental care
10. Annual sessions
11. Research
12. Perinatal journal publication
13. Lethal congenital anomaly surveillance and legal framework
14. Compulsory maternity leave and paternity leave- legal framework
15. Mass Media awareness program
16. Perinatal medicine and equipment availability update
17. Neonatal electronic data base development
18. Pathway of perinatal healthcare & 25th anniversary book
19. National MPDSR TIT programmes
20. Delivery room neonatal resusc machine audit report handover and re-audit
21. ROP guideline revision handover to DGHS
22. Premature day celebration
23. Annual General meeting





Vision

To be actively committed towards achieving continuous improvement in the quality of health care for mothers and infants by promoting networking for providers of perinatal healthcare, supporting education for providers and consumers as well as improving availability, accessibility and continuity of preventive and primary perinatal healthcare services together with promoting initiatives toward improving health care of mothers and infants.

Mission

The Perinatal Society of Sri Lanka is a not-for-profit multidisciplinary organisation striving to promote continuing improvement in the quality of healthcare from pre-conception through birth of the baby and into infancy. It advocates ideal and ethical care through education and research to influence national policies and encourage strategic collaboration among health-care providers and stakeholders in order to ensure optimal pregnancy outcomes for mothers and babies.

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