10.1. EVIDENCE BASE:

Should MIDWIVES perform external cephalic version (ECV) for breech presentation at term?

***Problem**:* Poor access to ECV
***Option**:* Midwives performing ECV
***Comparison**:* Care delivered by other cadres or no care
Setting: Community/primary health care settings in LMICs with poor access to health professionals

	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
BENEFITS & HARMS OF THE OPTIONS	**Are the anticipated desirable effects large?**	*No* ☐ *Probably no* ☐ *Uncertain* ☐ *Probably yes* ☑ *Yes* ☐ *Varies* ☐	One systematic review searched for studies that assessed the effects of ECV for breech presentation at term (Hofmeyr GJ, 2010). However, none of the included studies involved midwives. A systematic review searched for studies that assessed the effects of midlevel providers, including midwives, in improving the delivery of health care services (Lassi 2012). However, this review did not identify any studies that assessed the effects of midwives performing ECV. **We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.** **Indirect evidence:** One of these reviews (Lassi 2012) did identify a number of other studies, all from high income settings, in which midwives delivered antenatal, intrapartum and postpartum care, although it is not clear precisely what services this care included. The review suggests that midwife-led care may improve several health outcomes while it may make no difference to other outcomes. However, the certainty of this evidence varies. Similar findings were seen in another systematic review on the effects of midwife care (Hatem 2008). **Annex**: page 4 (Lassi 2012)	Although direct evidence on effects is lacking, midwives are often trained to perform this intervention, the intervention is likely to have benefits and is not likely to have significant undesirable effects. We have therefore judged the desirable effects as probably large relative to the undesirable effects.
	Are the anticipated undesirable effects small?	*No* ☐ *Probably no* ☐ *Uncertain* ☑ *Probably yes* ☐ *Yes* ☐ *Varies* ☐		
	What is the certainty of the anticipated effects?	*Very low* ☐ *Low* ☐ *Moderate* ☐ *High* ☐ *No direct evidence* ☑ *Varies* ☐		
	Are the desirable effects large relative to the undesirable effects?	*No* ☐ *Probably no* ☐ *Uncertain* ☐ *Probably yes* ☑ *Yes* ☐ *Varies* ☐		
RESOURCE USE	**Are the resources required small?**	*No* ☐ *Probably no* ☐ *Uncertain* ☐ *Probably yes* ☑ *Yes* ☐ *Varies* ☐	***Main resource requirements***	

Resource	Settings in which midwives already provide other care
Training	E.g. 1-2 weeks of practice training to assess foetal position and perform ECV
Supervision and monitoring	Regular supervision by senior midwife or doctor
Supplies	Talcum powder. If ultrasound is available it may be helpful.
Referral	Transportation to a centre where Comprehensive Emergency Obstetric Care(CeMOC) is available

	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	Is the incremental cost small relative to the benefits?	*No* ☐ *Probably no* ☐ *Uncertain* ☐ *Probably yes* ☑ *Yes* ☐ *Varies* ☐	Although there is no direct evidence on effectiveness, the benefits are likely to be large in relation to the incremental costs.	
ACCEPTABILITY	**Is the option acceptable to most stakeholders?**	*No* ☐ *Probably no* ☐ *Uncertain* ☐ *Probably yes* ☑ *Yes* ☐ *Varies* ☐	A systematic review of task-shifting in midwifery programmes (Colvin 2012) did not identify any studies that evaluated the acceptability of ECV when performed by midwives. **We are therefore uncertain about the acceptability of this intervention to key stakeholders**. **Indirect evidence:** For other midwife-delivered interventions, the same review suggests the following: • Mothers and midwives appear to be more likely to accept task-shifting initiatives if these increase the midwives' ability to provide more holistic and continuous care (moderate certainty evidence) • Midwives and their supervisors and trainers generally felt midwives had no problem learning new medical information and practicing new clinical techniques (moderate certainty evidence). Midwives may also be motivated by being "upskilled" as it can potentially lead to increased status, promotion opportunities and increased job satisfaction (moderate certainty evidence) • Doctors may be skeptical about the extension of midwifery roles in obstetric care, although doctors who work closely with midwives may have better attitudes towards them (low certainty evidence). • A lack of clarity in roles and responsibilities between midwives and other health worker cadres, as well as status and power differences may lead to poor working relationships and 'turf battles' (moderate certainty evidence) **Annex**: page 20 (Colvin 2012)	
FEASIBILITY	**Is the option feasible to implement?**	*No* ☐ *Probably no* ☐ *Uncertain* ☐ *Probably yes* ☐ *Yes* ☑ *Varies* ☐	The intervention requires very few supplies. In addition, it is unlikely to require changes to norms or regulations. Some training and supervision is needed, and adequate referral to a higher level of care for further management may also be necessary, for instance if a caesarean section is needed. However, a systematic review (Colvin 2012) suggests that ongoing support, training and supervision was often insufficient in midwife taskshifting programmes (moderate certainty evidence). **Annex**: page 20 (Colvin 2012)	