

**11.7. RECOMMENDATION:**

**Should MIDWIVES perform vacuum extraction during childbirth?**

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

Recommendation	<i>We recommend against the option</i>	<b><i>We suggest considering the option with targeted monitoring and evaluation</i></b>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>We suggest considering the option with targeted monitoring and evaluation of failure rates, complications and process measures such as frequency of use. We suggest using this intervention where midwives are already an established cadre and where a well-functioning referral system is in place or can be put in place.</p>			
<b>Justification</b>	<p>There is insufficient evidence on the effectiveness of midwives performing vacuum extraction during childbirth and its acceptability is uncertain. However, it is probably feasible and may reduce inequalities by extending care to underserved populations.</p>		
<b>Implementation considerations</b>	<p>The following should be considered when using midwives to perform vacuum extraction:</p> <ul style="list-style-type: none"> <li>- The relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers</li> <li>- The distribution of roles and responsibilities between midwives and other health workers needs to be made clear, including through regulations and job descriptions</li> <li>- Changes in regulations may be necessary to support any changes in midwives' scope of practice</li> <li>- Programmes need to ensure that this task promotes continuity of care, for instance by ensuring that all midwives are "upskilled" to deliver this task for all potential recipients</li> <li>- Implementation needs to be in the context of a comprehensive remuneration scheme, in which salaries or incentives reflect any changes in scope of practice. Giving incentives for certain tasks but not for others may negatively affect the work that is carried out</li> <li>- Referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve quality of care at the first referral facility</li> <li>- Supplies and equipment need to be secure</li> <li>- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive</li> <li>- Midwives and their supervisors need to receive appropriate initial and ongoing training</li> </ul>		
<b>Monitoring and evaluation</b>	<p>The aim of the targeted monitoring and evaluation would be to gain additional data on how the intervention is being implemented, risk of harm to baby and mother, failure rates, and how frequently the cadre uses this skill</p>		
<b>Research priorities</b>			