

11.8 and 11.10. RECOMMENDATION:

Should MIDWIVES deliver a loading dose of magnesium sulphate to (a) prevent eclampsia and refer to a higher facility, and (b) treat eclampsia and refer to a higher facility?

Problem: Poor access to prevention of and treatment for eclampsia
Option: Midwives delivering loading dose of magnesium sulphate
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>	<i>We suggest considering the option with targeted monitoring and evaluation</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>We suggest considering the use of midwives to deliver a loading dose of magnesium sulphate to prevent or treat eclampsia and refer to a higher facility with targeted monitoring and evaluation.</p>			
Justification	<p>There is insufficient evidence on the effectiveness of midwives delivering a loading dose of magnesium sulphate to prevent or treat eclampsia and refer to a higher facility. However, a World Health Organization guideline recommends that for settings where it is not possible to administer the full magnesium sulphate regimen, the use of magnesium sulphate loading dose, followed by immediate transfer to a higher-level health facility, is recommended for women with severe pre-eclampsia and eclampsia (very low quality evidence, weak recommendation) (WHO, 2011).</p>		
Implementation considerations	<p>The following should be considered when using midwives to deliver magnesium sulphate:</p> <ul style="list-style-type: none"> - The relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers - The distribution of roles and responsibilities between midwives and other health workers needs to be made clear, including through regulations and job descriptions - Changes in regulations may be necessary to support any changes in midwives' scope of practice - 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 - 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 - 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 - Supplies and equipment need to be secure - Responsibility for supervision needs to be clear and supervision needs to be regular and supportive - Midwives and their supervisors need to receive appropriate initial and ongoing training 		
Monitoring and evaluation			
Research priorities	<p>Studies of the effects and acceptability of midwives delivering magnesium sulphate for the prevention and treatment of eclampsia</p>		