

11.9 and 11.11. RECOMMENDATION:

Should MIDWIVES deliver a maintenance 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 initial and ongoing treatment for eclampsia
Option: Midwives delivering loading dose and maintenance 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 option with targeted monitoring and evaluation. We suggest using this intervention in settings where midwives are working alone in primary care and it is not routinely possible to access more specialized cadres. Since appropriate care of a woman with pre-eclampsia and eclampsia requires a team effort, referral to higher care should be sought for such cases.</p>			
Justification	<p>There is no direct evidence on the effectiveness of this intervention. However, this intervention may be a cost-effective and feasible approach and may be acceptable under certain conditions. The intervention may also reduce inequalities by extending care to underserved populations.</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>		