

**11.12. RECOMMENDATIONS:**

**Should MIDWIVES deliver magnesium sulphate to women in preterm labour as a neuroprotection for the foetus?**

**Problem:** Poor access to medical management of preterm birth  
**Option:** Midwives delivering magnesium sulphate for preterm labour  
**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 only in the context of rigorous research</i></b>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>We suggest considering the option in the context of rigorous research. We suggest evaluating 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 delivering magnesium sulphate to women in preterm labour as a neuroprotective for the foetus. However, midwives have the necessary clinical skills for diagnosis of preterm labour and for the administration of this drug and the intervention may be acceptable and feasible.</p>		
<b>Implementation considerations</b>	<p>Not applicable</p>		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>	<p>Studies are needed of the effects and the acceptability of midwives delivering magnesium sulphate and / or corticosteroids for women at risk of preterm birth.</p>		