

**12.3. RECOMMENDATION:**

**Should MIDWIVES insert and remove intrauterine devices (IUDs)?**

**Problem:** Poor access to contraception  
**Option:** Midwives inserting and removing IUDs  
**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>	<b><i>We recommend the option</i></b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	We recommend the use of midwives to deliver IUDs with targeted monitoring and evaluation. We suggest using this intervention where a well-functioning midwife programme already exists		
<b>Justification</b>	There is insufficient evidence on the effectiveness of this intervention, and acceptability may vary. However, there is evidence to suggest that <u>auxiliary nurse midwives</u> and <u>nurses</u> can effectively insert and remove IUDs. In addition, this intervention is probably be a cost-effective and feasible approach and may also reduce inequalities my extending care to underserved populations.		
<b>Implementation considerations</b>	<p>The following should be considered when using midwives to insert and remove IUDs:</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 of equipment needs 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, including in communicating with recipients and in side effects of different contraceptive methods. Training needs to reinforce that midwives should avoid introducing their own criteria for determining who should receive contraception</li> <li>- Midwives need to be trained in confidentiality issues and recipients need to be made aware that their interactions with health workers regarding contraception are confidential.</li> </ul>		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>	Studies of the acceptability to midwives of inserting IUDs		