

12.4. EVIDENCE BASE:

Should MIDWIVES insert and remove contraceptive implants?

Problem: Poor access to contraception
Option: Midwives inserting and removing contraceptive implants
Comparison: Care delivered by other cadres or no care
Setting: Community/primary health care settings in LMICs with poor access to health professionals

CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES										
BENEFITS & HARMS OF THE OPTIONS	<p>Are the anticipated desirable effects large?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>A systematic review (Polus 2012a) searched for studies that assessed the effects and safety of task shifting for family planning delivery in low and middle income countries. Another systematic review searched for studies that assessed the effects of midlevel providers, including midwives, in improving the delivery of health care services (Lassi 2012). However, none of these reviews identified any studies that assessed the effects of using midwives to insert and remove contraceptive implants. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>Indirect evidence: The same review (Polus 2012a) also identified two studies from Brazil and Columbia where <u>IUD insertion by nurses</u> was compared with <u>IUD insertion by doctors</u>. These studies show that the use of nurses may lead to little or no difference in expulsion rates and continuation rates (low certainty evidence), and probably leads to less pain (moderate certainty evidence). We are uncertain about the differences between nurses and doctors for removal rates, rates of unintended pregnancies, and complication rates (very low certainty evidence). Other outcomes show mixed results (low certainty evidence).</p> <p>Annex: page 58 (Polus 2012a – Table 1)</p>											
	<p>Are the anticipated undesirable effects small?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>												
	<p>What is the certainty of the anticipated effects?</p> <p>Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> No direct evidence <input checked="" type="checkbox"/> Varies <input type="checkbox"/></p>												
	<p>Are the desirable effects large relative to the undesirable effects?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>												
RESOURCE USE	<p>Are the resources required small?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Varies <input type="checkbox"/></p>	<p>Main resource requirements</p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which midwives already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>Some training for midwives to insert and remove a contraceptive implant</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by senior midwife or doctor</td> </tr> <tr> <td>Supplies</td> <td>Contraceptive implant, insertion equipment and local anaesthetic</td> </tr> <tr> <td>Referral</td> <td>Patients may need to go to a referral centre for removal difficulties</td> </tr> </tbody> </table>	Resource	Settings in which midwives already provide other care	Training	Some training for midwives to insert and remove a contraceptive implant	Supervision and monitoring	Regular supervision by senior midwife or doctor	Supplies	Contraceptive implant, insertion equipment and local anaesthetic	Referral	Patients may need to go to a referral centre for removal difficulties	
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	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	<p>Is the incremental cost small relative to the benefits?</p>	<p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>The costs of this intervention by midwives are likely to be small in relation to the benefits</p>	
ACCEPTABILITY	<p>Is the option acceptable to most stakeholders?</p>	<p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>A systematic review of task-shifting in midwifery programmes (Colvin 2012) did not identify any studies that evaluated the acceptability of contraceptive implants when inserted and removed by midwives. We are therefore uncertain about the acceptability of this intervention to key stakeholders.</p> <p>Indirect evidence: For <u>other midwife-delivered interventions</u>, the same review suggests the following:</p> <ul style="list-style-type: none"> • Midwives and their supervisors and trainers generally felt midwives had no problem learning new medical information and practicing new clinical techniques. Midwives may also be motivated by being “upskilled” as it can potentially lead to increased status, promotion opportunities and increased job satisfaction (moderate certainty evidence) • However, midwives may be unwilling to take on tasks that requires them to move beyond obstetric care, such as tasks related to family planning and sexual health, possibly because this is not viewed as part of their role and may entail an increased workload (moderate certainty evidence) • A lack of clarity in roles and responsibilities between midwives and other health worker cadres, as well as status and power differences may also lead to poor working relationships and ‘turf battles’ (moderate certainty evidence) <p>A review of country case studies of task shifting for family planning (Polus 2012b), which mainly included <u>LHW programmes</u>, suggests that recipients appreciate the easy access that community-based provision of contraceptives provides and appreciate the use of female health workers in the delivery of contraceptives. However, the review also suggests that some health workers may introduce their own criteria when determining who should receive contraceptives, including criteria tied to the recipient’s marital status and age. Other factors that may affect the uptake of the intervention are primarily tied to the contraceptives themselves rather than the use of specific types of health workers, including a lack of knowledge about different methods of contraception; religious and other beliefs regarding family planning; a fear of side effects, service fees; and a lack of support from husbands.</p> <p>Annex: page 20 (Colvin 2012); page 63 (Polus 2012b)</p>	
FEASIBILITY	<p>Is the option feasible to implement?</p>	<p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Varies <input type="checkbox"/></p>	<p>The intervention requires very few supplies (contraceptive implants, insertion equipment, local anaesthetic). In addition, it is unlikely to require changes to norms or regulations.</p> <p>Some training and supervision is necessary, particularly regarding the removal of contraceptive implants. However, a systematic review (Colvin 2012) suggests that ongoing support, training and supervision was often insufficient in midwife taskshifting programmes (moderate certainty evidence).</p> <p>Adequate referral to a higher level of care for further management may be necessary if removal leads to complications.</p> <p>Annex: page 20 (Colvin 2012)</p>	