

10.1. EVIDENCE BASE:

Should ASSOCIATE CLINICIANS perform external cephalic version (ECV) for breech presentation at term?

Problem: Poor access to ECV

Option: Associated clinicians performing ECV

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	Are the anticipated desirable effects large?	No Probably Uncertain Probably Yes Varies no yes	One systematic review searched for studies that assessed the effects of ECV for breech presentation at term (Hofmeyr GJ, 2010). However, none of the included studies appear to have involved associate clinicians. A systematic review searched for studies that assessed the effects of midlevel providers, including associate clinicians, in improving the delivery of health care services (Lassi 2012). However, this review did not identify any studies that assessed the effects of using associate clinicians to perform ECV. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention. Indirect evidence: A systematic review compared clinical officers (unclear what level of training they had) with medical doctors for caesarean section (Wilson 2011). The review identified 6 studies from low and middle income countries,		
	Are the anticipated undesirable effects small?	No Probably Uncertain Probably Yes Varies no yes			
	What is the certainty of the anticipated	Very Low Moderate High No direct evidence			
BENEFIT	Are the desirable effects large relative to the undesirable effects?	No Probably Uncertain Probably Yes Varies no yes	but the evidence is of very low certainty and we are therefore unable to draw conclusions on the effects of using clinical officers for caesarean section. Annex: page 18 (Wilson 2011)		
			Main resource requirements		
RESOURCE USE			Resource Settings in whi	ch associate clinicians already provide other care	
	Are the		Training E.g. 1-2 weeks ECV	of practice training to assess foetal position and perform	
	resources	No Probably Uncertain Probably Yes Varies no yes	Supervision and monitoring Regular supervi	sion by senior midwife or doctor	
	required small?		Supplies Talcum powder	If ultrasound is available it may be helpful.	
			Referral Transportation t care (CeMOC) i	o a centre where comprehensive emergency obstetric s available	



	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	Is the incremental cost small relative to the benefits?	No Probably Uncertain Probably Yes Varies no yes	Uncertain as there is no direct evidence on effectiveness.	
ACCEPTABILITY	Is the option acceptable to most stakeholders?	No Probably Uncertain Probably Yes Varies no yes □ □ □ □	 A rapid review of literature on associate clinicians / advanced level associate clinicians programmes suggests that: There may be a lack of acceptance of associate clinicians / advanced level associate clinicians among other professionals and professional bodies in a number of settings, and these bodies may block the development of the cadre or attempt to restrict what they can do. Acceptance appears to vary across procedures that they are trained to deliver	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies yes	The intervention requires very few supplies. Some training and supervision is needed, and adequate referral to a higher level of care for further management may also be necessary, for instance if a caesarean section is needed. Delivrey of the interventions by associate clinicians may require changes to norms or regulations in some settings.	