

11.7. EVIDENCE BASE:

Should ASSOCIATE CLINICIANS perform vacuum extraction during childbirth?

Problem: Poor access to obstetric care
Option: Associate clinicians performing vacuum extraction
Comparison: Procedure delivered by other cadres or no care
Setting: Health care facilities in LMICs

| 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 checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p> | <p>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 for these interventions. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>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, 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.</p> <p>Annex: page 18 (Wilson 2011)</p> | | | | | | | | | | | |
| | <p>Are the anticipated undesirable effects small?</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>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 checked="" type="checkbox"/> Probably yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p> | <p>Main resource requirements</p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which associate clinicians already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>Training would need to include obstetric care such as delivering the baby, vacuum extraction procedures, understanding the physiology of the 3rd stage of labour and the manual removal technique</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Some monitoring and supervision by an obstetrician or a medical doctor with obstetric experience would be needed</td> </tr> <tr> <td>Supplies</td> <td>Antiseptic cleansing and antibiotics, vacuum extraction device</td> </tr> <tr> <td>Referral</td> <td>Referral to a higher facility (including for caesarean section in the case of vacuum extraction complications) essential since the procedures may fail regardless of manual skill</td> </tr> </tbody> </table> | Resource | Settings in which associate clinicians already provide other care | Training | Training would need to include obstetric care such as delivering the baby, vacuum extraction procedures, understanding the physiology of the 3 rd stage of labour and the manual removal technique | Supervision and monitoring | Some monitoring and supervision by an obstetrician or a medical doctor with obstetric experience would be needed | Supplies | Antiseptic cleansing and antibiotics, vacuum extraction device | Referral | Referral to a higher facility (including for caesarean section in the case of vacuum extraction complications) essential since the procedures may fail regardless of manual skill | |
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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 checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p> | <p>Uncertain as there is no direct evidence on effectiveness</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 rapid review of literature on associate clinician / advanced level associate clinician programmes suggests that:</p> <ul style="list-style-type: none"> - 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 associate clinicians are trained to deliver - associate clinicians / advanced level associate clinicians may not be given recognition and respect from doctors and health administrators, despite doing work similar to that done by doctors, and this is seen as problematic - There may be discrepancies between acceptance at national ministry level, existing regulations for registration of associate clinicians / advanced level associate clinicians, the training they receive and clinical practice. Consequently, they may only be able to undertake a proportion of what they were trained to do in relation to emergency and comprehensive obstetric care or may be perform services without regulatory authorisation <p>The certainty of this evidence is unclear as the quality of the contributing studies and the generalisability of the findings are unclear.</p> <p>Annex: page 25 (Daniels 2012)</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p> | <p>Vacuum extraction may be feasible after practical training. The intervention requires a vacuum extraction device and equipment for neonatal resuscitation. Adequate referral to a higher level of care for further management may also be necessary.</p> | |