

**11.8 to 11.10. RECOMMENDATION:**

**Should ASSOCIATE CLINICIANS deliver a loading dose of magnesium sulphate to (a) prevent eclampsia and refer to a higher facility if appropriate; and (b) treat eclampsia and refer to a higher facility if appropriate?**

**Problem:** Poor access to treatment for eclampsia  
**Option:** Associate clinicians delivering loading dose of magnesium sulphate  
**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>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We suggest considering the use of associate clinicians to deliver the <u>loading dose</u> of magnesium sulphate to prevent and treat eclampsia with targeted monitoring and evaluation			
<b>Justification</b>	There is insufficient evidence on the effectiveness of associate clinicians delivering a loading dose of magnesium sulphate to prevent or treat eclampsia and refer to a higher facility. However, a World Health Organization guideline recommends that for settings where it is not possible to administer the full magnesium sulphate regimen, the use of magnesium sulphate loading dose, followed by immediate transfer to a higher-level health facility, is recommended for women with severe pre-eclampsia and eclampsia (very low quality evidence, weak recommendation) (WHO, 2011).		
<b>Implementation considerations</b>	<p>The following should be considered when using associate clinicians to vacuum extraction or manual removal of the placenta:</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>- Clear scopes of practice are needed, and these need to be implemented at all levels of the health system. Linked to this, the distribution of roles and responsibilities between associate clinicians and other health workers needs to be made clear</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>- Career progression may be an important motivator</li> <li>- Referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed</li> <li>- Supplies of surgical instruments and other commodities need to be secure</li> <li>- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive</li> <li>- Associate clinicians and their supervisors need to receive appropriate initial and ongoing training</li> </ul>		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>	Studies of the effects and acceptability of associate clinicians delivering magnesium sulphate for the prevention and treatment of eclampsia		