

**11.14. RECOMMENDATIONS:**

**Should ASSOCIATE CLINICIANS perform manual removal of the placenta?**

**Problem:** Poor access to obstetric care  
**Option:** Associate clinicians performing manual removal of the placenta  
**Comparison:** Procedure delivered by other cadres or no care  
**Setting:** Health care facilities in LMICs

Recommendation	<i>We recommend against the option</i>	<b><i>We suggest considering the option with targeted monitoring and evaluation</i></b>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>We suggest considering the option with targeted monitoring and evaluation. We suggest using this intervention where associate clinicians are already an established cadre and where a well-functioning referral system is in place or can be put in place.</p>			
<b>Justification</b>	<p>The effects and acceptability of associate clinicians performing manual removal of the placenta is uncertain. We are also uncertain about its feasibility in many settings as associate clinicians do not generally have surgical and manual obstetric skills. However, this intervention has the potential to reduce inequalities by extending vital health care to underserved populations.</p>		
<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>	<p>Studies are needed to assess the effects of associate clinicians performing vacuum extraction or manual removal of the placenta.</p>		