

10.1. EVIDENCE BASE:

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

Problem: Poor access to ECV

Option: Advanced level associate 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 advanced level associate clinicians. A systematic review searched for studies that assessed the effects of midlevel providers, including advanced level 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 advanced level associate clinicians to perform ECV. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.	
	Are the anticipated undesirable effects small?	No Probably Uncertain Probably Yes Varies no yes		
	What is the certainty of the	Very Low Moderate High No Varies low direct evidence		
EFITS & H	anticipated effects?		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	
BENE	Are the desirable effects large relative to the undesirable effects?	No Probably Uncertain Probably Yes Varies no yes □ □ □	using clinical officers for caesarean section. Annex: page 18 (Wilson 2011)	
			Main resource requirements	
RESOURCE USE			Resource Settings in which advanced level associate clinicians already provide other care	
	Are the resources	No Probably Uncertain Probably Yes Varies	Training E.g. 1-2 weeks of practice training to assess foetal position and perform ECV	
	required small?	no yes	Supervision and monitoring Regular supervision by senior midwife or doctor	
	Smanr	:	Supplies Talcum powder. If ultrasound is available it may be helpful.	
			Referral Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available	



	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	Is the incremental cost small relative to the benefits?	No Probably Uncertain Probably Yes Varies 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 clinician / advanced level associate clinician 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 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 The certainty of this evidence is unclear as the quality of the contributing studies and the generalisability of the findings are unclear. Annex: page 25 (Daniels 2012) 	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies no 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 advanced level associate clinicians may require changes to norms or regulations in some settings.	