

11.7 and 11.14. EVIDENCE BASE:

Should ADVANCED LEVEL ASSOCIATE CLINICIANS perform (a) vacuum extraction during childbirth and (b) manual removal of the placenta?

Problem: Poor access to obstetric care

Option: Advanced level associate clinicians performing vacuum

extraction and manual removal of the placenta

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	Are the anticipated desirable effects large?	No Probably Uncertain Probably Yes varies no yes □ □ □ □	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 for these interventions. 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, 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)		
	Are the anticipated undesirable effects small?	No Probably Uncertain Probably Yes Varies no yes			
	What is the certainty of the anticipated effects?	Very Low Moderate High No direct evidence			
	Are the desirable effects large relative to the undesirable effects?	No Probably Uncertain Probably Yes Varies no yes			
RESOURCE USE			Main resource requirements		
	Are the resources required small?		Resource	Settings in which advanced level associate clinicians already provide other care	
		No Probably Uncertain Probably Yes Varies no yes	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	

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			regardless of manual skill					
	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 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	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 Manual removal of the placenta: may be feasible after theoretical and practical training. The intervention requires antiseptic cleansing. Adequate referral to a higher level of care for further management may also be necessary					