

10.1. EVIDENCE BASE:

Should NON-SPECIALIST DOCTORS perform external cephalic version (ECV) for breech presentation at term?

**Problem:** Poor access to ECV  
**Option:** Non-specialist doctors 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	<p><b>Are the anticipated desirable effects large?</b></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>One systematic review searched for studies that assessed the effects of ECV for breech presentation at term (Hofmeyr GJ, 2010). The review identified seven trials, including four from LMICs and included both specialist and non-specialist doctors. The review suggests that the intervention probably reduces non-cephalic birth and caesarean section (moderate certainty evidence) and may reduce neonatal admissions (low certainty evidence). However, it may make little or no difference to perinatal deaths (low certainty evidence). The review also notes that there is not enough evidence from randomised trials to assess complications of external cephalic version at term. Large observational studies suggest that complications are rare.</p> <table border="1"> <thead> <tr> <th>Outcomes</th> <th>No ECV (per 1000)</th> <th>ECV (per 1000)</th> <th>Difference (per 1000)</th> <th>Certainty of the anticipated effect</th> </tr> </thead> <tbody> <tr> <td>Non-cephalic births</td> <td>756</td> <td>348</td> <td>408 fewer</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Caesarean section</td> <td>296</td> <td>187</td> <td>109 fewer</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Neonatal admission</td> <td>111</td> <td>40</td> <td>71 fewer</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Perinatal death</td> <td>8</td> <td>3</td> <td>5 fewer</td> <td>⊕⊕○○ Low</td> </tr> </tbody> </table> <p>Annex: page 3 (Hofmeyr 2010)</p>	Outcomes	No ECV (per 1000)	ECV (per 1000)	Difference (per 1000)	Certainty of the anticipated effect	Non-cephalic births	756	348	408 fewer	⊕⊕⊕○ Moderate	Caesarean section	296	187	109 fewer	⊕⊕⊕○ Moderate	Neonatal admission	111	40	71 fewer	⊕⊕○○ Low	Perinatal death	8	3	5 fewer	⊕⊕○○ Low	
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<p><b>Are the anticipated undesirable effects small?</b></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><b>What is the certainty of the anticipated effects?</b></p> <p>Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> High <input type="checkbox"/> No direct evidence <input type="checkbox"/> Varies <input type="checkbox"/></p>																												
<p><b>Are the desirable effects large relative to the undesirable effects?</b></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>																												
RESOURCE USE	<p><b>Are the resources required small?</b></p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Varies <input type="checkbox"/></p>	<p><b>Main resource requirements</b></p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which non-specialist doctors already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>E.g. 1-2 weeks of practice training to assess foetal position and perform ECV</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by senior doctor</td> </tr> <tr> <td>Supplies</td> <td>Talcum powder. If ultrasound is available it may be helpful.</td> </tr> <tr> <td>Referral</td> <td>Transportation to a centre where CeMOC is available</td> </tr> </tbody> </table>	Resource	Settings in which non-specialist doctors already provide other care	Training	E.g. 1-2 weeks of practice training to assess foetal position and perform ECV	Supervision and monitoring	Regular supervision by senior doctor	Supplies	Talcum powder. If ultrasound is available it may be helpful.	Referral	Transportation to a centre where CeMOC is available																
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	<p><b>Is the incremental cost small relative to the benefits?</b></p>	<p>No <i>Probably no</i> <i>Uncertain</i> <i>Probably yes</i> Yes <i>Varies</i></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>The resources required for non-specialist doctors to perform ECV are small and the available evidence suggests important benefits.</p>	
ACCEPTABILITY	<p><b>Is the option acceptable to most stakeholders?</b></p>	<p>No <i>Probably no</i> <i>Uncertain</i> <i>Probably yes</i> Yes <i>Varies</i></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Evidence on the acceptability of non-specialist doctors performing ECV was not reviewed.</p> <p>The following factors should be considered:</p> <ul style="list-style-type: none"> <li>• Basic training in obstetrics is part of core medical training in most settings and, in many settings, non-specialist doctors provide routine care for women during pregnancy. This could be extended to include ECV where indicated</li> <li>• Women are likely to consider the option acceptable, particularly in settings where access to specialist doctors is limited and / or most routine pregnancy care is conducted by non-specialist doctors</li> <li>• Where ECV is currently conducted largely by specialist doctors (obstetricians), this group may not consider the option acceptable or safe. In some settings this shifting of tasks may also have revenue implications for specialist doctors. However, general medical and midwife professional associations are unlikely to object to this option</li> </ul>	
FEASIBILITY	<p><b>Is the option feasible to implement?</b></p>	<p>No <i>Probably no</i> <i>Uncertain</i> <i>Probably yes</i> Yes <i>Varies</i></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>The intervention requires very few supplies. In addition, it is unlikely to require changes to norms or regulations.</p> <p>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.</p>	