

**12.3. RECOMMENDATION:**

**Should LAY HEALTH WORKERS insert and remove intrauterine devices (IUDs)?**

**Problem:** Poor access to contraception  
**Option:** LHWs inserting and removing IUDs  
**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 In the context of rigorous research</i>	<i>We recommend the option</i>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We recommend against the use of LHWs to insert and remove uterine devices (IUDs).			
<b>Justification</b>	There is insufficient evidence on the effectiveness of this intervention. In addition, it is uncertain whether the intervention is cost-effective, feasible or acceptable; the intervention may be beyond the typical skills of this cadre; and there is potential for harm.		
<b>Implementation considerations</b>	Not applicable		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>			

12.3. EVIDENCE BASE:

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CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES										
BENEFITS & HARMS OF THE OPTIONS	<p>Are the anticipated desirable effects large?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>A systematic review (Lewin 2012) searched for studies that assessed the effects of LHW programmes for maternal and child health. Another systematic review (Polus 2012a) searched for studies that assessed the effects and safety of task shifting for family planning delivery in low and middle income countries. Neither of these reviews identified any studies that assessed the effects of using LHWs to insert and remove IUDs. <b>We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</b></p>											
	<p>Are the anticipated undesirable effects small?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>												
	<p>What is the certainty of the anticipated effects?</p> <p>Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> No direct evidence <input checked="" type="checkbox"/> Varies <input type="checkbox"/></p>												
	<p>Are the desirable effects large relative to the undesirable effects?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>												
RESOURCE USE	<p>Are the resources required small?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input 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 LHWs already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>2-4 weeks of practice-based training for LHWs to insert and remove an IUD</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by senior midwife or nurse</td> </tr> <tr> <td>Supplies</td> <td>Insertion of IUDs would generally need to take place in a facility with appropriate conditions and equipment, including IUDs, antiseptic solution and insertion equipment.</td> </tr> <tr> <td>Referral</td> <td>This may be needed for a small number of women</td> </tr> </tbody> </table>	Resource	Settings in which LHWs already provide other care	Training	2-4 weeks of practice-based training for LHWs to insert and remove an IUD	Supervision and monitoring	Regular supervision by senior midwife or nurse	Supplies	Insertion of IUDs would generally need to take place in a facility with appropriate conditions and equipment, including IUDs, antiseptic solution and insertion equipment.	Referral	This may be needed for a small number of women	
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ACCEPTABILITY	Is the option acceptable to most stakeholders?	<table border="0"> <tr> <td>No</td> <td>Probably no</td> <td>Uncertain</td> <td>Probably yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>A review of country case studies of task shifting for family planning (Polus 2012b) did not identify any programmes where LHWs inserted IUDs. <b>We are therefore uncertain about the acceptability of this intervention to key stakeholders.</b></p> <p><b>Indirect evidence:</b> The same review (Polus 2012b) did identify programmes where LHWs delivered other types of contraceptives. This review suggests that recipients appreciate the easy access that community-based provision of contraceptives provides and appreciate the use of female health workers in the delivery of contraceptives. However, the review also suggests that some health workers may introduce their own criteria when determining who should receive contraceptives, including criteria tied to the recipient's marital status and age. Other factors that may affect the uptake of the intervention are primarily tied to the contraceptives themselves rather than the use of specific types of health workers, including a lack of knowledge about different methods of contraception; religious and other beliefs regarding family planning; a fear of side effects, service fees; and a lack of support from husbands.</p> <p>Sexual and reproductive health may be a sensitive topic and it is possible that confidentiality may be a concern among recipients, particularly where LHWs are based in the same local communities. In a systematic review of LHW programmes ( Glenton, Colvin 2012), some recipients of <u>promotional interventions</u> were concerned that LHWs might share personal or sensitive information (low certainty evidence) (Glenton, Colvin et al 2012)</p> <p><b>Annex:</b> page 63 (Polus 2012b); page 26 (Glenton, Colvin 2012)</p>	
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FEASIBILITY	Is the option feasible to implement?	<table border="0"> <tr> <td>No</td> <td>Probably no</td> <td>Uncertain</td> <td>Probably yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The intervention requires very few supplies (IUDs, antiseptic solution, insertion equipment). However, it would be difficult to deliver this interventions in peoples homes. In addition, changes to drug supplies may be needed and the intervention is also likely to require changes to norms or regulations</p> <p>Training, including in communication about family planning, and supervision is necessary. However, a review of country case studies of task shifting for family planning (Polus 2012b) suggests that <u>auxiliary nurses</u> felt that training in IUD insertion was insufficient. The auxiliary nurses also lacked confidence in their skills, partly because they had insufficient opportunities to practice these skills in settings where demand was low. In addition, a systematic review of <u>lay health worker</u> programmes suggest that sufficient training and supervision is often lacking (moderate certainty evidence) (Glenton, Colvin 2012). Adequate referral to a higher level of care for further management may be necessary for removal.</p> <p><b>Annex:</b> page 63 (Polus 2012b); page 26 (Glenton, Colvin 2012)</p>	
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