

7.1 and 7.2. RECOMMENDATION:
Should LAY HEALTH WORKERS (a) initiate and (b) maintain kangaroo mother care for low birth weight infants?

Problem: Low utilisation of kangaroo mother care for low birth weight infants
Option: LHWs initiating and maintaining kangaroo mother care
Comparison: Care delivered by other cadres or no care
Setting: Community/primary health care settings in LMICs

Recommendation	<i>We recommend against the option</i>	<i>We suggest considering the option only in the context of rigorous research</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	We suggest considering this option only in the context of rigorous research. We suggest evaluating this intervention where a well-functioning LHW programme already exists and where referral to more specialized care is available or can be put in place.		
Justification	There is insufficient evidence on the effectiveness of using LHWs to initiate and maintain kangaroo care. However, the intervention is probably feasible and acceptable, and may reduce inequalities by extending care to underserved populations.		
Implementation considerations	<p><i>The following should be considered when using LHWs to promote, initiate and maintain kangaroo mother care:</i></p> <ul style="list-style-type: none"> - LHWs from the same community may be particularly acceptable to recipients and selection processes should consider this - LHWs, trainers and supervisors need initial and ongoing training, not only in information content but also in counselling and communication skills. Tools and techniques that may be helpful when communicating with community members may include the use of visual tools, the use of a variety of venues and opportunities to deliver promotional information, and mass media campaigns that repeat the LHWs' promotional messages. Programmes should also consider whether and how to involve husbands and other family members in promotional activities in their particular setting - 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 - Responsibility for supervision needs to be clear and supervision needs to be regular and supportive - Referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve quality of care at the first referral facility 		
Monitoring and evaluation			
Research priorities	There is a lack of evidence regarding the effectiveness of LHWs in promoting, initiating or maintaining kangaroo care for low birth weight babies in LMIC settings		

7.1 and 7.2. EVIDENCE BASE:

Should LAY HEALTH WORKERS (a) initiate and (b) maintain kangaroo mother care for low birth weight infants?

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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 lay health worker programmes for maternal and child health. However, this review did not identify any studies that assessed the effects of lay health workers to initiate and maintain kangaroo mother care for low birth weight babies. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>Indirect evidence: The same review (Lewin 2012) identified two trials, including one trial from Bangladesh and one from India that assessed the effectiveness of <u>promotion</u> of kangaroo care or skin-to-skin care after birth, although promotion was not specifically targeted at low birth weight babies. In one of the trials, LHWs promoted the intervention as part of a package of maternal and newborn care while, in one trial, LHWs taught kangaroo care to expectant mothers and their families. Both trials suggest that the intervention probably leads to an increase in the use of skin-to-skin care within 24 hours after birth, compared to usual care (moderate certainty evidence).</p> <p>Annex: page 13 (Lewin 2012- Table 4)</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 checked="" type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> No direct evidence <input 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 type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Varies <input type="checkbox"/></p>	<p>Main resource requirements</p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which LHW programmes already exist</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>1 week of practice-based training in the kangaroo mother care method and in breastfeeding promotion</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by an experienced promoter</td> </tr> <tr> <td>Supplies</td> <td>Minimal: promotional and demonstrational materials; carrying pouches for babies</td> </tr> <tr> <td>Travel</td> <td>To recipients' homes and to local health facilities</td> </tr> <tr> <td>Referral</td> <td>To a health facility if any health problems are detected</td> </tr> </tbody> </table>	Resource	Settings in which LHW programmes already exist	Training	1 week of practice-based training in the kangaroo mother care method and in breastfeeding promotion	Supervision and monitoring	Regular supervision by an experienced promoter	Supplies	Minimal: promotional and demonstrational materials; carrying pouches for babies	Travel	To recipients' homes and to local health facilities	Referral	To a health facility if any health problems are detected	
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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 type="checkbox"/></td> <td><input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A systematic review of LHW programmes (Glenton, Colvin 2012) suggests that recipients are generally very positive to LHW programmes, including programmes offering promotion and support (moderate certainty evidence). Recipients expressed confidence in the knowledge and skills of the LHWs and saw them as a useful source of information. They also appreciated the nature of the LHW-recipient relationship, emphasising the similarities they saw between themselves and the LHWs and the importance of trust, respect, kindness and empathy (moderate certainty evidence).</p> <p>However, some recipients regarded promotional activities as not relevant to their needs (moderate certainty evidence). LHWs who primarily offered promotional and counselling services sometimes expressed a need to offer "real healthcare" such as curative care in order to better respond to the expressed needs of the community (moderate certainty evidence).</p> <p>Annex: 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 type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The intervention is relatively simple, requires no supplies and is unlikely to require changes to norms or regulations.</p> <p>Some training and supervision is needed. However, a systematic review (Glenton, Colvin 2012) suggests that ongoing support, training and supervision was often insufficient in LHW programmes (moderate certainty evidence). The review suggests that the involvement of family members, including husbands, in promotional and other activities may be important (moderate certainty evidence). However, counselling and communication, either to mothers, their husbands and other family members about breastfeeding, family planning and other issues was perceived by LHWs as a complex task for which they sometimes felt unprepared and for which they requested specific training (moderate certainty evidence). In addition, trainers were not necessarily competent to train them in these skills (low certainty evidence).</p> <p>Adequate referral to a higher level of care for further management may also be necessary.</p> <p>Annex: page 26 (Glenton, Colvin 2012)</p>	
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