

11.5. RECOMMENDATION:

Should MIDWIVES administer corticosteroids to pregnant women in the context of preterm labour to improve neonatal outcomes?

Problem: Poor access to treatment

Option: Midwives administering corticosteroids to pregnant women in the context of preterm labour

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We suggest considering the use of midwives to administer corticosteroids to pregnant women in the context of preterm labour in the context of rigorous research.			
Justification	There is insufficient evidence on the effectiveness of midwives administering corticosteroids to pregnant women for the foetus in the context of preterm labour. This intervention is probably feasible but its acceptability is uncertain. It may reduce inequalities by extending care to underserved populations. We therefore suggest considering the option in the context of rigorous research.		
Implementation considerations	Not applicable		
Monitoring and evaluation			
Research priorities	Studies assessing the effects and the acceptability of using midwives to administer) corticosteroids to pregnant women are needed		

11.5. 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 searched for studies that assessed the effects of midlevel providers, including midwives, in improving the delivery of health care services (Lassi 2012). However, this review did not identify any studies that assessed the effects of midwives administering corticosteroids. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>Indirect evidence: The review (Lassi 2012) did identify a number of other studies, all from high income settings, in which midwives delivered antenatal, intrapartum and postpartum care, although it is not clear precisely what services this care included. The review suggests that midwife-led care may improve several health outcomes while it may make no difference to other outcomes. However, the certainty of this evidence varies. Similar findings were seen in another systematic review on the effects of midwife care (Hatem 2008)</p> <p>Annex: page 4 (Lassi 2012)</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 type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>Main resource requirements</p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which auxiliary nurse midwives already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>E.g. 1 week of practice-based training in diagnosing and managing pre-term labour</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or doctor</td> </tr> <tr> <td>Supplies</td> <td>Corticosteroids</td> </tr> <tr> <td>Referral</td> <td>Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available</td> </tr> </tbody> </table>	Resource	Settings in which auxiliary nurse midwives already provide other care	Training	E.g. 1 week of practice-based training in diagnosing and managing pre-term labour	Supervision and monitoring	Regular supervision by midwife or doctor	Supplies	Corticosteroids	Referral	Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available	
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	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES												
	Is the incremental cost small relative to the benefits?	<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"/>	Uncertain as there is no direct evidence on effectiveness	
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
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 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>A systematic review of task-shifting in midwifery programmes (Colvin 2012) did not identify any studies that evaluated the acceptability of corticosteroids when administered by midwives. We are therefore uncertain about the acceptability of this intervention to key stakeholders.</p> <p>Indirect evidence: For other midwife-delivered interventions, the same review suggests the following:</p> <ul style="list-style-type: none"> • Mothers and midwives are more likely to accept task-shifting initiatives if they increase the midwives' ability to provide more holistic and continuous care (moderate certainty evidence) • Midwives may also be motivated by being "upskilled" as it can potentially lead to increased status, promotion opportunities and increased job satisfaction (moderate certainty evidence) • However, midwives may not readily accept a mode of care that is technology-focused and that views pregnancy as risky and uncertain (moderate certainty evidence). They may also be less likely to accept tasks that increase the involvement of others in clinical care. In addition, midwives may be concerned about the increased liability that may accompany new tasks (moderate certainty evidence) • Doctors may be skeptical about the extension of midwifery roles in obstetric care, although doctors who worked closely with midwives tended to have better attitudes towards them (low certainty). • A lack of clarity in roles and responsibilities between midwives and other health worker cadres, as well as status and power differences may also lead to poor working relationships and 'turf battles' (moderate certainty evidence) <p>Annex: page 20 (Colvin 2012)</p>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
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 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>The intervention requires some supplies (drugs and simple diagnostic tools). Also, adequate referral to a higher level of care for further management may also be necessary. While training, clinical experience and supervision are needed, systematic reviews of lay health worker, nurse and midwife programmes suggest that sufficient training and supervision is often lacking (Glenton, Colvin 2012; Rashidian 2012; Colvin 2012).</p> <p>In some settings, changes to norms or regulations may be needed to allow midwives to prescribe and administer drugs.</p> <p>Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	
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