

4.1. RECOMMENDATION:

Should MIDWIVES diagnose preterm pre-labour rupture of membranes (pPROM) and deliver initial treatment of injectable antibiotics, using a standard syringe, before referral?

Problem: Poor access to injectable antibiotics for preterm PROM

Option: Midwives delivering injectable antibiotics Comparison: Care delivered by other cadres or no care

Setting: Community/primary health care settings in LMICs with poor

access to health professionals

Recommendation	We recommend against the option	We suggest considering the option with targeted monitoring and evaluation	We recommend the option			
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	We suggest considering this option with targeted monitoring and evaluation. We suggest using this intervention where midwives are already an establishment functioning referral system is in place or can be put in place.					
Justification	There is insufficient evidence on the effectiveness and feasibility of midwives diagnosing preterm pre-labour rupture of membranes (pPROM) and delivering initial treatment of injectable antibiotics using a standard syringe before referral. However, this intervention may be acceptable and feasible and may reduce inequalities by extending care to underserved populations.					
Implementation considerations	- Not applicable					
Monitoring and evaluation						
Research priorities						



4.1. EVIDENCE BASE:

Should MIDWIVES diagnose preterm pre-labour rupture of membranes (pPROM) and deliver initial treatment of injectable antibiotics, using a standard syringe, before referral?

Problem: Poor access to injectable antibiotics for preterm PROM **Option**: Midwives delivering injectable antibiotics **Comparison**: Care delivered by other cadres or no care **Setting**: Community/primary health care settings in LMICs with poor access to health professionals

Are the anticipated desirable of anticipated of anticipa		CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
Are the anticipated of effects and probably bluedrain Probably Yes Varies Sudies that assessed the effects of midwives delivering injectable antibiotics for preterm PROM. We are therefore to mainly of the certainty of the anticipated effects and the probably Yes Varies Wey Low Moderate High No Varies Wey Low Wed Wey Low Wed	BENEFITS & HARMS OF THE OPTIONS	anticipated desirable	no yes	in improving the delivery of health care services (Lassi 2012). However, this review did not identify any studies that assessed the effects of midwives delivering injectable antibiotics for preterm PROM. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.	
desirable effects large relative to the undesirable effects? Are the resources required small? No Probably no No Proba		anticipated undesirable	no yes		
desirable effects large relative to the undesirable effects? Are the resources required small? No Probably no No Proba		certainty of the anticipated	low direct evidence	The review (Lassi 2012) did identify a number of studies, all from high income settings. In these studies, midwives delivered antenatal, intrapartum and postpartum care, but 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	
Are the resources required small? No Probably no no no notioning No Probably no no no notioning Supprison and monitoring Supplies Are the resource Settings in which midwives already provide other care Training As midwives should be able to diagnose pregnancy, assess gestational age and leakage of amniotic fluid through observation and simple pH testing, little training on this is required, e.g. less than one week of training for midwives to diagnosis and manage, including diagnosis of amniotic fluid volume by ultrasound where available. Supervision and monitoring Supplies Antibiotics, equipment needed for diagnosis, e.g. litmus paper. Ultrasound equipment		desirable effects large relative to the undesirable	no yes	Annex: page 4 (Lassi 2012)	
	RESOURCE USE	resources required	no yes	Resource Settings in which midwives already provide other care Training As midwives should be able to diagnose pregnancy, assess gestational age and leakage of amniotic fluid through observation and simple pH testing, little training on this is required, e.g. less than one week of training for midwives to diagnosis and manage, including diagnosis of amniotic fluid volume by ultrasound where available. Supervision and monitoring Supplies Antibiotics, equipment needed for diagnosis, e.g. litmus paper. Ultrasound equipment	



			Referral Transportation, adequate referral centre	
	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 systematic review of task-shifting in midwifery programmes (Colvin 2012) did not identify any studies that evaluated the acceptability of injectable antibiotics for preterm PROM when delivered by midwives. We are therefore uncertain about the acceptability of this intervention to key stakeholders. Indirect evidence: For other midwife-delivered interventions, the same review suggests the following: • Mothers and midwives are more likely to accept task-shifting initiatives if these increase the midwives' ability to provide more holistic and continuous care. 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) • 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) Annex: page 20 (Colvin 2012)	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies no yes	The intervention requires relatively few supplies (antibiotics and simple diagnostic tools). In addition, it is simple to deliver and requires only a small amount of training. Regular supervision needs to be in place, and adequate referral to a higher level of care for further management may also be necessary. However, a systematic review (Colvin 2012) suggests that ongoing support, training and supervision was often insufficient in midwife taskshifting programmes (moderate certainty evidence). In addition, in some settings, changes to norms or regulations may be needed to allow midwives to prescribe and deliver injectable antibiotics. Annex: page20x (Colvin 2012)	