10.1. RECOMMENDATION:

Should NURSES perform external cephalic version (ECV) for breech presentation at term?

***Problem**:* Poor access to ECV
***Option**:* Nurses 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

Recommendation	***We recommend against the option*** ☑	*We suggest considering the option with targeted monitoring and evaluation* ☐	*We recommend the option* ☐
	We recommend against the use of nurses to perform external cephalic version.		
Justification	There is insufficient evidence on the effectiveness of nurses performing external cephalic version, the intervention is outside of their typical scope of practice, and its acceptability is uncertain.		
Implementation considerations	Not applicable		
Monitoring and evaluation			
Research priorities			

10.1 EVIDENCE BASE:

Should NURSES perform external cephalic version (ECV) for breech presentation at term?

***Problem**:* Poor access to ECV
***Option**:* Nurses 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	**Are the anticipated desirable effects large?**	*No* ☐ *Probably No* ☐ *Uncertain* ☑ *Probably yes* ☐ *Yes* ☐ *Varies* ☐	One systematic review searched for studies that assessed the effects of nurse-led primary care compared to care that was given by primary care doctors (Laurant 2012). However, this review did not identify any studies that specifically assessed the effects of nurses performing ECV. **We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.** **Indirect evidence**: The same review identified a number of studies, mostly from high income settings, where nurses were compared to doctors for the delivery of other types of interventions. The review suggests that nurse care may improve several health outcomes while it may make no difference to other outcomes. However, the certainty of this evidence varies.	
	Are the anticipated undesirable effects small?	*No* ☐ *Probably no* ☐ *Uncertain* ☑ *Probably yes* ☐ *Yes* ☐ *Varies* ☐		
	What is the certainty of the anticipated effects?	*Very low* ☐ *Low* ☐ *Moderate* ☐ *High* ☐ *No direct evidence* ☑ *Varies* ☐		
	Are the desirable effects large relative to the undesirable effects?	*No* ☐ *Probably no* ☐ *Uncertain* ☑ *Probably yes* ☐ *Yes* ☐ *Varies* ☐		
RESOURCE USE	**Are the resources required small?**	*No* ☐ *Probably no* ☐ *Uncertain* ☐ *Probably yes* ☑ *Yes* ☐ *Varies* ☐	***Main resource requirements***	

Outcomes	Impacts	Certainty of the anticipated effect
Patient health status	For some outcomes, benefits in favour of nurses. For other outcomes, no differences between nurses and doctors	Very low to moderate
Patient mortality	No differences between nurses and primary care doctors	Moderate
Process of care	Mixed results: some studies showed differences between nurses and primary care doctors in process of care, e.g. nurses gave more advice to patients, while others showed no differences	Very low to moderate
Patient satisfaction and preferences	Patients were significantly more satisfied with nurses compared with primary care doctors. Also, patients preferred significantly more often to see a nurse rather than a primary care doctor.	Very low to moderate

Annex: page 6 (Laurant 2012)

Resource	Settings in which nurses already provide other care
Training	E.g. 1-2 weeks of practice-based training to assess foetal position and perform ECV
Supervision and monitoring	Regular supervision by senior midwife or doctor
Supplies	Talcum powder. If ultrasound is available it may be helpful.
Referral	Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available

	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	Is the incremental cost small relative to the benefits?	*No* ☐ *Probably no* ☐ *Uncertain* ☑ *Probably yes* ☐ *Yes* ☐ *Varies* ☐	Uncertain as there is no direct evidence on effectiveness. Indirect evidence from the review referred to above (Laurant 2012) suggests that, compared to doctor-led care: • Overall, studies showed lower costs for nurse-led care • Consultation length was longer for nurses • For the frequency of consultations, results were mixed • For most studies there were no differences in the use of healthcare services and prescriptions	
ACCEPTABILITY	**Is the option acceptable to most stakeholders?**	*No* ☐ *Probably no* ☐ *Uncertain* ☑ *Probably yes* ☐ *Yes* ☐ *Varies* ☐	A systematic review of nurse-doctor substitution (Rashidian 2012) did not identify any studies that evaluated the acceptability of ECV when performed by nurses. **We are therefore uncertain about the acceptability of this intervention to key stakeholders**. **Indirect evidence:** For other maternal and child health interventions, the same review suggests that: • Nurses may be motivated to offer advanced care by increased recognition and job satisfaction (moderate certainty evidence) • Recipients may regard nurses as more accessible and better at listening and caring than doctors (moderate certainty evidence). However, some recipients may have concerns about nurses' competence and willingness to provide high quality care compared to doctors (low certainty evidence). • Doctors were generally satisfied with the contribution of nurses to maternal and child health care, although some concerns were raised (low certainty evidence). Doctors may welcome the contribution of nurses where it reduces doctors' workloads (moderate certainty evidence). Doctor acceptance may also be influenced by level of nurse experience (low certainty evidence). However, an increase in nurse autonomy may negatively affect or produce negative reactions among other professions, including doctors and midwives, who for instance may be unwilling to relinquish final responsibility for patient care. A lack of clarity about nurse roles and responsibilities in relation to other health workers may also be a challenge (low certainty evidence) **Annex**: page 43 (Rashidian 2012)	
FEASIBILITY	**Is the option feasible to implement?**	*No* ☐ *Probably no* ☐ *Uncertain* ☐ *Probably yes* ☑ *Yes* ☐ *Varies* ☐	The intervention requires very few supplies. In addition, it is unlikely to require changes to norms or regulations. 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. However, a systematic review (Rashidian 2012) suggests that nurses may be unprepared or not adequately trained or supervised when they are given advanced and substitution roles (low certainty). **Annex**: page 43 (Rashidian 2012)	