

**10.1. RECOMMENDATION:**

**Should ADVANCED LEVEL ASSOCIATE CLINICIANS perform external cephalic version (ECV)?**

**Problem:** Poor access to ECV

**Option:** Advanced level associate clinicians 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	<i>We recommend against the option</i>	<b><i>We suggest considering the option only in the context of rigorous research</i></b>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We suggest considering the option in the context of rigorous research in a hospital setting. We suggest using this intervention where advanced level associate clinicians are already an established cadre and where a well-functioning referral system is in place or can be put in place.			
<b>Justification</b>	There is insufficient evidence on the effectiveness of advanced level associate clinicians performing external cephalic version. It may be feasible and may reduce inequalities by extending care to underserved populations, but acceptability may vary.		
<b>Implementation considerations</b>	- Not applicable		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>			

10.1. EVIDENCE BASE:

Should **ADVANCED LEVEL ASSOCIATE CLINICIANS** perform external cephalic version (ECV) for breech presentation at term?

**Problem:** Poor access to ECV  
**Option:** Advanced level associate clinicians 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	<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>One systematic review searched for studies that assessed the effects of ECV for breech presentation at term (Hofmeyr GJ, 2010). However, none of the included studies appear to have involved advanced level associate clinicians. A systematic review searched for studies that assessed the effects of midlevel providers, including advanced level associate clinicians, in improving the delivery of health care services (Lassi 2012). However, this review did not identify any studies that assessed the effects of using advanced level associate clinicians to perform ECV. <b>We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</b></p> <p><b>Indirect evidence:</b>                      A systematic review compared clinical officers (unclear what level of training they had) with medical doctors for caesarean section (Wilson 2011). The review identified 6 studies from low and middle income countries, but the evidence is of very low certainty and we are therefore unable to draw conclusions on the effects of using clinical officers for caesarean section.</p> <p><b>Annex:</b> page 18 (Wilson 2011)</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 type="checkbox"/> Yes <input checked="" 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 advanced level associate clinicians already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>E.g. 1-2 weeks of practice training to assess foetal position and perform ECV</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by senior midwife or doctor</td> </tr> <tr> <td>Supplies</td> <td>Talcum powder. If ultrasound is available it may be helpful.</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 advanced level associate clinicians already provide other care	Training	E.g. 1-2 weeks of practice 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	
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	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	<p><b>Is the incremental cost small relative to the benefits?</b></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>Uncertain as there is no direct evidence on effectiveness.</p>	
ACCEPTABILITY	<p><b>Is the option acceptable to most stakeholders?</b></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 rapid review of literature on associate clinician / advanced level associate clinician programmes suggests that:</p> <ul style="list-style-type: none"> <li>- There may be a lack of acceptance of associate clinicians / advanced level associate clinicians among other professionals and professional bodies in a number of settings, and these bodies may block the development of the cadre or attempt to restrict what they can do. Acceptance appears to vary across procedures that they are trained to deliver</li> <li>- Associate clinicians / advanced level associate clinicians may not be given recognition and respect from doctors and health administrators, despite doing work similar to that done by doctors, and this is seen as problematic</li> <li>- There may be discrepancies between acceptance at national ministry level, existing regulations for registration of associate clinicians / advanced level associate clinicians, the training they receive and clinical practice. Consequently, they may only be able to undertake a proportion of what they were trained to do in relation to emergency and comprehensive obstetric care or may be perform services without regulatory authorisation</li> </ul> <p>The certainty of this evidence is unclear as the quality of the contributing studies and the generalisability of the findings are unclear.</p> <p><b>Annex:</b> page 25 (Daniels 2012)</p>	
FEASIBILITY	<p><b>Is the option feasible to implement?</b></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>The intervention requires very few supplies.</p> <p>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. Delivery of the interventions by advanced level associate clinicians may require changes to norms or regulations in some settings.</p>	