

**12.4. RECOMMENDATION:**

**Should LAY HEALTH WORKERS insert and remove contraceptive implants?**

**Problem:** Poor access to contraception  
**Option:** LHWs inserting and removing contraceptive implants  
**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"/>
<p>We suggest considering this option only in the context of rigorous research. We suggest evaluating the intervention only with LHWs who (a) have appropriate levels of training; and (b) deliver care within a facility or other setting with sterile conditions.</p> <p><b>Note:</b> Seven members of the panel dissented and indicated that they would prefer to recommend against the option. They noted that the cadre of LHWs, as defined for this guideline, includes a wide range of skills and training and it is not clear that those with lower levels of training have the necessary skills to deliver this intervention. The risk associated with delivering the intervention may therefore be higher.</p>			
<b>Justification</b>	There is insufficient evidence on the effectiveness of this intervention, which could be considered to be a minor surgical procedure. In addition, it is uncertain whether the intervention is cost-effective, feasible or acceptable.		
<b>Implementation considerations</b>	- Not applicable		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>	Studies are needed to assess the effects and acceptability of LHWs delivering contraceptive implants.		

12.4. EVIDENCE BASE:

Should LAY HEALTH WORKERS insert and remove contraceptive implants?

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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 LHW programmes for maternal and child health. Another systematic review (Polus 2012a) searched for studies that assessed the effects and safety of task shifting for family planning delivery in low and middle income countries. Neither of these reviews identified any studies that assessed the effects of using LHWs to insert and remove contraceptive implants. <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> The same review (Lewin 2012) identified a trial in which LHWs <u>injected procaine penicillin and gentamicin</u> to treat sick neonates, apparently using a standard syringe. The trial did not report any adverse effects of LHWs using injectable antibiotics.</p> <p><b>Annex:</b> page 10 (Lewin 2012 – Table 2)</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 checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input 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 LHWs already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>2-4 weeks of practice-based training for LHWs to insert and remove a contraceptive implant</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by senior midwife or nurse</td> </tr> <tr> <td>Supplies</td> <td>Contraceptive implant, insertion equipment, local anaesthetic</td> </tr> <tr> <td>Referral</td> <td>Patients may need to go to a referral centre for removal difficulties</td> </tr> </tbody> </table>	Resource	Settings in which LHWs already provide other care	Training	2-4 weeks of practice-based training for LHWs to insert and remove a contraceptive implant	Supervision and monitoring	Regular supervision by senior midwife or nurse	Supplies	Contraceptive implant, insertion equipment, local anaesthetic	Referral	Patients may need to go to a referral centre for removal difficulties	
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NET BENEFIT	<p>Is the incremental cost small relative to the benefits?</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>	Uncertain as there is insufficient evidence of effect											

	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
ACCEPTABILITY	<p>Is the option acceptable to most stakeholders?</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 checked="" type="checkbox"/></p>	<p>A review of country case studies of task shifting for family planning (Polus 2012b) mainly identified LHW programmes, some of which included the delivery of contraceptive implants. This review suggests that recipients appreciate the easy access that community-based or home-based provision of contraceptives provides and appreciate the use of female health workers in the delivery of contraceptives. However, the review also suggests that some health workers may introduce their own criteria when determining who should receive contraceptives, including criteria tied to the recipient's marital status and age. Other factors that may affect the uptake of the intervention are primarily tied to the contraceptives themselves rather than the use of specific types of health workers, including a lack of knowledge about different methods of contraception; religious and other beliefs regarding family planning; a fear of side effects, service fees; and a lack of support from husbands.</p> <p><b>Indirect evidence:</b> Sexual and reproductive health may be a sensitive topic and it is possible that confidentiality may be a concern among recipients, particularly where LHWs are based in the same local communities. In a systematic review of LHW programmes (Glenton, Colvin 2012), some recipients of <u>promotional interventions</u> were concerned that LHWs might share personal or sensitive information (low certainty evidence) (Glenton, Colvin et al 2012)</p> <p><b>Annex:</b> page 63 (Polus 2012b); page 26 (Glenton, Colvin 2012)</p>	
FEASIBILITY	<p>Is the option feasible to implement?</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>The intervention requires very few supplies ( contraceptive implants, insertion equipment, local anaesthetic). However, changes to drug supplies may be needed and the intervention is also likely to require changes to norms or regulations</p> <p>Training and supervision provided by skilled health cadres is needed. However, a review of country case studies of task shifting for family planning (Polus 2012b) and a systematic review of LHW programmes (Glenton, Colvin 2012, moderate certainty evidence) suggest that ongoing support, training and supervision was often insufficient in LHW programmes . This review also suggests that counselling and communication about family planning was a complex task for which LHWs requested specific training (moderate certainty evidence).</p> <p>Adequate referral to a higher level of care for further management may be necessary if removal leads to complications.</p> <p><b>Annex:</b> page 63 (Polus 2012b); page 26 (Glenton, Colvin 2012)</p>	