

5.1. RECOMMENDATION:

Should LAY HEALTH WORKERS provide continuous support during labour (in the presence of a skilled birth attendant)?

Problem: Poor support during labour
Option: LHWs providing continuous support (primarily social support in the form of comfort and reassurance) during labour
Comparison: Care delivered by other cadres or no labour support
Setting: Community/primary health care settings in LMICs, in the presence of a skilled birth attendant

Recommendation	<i>We recommend against the option</i>	<i>We suggest considering the option</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	We recommend the use of LHWs to provide continuous support during labour, in the presence of a skilled birth attendant. However, appropriate attention must be paid to the acceptability of the intervention to other health care providers.		
Justification	The provision of continuous support by LHWs is probably effective and feasible, may have few undesirable effects and may reduce inequalities by extending care to underserved populations, although there may be acceptability issues. The role of the LHW in this context is to provide social support in the form of comfort and reassurance, and not to provide medical care		
Implementation considerations	<p>The following should be considered when using LHWs to offer continuous support during labour:</p> <ul style="list-style-type: none"> - LHWs from the same community may be particularly acceptable to recipients and selection processes should consider this - LHWs and relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers - The distribution of roles and responsibilities between midwives and LHWs needs to be made clear, including through regulations and job descriptions - This intervention implies irregular working hours. Implementation needs to be in the context of a comprehensive remuneration scheme, in which salaries or incentives reflect any changes in scope of practice. Giving incentives for certain tasks but not for others may negatively affect the work that is carried out - Systems need to be in place to support LHWs who may need to travel at night in order to assist during labour and delivery - Responsibility for supervision needs to be clear and supervision needs to be regular and supportive - LHWs and their supervisors need to receive appropriate initial and ongoing training, including in communicating with recipients 		
Monitoring and evaluation			
Research priorities	Trial of LHWs delivering continuous support during labour are lacking, but may not be needed.		

5.1. EVIDENCE BASE:

Should LAY HEALTH WORKERS provide continuous support to women during labour (in the presence of a skilled birth attendant)?

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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 type="checkbox"/> Probably yes <input checked="" 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 lay health worker programmes for maternal and child health. No studies in the review explicitly noted the provision of continuous support during labour.</p> <p>Indirect evidence</p> <p>A systematic review (Hodnett 2011) searched for studies that assessed the effects of continuous support during labour. The review identified seven hospital-based trials where women were supported by doulas, Lamaze instructors, community lay midwives or midwifery apprentices. Some of these support workers were retired nurses or midwife apprentices, and can therefore not be defined as lay health workers. The review shows that support by this type of support worker may have important benefits (low to moderate certainty evidence).</p> <table border="1"> <thead> <tr> <th>Outcomes</th> <th>Usual care (per 1000)</th> <th>Continuous support (per 1000)</th> <th>Difference (per 1000)</th> <th>Certainty of the anticipated effect</th> </tr> </thead> <tbody> <tr> <td>Any analgesia/ anaesthesia</td> <td>821</td> <td>796</td> <td>25 fewer women</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Synthetic oxytocin during labour</td> <td>183</td> <td>126</td> <td>57 fewer women</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Caesarean birth</td> <td>208</td> <td>149</td> <td>59 fewer women</td> <td>⊕⊕⊕○ Moderate</td> </tr> </tbody> </table> <p>Annex: page 1 (Hodnett 2011)</p>	Outcomes	Usual care (per 1000)	Continuous support (per 1000)	Difference (per 1000)	Certainty of the anticipated effect	Any analgesia/ anaesthesia	821	796	25 fewer women	⊕⊕○○ Low	Synthetic oxytocin during labour	183	126	57 fewer women	⊕⊕○○ Low	Caesarean birth	208	149	59 fewer women	⊕⊕⊕○ Moderate	
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<p>Are the anticipated undesirable effects 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>What is the certainty of the anticipated effects?</p> <p>Very low <input type="checkbox"/> Low <input checked="" 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 type="checkbox"/> Probably yes <input checked="" 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>Main resource requirements</p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which LHW programmes already exist</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>1-2 days of practice-based training in healthy pregnancy and providing continuous support during labour.</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or nurse</td> </tr> <tr> <td>Transport</td> <td>Transport for LHWs to facilities where women will give birth</td> </tr> </tbody> </table>	Resource	Settings in which LHW programmes already exist	Training	1-2 days of practice-based training in healthy pregnancy and providing continuous support during labour.	Supervision and monitoring	Regular supervision by midwife or nurse	Transport	Transport for LHWs to facilities where women will give birth													
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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>Studies from a systematic review of LHW programmes (Glenton, Colvin 2012) suggest that recipients appreciated the provision of continuous care during labour from LHWs. In some studies in this review, including one study where LHWs offered continuous labour support, health professionals appreciated the LHWs' contribution to their busy workload and their skills in communicating with recipients (moderate certainty evidence). However, another systematic review (Colvin 2012) suggests that the relationships between doulas, TBAs or other birth supporters and professional midwives may be ambivalent, and at times, directly conflictual. This may have been due to the fact that midwives disliked the involvement of others in the emotional support of the mother during labour, feeling that this shifted the relationship between mother and midwife, often in a more medical direction (moderate certainty evidence).</p> <p>Activities that demand that the LHW is present at specific times, for instance during labour and birth, lead to irregular and unpredictable working conditions. This may have direct implications for LHWs' expectations regarding incentives (low certainty evidence). LHWs may also be concerned about personal safety when working in the community and some LHWs were reluctant to visit clients at night because of safety issues (moderate certainty evidence) (Glenton, Colvin 2012).</p> <p>Annex: page 26 (Glenton, 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 type="checkbox"/></td> <td><input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The intervention is simple to deliver, and requires minimal training and supervision. No supplies are needed and changes to norms or regulations are unlikely to be needed.	
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