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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>We recommend against the option</th>
<th>We suggest considering the option</th>
<th>We recommend the option</th>
</tr>
</thead>
</table>

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
The following should be considered when using LHWs to offer continuous support during labour:
- 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.
### CRITERIA JUDGEMENT EVIDENCE COMMENTS AND QUERIES

#### Are the anticipated desirable effects large?

- **No**
- **Probably no**
- **Uncertain**
- **Probably yes**
- **Yes**
- **Varies**

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.

**Indirect evidence**

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).

#### Are the anticipated undesirable effects small?

- **No**
- **Probably no**
- **Uncertain**
- **Probably yes**
- **Yes**
- **Varies**

### EVIDENCE

<table>
<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>

**Annex: page 1 (Hodnett 2011)**

#### Are the desirable effects large relative to the undesirable effects?

- **No**
- **Probably no**
- **Uncertain**
- **Probably yes**
- **Yes**
- **Varies**

#### Are the resources required small?

- **No**
- **Probably no**
- **Uncertain**
- **Probably yes**
- **Yes**
- **Varies**

### RESOURCE REQUIREMENT

<table>
<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>
WHO Recommendations for Optimizing Health Worker Roles to Improve Access to Key Maternal and Newborn Health Interventions through Task Shifting
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>JUDGEMENT</th>
<th>EVIDENCE</th>
<th>COMMENTS AND QUERIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the incremental cost small relative to the benefits?</td>
<td>No</td>
<td>Probably no</td>
<td>Uncertain</td>
</tr>
<tr>
<td>Is the option acceptable to most stakeholders?</td>
<td>No</td>
<td>Probably no</td>
<td>Uncertain</td>
</tr>
<tr>
<td>Is the option feasible to implement?</td>
<td>No</td>
<td>Probably no</td>
<td>Uncertain</td>
</tr>
</tbody>
</table>

Annex: page 26 (Glenton, Colvin 2012)