

### 3.2. RECOMMENDATION

#### Should LAY HEALTH WORKERS distribute low dose aspirin to pregnant women at high risk of developing pre-eclampsia/eclampsia?

**Problem:** Poor access to low dose aspirin for pregnant women  
**Option:** LHWs distribution of low dose aspirin  
**Comparison:** Care delivered by other cadres or no care  
**Setting:** Community/primary health care settings in LMICs with poor access to health care

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 this option only in the context of rigorous research. This research should focus on LHWs supporting taking the maintenance dose of aspirin after treatment has been initiated by a health worker with competency to assess the risk status of women.		
<b>Justification</b>	There is insufficient evidence on the effectiveness of using LHWs to distribute low-dose aspirin to pregnant women at high risk of developing pre-eclampsia/eclampsia. In addition, the intervention requires the identification of pregnant women at high risk. However, it is probably an acceptable and feasible intervention and may reduce inequalities by extending care to underserved populations.		
<b>Implementation considerations</b>	<p>The following should be considered when using LHWs to distribute oral supplements:</p> <ul style="list-style-type: none"> <li>- LHWs from the same community may be particularly acceptable to recipients and selection processes should consider this</li> <li>- LHWs and relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers</li> <li>- Supplies of drugs and other commodities need to be secure</li> <li>- 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</li> <li>- LHWs and their supervisors need to receive appropriate initial and ongoing training, including in communicating with recipients</li> <li>- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive</li> </ul>		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>	More evaluation is needed of the effects of distributing aspirin to pregnant women at high risk of developing pre-eclampsia and eclampsia by LHWs.		

3.2. EVIDENCE BASE:

Should LAY HEALTH WORKERS distribute low dose aspirin to pregnant women at high risk of developing pre-eclampsia/eclampsia?

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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 lay health worker programmes for maternal and child health. This review did not identify any studies that assessed the effects of lay health workers to distribute low dose aspirin to pregnant women. <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 (Lewin 2012) identified five trials from LMICs in which lay health workers delivered oral supplements. These included vitamin and iron and folate supplementation to pregnant women as part of a package of maternal and newborn care, multivitamins for community distribution and zinc supplementation for children with diarrhoea or dysentery. The three trials that reported relevant outcomes showed mixed effects compared to usual care (low to moderate certainty evidence), including benefits and no difference.</p> <p><b>Annex:</b> Page 48 (Lewin 2012)</p>	<p>In places where antenatal attendance is low the anticipated desirable effects could be large.</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 LHW programmes already exist</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>1 week of practice-based training in healthy pregnancy and in identifying women at high risk of eclampsia and pre-eclampsia.</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or nurse</td> </tr> <tr> <td>Supplies</td> <td>Aspirin, robust supply chain, printed information for pregnant women and their families</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 LHW programmes already exist	Training	1 week of practice-based training in healthy pregnancy and in identifying women at high risk of eclampsia and pre-eclampsia.	Supervision and monitoring	Regular supervision by midwife or nurse	Supplies	Aspirin, robust supply chain, printed information for pregnant women and their families	Referral	Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available	
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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 type="checkbox"/></td> <td><input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A systematic review of LHW programmes (Glenton, Colvin 2012) identified a number of studies where LHWs offered a package of tasks, which included the distribution of oral supplements to healthy women. These studies suggest that recipients are generally very positive to LHW programmes, appreciating the relationship with the LHW, the easy access they had to the LHWs and the fact that services were either free or relatively cheap (moderate certainty evidence).</p> <p>However, in two studies from the same review, LHWs who received payment through selling drugs and supplements encountered problems including: an inflated idea of the profit they would be making; competition from other vendors; and people buying drugs on credit or being reluctant to buy drugs because of their perception that the LHWs got the drugs for free (low certainty evidence).</p> <p><b>Annex:</b> page 26 (Glenton, Colvin 2012)</p>	
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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 checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The intervention is simple to deliver, but requires training. However, a systematic review (Glenton, Colvin 2012) suggests that ongoing support, training and supervision were often insufficient in LHW programmes (moderate certainty evidence). In addition, it requires relatively few supplies (relevant drugs). However, storage of the drugs may be an issue in some settings. In addition, in one systematic review (Glenton, Colvin 2012), some LHWs distributing drugs and supplements encountered problems with a lack of supplies (low certainty evidence).</p> <p>In some settings, changes to norms or regulations may be needed to allow LHWs to distribute aspirin to pregnant women.</p> <p><b>Annex:</b> page 26 (Glenton, Colvin 2012)</p>	
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