WHO recommendations

Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting

Annex 3

The scoping questions

World Health Organization

ANNEX 3. OVERVIEW OF SCOPING INTERVENTIONS, HEALTH WORKER CATEGORIES AND GUIDELINE QUESTIONS

The following tables represent the interventions agreed during the scoping meeting in December 2010. Between the scoping meeting and the eventual evidence synthesis and recommendations at the final guideline panel meeting there were some minor changes or adaptations made. Some of the interventions were not explicitly discussed (*italicized text in the table)* or some were included during the process (**bold**). The changes were either due to new guidance from WHO that emerged in-between or in an effort to focus on the 'optimization' process to be more specific on the issue that makes a particular intervention amenable to use or non-use by other cadres such as requirement for diagnosis, or use of a particular technology such as CPAD device or standard syringe.

Table 1. Effective interventions considered in the guideline

Maternal	**Interventions**
Postpartum haemorrhage	*Active management of third stage of labour* Prophylactic use of oxytocin for third stage of labour Prophylactic use of misoprostol for third stage of labour Manual removal of the placenta *Blood transfusion* *Umbilical vein oxytocin administration for retained placenta* Misoprostol for treatment **Oxytocin for treatment**
Pre-eclampsia/eclampsia	Calcium supplementation Low dose aspirin Antihypertensive use for high blood pressure Magnesium sulfate for preventing/treating eclampsia
Infection	Antibiotics for asymptomatic bacteriuria Antibiotics for preterm PROM Antibiotic prophylaxis for caesarean section
Obstructed labour	*Partogram use for monitoring labour* External cephalic version Caesarean section Continuous (social) support at birth **Vacuum extraction**
Abortion*	*Vaginal misoprostol for early fetal death <24 weeks* *Manual vacuum aspiration* *Medical termination of pregnancy*

Indirect causes (HIV, malaria, anaemia)	Antiretroviral prevention and treatment for HIV Iron and folate supplementation Intermittent presumptive therapy *Caesarean section for preventing HIV* Insecticide-treated nets during pregnancy *Blood transfusion*
Contraception	Oral contraceptives, condoms Injectables Implants Intrauterine device Tubal ligation Vasectomy
Newborn	
Preterm	Maternal administration of corticosteroids Magnesium sulfate for women at risk of preterm birth *Delayed umbilical cord clamping at birth* *Vitamin A supplementation* Kangaroo Mother Care
Sepsis	*Umbilical cord antisepsis* Antibiotics
Birth asphyxia	Maternal intrapartum interventions (care) Neonatal resuscitation *Cooling therapy for newborn with hypoxic encephalopathy*
General	
Behavioural	Health promotion, counseling

* Abortion was excluded as it was dealt with separately in another guideline.

In table 2, the interventions are matched with health worker categories. The Panel made a judgement in three categories. An intervention was considered within the scope of practice (green), completely out of scope and receiving the training needed would make that cadre move into another health worker category (red) and uncertainty and possibility exists for another cadre usually of shorter training with easier access to the populations in need of that intervention (orange). The latter category comprised the scope of the guideline. During the evidence reviews and the final guideline panel discussions some categories were split (auxiliary nurse/midwives and associate clinicians). When the panel felt that the evidence review that was conducted did not cover one or both of the split cadres then those sections were not included in the recommendations (white cells in the table in the executive summary). The following table is included for transparency of the process and for the recommendations the table presented in the executive summary should be used.

Table 2. Interventions and health worker categories

Optimizing the delivery of key maternal and newborn interventions through task-shifting / sharing (Optimize4MNH):

Overview of guideline questions

The table below summarises the questions that will be considered as part of the Optimize4MNH guideline.
Key for the table:

Green = assumed that this cadre can effectively and safely deliver this intervention
Orange = the effectiveness and safety of this cadre delivering this intervention to be considered as part of the Optimize 4MNH guideline
Red = assumed that this cadre should not deliver this intervention

	LHWs/TBAs	AUXILIARY NURSES	NURSES	MIDWIVES	NPCs	NON-SPECIALIST DOCTORS
QUESTION 1: Should LAY HEALTH WORKERS or TRAINED TRADITIONAL BIRTH ATTENDANTS promote women's uptake of the following behaviours and healthcare services						
1.1 Promotion of appropriate care-seeking behaviour and antenatal care during pregnancy 1.2 Promotion of birth preparedness 1.3 Promotion of companionship during labour 1.4 Promotion of skilled care for childbirth 1.5 Promotion of postpartum care 1.6 Promotion of basic newborn care and care of LBW infants 1.7 Promotion of sleeping under insecticide-treated nets during pregnancy	LHWS/TBAS					

	LHWs/TBAs	AUXILIARY NURSES	NURSES	MIDWIVES	NPCs	NON-SPECIALIST DOCTORS
1.8 Promotion of reproductive health and family planning 1.9 Promotion of HIV testing during pregnancy	LHWS/TBAS					
1.10 Promotion of adequate nutrition and iron and folate supplements during pregnancy	LHWS/TBAS					
1.11 Promotion of kangaroo care for low birth weight infants	LHWS/TBAS					
1.12 Promotion of exclusive breastfeeding 1.13 Promotion of immunization according to national guidelines	LHWS/TBAS					
QUESTION 2: **Should LAY HEALTH WORKERS, TRAINED TRADITIONAL BIRTH ATTENDANTS and AUXILIARY NURSES deliver interventions to prevent and treat postpartum haemorrhage (including list of interventions here)**						
2.1 Administration of oxytocin to prevent PPH (standard syringe) 2.2 Administration of oxytocin to treat PPH (standard syringe)	LHWS/TBAS	AUXILIARY NURSES				
2.3 Administration of oxytocin to prevent PPH, using an autodisabled, prefilled injection device (Uniject) 2.4 Administration of oxytocin to treat PPH, using Uniject	LHWS/TBAS	AUXILIARY NURSES				
2.5 Administration of misoprostol to prevent PPH 2.6 Administration of misoprostol to treat PPH	LHWS/TBAS	AUXILIARY NURSES				

	LHWs/TBAs	AUXILIARY NURSES	NURSES	MIDWIVES	NPCs	NON-SPECIALIST DOCTORS
2.7 Distribution of misoprostol to pregnant women during pregnancy for use after childbirth	LHWS/TBAS	AUXILIARY NURSES				
QUESTION 3: **Should LAY HEALTH WORKERS and TRAINED TRADITIONAL BIRTH ATTENDANTS distribute oral supplement type interventions to pregnant women?**						
3.1 Calcium supplementation for women at high risk of developing pre-eclampsia/eclampsia 3.2 Initiation of low dose aspirin for women at high-risk of developing pre-eclampsia/eclampsia 3.3 Routine iron and folate supplementation for pregnant women 3.4 Intermittent presumptive therapy for malaria to pregnant women living in endemic areas 3.5 Vitamin A for pregnant women living in areas where severe vitamin A deficiency is a serious public health problem	LHWS/TBAS					
QUESTION 4: **Should AUXILIARY NURSES, NURSES AND MIDWIVES deliver injectable antibiotics for preterm pre-labour rupture of membranes (PROM)?**						
4.1 Delivery of injectable antibiotics for preterm PROM		AUXILIARY NURSES	NURSES	MIDWIVES		

	LHWs/TBAs	AUXILIARY NURSES	NURSES	MIDWIVES	NPCs	NON-SPECIALIST DOCTORS
QUESTION 5: **Should LAY HEALTH WORKERS and TRAINED TRADITIONAL BIRTH ATTENDANTS provide continuous support during labour?**						
5.1 Provision of continuous support during labour	LHWS/TBAS					
QUESTION 6: **Should LAY HEALTH WORKERS and TRAINED TRADITIONAL BIRTH ATTENDANTS manage puerperal sepsis using intravenous antibiotics before referral?**						
6.1 Management of puerperal sepsis using intravenous antibiotics before referral	LHWS/TBAS					
6.2 Management of puerperal sepsis using oral antibiotics before referral	LHWS/TBAS					
6.3 Management of puerperal sepsis using antibiotics delivered through Uniject	LHWS/TBAS					
QUESTION 7: **Should LAY HEALTH WORKERS, TRAINED TRADITIONAL BIRTH ATTENDANTS and AUXILIARY NURSES (a) initiate and (b) maintain kangaroo mother care for low birth weight infants?**						
7.1 Initiation of kangaroo care for low birth weight infants 7.2 Maintenance of kangaroo care for low birth weight infants	LHWS/TBAS	AUXILIARY NURSES				

	LHWs/TBAs	AUXILIARY NURSES	NURSES	MIDWIVES	NPCs	NON-SPECIALIST DOCTORS
QUESTION 8: **Should LAY HEALTH WORKERS, TRAINED TRADITIONAL BIRTH ATTENDANTS and AUXILIARY NURSES deliver antibiotics for neonatal sepsis?**						
8.1 Delivery of injectable antibiotics for neonatal sepsis using a standard syringe	LHWS/TBAS	AUXILIARY NURSES				
8.2 Delivery of antibiotics for neonatal sepsis using Uniject	LHWS/TBAS	AUXILIARY NURSES				
QUESTION 9: **Should LAY HEALTH WORKERS, TRAINED TRADITIONAL BIRTH ATTENDANTS and AUXILIARY NURSES deliver neonatal resuscitation?**						
9.1 Delivery of neonatal resuscitation	LHWS/TBAS	AUXILIARY NURSES				
QUESTION 10: **Should NURSES, MIDWIVES, NON-PHYSICIAN CLINICIANS and NON-SPECIALIST DOCTORS perform external cephalic version (ECV)?**						
10.1 Delivery of external cephalic version (ECV)			NURSES	MIDWIVES	NPCS	NON-SPECIALIST DOCTORS
QUESTION 11: **Should AUXILIARY NURSES, NURSES, MIDWIVES and NON-PHYSICIAN CLINICIANS deliver therapeutic interventions in pregnancy and childbirth?**						
11.1 Intravenous fluid for resuscitation 11.2 Bimanual uterine compression 11.3 Suturing for genital lacerations		AUXILIARY NURSES				
11.4 Antihypertensive use for high blood pressure 11.5 Maternal administration of corticosteroids		AUXILIARY NURSES				

	LHWs/TBAs	AUXILIARY NURSES	NURSES	MIDWIVES	NPCs	NON-SPECIALIST DOCTORS
11.6 Maternal intrapartum interventions (including labour monitoring, e.g. using a partogram; fetal heart rate monitoring by auscultation; decision to transfer for poor progress).		AUXILIARY NURSES				
11.7 Vacuum extraction			NURSES	MIDWIVES	NPCS	
11.8 Delivery of loading dose of magnesium sulphate to prevent eclampsia 11.9 Delivery of maintenance dose of magnesium sulphate to prevent eclampsia 11.10 Delivery of loading dose of magnesium sulphate to treat eclampsia 11.11 Delivery of maintenance dose of magnesium sulphate to treat eclampsia			NURSES	MIDWIVES	NPCS	
11.12 Delivery of magnesium sulphate and/or corticosteroids for women at risk of preterm birth			NURSES	MIDWIVES		
11.13 Caesarean section					NPCS	
11.14 Manual removal of placenta					NPCS	

	LHWs/TBAs	AUXILIARY NURSES	NURSES	MIDWIVES	NPCs	NON-SPECIALIST DOCTORS
QUESTION 12: **Should LAY HEALTH WORKERS, TRAINED TRADITIONAL BIRTH ATTENDANTS, AUXILIARY NURSES, NURSES and MIDWIVES deliver contraceptive methods?**						
12.1 Delivery of injectable contraceptives using Uniject	LHWS/TBAS	AUXILIARY NURSES				
12.2 Delivery of injectable contraceptives using a standard syringe	LHWS/TBAS	AUXILIARY NURSES				
12.3 Delivery of IUDs 12.4 Delivery of contraceptive implants	LHWS/TBAS	AUXILIARY NURSES	NURSES	MIDWIVES		
12.5 Performing tubal ligation 12.6 Performing vasectomy		AUXILIARY NURSES	NURSES	MIDWIVES		
QUESTION 13: **Should LAY HEALTH WORKERS, TRAINED TRADITIONAL BIRTH ATTENDANTS, AUXILIARY NURSES and NURSES (a) initiate and (b) maintain interventions to prevent mother-to-child transmission of HIV (PMTCT)?**						
13.1 Initiation of PMTCT 13.2 Maintenance of PMTCT	LHWS/TBAS	AUXILIARY NURSES	NURSES			