

12.3. RECOMMENDATION:

Should AUXILIARY NURSE MIDWIVES insert and remove intrauterine device (IUDs)?

Problem: Poor access to contraception
Option: Auxiliary nurse midwives inserting and removing IUDs
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>	<i>We suggest considering the option with targeted monitoring and evaluation</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
We recommend the use of auxiliary nurse midwives to insert and remove IUDs. This intervention may be used where auxiliary nurse midwives are already an established cadre.			
Justification	This intervention is probably effective and may have few undesirable effects. It may also be cost-effective, feasible and acceptable, and may reduce inequalities by extending care to underserved populations.		
Implementation considerations	<p>The following should be considered when using auxiliary nurse midwives to insert and remove IUDs:</p> <ul style="list-style-type: none"> - The 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 auxiliary nurses and other health workers needs to be made clear, including through regulations and job descriptions - Changes in regulations may be necessary to support any changes in auxiliary nurses' scope of practice - 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 - Referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve quality of care at the first referral facility - Supplies need to be secure - Responsibility for supervision needs to be clear and supervision needs to be regular and supportive - Because of the sensitivity of sexual and contraceptive issues, planners should consider whether health workers promoting or delivering reproductive health services to women should also be women. It may also be an advantage to ensure that relevant training of female health workers is carried out by females - Auxiliary nurse midwives and their supervisors need to receive appropriate initial and ongoing training, including in communicating with recipients and in side effects of different contraceptive methods. Training needs to reinforce that auxiliary nurses should avoid introducing their own criteria for determining who should receive contraception - Auxiliary nurse midwives need to be trained in confidentiality issues and recipients need to be made aware that their interactions with health workers regarding contraception are confidential. 		
Monitoring and evaluation			
Research priorities			

12.3. EVIDENCE BASE:

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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 (Polus 2012a) searched for studies that assessed the effects and safety of task shifting for family planning delivery in low and middle income countries. The review identified two studies from the Philippines and Turkey where IUD insertion by auxiliary nurse midwives was compared with IUD insertion by doctors. These studies show that the use of auxiliary nurse midwives probably leads to little or no difference in expulsion rates, removal rates, continuation rates (moderate certainty evidence). There may also be little or no difference in rates of unintended pregnancies or in referral rates before and after IUD insertion (low certainty evidence). The studies did not assess pain at insertion, insertion failure, and complications at insertion.</p> <table border="1"> <thead> <tr> <th>Outcomes</th> <th>Impacts</th> <th>Certainty of the anticipated effect</th> </tr> </thead> <tbody> <tr> <td>Expulsion rates</td> <td>Probably little or no difference between auxiliary nurse midwives and doctors</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Removal rates</td> <td>Probably little or no difference between auxiliary nurse midwives and doctors</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Unintended pregnancies</td> <td>May be little or no difference between auxiliary nurse midwives and doctors</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Continuation rates</td> <td>Probably little or no difference between auxiliary nurse midwives and doctors</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Referrals before and after IUD insertion</td> <td>May be little or no difference between auxiliary nurses and doctors</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Pain at insertion, insertion failure, and complications at insertion</td> <td>Not assessed</td> <td>-</td> </tr> </tbody> </table> <p>Annex: page 60 (Polus 2012a – Table 2)</p>	Outcomes	Impacts	Certainty of the anticipated effect	Expulsion rates	Probably little or no difference between auxiliary nurse midwives and doctors	⊕⊕⊕○ Moderate	Removal rates	Probably little or no difference between auxiliary nurse midwives and doctors	⊕⊕⊕○ Moderate	Unintended pregnancies	May be little or no difference between auxiliary nurse midwives and doctors	⊕⊕○○ Low	Continuation rates	Probably little or no difference between auxiliary nurse midwives and doctors	⊕⊕⊕○ Moderate	Referrals before and after IUD insertion	May be little or no difference between auxiliary nurses and doctors	⊕⊕○○ Low	Pain at insertion, insertion failure, and complications at insertion	Not assessed	-	
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RESOURCE USE																								

				Referral		This may be needed for a small number of women															
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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>We are not aware of any systematic reviews that considered the acceptability of auxiliary nurse midwife interventions. We are therefore uncertain about the acceptability of this intervention to key stakeholders.</p> <p>Indirect evidence: A systematic review (Rashidian 2012) exploring factors that influence the success of <u>doctor-nurse substitution</u> suggests that the acceptability of this intervention to key stakeholders may be mixed:</p> <ul style="list-style-type: none"> • Nurses may be motivated to take on new tasks by increased recognition and job satisfaction (moderate certainty evidence) • Doctors may welcome the contribution of nurses where it reduces doctors' workloads (moderate certainty evidence). They may welcome the transfer of certain repetitive tasks to nurses (e.g. pap smears) and nurses seem to be happy with these tasks • However, a lack of clarity about nurse roles and responsibilities in relation to other health workers may be a challenge (low certainty evidence) <p>A review of country case studies of task shifting for family planning (Polus 2012b), which mainly included <u>LHW programmes</u>, suggests that recipients appreciate the easy access that community-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; a fear of side effects, service fees; and a lack of support from husbands.</p> <p>Annex: page 33 (Glenton, Khanna 2012); page 43 (Rashidian 2012); page 63 (Polus 2012b)</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 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>The intervention requires very few supplies (IUDs, insertion equipment and antiseptic solution). However, changes to drug supplies may be needed and the intervention is also likely to require changes to norms or regulations. Adequate referral to a higher level of care for further management may be necessary if removal leads to complications.</p> <p>Training, including in insertion and removal of IUDs and in communication about family planning, and supervision is necessary. However, a review of country case studies of task shifting for family planning (Polus 2012b) suggests that <u>auxiliary nurses</u> lacked confidence in their skills, partly because they had insufficient opportunities to practice these skills in settings where demand was low. In addition, systematic reviews of lay health worker, nurse and midwife programmes suggest that sufficient training and supervision is often lacking (moderate certainty evidence) (Glenton, Colvin 2012, Rashidian 2012, Colvin 2012).</p> <p>Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>							
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