

9.1. RECOMMENDATION:

Should AUXILIARY NURSE MIDWIVES deliver neonatal resuscitation?

Problem: Poor access to neonatal care
Option: Auxiliary nurse midwives delivering neonatal resuscitation
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 only in the context of rigorous research</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	We recommend this option. We suggest implementing this intervention where auxiliary nurse midwives are already an established cadre and where a well-functioning referral system is in place or can be put in place.		
Justification	There is insufficient evidence on the effectiveness of auxiliary nurse midwives delivering neonatal resuscitation. However, this intervention is part of the core skills of skilled birth attendants, is probably acceptable, is probably feasible and may reduce inequalities by extending care to underserved populations.		
Implementation considerations	Not applicable		
Monitoring and evaluation			
Research priorities	Studies are needed to assess the effects and the acceptability of using auxiliary nurse midwives to deliver neonatal resuscitation		

9.1. EVIDENCE BASE:

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CRITERIA		JUDGEMENT						EVIDENCE	COMMENTS AND QUERIES										
BENEFITS & HARMS OF THE OPTIONS	Are the anticipated desirable effects large?	No	Probably no	Uncertain	Probably yes	Yes	Varies	<p>A systematic review searched for studies that assessed the effects of midlevel providers, including auxiliary nurse midwives, in improving the delivery of health care services (Lassi 2012). However, this review did not identify any studies that assessed the effects of using auxiliary nurse midwives for this intervention. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p>											
	Are the anticipated undesirable effects small?	No	Probably no	Uncertain	Probably yes	Yes	Varies												
	What is the certainty of the anticipated effects?	Very low	Low	Moderate	High	No direct evidence	Varies												
	Are the desirable effects large relative to the undesirable effects?	No	Probably no	Uncertain	Probably yes	Yes	Varies												
RESOURCE USE	Are the resources required small?	No	Probably no	Uncertain	Probably yes	Yes	Varies	<p>Main resource requirements</p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which auxiliary nurse midwives already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>1-2 days of practice-based training in neonatal resuscitation</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or nurse</td> </tr> <tr> <td>Supplies</td> <td>Resuscitation bag and mask</td> </tr> <tr> <td>Referral</td> <td>Transportation, adequate referral centre offering neonatal care</td> </tr> </tbody> </table>	Resource	Settings in which auxiliary nurse midwives already provide other care	Training	1-2 days of practice-based training in neonatal resuscitation	Supervision and monitoring	Regular supervision by midwife or nurse	Supplies	Resuscitation bag and mask	Referral	Transportation, adequate referral centre offering neonatal care	
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	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	<p>Is the incremental cost small relative to the benefits?</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>Uncertain as there is no direct evidence on effectiveness</p>	
ACCEPTABILITY	<p>Is the option acceptable to most stakeholders?</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>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: Three systematic reviews (Glenton, Khanna 2012; Glenton, Colvin 2012, Rashidian 2012) explored factors that influence the success of task-shifting to <u>lay health workers and nurses</u>. These reviews suggest that the acceptability of such programmes 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) (Rashidian 2012). Recipients, LHWs and other health workers may find the delivery of drugs and vaccines by LHWs to be acceptable, although the importance of training and supervision is emphasised (low certainty evidence). Some LHWs voiced concerns about possible social or legal consequences if something went wrong. These concerns were at least partly addressed through support and supervision (low certainty evidence) (Glenton, Khanna 2012). Activities that demand that the LHW is present at specific times, for instance during labour and birth, lead to irregular and unpredictable working conditions. At least one study shows that this may have direct implications for LHWs' expectations regarding incentives (low certainty evidence) (Glenton, Colvin 2012). <p>Annex: page 33 (Glenton, Khanna 2012); page 26 (Glenton, Colvin 2012); page 43 (Rashidian 2012)</p>	
FEASIBILITY	<p>Is the option feasible to implement?</p>	<p>No <input type="checkbox"/> Probably no <input checked="" type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>Significant additional work may be required to add the intervention to the tasks of auxiliary nurse midwives. It is likely to need changes in regulations; significant changes to supplies and training; and development of appropriate treatment algorithms. Also, implementation would require access to a referral system with trained and equipped healthcare professionals and facilities.</p> <p>Significant training and supervision provided by skilled health cadres would likely be needed. However, systematic reviews of lay health worker, nurse and midwife programmes suggest that sufficient training and supervision is often lacking (Glenton, Colvin 2012; Colvin 2012; Rashidian 2012).</p> <p>Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	