

11.1. RECOMMENDATION:

Should AUXILIARY NURSES administer intravenous fluid for resuscitation as part of postpartum haemorrhage treatment?

Problem: Poor access to treatment for post-partum haemorrhage
Option: Auxiliary nurses administering intravenous fluid for 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 with targeted monitoring and evaluation</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 nurses are already an established cadre and where a well-functioning referral system is in place or can be put in place. This intervention should be operationalised in the context of the WHO PPH guidelines, which outline a comprehensive approach to managing PPH. | | |
| Justification | There is insufficient evidence on the effectiveness and acceptability of auxiliary nurses administering intravenous fluid for resuscitation, as part of PPH treatment. However, the panel considered this intervention to be part of the core skills of auxiliary nurses. In addition, it is probably feasible and may also reduce inequalities by extending care to underserved populations. | | |
| Implementation considerations | <p>The following should be considered when using auxiliary nurses to administer intravenous fluid for resuscitation:</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 of drugs and other commodities need to be secure - Responsibility for supervision needs to be clear and supervision needs to be regular and supportive - Auxiliary nurses and their supervisors need to receive appropriate initial and ongoing training | | |
| Monitoring and evaluation | - | | |
| Research priorities | - | | |

11.1. 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 checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p> | <p>A systematic review searched for studies that assessed the effects of midlevel providers, including auxiliary nurses, 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 nurses for this intervention. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p> | <p>Main resource requirements</p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which auxiliary nurses already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>1 week training in emergency obstetric care</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or nurse</td> </tr> <tr> <td>Supplies</td> <td>IV fluids and sets</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 auxiliary nurses already provide other care | Training | 1 week training in emergency obstetric care | Supervision and monitoring | Regular supervision by midwife or nurse | Supplies | IV fluids and sets | Referral | Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available | |
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| | CRITERIA | JUDGEMENT | EVIDENCE | COMMENTS AND QUERIES |
|---------------|---|--|---|----------------------|
| | <p>Is the incremental cost small relative to the benefits?</p> | <p>No Probably No Uncertain Probably yes Yes Varies</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 Probably No Uncertain Probably yes Yes Varies</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> | <p>We are not aware of any systematic reviews that considered the acceptability of auxiliary nurse interventions. We are therefore uncertain about the acceptability of this intervention to key stakeholders.</p> <p>Indirect evidence: One systematic review (Rashidian 2012) explored factors that influence the success of task-shifting to <u>nurses</u>. This review suggests that:</p> <ul style="list-style-type: none"> • Recipients may regard nurses as more accessible and better at listening and caring than doctors (moderate certainty evidence). However, some recipients may have concerns about nurses' competence and willingness to provide high quality care compared to doctors (low certainty evidence) • Nurses themselves may be motivated to offer advanced care by increased recognition and job satisfaction (moderate certainty evidence). • Doctors were generally satisfied with the contribution of nurses to maternal and child health care, although some concerns were raised (low certainty evidence). Doctor acceptance appears to be influenced by level of nurse experience (low certainty evidence). Doctors may welcome the contribution of nurses where it reduces doctors' workloads (moderate certainty evidence). However, an increase in nurse autonomy may negatively affect or produce negative reactions among other professions, including doctors and midwives, who for instance may be unwilling relinquish final responsibility for patient care. A lack of clarity about nurse roles and responsibilities in relation to other health workers may also be a challenge (low certainty evidence). <p>Annex: page 43 (Rashidian 2012)</p> | |
| FEASIBILITY | <p>Is the option feasible to implement?</p> | <p>No Probably No Uncertain Probably yes Yes Varies</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>This intervention requires some supplies. Adequate referral to a higher level of care for further management may be necessary. In addition, this intervention is likely to require changes to norms or regulations. Some training and supervision is needed. However, systematic reviews of lay health worker, nurse and midwife programmes suggest that sufficient training and supervision is often lacking (Glenton, Colvin 2012; Rashidian 2012; Colvin 2012).</p> <p>Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p> | |