

**12.4. RECOMMENDATION:**

**Should AUXILIARY NURSES insert and remove contraceptive implants?**

**Problem:** Poor access to contraception  
**Option:** Auxiliary nurses inserting and removing contraceptive implants  
**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>	<b><i>We suggest considering the option with targeted monitoring and evaluation</i></b>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We suggest considering this option with targeted monitoring and evaluation. We suggest using this intervention where: (1) auxiliary nurses are already an established cadre; and (2) a well-functioning referral system is in place or can be put in place			
<b>Justification</b>	There is insufficient evidence on the effectiveness of this intervention. However, this intervention may be a cost-effective, feasible and acceptable approach and may reduce inequalities by extending care to underserved populations. In addition, the intervention would require minimal additional skills.		
<b>Implementation considerations</b>	<p>The following should be considered when using auxiliary nurses to insert and remove contraceptive implants:</p> <ul style="list-style-type: none"> <li>- The relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers</li> <li>- The distribution of roles and responsibilities between auxiliary nurses and other health workers needs to be made clear, including through regulations and job descriptions</li> <li>- Changes in regulations may be necessary to support any changes in auxiliary nurses' scope of practice</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>- 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</li> <li>- Supplies need to be secure</li> <li>- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive</li> <li>- 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</li> <li>- Auxiliary nurses 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</li> <li>- Auxiliary nurses need to be trained in confidentiality issues and recipients need to be made aware that their interactions with health workers regarding contraception are confidential.</li> </ul>		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>			

12.4. EVIDENCE BASE:

Should AUXILIARY NURSES insert and remove contraceptive implants?

**Problem:** Poor access to contraception  
**Option:** Auxiliary nurses inserting and removing contraceptive implants  
**Comparison:** Care delivered by other cadres or no care  
**Setting:** Community/primary health care settings in LMICs with poor access to health professionals

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 (Polus 2012a) searched for studies that assessed the effects and safety of task shifting for family planning delivery in low and middle income countries. Another 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, neither of these reviews identified any studies that assessed the effects of using auxiliary nurses to insert and remove contraceptive implants. <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> Another systematic review (Oladapo 2012) assessed the effects of <u>LHWs</u> delivering injectable contraceptives to women of reproductive age. This review identified one study from Uganda in which women received DMPA from lay health workers using 'autodisable' syringes (it was not clear whether this was a CPAD device). It is uncertain whether lay health workers delivering injectable contraceptives improves contraceptive uptake and maintains safety and patient satisfaction because the quality of the evidence from this study is very low</p> <p><b>Annex:</b> page 15 (Oladapo 2012).</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><b>Main resource requirements</b></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>Some training for auxiliary nurses to insert and remove a contraceptive implant</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by senior midwife or doctor</td> </tr> <tr> <td>Supplies</td> <td>Contraceptive implant, insertion equipment and local anaesthetic</td> </tr> <tr> <td>Referral</td> <td>Patients may need to go to a referral centre for removal difficulties</td> </tr> </tbody> </table>	Resource	Settings in which auxiliary nurses already provide other care	Training	Some training for auxiliary nurses to insert and remove a contraceptive implant	Supervision and monitoring	Regular supervision by senior midwife or doctor	Supplies	Contraceptive implant, insertion equipment and local anaesthetic	Referral	Patients may need to go to a referral centre for removal difficulties	
Resource	Settings in which auxiliary nurses already provide other care												
Training	Some training for auxiliary nurses to insert and remove a contraceptive implant												
Supervision and monitoring	Regular supervision by senior midwife or doctor												
Supplies	Contraceptive implant, insertion equipment and local anaesthetic												
Referral	Patients may need to go to a referral centre for removal difficulties												

	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	Is the incremental cost small relative to the benefits?	<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>	Uncertain as there is no direct evidence on effectiveness	
ACCEPTABILITY	Is the option acceptable to most stakeholders?	<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 interventions. <b>We are therefore uncertain about the acceptability of this intervention to key stakeholders.</b></p> <p><b>Indirect evidence:</b> 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"> <li>• Nurses may be motivated to take on new tasks by increased recognition and job satisfaction (moderate certainty evidence)</li> <li>• 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</li> <li>• However, a lack of clarity about nurse roles and responsibilities in relation to other health workers may be a challenge (low certainty evidence)</li> </ul> <p>A review of country case studies of task shifting for family planning (Polus 2012b), which mainly included LHW <u>programmes</u>, suggests that recipients appreciate the easy access that community-based or home-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><b>Annex:</b> page 33 (Glenton, Khanna 2012); page 43 (Rashidian 2012); page 63 (Polus 2012b)</p>	
FEASIBILITY	Is the option feasible to implement?	<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>The intervention requires very few supplies (contraceptive implants, insertion equipment, local anaesthetic). 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 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 auxiliary nurses 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><b>Annex:</b> page 63 (Polus 2012b); page 26 (Glenton, Colvin 2012); page 43 (Rashidian 2012); page 20 (Colvin 2012).</p>	