

12.5. RECOMMENDATION:

Should NURSES perform tubal ligation (post-partum and interval)?

Problem: Poor access to contraception
Option: Nurses performing tubal ligation
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 checked="" type="checkbox"/>	<input type="checkbox"/>
	<p>We suggest considering the option only in the context of rigorous research. This intervention should be evaluated where a well-functioning referral system is in place or can be put in place.</p> <p>The panel acknowledges the different methods of tubal ligation that may be relevant in this context.</p>		
Justification	<p>There is insufficient evidence on the effectiveness of this intervention. However, this intervention may be a cost-effective, acceptable and feasible approach to contraception and may also reduce inequalities by extending care to underserved populations.</p>		
Implementation considerations	<p>Not applicable</p>		
Monitoring and evaluation			
Research priorities	<p>Studies to assess the effects, acceptability and feasibility of nurses performing tubal ligation are needed</p>		

12.5. 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 (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 nurse-led primary care compared to care that was given by primary care doctors (Laurant 2012). However, none of these reviews identified any studies that specifically assessed the effects of nurses performing tubal ligation. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>Indirect evidence: One of these reviews (Polus 2012a) identified one study from Thailand where the effects of postpartum tubal ligation performed by <u>midwives</u> was compared to the same intervention performed by <u>doctors</u>. This study shows that there may be little or no difference between midwives and doctors with regard to complications during surgery or postoperative morbidity (low certainty evidence). While the midwives spent more time performing the operation, this difference was not clinically important (moderate certainty evidence).</p> <table border="1"> <thead> <tr> <th>Outcomes</th> <th>Impacts</th> <th>Certainty of the anticipated effect</th> </tr> </thead> <tbody> <tr> <td>Length of operation</td> <td>Midwives probably spend more time than doctors, but the difference is not clinically important</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Complications during surgery</td> <td>There may be little or no difference between midwives and doctors</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Postoperative morbidity</td> <td>There may be little or no difference between midwives and doctors</td> <td>⊕⊕○○ Low</td> </tr> </tbody> </table> <p>Annex: page 62 (Polus 2012a – Table 3)</p>	Outcomes	Impacts	Certainty of the anticipated effect	Length of operation	Midwives probably spend more time than doctors, but the difference is not clinically important	⊕⊕⊕○ Moderate	Complications during surgery	There may be little or no difference between midwives and doctors	⊕⊕○○ Low	Postoperative morbidity	There may be little or no difference between midwives and doctors	⊕⊕○○ Low	
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<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 checked="" type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input 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 nurses already provide other care</th> </tr> </thead> <tbody> <tr> <td><i>Training</i></td> <td>Practice-based training in tubal ligation techniques. Nurses are not normally trained in surgical techniques during their graduate studies. Training needs may therefore be relatively substantial</td> </tr> <tr> <td><i>Supervision and monitoring</i></td> <td>Regular supervision by senior midwife or doctor</td> </tr> <tr> <td><i>Supplies</i></td> <td>Surgical instruments, local anaesthetic, suture material, surgical facility / theatre, resuscitation equipment</td> </tr> <tr> <td><i>Referral</i></td> <td>To a referral centre for failed ligations and / or complications</td> </tr> </tbody> </table>	Resource	Settings in which nurses already provide other care	<i>Training</i>	Practice-based training in tubal ligation techniques. Nurses are not normally trained in surgical techniques during their graduate studies. Training needs may therefore be relatively substantial	<i>Supervision and monitoring</i>	Regular supervision by senior midwife or doctor	<i>Supplies</i>	Surgical instruments, local anaesthetic, suture material, surgical facility / theatre, resuscitation equipment	<i>Referral</i>	To a referral centre for failed ligations and / or complications	
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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 insufficient evidence on effectiveness. Indirect evidence from the review referred to above (Laurant 2012) suggests that, compared to doctor-led care:</p> <ul style="list-style-type: none"> • Overall, studies showed lower costs for nurse-led care • Consultation length was longer for nurses • For the frequency of consultations, results were mixed • For most studies there were no differences in the use of healthcare services and prescriptions 											

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">ACCEPTABILITY</p> <p>Is the option acceptable to most stakeholders?</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 of doctor-nurse substitution (Rashidian 2012) did not identify any studies that evaluated the acceptability of tubal ligation when performed by nurses. We are therefore uncertain about the acceptability of this intervention to key stakeholders.</p> <p>Indirect evidence: For <u>other maternal and child health interventions</u>, the same review suggests that:</p> <ul style="list-style-type: none"> • Nurses may be motivated to offer advanced care by increased recognition and job satisfaction (moderate certainty evidence). • 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). In addition, for tasks that are more "medical" in nature, recipients may prefer doctors over nurses (low 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). Doctors may welcome the contribution of nurses where it reduces doctors' workloads (moderate certainty evidence). Doctor acceptance may be influenced by level of nurse experience (low certainty evidence). However, an increase in nurse autonomy may negatively affect other professions or produce negative reactions among these professions, including doctors and midwives, who for instance may be unwilling to 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>A review of country case studies of task shifting for family planning (Polus 2012b), which mainly included <u>LHW programmes</u>, 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 regarding family planning; a fear of side effects, service fees; and a lack of support from husbands.</p> <p>Annex: page 43 (Rashidian 2012); page 63 (Polus 2012b)</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">FEASIBILITY</p> <p>Is the option feasible to implement?</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>The interventions require relatively well-equipped facilities, including access to surgical instruments, surgical facility / theatre and resuscitation equipment. In addition, changes to norms or regulations may be needed to allow nurses to perform tubal ligation. Training and regular supervision is also needed, and adequate referral to a higher level of care for further management may be necessary. However, a systematic review (Rashidian 2012) suggests that nurses may be unprepared or not adequately trained or supervised when they are given advanced and substitution roles (low certainty).</p> <p>Annex: page 43 (Rashidian 2012)</p>	