

11.5. RECOMMENDATION:

Should AUXILIARY NURSE MIDWIVES administer corticosteroids to pregnant women in the context of preterm labour to improve neonatal outcomes?

Problem: Poor access to treatment

Option: Auxiliary nurse midwives administering corticosteroids to pregnant women in the context of preterm labour

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 in the context of rigorous research</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	We suggest considering the option in the context of rigorous research. We suggest evaluating 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 administering corticosteroids to pregnant women for the foetus in the context of preterm labour. However, auxiliary nurse midwives have the necessary clinical skills for diagnosis of preterm labour and for the administration of this drug and the intervention may be acceptable and feasible.		
Implementation considerations	Not applicable		
Monitoring and evaluation	-		
Research priorities	- Studies assessing the effects and the acceptability of using auxiliary nurse midwives to administer corticosteroids to pregnant women are needed		

11.5. EVIDENCE BASE:

Should AUXILIARY NURSE MIDWIVES administer corticosteroids to pregnant women in the context of preterm labour to improve neonatal outcomes?

Problem: Poor access to treatment
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Comparison: Care delivered by other cadres or no care
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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 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>											
	<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 nurse midwives already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>E.g. 2 weeks of practice-based training in diagnosing and managing pre-term labour</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or doctor</td> </tr> <tr> <td>Supplies</td> <td>Corticosteroids</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 nurse midwives already provide other care	Training	E.g. 2 weeks of practice-based training in diagnosing and managing pre-term labour	Supervision and monitoring	Regular supervision by midwife or doctor	Supplies	Corticosteroids	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 <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: 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). • Recipients may regard nurses as more accessible and better at listening than doctors (moderate certainty evidence), but may prefer doctors for some medical tasks (low certainty evidence). • Doctors may welcome the contribution of nurses where it reduces doctors' workloads (moderate certainty evidence) and may be comfortable with nurse prescribing, believing that it improves continuity of care (low certainty evidence). • However, doctors and other health workers may be unwilling to relinquish final responsibility for patient care (low certainty evidence). Also, a lack of clarity about nurse roles and responsibilities in relation to other health workers may be a challenge (low certainty evidence). <p>Annex: page 43 (Rashidian 2012)</p>	
FEASIBILITY	<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 intervention requires some supplies (drugs and simple diagnostic tools). Also, adequate referral to a higher level of care for further management may also be necessary. While training, clinical experience and supervision are needed, 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>In some settings, changes to norms or regulations may be needed to allow auxiliary nurse midwives to prescribe and administer drugs.</p> <p>Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	