

12.4. RECOMMENDATION:

Should AUXILIARY NURSE MIDWIVES insert and remove contraceptive implants?

Problem: Poor access to contraception
Option: Auxiliary nurse midwives 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>	<i>We suggest considering the option with targeted monitoring and evaluation</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We suggest considering the option with targeted monitoring and evaluation. We suggest using this intervention where auxiliary nurse midwives are already an established cadre and a well-functioning referral system is in place or can be put in place.			
Justification	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, this intervention would require relatively few additional skills.		
Implementation considerations	<p>The following should be considered when using auxiliary nurse midwives to insert and remove contraceptive implants:</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 need to be secure - Responsibility for supervision needs to be clear and supervision needs to be regular and supportive - 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 - Auxiliary nurse midwives 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 - Auxiliary nurse midwives need to be trained in confidentiality issues and recipients need to be made aware that their interactions with health workers regarding contraception are confidential. 		
Monitoring and evaluation			
Research priorities			

12.4. EVIDENCE BASE:

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	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 insufficient 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 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) • 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 • However, a lack of clarity about nurse roles and responsibilities in relation to other health workers may 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 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 regarding family planning; a fear of side effects, service fees; and a lack of support from husbands.</p> <p>Annex: 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.</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 <u>auxiliary nurses</u> 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>Adequate referral to a higher level of care for further management may be necessary if removal leads to complications.</p>	