

11.3. RECOMMENDATION:

Should AUXILIARY NURSES perform suturing for minor perineal / genital lacerations?

Problem: Poor access to treatment for post-partum haemorrhage **Option**: Auxiliary nurses performing suturing for minor perineal/genital

lacerations

Comparison: Care delivered by other cadres or no care

Setting: Community/primary health care settings in LMICs with poor access to health professionals

Recommendation	We recommend against the option	We suggest considering the option with targeted monitoring and evaluation	We recommend the option		
			\square		
	We recommend this option. We suggest implementing this intervention where auxiliary nurses are already an established cadre. 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 performing suturing for minor perineal / genital lacerations. However, the panel considered suturing 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	The following should be considered when using auxiliary nurses to suture genital lacerations: 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	-				



11.3. EVIDENCE BASE:

Should AUXILIARY NURSES perform suturing for minor perineal / genital lacerations?

Problem: Poor access to treatment for post-partum haemorrhage

Option: Auxiliary nurses performing suturing for minor perineal/genital lacerations **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	Are the anticipated desirable effects large?	No Probably Uncertain Probably Yes Varies no yes		
	Are the anticipated undesirable effects small?	No Probably Uncertain Probably Yes Varies no yes	A quaternatic various concepted for attuding that accessed the offsets of midlavel providers including qualitary	
	What is the certainty of the anticipated effects?	Very Low Moderate High No direct Varies evidence □ □ □ □ □ □	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.	
	Are the desirable effects large relative to the undesirable effects?	No Probably Uncertain Probably Yes Varies no yes		
RESOURCE USE	Are the resources required small?		Main resource requirements	
			Resource Settings in which auxiliary nurses already provide other care	
		No Probably Uncertain Probably Yes Varies No yes	Training 1 week training in emergency obstetric care	
			Supervision and monitoring Regular supervision by midwife or nurse	
			Supplies Sutures, antiseptic solution	
			Referral Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available	



	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	Is the incremental cost small relative to the benefits?	No Probably Uncertain Probably Yes Varies No yes	Uncertain as there is no direct evidence on effectiveness	
ACCEPTABILITY	Is the option acceptable to most stakeholders?	No Probably Uncertain Probably Yes Varies No yes	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. Indirect evidence: One systematic review (Rashidian 2012) explored factors that influence the success of task-shifting to nurses. This review suggests that: 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).	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No yes	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). Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)	