

11.6. RECOMMENDATION:

Should AUXILIARY NURSES deliver maternal intrapartum care (including labour monitoring, e.g. using a partograph; foetal heart rate monitoring by auscultation; decision to transfer for poor progress; delivery of the baby)?

Problem: Poor access to intrapartum care

Option: Auxiliary nurses delivering intrapartum interventions

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</i>	<i>We recommend the option</i>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We recommend against auxiliary nurses delivering these maternal intrapartum interventions.			
Justification	The effects of using auxiliary nurses to deliver maternal intrapartum care are uncertain. In addition, the delivery of intra-partum interventions requires considerable training and skills which auxiliary nurses do not generally have. Delivering this training would result in a different cadre.		
Implementation considerations	Not applicable		
Monitoring and evaluation			
Research priorities	Studies assessing the effects and the acceptability of using auxiliary nurses to deliver maternal intrapartum interventions are needed		

11.6. EVIDENCE BASE:

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CRITERIA		JUDGEMENT	EVIDENCE	QUERIES TO PANEL																						
BENEFITS & HARMS OF THE OPTIONS	Are the anticipated desirable effects large?	<table border="0"> <tr> <td>No</td> <td>Probably no</td> <td>Uncertain</td> <td>Probably yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p>											
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Are the desirable effects large relative to the undesirable effects?	<table border="0"> <tr> <td>No</td> <td>Probably no</td> <td>Uncertain</td> <td>Probably yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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RESOURCE USE	Are the resources required small?	<table border="0"> <tr> <td>No</td> <td>Probably no</td> <td>Uncertain</td> <td>Probably yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Main resource requirements</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>Training needs are significant, requires learning of appropriate monitoring and care during labour</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision would be needed by a senior midwife or doctor</td> </tr> <tr> <td>Supplies</td> <td>Sterile gloves, Pinard stethoscope, partograph</td> </tr> <tr> <td>Referral</td> <td>Essential to be able to refer to facility with skilled birth attendants</td> </tr> </tbody> </table>	Resource	Settings in which auxiliary nurses already provide other care	Training	Training needs are significant, requires learning of appropriate monitoring and care during labour	Supervision and monitoring	Regular supervision would be needed by a senior midwife or doctor	Supplies	Sterile gloves, Pinard stethoscope, partograph	Referral	Essential to be able to refer to facility with skilled birth attendants	
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	CRITERIA	JUDGEMENT	EVIDENCE	QUERIES TO PANEL
	Is the incremental cost small relative to the benefits?	<p>No Probably no Uncertain Probably yes Yes Varies</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	Uncertain as there is no direct evidence on effectiveness	
ACCEPTABILITY	Is the option acceptable to most stakeholders?	<p>No Probably no Uncertain Probably yes Yes Varies</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>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.</p> <p>Indirect evidence: Two systematic reviews (Colvin 2012, Rashidian 2012) explored factors that influence the success of task-shifting to <u>midwives</u> and <u>nurses</u>. This review suggests that:</p> <ul style="list-style-type: none"> • 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) (Rashidian 2012) • Nurses themselves may be motivated to offer advanced care by increased recognition and job satisfaction (moderate certainty evidence) (Rashidian 2012) • 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 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) (Rashidian 2012) • Relationships between doulas, TBAs or other birth supporters and professional midwives may be ambivalent, and at times, directly conflictual. This may have been due to the fact that midwives disliked the involvement of others in the emotional support of the mother during labour, feeling that this shifted the relationship between mother and midwife, often in a more medical direction (moderate certainty evidence) (Colvin 2012). <p>Annex: page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	
FEASIBILITY	Is the option feasible to implement?	<p>No Probably no Uncertain Probably yes Yes Varies</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Minimal supplies and equipment are required and changes to norms or regulations are unlikely to be needed. The interventions require training and supervision. 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>Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	