

2.7. EVIDENCE BASE:

Should AUXILIARY NURSES distribute misoprostol to women during pregnancy for self-administration after childbirth?

Problem: Poor access to treatment for prevention of postpartum haemorrhage
Option: Auxiliary nurses distributing misoprostol to women during pregnancy for self-administration after childbirth
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	<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 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. In addition, a systematic review assessed the effectiveness and safety of advance misoprostol provision for postpartum haemorrhage prevention and treatment in non-facility births. This review did not identify any studies (Oladapo 2012). We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>Additional considerations: Although there has been general concern that providing misoprostol at home may discourage women from coming to a facility for childbirth this concern has not been substantiated by programmatic evidence.</p>	<p>Note: A World Health Organisation guideline states that there is insufficient evidence to recommend the antenatal distribution of misoprostol to pregnant women for self-administration for prevention of PPH. The guideline also acknowledges that a number of countries have embarked on misoprostol community distribution programmes and considers that this should be performed in the context of research (where reliable data on coverage, safety and health outcomes can be collected) (WHO, 2012).</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 type="checkbox"/> Yes <input checked="" 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 nurses already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>1-2 weeks of practice-based training in safe delivery and in communication and health promotion skills.</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or nurse</td> </tr> <tr> <td>Supplies</td> <td>Misoprostol tablets, robust supply chain, printed information for pregnant women and their families</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 nurses already provide other care	Training	1-2 weeks of practice-based training in safe delivery and in communication and health promotion skills.	Supervision and monitoring	Regular supervision by midwife or nurse	Supplies	Misoprostol tablets, robust supply chain, printed information for pregnant women and their families	Referral	Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available	
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	<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 interventions. We are therefore uncertain about the acceptability of this intervention to key stakeholders.</p> <p>Indirect evidence: Three systematic reviews (Glenton, Khanna 2012; Glenton, Colvin 2012, Rashidian 2012) explored factors that influence the success of task-shifting to <u>lay health workers</u> and <u>nurses</u>. These reviews suggest that the acceptability of such programmes 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) (Rashidian 2012). • Some LHWs voiced concerns about possible social or legal consequences if something went wrong following the administration of drugs. These concerns were at least partly addressed through support and supervision (low certainty evidence) (Glenton, Khanna 2012). <p>Annex: page 33 (Glenton, Khanna 2012); page 26 (Glenton, Colvin 2012); 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 type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>The intervention is relatively simple to deliver as all pregnant women would be eligible to receive misoprostol and the auxiliary nurse does not have to be present at the time of delivery.</p> <p>Some additional work would be needed to add this intervention to the existing tasks of auxiliary nurses. It is likely to require changes in regulations; and significant changes to drug supplies and training.</p> <p>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). For a range of issues (no evidence on misoprostol specifically), the review of lay health workers suggests that counselling and communication was perceived as important but as a complex task for which they sometimes felt unprepared and for which they requested specific training (moderate certainty evidence). However, trainers were not necessarily competent to train them in these skills (low certainty evidence) (Glenton, Colvin 2012).</p> <p>Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	