

11.1. EVIDENCE BASE:

Should AUXILIARY NURSES administer intravenous fluid for resuscitation as part of postpartum haemorrhage treatment?

Problem: Poor access to treatment for post-partum haemorrhage **Option**: Auxiliary nurses administering intravenous fluid for resuscitation **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	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 anticipated undesirable effects small?	No Probably Uncertain Probably Yes Varies no yes		
	What is the certainty of the anticipated effects?	Very Low Moderate High No direct Varies evidence □ □ □ □ □ □		
	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	
			Training 1 week training in emergency obstetric care	
		No Probably Uncertain Probably Yes Varies	Supervision and monitoring Regular supervision by midwife or nurse	
		No yes □ □ □ □	Supplies IV fluids and sets	
			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). Doctors 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). Annex: page 43 (Rashidian 2012)	
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)	