

**11.2. RECOMMENDATION:**  
**Should AUXILIARY NURSES perform internal bimanual uterine compression for postpartum haemorrhage?**

**Problem:** Poor access to treatment for post-partum haemorrhage  
**Option:** Auxiliary nurses performing internal bimanual uterine compression for PPH  
**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>	<b><i>We suggest considering the option with targeted monitoring and evaluation</i></b>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>We suggest considering this option with targeted monitoring and evaluation. We suggest implementing this intervention where auxiliary nurses are already an established cadre and where a well-functioning referral system is in place or can be put in place. This intervention should be operationalised in the context of the WHO PPH guidelines, which outline a comprehensive approach to managing PPH.</p>			
<b>Justification</b>	<p>There is insufficient evidence on the effectiveness and acceptability of auxiliary nurses performing internal bimanual uterine compression for postpartum haemorrhage. However, the risk of significant harms is low, it may be acceptable, is probably feasible and may also reduce inequalities by extending care to underserved populations.</p>		
<b>Implementation considerations</b>	<p>The following should be considered when using auxiliary nurses to perform bimanual uterine compression:</p> <ul style="list-style-type: none"> <li>- The relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers</li> <li>- The distribution of roles and responsibilities between auxiliary nurses and other health workers needs to be made clear, including through regulations and job descriptions</li> <li>- Changes in regulations may be necessary to support any changes in auxiliary nurses' scope of practice</li> <li>- 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</li> <li>- 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</li> <li>- Supplies of drugs and other commodities need to be secure</li> <li>- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive</li> <li>- Auxiliary nurses and their supervisors need to receive appropriate initial and ongoing training</li> </ul>		
<b>Monitoring and evaluation</b>	<ul style="list-style-type: none"> <li>- Any harms associated with bimanual uterine compression delivered by auxiliary nurses</li> </ul>		
<b>Research priorities</b>	<ul style="list-style-type: none"> <li>-</li> </ul>		