

11.4. EVIDENCE BASE:

Should AUXILIARY NURSES administer antihypertensives for severe high blood pressure in pregnancy?

Problem: Poor access to treatment for severe high blood pressure in

Option: Auxiliary nurses administering antihypertensives for severe high

blood pressure in pregnancy

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 low □ □ □ □ □ □ □ □ □		
	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	Training E.g. 2 weeks of practice-based training in diagnosing and managing hypertension in pregnancy	
		no yes	Supervision and monitoring Regular supervision by midwife or doctor	
			Supplies Antihypertensives, blood pressure measurement device	
			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: A systematic review (Rashidian 2012) exploring factors that influence the success of doctor-nurse substitution suggests that the acceptability of this intervention to key stakeholders may be mixed: Nurses may be motivated to take on new tasks by increased recognition and job satisfaction (moderate certainty evidence). Recipients may regard nurses as more accessible and better at listening than doctors (moderate certainty evidence), but may prefer doctors for some medical tasks (low certainty evidence). Doctors may welcome the contribution of nurses where it reduces doctors' workloads (moderate certainty evidence) and may be comfortable with nurse prescribing, believing that it improves continuity of care (low certainty evidence). However, doctors and other health workers may be unwilling to relinquish final responsibility for patient care (low certainty evidence). Also, a lack of clarity about nurse roles and responsibilities in relation to other health workers may 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 □ □ □ □	The intervention requires some supplies (drugs and simple diagnostic tools). Also, adequate referral to a higher level of care for further management may also be necessary. While training, clinical experience and supervision are needed, 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). In some settings, changes to norms or regulations may be needed to allow auxiliary nurses to prescribe and administer drugs. Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)	