

11.6. EVIDENCE BASE:

**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

CRITERIA	JUDGEMENT	EVIDENCE	QUERIES TO PANEL										
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. <b>We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</b></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 checked="" type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p><b>Main resource requirements</b></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
	<p><b>Is the incremental cost small relative to the benefits?</b></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><b>Is the option acceptable to most stakeholders?</b></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. <b>We are therefore uncertain about the acceptability of this intervention to key stakeholders.</b></p> <p><b>Indirect evidence:</b> 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"> <li>• 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)</li> <li>• Nurses themselves may be motivated to offer advanced care by increased recognition and job satisfaction (moderate certainty evidence) (Rashidian 2012)</li> <li>• 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 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)</li> <li>• 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).</li> </ul> <p><b>Annex:</b> page 20 ( Colvin 2012); page 43 (Rashidian 2012)</p>	
FEASIBILITY	<p><b>Is the option feasible to implement?</b></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>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><b>Annex:</b> page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	