2.7. EVIDENCE BASE:

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

***Problem**: Poor access to prevention of postpartum haemorrhage*
***Option**: Auxiliary nurse midwives distributing misoprostol to women during pregnancy for self-ministration 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	**Are the anticipated desirable effects large?**	☐ No ☐ Probably no ☑ Uncertain ☐ Probably yes ☐ Yes ☐ Varies	A systematic review searched for studies that assessed the effects of midlevel providers, including auxiliary nurse midwives, 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 nurse midwives 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.** **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.	**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).
	Are the anticipated undesirable effects small?	☐ No ☐ Probably no ☑ Uncertain ☐ Probably yes ☐ Yes ☐ Varies		
	What is the certainty of the anticipated effects?	☐ Very low ☐ Low ☐ Moderate ☐ High ☑ No direct evidence ☐ Varies		
	Are the desirable effects large relative to the undesirable effects?	☐ No ☐ Probably no ☑ Uncertain ☐ Probably yes ☐ Yes ☐ Varies		
RESOURCE USE	**Are the resources required small?**	☐ No ☐ Probably no ☐ Uncertain ☐ Probably yes ☑ Yes ☐ Varies	***Main resource requirements*** (see table below)	

Main resource requirements

Resource	Settings in which auxiliary nurse midwives 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

	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	Is the incremental cost small relative to the benefits?	No ☐ Probably no ☐ Uncertain ☑ Probably yes ☐ Yes ☐ Varies ☐	Uncertain as there is no direct evidence on effectiveness	
ACCEPTABILITY	**Is the option acceptable to most stakeholders?**	No ☐ Probably no ☐ Uncertain ☐ Probably yes ☑ Yes ☐ Varies ☐	We are not aware of any systematic reviews that considered the acceptability of auxiliary nurse midwife interventions. **We are therefore uncertain about the acceptability of this intervention to key stakeholders.** **Indirect evidence:** Three systematic reviews (Glenton, Khanna 2012; Glenton, Colvin 2012, Rashidian 2012) explored factors that influence the success of task-shifting to lay health workers and nurses. These reviews suggest that the acceptability of such programmes to key stakeholders may be mixed: • 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). **Annex**: page 33 (Glenton, Khanna 2012); page 26 (Glenton, Colvin 2012); page 43 (Rashidian 2012)	
FEASIBILITY	**Is the option feasible to implement?**	No ☐ Probably no ☐ Uncertain ☐ Probably yes ☑ Yes ☐ Varies ☐	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. Some additional work would be needed to add this intervention to the existing tasks of auxiliary nurse midwives. It is likely to require changes in regulations; and significant changes to drug supplies and training. 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). **Annex**: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)	