

**4.1. RECOMMENDATION:**

**Should AUXILIARY NURSE MIDWIVES diagnose preterm pre-labour rupture of membranes (pPROM) and deliver initial treatment of injectable antibiotics, using a standard syringe, before referral?**

**Problem:** Poor access to injectable antibiotics for preterm PROM  
**Option:** Auxiliary nurse midwives delivering injectable antibiotics  
**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 only in the context of rigorous research</i></b>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	We suggest considering the option in the context of rigorous research. We suggest evaluating this intervention where auxiliary nurse midwives are already an established cadre and where a well-functioning referral system is in place or can be put in place.		
<b>Justification</b>	There is insufficient evidence on the effectiveness of auxiliary nurse midwives diagnosing preterm pre-labour rupture of membranes (PROM) and delivering initial treatment of injectable antibiotics using a standard syringe before referral. Possible harms include the overuse of antibiotics and misdiagnosis. Possible benefits include earlier access to treatment for preterm PROM, but it is unclear whether slightly earlier treatment, prior to referral, would have benefits. This intervention may be acceptable and feasible and may reduce inequalities by extending care to underserved populations.		
<b>Implementation considerations</b>	Not applicable		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>	Studies assessing the effects and the acceptability of using auxiliary nurse midwives to delivering an initial dose of injectable antibiotics to treat preterm PROM prior to referral.		