

7.1 and 7.2. EVIDENCE BASE:

Should AUXILIARY NURSE MIDWIVES (a) initiate and (b) maintain kangaroo mother care for low birth weight infants?

Problem: Low utilisation of kangaroo mother care for low birth weight

Option: Auxiliary nurse midwives initiating and maintaining kangaroo

mother care

Comparison: Usual care

Setting: Community/primary health care settings in LMICs

	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 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. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention. Indirect evidence A systematic review of the effects of lay health workers (Lewin 2012) identified three trials from Bangladesh and India that assessed the effectiveness of promotion of kangaroo care or skin-to-skin care after birth, although promotion was not specifically targeted at low birth weight babies. In two of the trials, LHWs promoted the intervention as part of a package of maternal and newborn care while, in one study, LHWs taught kangaroo care to expectant mothers and their families. One trial suggests that the intervention probably leads to an increase in the use of skin-to-skin care within 24 hours after birth, compared to usual care (moderate certainty evidence). Two trials suggest that the overall package of maternal and newborn care may reduce neonatal mortality (low certainty evidence) Annex: page13 (Lewin 2012 – Table 4)		Although direct evidence on effects is lacking, there is some evidence that lay health workers can deliver this intervention, it is simple to implement, is likely to have benefits and is not likely to have significant undesirable effects. We have therefore judged the desirable effects as probably large relative to the undesirable effects.
	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 ovidence low			
	Are the desirable effects large relative to the undesirable effects?	No Probably Uncertain Probably Yes Varies no yes			
	Are the resources required small?		Main resource requirements		
			Resource	Settings in which auxiliary nurse midwives already provide other care	
RESOURCE USE		No Probably Uncertain Probably Yes Varies	Training	Training in the technique is necessary and may take 1-2 weeks	
		no yes	Supervision and monitoring	Regular supervision by an experienced kangaroo care practitioner	
			Supplies	Minimal: promotional and demonstrational materials; carrying pouches for babies	
			Referral	To a health facility if any health problems are detected	



	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	Is the incremental cost small relative to the benefits?	No Probably Uncertain Probably Yes Varies no yes	Although there is no direct evidence on effectiveness, the benefits are likely to be large in relation to the incremental costs	
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 midwife interventions. We are therefore uncertain about the acceptability of this intervention to key stakeholders. Indirect evidence: A systematic review (Rashidian 2012) explored factors that influence the success of task-shifting to nurses. This review suggest that: Nurses may be motivated to take on new tasks by increased recognition and job satisfaction (moderate certainty evidence) Recipients may prefer nurses, compared to doctors, for issues that require more attention and time (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 is relatively simple, requires no supplies and is unlikely to require changes to norms or regulations. Some training and supervision is needed, and adequate referral to a higher level of care for further management may also be necessary. 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). Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)	