

8.2. RECOMMENDATION:

Should AUXILIARY NURSE MIDWIVES deliver antibiotics for neonatal sepsis, using a compact, prefilled, autodisable device (CPAD) such as Uniject?

Problem: Poor access to treatment for neonatal sepsis

Option: Auxiliary nurse midwives delivering antibiotics for neonatal sepsis

using CPAD

Comparison: Care delivered by other cadres or no care

Setting: Community/primary health care settings in LMICs with poor access to health professionals

Recommendation	We recommend against the option	We suggest considering the option only in the context of rigorous research	We recommend the option
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	We suggest considering this option in the context of rigorous research. We suggest evaluating this intervention where auxiliary nurse midwives are already an established cadre, where clear clinical protocols are available and where a well-functioning referral system is in place or can be put in place.		
Justification	There is insufficient evidence on the effectiveness of auxiliary nurse midwives delivering antibiotics for neonatal sepsis using a CPAD and its feasibility is uncertain. However, this intervention may be acceptable and may reduce inequalities by extending care to underserved populations. Also, giving intramuscular and intravenous injections are generally within the standard competencies of auxiliary nurse midwives.		
Implementation considerations	Not applicable		
Monitoring and evaluation			
Research priorities	Studies are needed to assess the effects and the acceptability of using auxiliary nurse midwives to diagnose sepsis and deliver injectable antibiotics for neonatal sepsis using a CPAD		