

2.3. EVIDENCE BASE:

Should AUXILIARY NURSES administer oxytocin to prevent treat postpartum haemorrhage, using a compact, autodisable, prefilled device (CPAD) such as Uniject?

Problem: Poor access to treatment for prevention of PPH
Option: Auxiliary nurses administering oxytocin using a CPAD to prevent PPH
Comparison: Care delivered by other cadre 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	<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. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>Indirect evidence: A review of lay health worker programmes (Lewin 2012) examined the effects of packages of care, including one trial in which lay health workers injected sick neonates with antibiotics using a standard syringe. The trial did not report any adverse effects. Overall, the review suggests that these packages of care may lead to a reduction in neonatal (moderate certainty evidence) and child mortality (low certainty evidence).</p> <p>Annex: page 10 (Lewin 2012 – Table 2)</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 type="checkbox"/> Probably no <input checked="" type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>Main resource requirements</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>1 week of practice-based training in injection techniques, safe delivery and in diagnosing and managing postpartum haemorrhage.</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or nurse</td> </tr> <tr> <td>Supplies</td> <td>Oxytocin CPAD, sterile solution, robust supply chain</td> </tr> <tr> <td>Referral</td> <td>Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available</td> </tr> </tbody> </table>	Resource	Settings in which auxiliary nurses already provide other care	Training	1 week of practice-based training in injection techniques, safe delivery and in diagnosing and managing postpartum haemorrhage.	Supervision and monitoring	Regular supervision by midwife or nurse	Supplies	Oxytocin CPAD, sterile solution, robust supply chain	Referral	Transportation to a centre where comprehensive emergency obstetric care (CeMOC) is available	
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	<p>Is the incremental cost small relative to the benefits?</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>Is the option acceptable to most stakeholders?</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. We are therefore uncertain about the acceptability of this intervention to key stakeholders.</p> <p>Indirect evidence: Three systematic reviews (Glenton, Khanna 2012; Glenton, Colvin 2012, Rashidian 2012) explored factors that influence the success of task-shifting to <u>lay health workers</u> and <u>nurses</u>. These reviews suggest that the acceptability of such programmes to key stakeholders may be mixed:</p> <ul style="list-style-type: none"> • Nurses may be motivated to take on new tasks by increased recognition and job satisfaction (moderate certainty evidence) (Rashidian 2012). • Recipients, LHWs and other health workers may find the delivery of drugs and vaccines by LHWs through compact prefilled autodisable devices (CPADs) such as Uniject to be acceptable, although the importance of training and supervision is emphasised (low certainty evidence). Some LHWs voiced concerns about possible social or legal consequences if something went wrong. These concerns were at least partly addressed through support and supervision (low certainty evidence) (Glenton, Khanna 2012). • Activities that demand that the LHW is present at specific times, for instance during labour and birth, lead to irregular and unpredictable working conditions. At least one study shows that this may have direct implications for LHWs' expectations regarding incentives (low certainty evidence) (Glenton, Colvin 2012). • There may be a number of challenges with referral of women in labour, including logistics and poor treatment of women at facilities (moderate certainty evidence) (Glenton, Colvin 2012). <p>Annex: page 33 (Glenton, Khanna 2012); page 26 (Glenton, Colvin 2012); page 43 (Rashidian 2012)</p>	
FEASIBILITY	<p>Is the option feasible to implement?</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 checked="" type="checkbox"/></p>	<p>While this intervention is simpler to deliver than oxytocin using a standard syringe, significant additional work may still be needed to add this intervention to the tasks of auxiliary nurses. It is likely to require changes in regulations; and significant changes to drug supplies and training. Also, where oxytocin is being used to treat PPH, implementation would require access to a referral system with trained and equipped healthcare professionals and facilities.</p> <p>Significant training and supervision provided by skilled health cadres would likely be needed. However, systematic reviews of lay health worker, nurse and midwife programmes suggest that sufficient training and supervision is often lacking (Glenton, Colvin 2012; Colvin 2012; Rashidian 2012).</p> <p>Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	