

12.3. EVIDENCE BASE:

Should AUXILIARY NURSE MIDWIVES insert and remove intrauterine device (IUDs)?

**Problem:** Poor access to contraception  
**Option:** Auxiliary nurse midwives inserting and removing IUDs  
**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	<p><b>Are the anticipated desirable effects large?</b></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>A systematic review (Polus 2012a) searched for studies that assessed the effects and safety of task shifting for family planning delivery in low and middle income countries. The review identified two studies from the Philippines and Turkey where IUD insertion by auxiliary nurse midwives was compared with IUD insertion by doctors. These studies show that the use of auxiliary nurse midwives probably leads to little or no difference in expulsion rates, removal rates, continuation rates (moderate certainty evidence). There may also be little or no difference in rates of unintended pregnancies or in referral rates before and after IUD insertion (low certainty evidence). The studies did not assess pain at insertion, insertion failure, and complications at insertion.</p> <table border="1"> <thead> <tr> <th>Outcomes</th> <th>Impacts</th> <th>Certainty of the anticipated effect</th> </tr> </thead> <tbody> <tr> <td>Expulsion rates</td> <td>Probably little or no difference between auxiliary nurse midwives and doctors</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Removal rates</td> <td>Probably little or no difference between auxiliary nurse midwives and doctors</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Unintended pregnancies</td> <td>May be little or no difference between auxiliary nurse midwives and doctors</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Continuation rates</td> <td>Probably little or no difference between auxiliary nurse midwives and doctors</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Referrals before and after IUD insertion</td> <td>May be little or no difference between auxiliary nurses and doctors</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Pain at insertion, insertion failure, and complications at insertion</td> <td>Not assessed</td> <td>-</td> </tr> </tbody> </table> <p>Annex: page 60 (Polus 2012a – Table 2)</p>	Outcomes	Impacts	Certainty of the anticipated effect	Expulsion rates	Probably little or no difference between auxiliary nurse midwives and doctors	⊕⊕⊕○ Moderate	Removal rates	Probably little or no difference between auxiliary nurse midwives and doctors	⊕⊕⊕○ Moderate	Unintended pregnancies	May be little or no difference between auxiliary nurse midwives and doctors	⊕⊕○○ Low	Continuation rates	Probably little or no difference between auxiliary nurse midwives and doctors	⊕⊕⊕○ Moderate	Referrals before and after IUD insertion	May be little or no difference between auxiliary nurses and doctors	⊕⊕○○ Low	Pain at insertion, insertion failure, and complications at insertion	Not assessed	-	
	Outcomes		Impacts	Certainty of the anticipated effect																				
	Expulsion rates		Probably little or no difference between auxiliary nurse midwives and doctors	⊕⊕⊕○ Moderate																				
	Removal rates		Probably little or no difference between auxiliary nurse midwives and doctors	⊕⊕⊕○ Moderate																				
	Unintended pregnancies		May be little or no difference between auxiliary nurse midwives and doctors	⊕⊕○○ Low																				
Continuation rates	Probably little or no difference between auxiliary nurse midwives and doctors	⊕⊕⊕○ Moderate																						
Referrals before and after IUD insertion	May be little or no difference between auxiliary nurses and doctors	⊕⊕○○ Low																						
Pain at insertion, insertion failure, and complications at insertion	Not assessed	-																						
<p><b>Are the anticipated undesirable effects small?</b></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><b>What is the certainty of the anticipated effects?</b></p> <p>Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> High <input type="checkbox"/> No direct evidence <input type="checkbox"/> Varies <input type="checkbox"/></p>																								
<p><b>Are the desirable effects large relative to the undesirable effects?</b></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>																								
RESOURCE USE	<p><b>Are the resources required small?</b></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><b>Main resource requirements</b></p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which auxiliary nurse midwives already provide other care</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>Some training for auxiliary nurse midwives to insert and remove an IUD</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by senior midwife or doctor</td> </tr> <tr> <td>Supplies</td> <td>IUD, antiseptic solution, insertion equipment</td> </tr> </tbody> </table>	Resource	Settings in which auxiliary nurse midwives already provide other care	Training	Some training for auxiliary nurse midwives to insert and remove an IUD	Supervision and monitoring	Regular supervision by senior midwife or doctor	Supplies	IUD, antiseptic solution, insertion equipment														
	Resource	Settings in which auxiliary nurse midwives already provide other care																						
Training	Some training for auxiliary nurse midwives to insert and remove an IUD																							
Supervision and monitoring	Regular supervision by senior midwife or doctor																							
Supplies	IUD, antiseptic solution, insertion equipment																							

				Referral		This may be needed for a small number of women				
CRITERIA	JUDGEMENT					EVIDENCE	COMMENTS AND QUERIES			
Is the incremental cost small relative to the benefits?	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"/>				
ACCEPTABILITY	Is the option acceptable to most stakeholders?	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>We are not aware of any systematic reviews that considered the acceptability of auxiliary nurse midwife interventions. <b>We are therefore uncertain about the acceptability of this intervention to key stakeholders.</b></p> <p><b>Indirect evidence:</b> A systematic review (Rashidian 2012) exploring factors that influence the success of <u>doctor-nurse substitution</u> suggests that the acceptability of this intervention to key stakeholders may be mixed:</p> <ul style="list-style-type: none"> <li>Nurses may be motivated to take on new tasks by increased recognition and job satisfaction (moderate certainty evidence)</li> <li>Doctors may welcome the contribution of nurses where it reduces doctors' workloads (moderate certainty evidence). They may welcome the transfer of certain repetitive tasks to nurses (e.g. pap smears) and nurses seem to be happy with these tasks</li> <li>However, a lack of clarity about nurse roles and responsibilities in relation to other health workers may be a challenge (low certainty evidence)</li> </ul> <p>A review of country case studies of task shifting for family planning (Polus 2012b), which mainly included <u>LHW programmes</u>, suggests that recipients appreciate the easy access that community-based provision of contraceptives provides and appreciate the use of female health workers in the delivery of contraceptives. However, the review also suggests that some health workers may introduce their own criteria when determining who should receive contraceptives, including criteria tied to the recipient's marital status and age. Other factors that may affect the uptake of the intervention are primarily tied to the contraceptives themselves rather than the use of specific types of health workers, including a lack of knowledge about different methods of contraception; religious and other beliefs; a fear of side effects, service fees; and a lack of support from husbands.</p> <p><b>Annex:</b> page 33 (Glenton, Khanna 2012); page 43 (Rashidian 2012); page 63 (Polus 2012b)</p>		
	FEASIBILITY	Is the option feasible to implement?	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>The intervention requires very few supplies (IUDs, insertion equipment and antiseptic solution). However, changes to drug supplies may be needed and the intervention is also likely to require changes to norms or regulations. Adequate referral to a higher level of care for further management may be necessary if removal leads to complications.</p> <p>Training, including in insertion and removal of IUDs and in communication about family planning, and supervision is necessary. However, a review of country case studies of task shifting for family planning (Polus 2012b) suggests that <u>auxiliary nurses</u> lacked confidence in their skills, partly because they had insufficient opportunities to practice these skills in settings where demand was low. In addition, systematic reviews of lay health worker, nurse and midwife programmes suggest that sufficient training and supervision is often lacking (moderate certainty evidence) (Glenton, Colvin 2012, Rashidian 2012, Colvin 2012).</p> <p><b>Annex:</b> page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	