

**12.4. RECOMMENDATION:**

**Should AUXILIARY NURSE MIDWIVES insert and remove contraceptive implants?**

**Problem:** Poor access to contraception  
**Option:** Auxiliary nurse midwives inserting and removing contraceptive implants  
**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 with targeted monitoring and evaluation</i></b>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We suggest considering the option with targeted monitoring and evaluation. We suggest using this intervention where auxiliary nurse midwives are already an established cadre and 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 this intervention. However, this intervention may be a cost-effective, feasible and acceptable approach and may reduce inequalities by extending care to underserved populations. In addition, this intervention would require relatively few additional skills.		
<b>Implementation considerations</b>	<p>The following should be considered when using auxiliary nurse midwives to insert and remove contraceptive implants:</p> <ul style="list-style-type: none"> <li>- The relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers</li> <li>- The distribution of roles and responsibilities between auxiliary nurses and other health workers needs to be made clear, including through regulations and job descriptions</li> <li>- Changes in regulations may be necessary to support any changes in auxiliary nurses' scope of practice</li> <li>- Implementation needs to be in the context of a comprehensive remuneration scheme, in which salaries or incentives reflect any changes in scope of practice. Giving incentives for certain tasks but not for others may negatively affect the work that is carried out</li> <li>- Referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve quality of care at the first referral facility</li> <li>- Supplies need to be secure</li> <li>- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive</li> <li>- Because of the sensitivity of sexual and contraceptive issues, planners should consider whether health workers promoting or delivering reproductive health services to women should also be women. It may also be an advantage to ensure that relevant training of female health workers is carried out by females</li> <li>- Auxiliary nurse midwives and their supervisors need to receive appropriate initial and ongoing training, including in communicating with recipients and in side effects of different contraceptive methods. Training needs to reinforce that auxiliary nurses should avoid introducing their own criteria for determining who should receive contraception</li> <li>- Auxiliary nurse midwives need to be trained in confidentiality issues and recipients need to be made aware that their interactions with health workers regarding contraception are confidential.</li> </ul>		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>			