

12.5. EVIDENCE BASE:

Should AUXILIARY NURSE MIDWIVES perform tubal ligation (post-partum and interval)?

Problem: Poor access to contraception
Option: Auxiliary nurse midwives performing tubal ligation
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>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 (Polus 2012a) searched for studies that assessed the effects and safety of task shifting for family planning delivery in low and middle income countries. Another 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, neither of these reviews identified any studies that assessed the effects of using auxiliary nurse midwives to perform tubal ligation. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>Indirect evidence: One of these reviews (Polus 2012a) identified one study from Thailand where the effects of postpartum tubal ligation performed by <u>midwives</u> was compared to the same intervention performed by <u>doctors</u>. This study shows that there is little or no difference between midwives and doctors with regard to complications during surgery or postoperative morbidity.</p> <p>Annex: page 62 (Polus 2012a – Table 3)</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 nurse midwives already provide other care</th> </tr> </thead> <tbody> <tr> <td><i>Training</i></td> <td>Practice-based training in tubal ligation techniques. Auxiliary nurse midwives are not normally trained in surgical techniques during their graduate studies. Training needs may therefore be relatively substantial</td> </tr> <tr> <td><i>Supervision and monitoring</i></td> <td>Regular supervision by senior midwife or doctor</td> </tr> <tr> <td><i>Supplies</i></td> <td>Surgical instruments, local anaesthetic, suture material, surgical facility / theatre, resuscitation equipment</td> </tr> <tr> <td><i>Referral</i></td> <td>To a referral centre for failed ligations and / or complications</td> </tr> </tbody> </table>	Resource	Settings in which auxiliary nurse midwives already provide other care	<i>Training</i>	Practice-based training in tubal ligation techniques. Auxiliary nurse midwives are not normally trained in surgical techniques during their graduate studies. Training needs may therefore be relatively substantial	<i>Supervision and monitoring</i>	Regular supervision by senior midwife or doctor	<i>Supplies</i>	Surgical instruments, local anaesthetic, suture material, surgical facility / theatre, resuscitation equipment	<i>Referral</i>	To a referral centre for failed ligations and / or complications	
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	Is the incremental cost small relative to the benefits?	<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>	Uncertain as there is insufficient evidence on effectiveness	
ACCEPTABILITY	Is the option acceptable to most stakeholders?	<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>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.</p> <p>Indirect evidence: 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"> • Nurses may be motivated to take on new tasks by increased recognition and job satisfaction (moderate certainty evidence) • 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 • However, a lack of clarity about nurse roles and responsibilities in relation to other health workers may be a challenge (low certainty evidence) <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 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 regarding family planning; a fear of side effects, service fees; and a lack of support from husbands.</p> <p>Annex: page 43 (Rashidian 2012); page 63 (Polus 2012b)</p>	
FEASIBILITY	Is the option feasible to implement?	<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>The intervention requires relatively well-equipped facilities, including access to surgical instruments, surgical facility / theatre and resuscitation equipment. In addition, changes to norms or regulations may be needed to allow auxiliary nurse midwives to perform tubal ligation. Training and regular supervision is also needed, and adequate referral to a higher level of care for further management may be necessary. However, a review of country case studies of task shifting for family planning (Polus 2012b) suggests that auxiliary nurses 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>Annex: page 63 (Polus 2012b) ; page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	