

**2.5 and 2.6. RECOMMENDATION:**  
**Should AUXILIARY NURSES administer misoprostol to (a) prevent and (b) to treat postpartum haemorrhage before referral?**

**Problem:** Poor access to prevention and treatment of postpartum haemorrhage  
**Option:** Auxiliary nurses administering misoprostol  
**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>	<i>We suggest considering the option</i>	<b><i>We recommend the option</i></b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Justification</b>	<p>We recommend the use of auxiliary nurses to administer misoprostol to prevent and treat postpartum haemorrhage.</p> <ul style="list-style-type: none"> <li>For <u>prevention</u> of postpartum haemorrhage, we suggest using this intervention where auxiliary nurses are already an established cadre</li> <li>For <u>treatment</u> of postpartum haemorrhage, we suggest using this intervention where auxiliary nurses are already an established cadre and where a well-functioning referral system is in place or can be put in place</li> </ul> <p>There is insufficient evidence on the effectiveness of using auxiliary nurses to administer misoprostol to prevent and treat postpartum haemorrhage. However, the intervention is probably acceptable and feasible. In addition, the panel feels that the benefits probably outweigh the harms; that minimal clinical decision making is required; and that the intervention may reduce inequalities by extending care to underserved populations. A World Health Organisation guideline also recommends that where skilled birth attendants are not present and oxytocin is not available, the administration of misoprostol (600mcg PO) by community health workers and lay health workers is recommended for prevention of PPH (strong recommendation, moderate quality evidence).</p>		
<b>Implementation considerations</b>	<p>The following should be considered when using auxiliary nurses to administer misoprostol:</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 of drugs and other commodities (e.g. delivery kits) need to be secure</li> <li>- Responsibility for supervision needs to be clear and supervision needs to be regular and supportive</li> <li>- Auxiliary nurses and their supervisors need to receive appropriate initial and ongoing training</li> </ul>		
<b>Monitoring and evaluation</b>			
<b>Research priorities</b>	<p>Studies assessing the effects and the acceptability of using auxiliary nurses to administer misoprostol are needed</p>		