

11.12. RECOMMENDATIONS:

Should NURSES deliver magnesium sulphate to women in preterm labour as a neuroprotective for the foetus?

Problem: Poor access to treatment for preterm birth
Option: Nurses delivering magnesium sulphate for preterm labour
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 only in the context of rigorous research</i> | <i>We recommend the option</i> |
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| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | We recommend against the use of nurses to deliver magnesium sulphate to women in preterm labour. | | |
| Justification | While the intervention may be acceptable and feasible, there is insufficient evidence on the effectiveness of nurses delivering magnesium sulphate to women in preterm labour as a neuroprotective for the foetus and the intervention is outside of their typical scope of practice. | | |
| Implementation considerations | Not applicable | | |
| Monitoring and evaluation | | | |
| Research priorities | Studies of the effects and acceptability of nurses delivering magnesium sulphate and / or corticosteroids for women at risk of preterm birth | | |