

12.3. EVIDENCE BASE:

Should NURSES insert and remove intrauterine devices (IUDs)?

Problem: Poor access to contraception

Option: Nurses 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>Are the anticipated desirable effects large?</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 also identified two studies from Brazil and Columbia where IUD insertion by nurses was compared with IUD insertion by doctors. These studies show that the use of nurses may lead to little or no difference in expulsion rates and continuation rates (low certainty evidence), and probably leads to less pain (moderate certainty evidence). We are uncertain about the differences between nurses and doctors for removal rates, rates of unintended pregnancies, and complication rates (very low certainty evidence). Other outcomes show mixed results (low certainty evidence).</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>There may be little or no difference between nurses and doctors</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Removal rates</td> <td>We are uncertain if there are any differences between nurses and doctors</td> <td>⊕○○○ Very low</td> </tr> <tr> <td>Unintended pregnancies</td> <td>We are uncertain if there are any differences between nurses and doctors</td> <td>⊕○○○ Very low</td> </tr> <tr> <td>Continuation rates</td> <td>There may be little or no difference between nurses and doctors</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Pain at insertion</td> <td>The use of nurses probably leads to less pain at insertion of IUDs</td> <td>⊕⊕⊕○ Moderate</td> </tr> <tr> <td>Insertion failure</td> <td>The use of nurses to insert IUDs showed mixed results</td> <td>⊕⊕○○ Low</td> </tr> <tr> <td>Complication rates</td> <td>We are uncertain if there are any differences between nurses and doctors</td> <td>⊕○○○ Very low</td> </tr> </tbody> </table> <p>Annex: page 58 (Polus 2012a – Table 1)</p>	Outcomes	Impacts	Certainty of the anticipated effect	Expulsion rates	There may be little or no difference between nurses and doctors	⊕⊕○○ Low	Removal rates	We are uncertain if there are any differences between nurses and doctors	⊕○○○ Very low	Unintended pregnancies	We are uncertain if there are any differences between nurses and doctors	⊕○○○ Very low	Continuation rates	There may be little or no difference between nurses and doctors	⊕⊕○○ Low	Pain at insertion	The use of nurses probably leads to less pain at insertion of IUDs	⊕⊕⊕○ Moderate	Insertion failure	The use of nurses to insert IUDs showed mixed results	⊕⊕○○ Low	Complication rates	We are uncertain if there are any differences between nurses and doctors	⊕○○○ Very low	
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<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 type="checkbox"/> Varies <input checked="" 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 type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>																											

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RESOURCE USE	<p>Are the resources required small?</p>	<p> <i>No</i> <i>Probably no</i> <i>Uncertain</i> <i>Probably yes</i> <i>Yes</i> <i>Varies</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> </p>	<p>Main resource requirements</p> <table border="1"> <thead> <tr> <th data-bbox="779 256 1061 300">Resource</th> <th data-bbox="1061 256 1727 300">Settings in which nurses already provide other care</th> </tr> </thead> <tbody> <tr> <td data-bbox="779 300 1061 343"><i>Training</i></td> <td data-bbox="1061 300 1727 343">Minimal training for nurses to insert and remove an IUD</td> </tr> <tr> <td data-bbox="779 343 1061 386"><i>Supervision and monitoring</i></td> <td data-bbox="1061 343 1727 386">Regular supervision by senior midwife or doctor</td> </tr> <tr> <td data-bbox="779 386 1061 429"><i>Supplies</i></td> <td data-bbox="1061 386 1727 429">IUD, antiseptic solution, insertion equipment</td> </tr> <tr> <td data-bbox="779 429 1061 472"><i>Referral</i></td> <td data-bbox="1061 429 1727 472">This may be needed for a small number of women</td> </tr> </tbody> </table>	Resource	Settings in which nurses already provide other care	<i>Training</i>	Minimal training for nurses to insert and remove an IUD	<i>Supervision and monitoring</i>	Regular supervision by senior midwife or doctor	<i>Supplies</i>	IUD, antiseptic solution, insertion equipment	<i>Referral</i>	This may be needed for a small number of women	
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	<p>Is the incremental cost small relative to the benefits?</p>	<p> <i>No</i> <i>Probably no</i> <i>Uncertain</i> <i>Probably yes</i> <i>Yes</i> <i>Varies</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p>Indirect evidence from the review referred to above (Laurant 2012) suggests that, compared to doctor-led care:</p> <ul style="list-style-type: none"> • Overall, studies showed lower costs for nurse-led care • Consultation length was longer for nurses • For the frequency of consultations, results were mixed • For most studies there were no differences in the use of healthcare services and prescriptions 											

ACCEPTABILITY	<p>Is the option acceptable to most stakeholders?</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 checked="" type="checkbox"/></p>	<p>A systematic review of doctor-nurse substitution (Rashidian 2012) did not identify any studies that evaluated the acceptability of IUDs when inserted and removed by nurses. We are therefore uncertain about the acceptability of this intervention to key stakeholders.</p> <p>Indirect evidence: For other maternal and child health interventions, the same review suggests that:</p> <ul style="list-style-type: none"> Nurses may be motivated to offer advanced care by increased recognition and job satisfaction (moderate certainty evidence) Recipients may regard nurses as more accessible and better at listening and caring than doctors (moderate certainty evidence). For tasks that are considered sensitive (such as pelvic exams) patients may prefer (female) nurses, although views may vary (low certainty evidence). They may also prefer nurses for services that require more attention and time (low certainty evidence). However, in some settings, recipients may experience nurses as too overworked to explain things to recipients (low certainty evidence) In addition, some recipients may have concerns about nurses' competence and willingness to provide high quality care compared to doctors (low certainty evidence). Doctors may welcome the contribution of nurses where it reduces doctors' workloads (moderate certainty evidence). Doctors may also welcome the transfer of certain repetitive tasks to nurses (e.g. pap smears) and nurses seem to be happy with these tasks (low certainty evidence). Doctors may also be comfortable with nurse prescribing, believing that it improves the continuity of care that patients receive (low certainty evidence). 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 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>Annex: page 43 (Rashidian 2012); page 63 (Polus 2012b)</p>	
EASIBILITY	<p>Is the option feasible to implement?</p>	<p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Varies <input type="checkbox"/></p>	<p>The intervention requires very few supplies (IUDs, insertion equipment, antiseptic solution). In addition, it is unlikely to require changes to norms or regulations.</p> <p>Some training and supervision is necessary. However, a systematic review (Rashidian 2012) suggests that nurses may be unprepared or not adequately trained or supervised when they are given advanced and substitution roles (low certainty).</p> <p>Annex: page 43 (Rashidian 2012)</p>	