



Evaluating a Point-of-Care Ultrasound Training Programme for Nurses in Rural Niger: A Policy Analysis for Obstetric Triage

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Abstract

Maternal mortality in Niger remains critically high, with obstetric complications a leading cause. Rural areas suffer from severe shortages of skilled birth attendants and diagnostic capacity. Point-of-care ultrasound (POCUS) is a potential tool for early detection, but its integration into nurse-led primary care requires effective training and supportive policy. This policy analysis evaluates a pilot POCUS training programme for nurses in rural Niger. It aims to assess the programme's operational effectiveness, identify barriers to implementation, and analyse the policy implications for scaling up such task-shifting initiatives within the national health system. The analysis used a mixed-methods case study design. Data were collected from training records, supervisory reports, and key informant interviews with trained nurses, district medical officers, and programme trainers. A policy analysis framework was applied to examine the programme's alignment with national health strategies and resource constraints. The programme improved nurses' confidence and ability to identify major obstetric complications, with a high proportion of trainees achieving competency in basic scans. However, key systemic barriers were identified, including inconsistent equipment maintenance, a lack of formal clinical governance pathways for nurse-performed ultrasound, and insufficient referral system support. While clinically effective at the individual level, the programme's sustainability and scalability are constrained by entrenched health system weaknesses. Successful integration of nurse-performed POCUS requires policy reforms that address medical device management, formalise scope-of-practice protocols, and strengthen referral networks. Policy makers should: 1) Develop national technical guidelines for nurse-led POCUS; 2) Integrate ultrasound maintenance into existing medical equipment supply chains; 3) Pilot a blended supervision model combining telehealth and district-led support; 4) Amend regulatory frameworks to formally recognise this extended nursing role in obstetric triage. Point-of-care ultrasound, task-shifting, maternal health, obstetric triage, health policy, Niger, nursing education, health systems strengthening. This analysis provides evidence on the systemic prerequisites for scaling a task-shifting intervention, contributing directly to policy discourse on integrating point-of-care diagnostics into primary healthcare in low-resource settings.

Keywords: *Point-of-care ultrasound, Maternal mortality, Sub-Saharan Africa, Obstetric triage, Health workforce training, Policy evaluation, Rural health services*

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