

## Medicine Administration for Midwives

<b>For Use in:</b>	Maternity Services
<b>By:</b>	Midwives
<b>For:</b>	Checking and administration of medicines
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## Quick reference

### Checking and Administration of Medicines for Registered Midwives – Part A

Legislation	Implication for Midwives
Medicines (Pharmacy & General sale-Exemption) Order 1980(SI1980/1924,the Medicines (Sale or Supply) Miscellaneous Provisions) Regulations 1980(SI) 1980/1923	Supply &/or administer
Prescription Only Medicines(Human use)Order 1997(SI1997/1830 the POM Order	Midwives may administer parenteral forms as part of their professional practice
Prescription Only Medicines(Human use)Order 1997(SI1997/1830 the POM Order	Midwives may supply and administer as part of their professional practice
Prescription required	The medication requires a prescription.
Administer in an emergency	Midwives may administer in an emergency – need to be prescribed retrospectively
Patient Group Direction (PGD) Acts like a prescription when given criteria are met	Midwives can operate according to criteria of PGD if they have signed up to the current version

Drug & Route	Use	Classification	Remarks
Adrenalin 1:1000 (IM)	Adult	POM	For use in anaphylaxis only
Anti D (IM)	Adult	POM	For antenatal and postnatal use to protect against haemolytic disease of the newborn. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Carboprost (IM)	Adult	POM	For treatment of postpartum haemorrhage. Document in the maternal obstetric hand held records and on drug chart if inpatient
Chloral Hydrate	Adult	POM	Must be prescribed.
Co-dydramol (Oral)	Adult	POM	Must be prescribed.
Diamorphine (IM)	Adult	CD	Administer for pain relief in labour, on prescription.
Diclofenac (oral /PR)	Adult	POM	For postpartum pain relief up to 48 hours after birth. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Dinoprostone Vaginal Tablets (PV)	Adult	POM	Must be prescribed.

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EMLA Cream (Topical)	Adult	P	Supply/administer. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Entonox	Adult	P	Midwives may supply and administer as part of their professional practice
Ergometrine maleate IM/IV	Adult	POM	For treatment of postpartum haemorrhage. Document in the maternal obstetric hand held records and on drug chart if inpatient
Ferrous Sulphate (Oral)	Adult	P	Supply/administer Document in the maternal obstetric hand held records and on drug chart if inpatient.
Folic Acid (Oral)	Adult	P	Supply/administer if less than 500 micrograms daily dose. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Gelofusine (or plasma expander in use) (IV)	Adult	POM	May administer. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Glucagon (IM)	Adult	POM	Only supply/administer in a lifesaving emergency.
Glycerine suppositories (PR)	Adult	GSL	Supply/administer. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Glucose gel	Adult	None	Only supply/administer in a lifesaving emergency.
Haemacel (IV)	Adult	POM	Administer for maternal resuscitation.
Hartmanns(IV)	Adult	POM	Administer for maternal resuscitation. Administer 1 litre for maternal dehydration - Document in the maternal obstetric hand held records and on prescription chart.
Healthy Start vitamins	Neonate	GSL	Supply/administer.
Ibuprofen	Adult	GSL	Supply/administer postnatally.
Anusol (Topical)	Adult	GSL	Supply/administer for treatment of haemorrhoids antenatally or postnatally.
Lidocaine (IM or SC)	Adult	POM	Administer for use as a local anaesthetic.
Lactulose (Oral)	Adult	P	Supply/administer. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Micralax Micro enema	Adult	P	Supply/administer. Document in the maternal obstetric hand held records and on drug chart if inpatient.

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Morphine (IM)	Adult	CD	Administer for pain relief in labour, on prescription.
Naloxone (IM)	Adult	POM	Although midwives are exempt from restriction on administration the midwife must have knowledge and competency in use of the drug before administration.
Naloxone (IM)	Neonate	POM	Administer only following discussion with a neonatologist.
Miconazole (Topical)	Adult	GSL	Supply/administer for treatment of thrush.
Nystatin (Oral)	Neonate	POM	Supply/administer for treatment of oral thrush
Oramorph	Adult	POM	PGD under development for use in latent phase of labour.
Oxytocins, natural and synthetic (IM/IV)	Adult	POM	For active management of the third stage of labour and treatment of postpartum haemorrhage.
Paracetamol	Adult	P	Supply/administer. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Peptac ( Oral)	Adult	GSL	Supply/administer. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Peppermint water	Adult	GSL	Supply/administer. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Pethidine hydrochloride	Adult	CD	Administer for pain relief in labour.
Phytomenadione (IM or oral)	Neonate	POM	Supply/administer. Document in the maternal obstetric hand held records and baby records.
Prochlorperazine (IM)	Adult	POM	Administer for actual or potential nausea and vomiting. Document in the maternal obstetric hand held records and on drug chart if inpatient.
Propess prostaglandin pessary (PV)	Adult	POM	PGD under development for routine post-dates IOL.
Ranitidine (Oral)	Adult	POM/P GD	There is a PGD in place for women pre elective caesarean section.
Simple Linctus	Adult	P	Midwives may supply & administer
Sodium Chloride 0.9% (IV)	Adult	POM	Administer for maternal resuscitation and IV flush

### Medicines administration (NMC 2010 Standards for Medicines Management)

As a registrant, in exercising your professional accountability in the best interests of your patients you must:

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- be certain of the identity of the patient to whom the medicine is to be administered
- check that the patient is not allergic to the medicine before administering it
- know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- be aware of the patient's plan of care (care plan or pathway)
- check that the prescription or the label on medicine dispensed is clearly written and unambiguous
- check the expiry date
- have considered the dosage, weight where appropriate, method of administration, route and timing
- administer or withhold in the context of the patient's condition for example withholding labetalol if hypotensive
- contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable
- make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible. It is also your responsibility to ensure that a record is made when delegating the task of administering medicine.

### Objective/s

To inform and support midwives in the administration of medicines.

### Rationale

The administration of medicines is an important aspect of professional practice. It is not solely a mechanistic task to be performed in strict compliance with the written prescription of a medical practitioner. It requires thought and professional judgement.

### Scope

Registered Midwives may supply and administer, on their own initiative, any substances that are specified in medicines legislation under midwives exemptions, provided it is in the course of their professional midwifery practice. They may do so without the need for a prescription or patient-specific written direction from a medical practitioner. If a medicine is not included in midwife exemptions then a PGD, or a prescription, or a patient-specific written direction will be required. All qualified health professionals must act within their Code of Professional Conduct. Midwives have a professional duty to maintain and increase their competence in the light of new knowledge and practice. All midwives should be familiar and act within the guidance of the current Trusts Medicines Policy. This guideline adds clarity to medicines administration within midwifery.

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## Processes to be followed\*

All health care professionals should read relevant aspects of The Electronic Prescribing Medicines Administration (EPMA) policies which outline the general professional principles in relation to the safe use of medicines. This can be accessed via the trust intranet EPMA icon. Midwives must complete on line EPMA training; two modules which include both Administration and Prescribing.

Guidance within this policy of particular pertinence for midwives includes:

- Verbal Messages
- Administration of medicines
- Administration of controlled drugs (CDs)
- Administration of intravenous drugs
- Administration of epidural infusions
- Collecting and delivery of CDs
- Receipt of CDs
- CDs brought into hospital by patients
- Procedure for dealing with the loss of a drug cupboard key
- Disposal of waste/drugs
- Administration of medicines to children under 16 years of age
- Handling of illegal substances

The NMC publish Standards for Medicines Administration (NMC 2010). The principles of these are outlined in Table 1.

## Prescription and non-prescription drugs

Medicines are classified by the Medicines and Healthcare Products Regulatory Agency (MHRA) according to whether they can be sold to the public without a prescription. The main categories are:

- Prescription only medicines (POMs)
- Pharmacy medicines (P) – which must be sold under the supervision of a pharmacist
- General Sales List medicine (GSL) – can be bought from general stores such as supermarkets

Medicines should be documented using their generic name as per NNUH Trust Medicines Policy.

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## Exemption Clause – Midwives

Midwives have an exemption clause in The Prescription Only Medicines (Human Use) Order 1997 which relaxes certain requirements of the 1968 Medicines Act. 'Exemptions' are distinct from 'prescribing'. Midwives may only prescribe if they have successfully completed an accredited prescribing course and once the NMC's professional register has been annotated to indicate their prescribing status.

Exemptions provide a legal framework for administration and supply of medicines. However, as midwives are employed by the Trust, the medicines they may supply and administer must be approved by the Trust in order to permit vicarious liability. These medicines are listed in Table 1.

If medicines are administered under exemptions legislation this must be documented in the maternity records. EPMA will recognise a midwives exemption and record appropriately. If medicines are supplied for self-administration as inpatient a self-administration checklist must also be completed.

There are two parts to the Midwives exemption:

Midwives may supply the following on their own initiative (provided it is within professional practice), without the need for a prescription or a patient specific written direction from a medical practitioner

- All GSL medicines ( see table 1, for those approved by the Trust)
- All P medicines (see table 1, for those approved by the Trust)
- All POM medicines containing the following:
  - Diclofenac
  - Ergometrine
  - Hydrocortisone acetate
  - Lidocaine & Lidocaine Hydrochloride
  - Miconazole
  - Nystatin
  - Phytomenadione

Midwives are exempt from legal requirement for a prescription for administration of parenteral forms (IV, IM, SC) of the following medicines.

- Adrenaline
- Anti D immunoglobulin
- Carboprost
- Diamorphine
- Ergometrine maleate

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- Gelofusine (or plasma expander in use)
- Haemacel
- Hartmanns
- Lidocaine & Lidocaine Hydrochloride
- Morphine
- Naloxone hydrochloride
- Oxytocins (natural & synthetic)
- Pethidine hydrochloride
- Phytomenadione
- Prochlorperazine
- Sodium Chloride

In an emergency a midwife may administer the following without a prescription.

- Glucose Gel
- Glucagon

As soon as possible following an emergency drugs must be prescribed and recorded

### Patient Group Directions

PGDs can only replace a prescription if the midwife has completed the PGD elearning and the relevant training in relation to the medicine and has signed the PGD register held by the Team Leader/Matron. PGDs are separate from midwives exemptions.

### Self Administration

Post-partum mothers on Blakeney ward may self-medicate their own medication in accordance with their drug history (except controlled drugs) and any new medication commenced during their admission to include:

- Oral antibiotics
- Oral analgesia
- Laxatives
- Iron supplements

As midwifery staff do not do conventional ward rounds, patients will be issued (either by pharmacy or midwives) with self-administration record cards to complete when medication is taken. Midwives are responsible for ensuring the cards are completed. Copies of the medication cards can be found on Blakeney ward, pharmacy or via the intranet.

Low molecular weight heparin (LMWH) will be administered by midwifery staff, who will educate patients how to self-administer the injections on discharge.



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## Administration of Blood and Blood Products

Please refer to the appropriate guideline on the intranet. Guidelines of particular relevance are:

- Checking of blood
- Monitoring of blood
- Satellite blood fridges: storage & maintenance

## Epidural top-ups

Please refer to the appropriate guideline on the intranet: Trust Guideline for the Management of Adult patients Receiving Epidural Analgesia.

## Resources and medicines information

EPMA icon on all desk tops.

The “medicines bottle” on the intranet home page is a useful link to the medicines policy page which outlines local policy on prescribing, supply, administration and disposal of medicines. All health care professionals should read the sections of the policy relevant to their area of practice.

The British National Formulary (BNF) is a useful resource regarding dosages but may not include background knowledge such as use during pregnancy/breast-feeding.

Enquiries should be referred to pharmacy for further investigation. Medicines Information may be contacted for any drug-related enquiries (Monday – Friday 9am – 5pm on extension 3139 or bleep 0500). Outside of these hours the on-call pharmacist may be contacted via NNUH switchboard.

## Checking and Administration of Medicines by Student Midwives – Part B

### Objective

For the purpose of this guideline ‘a student’ includes ALL midwifery students (pre and post registration) and any return to practice midwives, as they are all working within the maternity unit solely as students. Any registration they currently hold bears no relevance to drug administration within the maternity department. The purpose of the guideline is to clarify the level of involvement student midwives may have regarding drug administration.

### Rationale

To enable the student midwife to gain exposure and practical experience on administration of medicines at an appropriate stage in their course, whilst ensuring the lines of responsibility for the student practice are clearly identified. This guideline also

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supports mentors with the demands of providing practical supervision to student midwives.

### Broad recommendations

It is important that all student midwives are aware of the responsibility of the midwife relating to administration of drugs. Upon point of registration, the newly qualified midwife will be expected to be actively involved and able to take responsibility for the checking of drugs, therefore, exposure to this aspect of practice during their training is vital.

The midwife will need to consider any specific individual requirements of the student midwife, taking into account any physical or cognitive impairment which may affect the student's ability to assimilate the advice provided in this guideline.

Students must never administer or supply medicinal products without direct supervision (NMC medicines management Standard 18)

Before participating in the administration of any medicines the student must have knowledge and understanding of;

- The generic and brand name of the drug
- The appropriate dose and route of administration
- The maximum dose
- The indications and contraindications of the drug
- The side effects of the drug

The statutory framework prevents student midwives from having responsibility for checking any drugs. However, during midwifery training it is important to gain knowledge and witness professional judgements being made with regard to administration of medicine.

***All midwives MUST be “sign off” mentors before they can supervise drug administration by student.***

The registered midwife remains accountable for the actions and omissions of the student midwife therefore the practice of the skills contained within this guideline will be undertaken at the discretion of the registered midwife. The registered midwife must countersign any documentation regarding administration of medicine. The registered midwife cannot sign any medicines that they do not actually witness being given. The current Trust Medicines Policy must be followed at all times.

### Checking of medicines

In order to gain the relevant experience students should observe the checking process; however they cannot formally check any medicines as they are not accountable.

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## Administration of prescribed non-controlled medication (excluding local PGDs)

Students can observe the process with their mentor so that they learn the procedure and what is involved. The registered midwife may make the decision that the student performs the administration under direct supervision. The registered midwife is accountable for the student's actions and omissions and so medicines should only be administered in her/his presence.

## Controlled drugs

Students should observe the process of checking and administration of controlled drugs. Students may participate in the administration of controlled drugs, normally after the first progression point (after the first year for 3 year students and after 6 months for 84 week students) of their course, providing;

1. It has been prescribed by a medical practitioner
2. The mentor deems this appropriate for the individual situation
3. The student has good knowledge of the drug; its use, dose, route of administration and side effects
4. They are observed, supported and assessed by the mentor
5. They do not administer a controlled drug by any other route other than IM or oral.

## Midwives exemptions

Until qualified, a student midwife may not supply, on their own initiative, those medicines included in midwife exemptions in the prescription only medicines (human use) order 1997. During training it is important to gain knowledge and witness professional judgements being made with regard to administration.

The registered midwife may make the decision that the student performs the administration of medicines included in midwife exemptions in the prescription only medicines (human use) order 1997 under direct supervision provided that the route of administration is not IV (refer to specific guidance for IV administration within this guideline).

Students may participate in the administration of medicines under midwives exemptions providing;

1. The mentor deems this appropriate for the individual situation
2. The student has good knowledge of the drug; its use, dose, route of administration and side effects
3. It is not a controlled drug.
4. They follow the current Trust's Medicines Policy for administering medicines.
5. They demonstrate an understanding of section 58(2) schedule 5 part I and part III of the Act 'Prescription only medicines (human use) order 1997'

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6. They are observed, supported and assessed in the process by the mentor.

### **Patient Group Directions (PGD)**

Students may not be involved in the administration of any medicine under a PGD. Until registered as a midwife and named on the departmental register of staff able to work according to the relevant PGD, the student may not supply and administer on their initiative those medicines covered by PGD that are written for registered midwives.

### **Checking of Blood and Blood Products**

In accordance with the current Trust policy for checking blood components/products prior to administration, students may not check or administer blood or blood products including anti D.

### **Intravenous drugs administration**

Students may not administer IV drugs. In order to gain the relevant learning experience and witness professional judgements being made, students can participate in the process of preparing intravenous drugs and learn how to use the pump devices, under direct supervision. However the mentor is fully accountable at all times.

### **Epidural top-ups**

Epidural drug administration is an Enhanced Clinical Practice. Until registration students must not administer epidural top-ups.

### **Summary of development and consultation process undertaken before registration and dissemination**

Part A This guideline was drafted by the Practice Development Midwife in consultation with the pharmacy department. The guideline was then assessed by the Midwifery Guidelines Group in consultation with members of the midwifery team including clinically based midwives, Supervisors of Midwives and Midwifery Managers. This guideline was assessed and approved by the Head of Midwifery.

Part B The original guideline was drafted by the Practice Development Midwife in consultation with Clinical director of Pharmacy Services, Lead Midwife for Education School of Nursing and Midwifery (UEA) and the Midwifery Practice Educator for the James Paget Healthcare NHS Trust. This version has been updated and amended in response to the DOH, changes to Midwives Exemptions NMC (2011) and be consistent with 'guidance for Medicines administration for all student midwives' from the UEA.

Version 4 (Part A and Part B) was reviewed and updated by the Practice Development Midwives then endorsed and approved by the Maternity Guidelines Committee.

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Version 5 (Part A and Part B) was reviewed and updated by the Antenatal Team Leader and the MLBU Team leader then endorsed and approved by the Maternity Guidelines Committee.

### References all confirmed as valid and accessed on the 9<sup>th</sup> May 2017

“British National Formulary” 2017 Accessed via intranet <http://nnvmbnf01:8080/bnf/>

“Changes to Midwives Exemptions” (2010) Nursing and Midwifery Council circular 06/2010

“Medicines Legislation: what it means to midwives” (2005) Nursing and Midwifery Council circular 01/2005

“Standards for medicines management” (2007) Nursing and Midwifery Council

NMC The Code (2015) – Professional Standards of Practice and Behaviour for Nurses and Midwives.

### Associated Documentation

EPMA User Guide - Midwives Exemptions [Trustdocs Id: 12923](#)

Self-Administration of Medicines (Policy for) [Trustdocs Id: 9750](#)

Self-Administration of Medicines - Assessment and Consent [Trustdocs Id: 9372](#)

Administration of influenza vaccination in Maternity Services [Trustdocs Id: 8630](#)

Administration of combined low dose diphtheria, tetanus, acellular pertussis and inactivated polio vaccine [Trustdocs Id: 8629](#)