

16 SUPPLY AND ADMINISTRATION OF MEDICINES BY MIDWIVES

Under exemptions to the Medicines Act registered midwives can supply all General Sales List (GSL) and Pharmacy (P) medicines and specified Prescription Only Medicines (POM) to women in the course of their professional practice. In addition a Registered Midwife may administer parenterally specified POMs and controlled drugs (CDs).

The Head of Midwifery and CMG Lead Pharmacist will agree the list of medicines that registered midwives working within the University Hospitals of Leicester hospital or community settings can administer or supply to women in their care. This list of medicines can be found in appendix 2 of this document.

Whenever **new** medicines permitted in law are notified by the Midwifery Committee of the Nursing & Midwifery Council there will be further consultation between the Head of Midwifery and the CMG Lead Pharmacist before these are added to the list (NMC Standards for Competence for Registered Midwives and “Practising as a midwife in the UK”). Updates will be issued to midwives via their supervisor/assessor

Medicines supplied or administered by a registered midwife under this exemption must be recorded in red on the prescription chart (or in the notes for clinic or the community) together with the initials RM to denote the authority by which the medicine is supplied.

16.1 Electronic Prescriptions

- To support midwife led care and best practice eMeds prescriptions that have been written according to the relevant guidelines for use in labour or until delivery should be ceased by the registered midwife as part of the transfer process, BEFORE transferring the patient onto the ward area for postnatal care. Common examples include IV fluid infusions, antibiotics for prophylaxis during antenatal period or labour, epidural treatments, entonox, oxytocin, ergometrine, terbutaline and pethidine.
- Any queries must be referred to the prescribing team and the outcome documented on eMeds.

16.2 Controlled drugs

Administration of controlled drugs by registered midwives must follow the policy for administration and recording of controlled drugs detailed in the UHL Controlled Drugs Policy (Trust Reference B16/2009 available on Insite)

16.3 Patient Group Directions

Administration of drugs under the authority of UHL Patient Group Directions (PGD's) by registered midwives who must have passed the relevant training, be authorised to undertake this role and follow the Patient Group Directions UHL Policy (Trust Reference B43/2005 available on Insite)

16.4 Administration of Medicines to Newborn Babies

- Registered Midwives can administer and check medicines on the latest authorised list to babies in their care in maternity areas as part of their role. (Appendix 1)
- Other medicines must be prescribed by a doctor or authorised Non-Medical prescriber.
- All medicines must be checked, administered by TWO Registered Midwives (or ONE Nurse and ONE Midwife) who have completed and passed local medication administration training (including a neonatal medication section)

- Phytomenadione (Vitamin K) may be administered by registered midwives to babies in both community and hospital settings under a Midwife exemption. Where possible the administration should be checked by two registered midwives.
- In the community where a second registered midwife is not always available a check by an attending adult, although not binding, may reduce the risk of an error. This should only be used as an option, if the attending adult can speak and understand English. The details of the people who have checked the dose must be recorded in the patient notes.

16.5 Administration of medicines to patients under 18 years old

For patients under 18 years of age who are being treated in a maternity environment refer to LMC Section 13.1.7-13.1.8 – Prescribing and Administration of Medicines in Children.

When administering medicines to an under 16 year old in the community, two registered midwives should check the medicine where ever possible unless it is an emergency situation. If possible the suitability of adult doses should be confirmed with a pharmacist during the antenatal period. If reduced doses are required these should be prescribed in advance by authorised prescriber.

16.5.1 For patients UNDER 16 years of age who are being treated in a Maternity environment

- The patient should be assessed by a pharmacist regarding the suitability of using adult doses.
- If adult oral medication doses are suitable, TWO Registered Midwives who have completed and passed the local medication administration training (including a neonatal medication section) may administer doses as per section 13.1.7 of Leicester Medicines Code If any injectable or paediatric oral doses are required then, TWO Registered Midwives who have completed and passed the local medication administration training (including a neonatal medication section) may administer doses as per section 13.1.7 of Leicester Medicines Code
- For newborns that are resident with their mother, guidelines are provided within the Midwife administration subsection 16.2.
- Midwifery exempt medications on the authorised list can be administered to patients under the age of 16 yrs without prescription but TWO Registered Midwives who have completed and passed the local medication administration training (including a neonatal medication section) must administer and check these doses as per section 13.1.7 of Leicester Medicines Code
- Medicines cannot be administered under Patient Group Direction to under 16 years of age and must be prescribed by a doctor or authorised Non-Medical prescriber.

16.5.2 For patients OVER 16 years of age but under 18 years of age who are being treated in a Maternity environment

- The patient should be assessed by a doctor or a pharmacist regarding the suitability of using adult doses.

- If adult oral doses are suitable, one Registered Midwife may administer oral medication as per section 13.1.8 of Leicester Medicines Code
- If adult injectable doses are suitable two Registered Midwives may administer injectable medication as per Section 13.1.8 of Leicester Medicines Code
- If paediatric doses (oral or injectable) are required or there is a difficulty with the level of understanding, consent or complexity of medication then TWO Registered Midwives who have completed and passed the local medication administration training (including a neonatal medication section) must administer doses as per section 13.1.3 of Leicester Medicines Code
- Midwifery Exempt Medications on the authorised list can be administered to patients under the age of 18 yrs without prescription but TWO Registered Midwives who have completed and passed the local medication administration training (including a neonatal medication section) must administer and check these doses as per section 13.1.8 Section 13 Leicester Medicines Code.
- Once only medicines can be administered under Patient Group Direction to 16-18 yr olds and it is not necessary for them to be prescribed by a doctor or authorised Non-Medical prescriber. However TWO Registered Midwives who have completed and passed the local medication administration training (including a neonatal medication section) must administer and check these doses as per section 13.1.8 of Leicester Medicines Code

16.6 Administration of medicines by Student Midwives

- Student Midwives can administer medicines (except Controlled Medication i.e. Pethidine) listed on the Midwives Exempt authorised list under the **direct** supervision of a Registered Midwife
- Student Midwives can only observe the checking and administration of a controlled drug. They are NOT authorised to administer any Controlled Drugs in all routes Student Midwives are NOT authorised to administer any medicine under a Patient Group Directive
- Student Midwives are NOT authorised to **check** or administer any Controlled drug or medicine via an epidural route.
- Student Midwives can be involved in the checking and administration of medicines to under 16 year olds including those on the Midwifery Exempt Authorised List as a third practitioner see section 16.4
- Student Midwives can be involved in the checking and administration of medicines to 16 - 18 year olds on adult doses including those on the Midwifery Exempt Authorised List as a second practitioner see section 16.5
- Student Midwives can be involved in checking, setting-up and connecting clear IV fluid infusions as a third practitioner under the **direct** supervision of a Registered Midwife
- For further information refer to **Guidelines for the Preparation, Checking and Administration of Medicines by Learners. (Trust Reference B34/2018)**

(Direct Supervision means direct and visual contact during which time the Registered Midwife observes the act of administration of medicines by the Student Midwife)

16.7 Community Midwives

Whilst practising in the community, registered midwives must observe the rules as defined in the NMC Standards for Competence for Registered Midwives. Local procedures to be observed are specified by the UHL with advice from the Head of Midwifery and must conform to the guidance issued in this Policy. These are available on UHL INsite Documents.

When a community registered midwife practices within a hospital or peripheral unit, she must comply with sections relevant to hospital registered midwives practising in the hospital.

16.7.1 Medicines Which May be Carried

The Head of Midwifery and the Lead Pharmacist will agree a list of medicines and stock levels which midwives may carry, based on the list of medicines that midwives can supply or administer and relevant Patient Group Directions.

16.7.2 Controlled Drugs

Controlled drugs are obtained by the woman by prescription from a hospital consultant for use in her home birth. It is then obtained from the hospital pharmacy department by the woman herself. Registered midwives should not collect prescriptions for controlled drugs on behalf of patients.

These medicines are the woman's own property and are not the registered midwives responsibility.

When required they are administered by the registered midwife and a record of the administration made in the notes.

When no longer required they should not be removed by the midwife but the woman should be advised to return them to the community pharmacist for destruction.

If the medicine has been drawn up but is no longer required it should be destroyed by the registered midwife in accordance with UHL controlled drug policy

16.7.3 Safe Custody of Medicines, excluding controlled drugs

During working periods these will be carried in the registered midwife's bag or a concealed place in the car. When not in use the bag must be locked in the car in a concealed position. At all other times the bag must be securely stored in the registered midwife's home in a secure locked fixture.

The Head of Midwifery has the responsibility for checking records for medicines within her area.

16.7.4 Delivery and Receipt of Medicines in Clinical Areas

Medicines are generally obtained from the hospital pharmacy. They are delivered to a designated area accessible by community midwives within the hospital to await collection.

In some peripheral Hospitals and Health Centres, medicines, lotions, etc. are delivered from the Hospital Pharmacy. The registered nurse/midwife in charge of the unit will be responsible for the safe receipt and custody of the medicines until the midwife collects them.

16.7.5 Anti D Immunoglobulin

Special arrangements are in existence for the supply of Anti D Immunoglobulin via the Blood Transfusion Laboratory at The Leicester Royal Infirmary and the Community Midwifery Service to patients who are not in hospital.

Ideally, Anti D Immunoglobulin should be injected within 72 hours of the maternity event but the patient should still receive the injection if this period is exceeded. Local procedures are in place for the provision of routine antenatal anti-D prophylaxis for RhD negative women in accordance with NICE and UHL guidance (Trust Reference C12/2013 available on Insite)

16.8 Records

Registered midwives are required to keep a record of supply, administration and disposal of all prescription-only medicines issued to them in the midwifery diary.

All medicines administered must be recorded in the patient's notes and in accordance with local guidelines and the Head of Midwifery, (NMC The Code Section 18 & Standards for competence for registered midwives.).

16.9 Disposal of Medicines - see Section 7

16.9.1 Controlled Drugs

The registered midwife should advise a woman who has not used a controlled drug, which has been prescribed by her GP, to return the unused controlled drug to the pharmacist from where it was obtained. Registered midwives must not do this for the woman. (UHL Controlled Drugs Policy Section 3.14

16.9.2 Other Medicines

Unused medicines will be disposed of by arrangement with the midwife and the Pharmacy Manager in accordance with local Policy.

When a prescription-only medicine is returned to the pharmacy a receipt should be obtained and an entry made in the midwife's records.

16.10 Storage of Medical Gases

During working periods the gases supplied for use should be stored securely in a concealed position in the midwife's car.

At all other times they should be stored safely in an identified secure local access centre and not subjected to extremes of temperature.

Entonox should be stored horizontally to prevent separation of the two component gases.

Appendix 1 to be reviewed each April

UHL Womens and Childrens CMG

**LIST OF MEDICINES FOR REGISTERED MIDWIFE ADMINISTRATION TO A
BABY**

Registered midwives are authorised within the Leicester Medicines Code Section 16 to administer the following medications to new-born babies in their care following the above policy.

MEDICINE	FORMULATION	Dosing Information
Dalivit	Oral Liquid	BNF for Children
Glucose	40% Oral Gel	UHL Guideline "Prevention and management of symptomatic or significant hypoglycaemia in neonates"
Paracetamol	120mg/5ml oral liquid	BNF for Children
Phytomenadione	2mg/0.2ml injection for oral use	BNF for Children
Sytron (Iron Feredetate)	Oral Liquid	BNF for Children
Trimethoprim	50mg/5ml oral liquid	BNF for Children
Zidovudine	Oral Liquid	BNF for Children

Appendix 2 to be reviewed each April

UHL Womens and Childrens CMG

LIST OF MEDICINES FOR REGISTERED MIDWIFE ADMINISTRATION

Registered midwives are authorised within the Leicester Medicines Code Section 16 to administer the following medications to mothers in their care following the above policy.

GSL and P MEDICINES

ANUSOL OINTMENT

ALGINATE ANTACIDS – E.g.
Gaviscon Advance

ASPIRIN 75mg TABS – PACKS OF
28 OR 32 tabs only

CALCIUM AND VITAMIN D TABS
e.g. ADCAL D3

CLOTRIMAZOLE 1% CREAM

CLOTRIMAZOLE 500MG PESSARY

CO-MAGALDROX – (Maalox /
Mucogel)

ENTONOX

FERROUS FUMARATE Tabs
322mg

FERROUS SULFATE TABS 200mg

GLYCERIN SUPPOSITORIES 4G

IBUPROFEN

ISPAGULA HUSK – (FYBOGEL)

LACTULOSE PARACETAMOL
TABS 500mg

PHOSPHATE ENEMAS

STELLISEPT WASH

ANTI-D IMMUNOGLOBULIN – for
antenatal and post-natal use to
protect against haemolytic disease of
the new-born

DICLOFENAC PO/PR – for
postpartum pain relief up to 48hrs
after birth

ERGOMETRINE IM/IV – for
management of postpartum
haemorrhage See guideline

ERGOMETRINE+OXYTOCIN IM - for
active management of third stage
labour and treatment of post-partum
haemorrhage (SYNTOMETRINE)

LIDOCAINE 1% SC/IM (max 20ml)
NALOXONE IM – for reversal of
respiratory depression in neonate
resulting from opioid administration to
mother

PETHIDINE IM – 100mg IM every 4
hours for a maximum of 2 doses – for
pain relief in labour. May NOT be
administered by a student midwife.
Medical review must be sought if a
third dose is required.

OXYTOCIN IM/IV – for active
management of third stage labour
and treatment of post-partum
haemorrhage (SYNTOCINON)

PHYTOMENADIONE (Vitamin K)
IM/PO – prophylactic use in neonate
to prevent vitamin K deficiency
bleeding (haemorrhagic disease of
the new-born) See policy

CYCLIZINE – 50mg IM for
management of nausea/vomiting in
women active in labour

Prescription Only Medicines

Appendix 3
Flow Chart for Midwifery Drug Administration

