Document Control

Title			
Midwives Exemptions and Administration of Medicines by Midwives Guideline			
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Version	**Date Issued**	**Status**	**Comment / Changes / Approval**
0.1	Mar 2009	Draft	Amended following consultation
0.3	Feb 2010	Draft	To DTG -to be reformulated into trust template and amendments needed
0.6	Sep 2010	Draft	Agreed to amend list to comply with DTG
0.7	Nov 2010	Draft	Ratified by DTG with minor amendments to nomenclature for rhesus negative
1.0	Nov 2010	Ratified	Meeting with Frances Goodhind (Pharmacist) and review of Midwives exemptions
1.2	Sep 2013	Review and Draft	Meeting with Rachel Nestel (Pharmacist) and review of Midwives exemptions. Co-codamol no longer used and has been removed
1.3	Jan 2014	Draft	Reviewed by DTC and changes requested re doses of Anti D injections
1.4	Oct 2014	Draft	Changes made as requested by DTC, Anti D doses reviewed with Maggie Webb (Blood Bank Manager) Hartmann's removed, Ibuprofen and Instillagel added
1.5	Oct 2014	Draft	Changes made to format by Rachel Nestel
2.0	Nov 2014	Ratified	Ratified by DTG
2.1	Oct 2017	Review	Reviewed by J Self & A Patel. Reference added in re student midwives. Removed Anusol, Carboprost, Pethidine, Peptac. Amended oxytocin & sodium chloride 0.9% entries. Change in author Reviewed by Maternity Guidelines group
2.2	Nov 2017	Draft	Review by DTC
2.3	Dec 2017	Draft	Responded to DTC feedback
3.0	Jan 2018	Final	Ready to publish
4.0	Jan 2019	Review	Changes in the name of the document to "Midwives Exemption and Administration of Medicines by Midwives Guideline" Removal of ferrous sulfate, peppermint water and paracetamol suppositories from Appendix 1 Addition of Peptac liquid to Appendix 1

			Updated all the relevant links for PGDs and Discretionary Medicines SOP in Appendix 1 Updated references to current version
4.1	Apr 2019	Review	Reviewed the list of medications listed on Appendix 1 with Dawn Henry and Angela Whitfield. List of medications in Appendix 1 were separated to Midwives Exemptions, PGDs and Discretionary Medicines SOP Removal of Gelofusine and Instillagel from Appendix 1 Amendment on the regulation of student midwives
4.2	May 2019	Approved	Approved by Maternity Specialist Governance Group in May 2019
4.3	Septem ber 2019	Review	Taken to Clinical Audit and Guideline Group (Sept 2019). Asked to clarify issues with Maternity Governance. Issues resolved.
5.0	Feb 2020	Final	Ratified by the Clinical Audit and Guideline Group on 25/02/2020.

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Superseded Documents Administration of medicines by Midwives Guideline v3.0	

Issue Date	**Review Date**	**Review Cycle**
February 2020	February 2023	Three years

Consulted with the following stakeholders:

- Midwives
- Senior Midwifery clinical management team
- Obs and Gynae consultants
- Women & Children's Pharmacist

Approval and Review Process

- Maternity Specialist Governance Group
- Drug and Therapeutics Committee (DTC)
- Clinical Audit and Guideline Group

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Policy categories for Trust's internal website (Bob)	**Tags for Trust's internal website (Bob)**
Maternity	NMC, Midwife, Midwives Exemptions

CONTENTS

1. Purpose

This document sets out Northern Devon Healthcare NHS Trust's (NDHNT) best practice guidelines for the administration of medicines by midwives. It should be read in conjunction with the NDHNT Medicines Policy, Injectable Medicines Policy and the Administration of Medicines SOP.

In law, Registered Midwives may supply and administer a range of medicines in the course of their professional midwifery practice, without a patient specific written direction or prescription from a medical practitioner. This includes:

- Medicines specified in the Midwives Exemptions, as regulated under the Human Medicines Regulations 2012;
- All medicines that are not Prescription Only Medicines (POM), i.e. all Pharmacy (P) and General Sales List (GSL) medicines; these are governed by the NDHNT Discretionary Medicines SOP;
- Supply or administration of a licensed named medicine to specific groups of patients who may not be individually identified before presenting for treatment, according to the relevant Patient Group Direction (PGD).

Midwife Exemptions are distinct from prescribing and dispensing which require involvement of a pharmacist in the sale or supply of the medicinal product.

Schedule 17 of the Human medicines Regulations lists the exemptions in part 1 (4) for supply and part 3 (2) for administration. NDHNT have decided to use only the items listed in Appendix 1.

Midwives employed by the Trust are authorised to supply and/or administer the medicines included in the NDHNT Midwives Exemptions (Appendix 1) on their own responsibility. These medicines can be administered at any stage of pregnancy, labour or the post-natal period.

This guideline applies to all registered Midwives and must be adhered to. Non-compliance with this guideline may be for valid clinical reasons only, the reason for non-compliance must be documented clearly in the patient's notes.

2. Definitions

2.1. **POM** Prescription only medicine, may only be sold or supplied in accordance with a prescription of an appropriately qualified practitioner.

2.2. **P** Pharmacy Medicine, does not need a prescription, but can only be sold from pharmacies, either by a pharmacist or staff under their supervision.

2.3. **GSL** General Sales List medicine, needs neither a prescription nor the supervision of a pharmacist, they can be obtained from retail outlets.

2.4. **NDHNT** Northern Devon Healthcare Trust.

3. Responsibilities

3.1. Midwives employed by the Trust are authorised to supply and/or administer the medicines included in the NDHNT Midwives Exemptions (Appendix 1) on their own responsibility.

4. Midwives exemptions

4.1. All drugs administered or supplied by midwives on their own initiative must be recorded in the designated area of the patient's prescription chart.

Midwives must adhere to the following:

- Be certain of the identity of the patient
- Check the patient is not allergic to the medicine concerned
- Know the therapeutic uses of the medicine, its normal dosage, side-effects, precautions and contra-indications
- Be fully aware of the patient's care plan
- Consider the dosage, patient's weight (where appropriate), method of administration, route and timing of administration; see the British National Formulary online and other sources (see below)
- Check the expiry date
- Administer or withhold in the context of the patient's situation (e.g. diclofenac administered rectally in theatre)
- Contact an authorised prescriber without delay where contraindications are discovered, the patient develops a reaction to the medicine or assessment of the patient indicates the medicine is no longer suitable
- Sign and print name as required on Drug Chart, according to local requirements, including recording the reason for not administering if the medication is not given
- Check theatre records and handover notes as appropriate, to check prior drug administration, e.g. diclofenac sodium administered PR

If a medicine is not included in the NDHNT Midwives Exemptions then a prescription or a patient specific written direction is required before the medicine can be administered or supplied.

See Appendix 1 for authorised medicines.

Information on medicines and their administration may be found in the manufacturers' information leaflet, the British National Formulary (BNF), www.bnf.org, or the Summary of Product Characteristics (SPC), via the electronic Medicines Compendium online, www.medicines.org.uk.

5. Student midwives

5.1. The 2011 NMC Amendment allows student midwives to administer medicines on the midwives exemptions list (except controlled drugs), under the direct supervision of a midwife.

The Medicines and Healthcare products Regulatory Authority (MHRA) require that the midwife supervising the administration of medicines by a pre-registered student midwife must have undertaken either the NMC accredited Practice Assessors or Practice Supervisor course and have certification that this has been completed.

Direct supervision means in direct visual contact, during which time the midwife observes the act of administration of medicines by a pre-registration student midwife.

Pre-registration student midwives may not administer controlled drugs (denoted CD on Appendix 1) but may participate in the checking and preparation of controlled drugs for administration on the midwives exemption list under the direct supervision of a registered midwife.

Student midwives cannot use PGDs (even under supervision).

6. Monitoring Compliance with and the Effectiveness of the Guideline

6.1. Responsibility for education and training lies with the Practice Development Midwife. It is provided through formal study days and informal training on the ward.

6.2. Monitoring of implementation, effectiveness and compliance with these guidelines will be the responsibility of the senior Midwifery clinical management team. Where non-compliance is found, it must have been documented in the patient's medical notes.

6.3. A sample of 50 sets of clinical notes will be audited annually to monitor compliance with these guidelines.

7. References

- The Code (NMC, 2015), https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf [Accessed: 15/11/2019]
- Professional Guidance on the Administration of Medicines in Healthcare Settings (RPS and RCN, 2019), https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567 [Accessed: 30/01/2019]
- Patient Group Directions, current version (on BOB) http://ndht.ndevon.swest.nhs.uk/pharmacy-2/patient-group-directions-pgds/ [Accessed: 29/01/2019]
- Discretionary Medicines SOP v2.0 (on BOB) http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2015/04/Discretionary-Medicines-SOP-v2.0.pdf [Accessed: 29/01/2019]
- Medicines Compendium website, www.medicines.org.uk

Appendix 1: List of medicines that can be administered by Midwives

Midwives Exemption

Drug Name	Form	Legal Status	Dosage	Route	Frequency	Total Number of doses and time period	Directions/Comments
ADRENALINE	Injection Presented - 1 in 1000 (1mg per ml)	POM	500 micrograms in 0.5 ml	Intramuscular, *preferably midpoint in anterolateral thigh*	Single Dose	Dose may be repeated at 5 minute intervals according to BP, pulse and respiratory function	Anaphylactic shock in the mother Caution – may reduce placental perfusion and can delay second stage of labour, manufacturers advise use only if benefit outweighs risk
PLEASE NOTE DIFFERENT DOSES FOR DIFFERENT INDICATIONS							
ANTI-D IMMUNOGLOBULIN Routine **antenatal prophylaxis** for RhD negative women	Injection	POM	1500 units/ vial	Intramuscular	Single dose	**Antenatal single dose** to be given at 28 weeks gestation to all non-sensitised pregnant women who are Rh D negative	**Routine Antenatal Anti-D Prophylaxis (RAADP)** *See Anti D guideline for further information & BNF*
CYCLIZINE	Injection	POM	50mgs	Intramuscular or Intravenous	Three times a day	Maximum of 3 doses	Vomiting and nausea
DIAMORPHINE	Injection.	POM, CD	5-10mg	Intramuscular	Doses to be given four hourly	Maximum of 2 doses	For pain relief in established labour.

Drug Name	Form	Legal Status	Dosage	Route	Frequency	Total Number of doses and time period	Directions/Comments
							Cautions: • Phaeochromocytoma Avoid in respiratory depression. (Check respiratory rate before administration) • Raised intracranial pressure. • Risk of paralytic ileus.
DICLOFENAC SODIUM	Suppository	POM	100mg	Rectal	Single Dose	Once only	Non-steroidal anti-inflammatory analgesia following perineal repair by midwives Cautions: • History of hypersensitivity to aspirin or other Non Steroidal Anti-inflammatory Drugs (NSAID's) • Asthma • Pre-eclampsia • Avoid in ischaemic heart disease, peripheral artery disease, cerebrovascular disease, and congestive heart failure. • Caution with patients with significant risk of hypertension,

Drug Name	Form	Legal Status	Dosage	Route	Frequency	Total Number of doses and time period	Directions/Comments
							hyperlipidaemia, diabetes and smoking
DICLOFENAC SODIUM Not for **ANTENATAL** use	Tablets	POM	50mg	Orally	Every 8 hours	Maximum for 24 hours. Total daily dose of Diclofenac by any route is 150 mgs If woman has received 100mg dose rectally, then can only give one further dose of 50mg tablet 16 hours afterwards, check theatre and handover notes as appropriate	Cautions: • Asthma • Pre-eclampsia • Other concomitant IV or oral NSAIDs • Moderate to severe renal impairment, hypovolaemia, dehydration • Gastro-intestinal problems
ERGOMETRINE	Injection	POM	250 – 500 micrograms by bolus IV injection. Preferred 250 micrograms IV injection and rest of the 250 micrograms given by IM injection.	Intravenous or Intramuscular	Single Dose	Once only	Emergency management of Post-Partum Haemorrhage. Not to be given in 1st or 2nd stage of labour. Contraindicated in: Vascular disease, severe cardiac disease, and sepsis. Severe hypertension,

Drug Name	Form	Legal Status	Dosage	Route	Frequency	Total Number of doses and time period	Directions/Comments
			Single dose 500 micrograms IM if difficulty with IV access.				eclampsia. Caution – impaired hepatic, renal impairment
LIDOCAINE HYDROCHLORIDE 1%	Injection	POM	10ml	Perineal Infiltration			Prior to performing an episiotomy
LIDOCAINE HYDROCHLORIDE 1%	Injection	POM	10 to 20ml	Perineal Infiltration			Prior to suturing
LIDOCAINE HYDROCHLORIDE 1%	Injection	POM	0.25ml	Subcutaneous infiltration	Dose may be repeated once only if cannulation is unsuccessful	Use a 27G or 25G needle for the infiltration.	For local infiltration prior to IV cannulation when a large (16G or 14G) cannula is inserted
OXYTOCIN INJECTION For active management of the third stage of labour	Injection	POM	Unlicensed use Single dose 10 units by intramuscular injection	Intramuscular	Single dose	Single dose	Caution – do not give IV bolus dose rapidly – will drop blood pressure further in the case of bleeding
OXYTOCIN INFUSION for control of primary postpartum haemorrhage	Intravenous Infusion	POM	40 units of Oxytocin in Sodium Chloride 0.9% Administer at 10 units per hour via infusion pump.	Intravenous			
PHYTOMENADIONE (Konakion ®MM Paediatric)	Injection	POM	1mg	Intramuscular	Single Dose	Shortly after birth (within 24 hours)	Prevention of haemorrhagic disease of the newborn

Drug Name	Form	Legal Status	Dosage	Route	Frequency	Total Number of doses and time period	Directions/Comments
For healthy neonates of **36 weeks gestation and over** and weighing **more than 2.5 kg**							In absence of consent refer to Paediatric SHO and record in neonatal notes. Babies born to haemophiliac carriers should not have IM injection
PHYTOMENADIONE (Konakion ®MM Paediatric) For preterm neonates **less than 36 weeks gestation** weighing **2.5kg or more**	Injection	POM	1mg	Intramuscular	Single Dose	Shortly after birth (within 24 hours)	Prevention of haemorrhagic disease of the newborn. In the absence of consent refer to the Paediatric SHO and record in the neonatal notes. Babies born to haemophiliac carriers should not have IM injection
PHYTOMENADIONE (Konakion ®MM Paediatric) For preterm neonates of **less than 36 weeks** gestation and weighing **less than 2.5 kg**	Injection	POM	400micrograms/kg IM or IV at birth or soon after birth (maximum dose 1 milligram) i.e. a baby weighing 1.5 kg should be given 0.06 ml	Intramuscular	Single Dose	Shortly after birth (within 24 hours)	Prevention of haemorrhagic disease of the newborn. In the absence of consent refer to the Paediatric SHO and record in the neonatal notes
PHYTOMENADIONE (Konakion ®MM Paediatric) For healthy neonates of **36 weeks gestation**	Injection for oral use	POM	2mg	Oral	At birth and at 4-7 days. Give a further 2mg oral dose at one month if	Shortly after birth (within 24 hours) and repeated at 4-7 days of age. Repeated at one	Prevention of haemorrhagic disease of the newborn. In the absence of consent refer to the Paediatric SHO

Drug Name	Form	Legal Status	Dosage	Route	Frequency	Total Number of doses and time period	Directions/Comments
and over					exclusively breastfeeding	month if baby exclusively breastfeeding	and record in the neonatal notes
SODIUM CHLORIDE 0.9%	Injection	POM	Up to 10ml	Intravenous	As required		For intravenous flush NB – Chart all IV flushes on fluid balance chart if in use
SODIUM CHLORIDE 0.9%	Intravenous Infusion	POM	1000mls	Intravenous	As required	1 litre of solution, then review patient	Prior to insertion of epidurals For acute hypotension when effective epidural insitu For initial fluid management of major PPH
SYNTOMETRINE® (Oxytocin 5 units + ergometrine 500 micrograms)	Injection	POM	1ml	Intramuscular (unlicensed)	Single dose Hypertension not to be administered if diastolic above 100mm Hg	Single dose	For active management of third stage of labour Following birth of the anterior shoulder or after the complete delivery of the baby For multiple births administer after the birth of the last child Second dose of Syntometrine can be given by IM injection provided Ergometrine alone has not already been given as part

Drug Name	Form	Legal Status	Dosage	Route	Frequency	Total Number of doses and time period	Directions/Comments
							of PPH management. Maximum dose of ergometrine = 2 doses which will equal a 1000 micrograms. This will include any dose within Syntometrine

Discretionary Medicines SOP (Source: http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2015/04/Discretionary-Medicines-SOP-v2.0.pdf)

Drug Name	Form	Legal Status	Dosage	Route	Frequency	Total Number of doses and time period	Directions/Comments
GLYCEROL (post-natal only)	Suppository	GSL	One adult (4g) suppository	Rectal	As required		To treat impaction or prolonged constipation. Expected onset of action between 15-30 minutes.
PEPTAC LIQUID	Solution	GSL	10-20mls	Oral	After meals and at bedtime up to four times daily		For indigestion/heartburn
SIMPLE LINCTUS	Solution	GSL	5ml	Oral	Up to four times a day		For persistent cough. Avoid in diabetics as it contains sucrose.
SODIUM CITRATE MIRCO ENEMA (post-natal only)	Enema	P	5ml	Rectal		Single dose only	For constipation/impaction Contraindicated in intestinal

							obstruction

Patient Group Directions

Drug Name	Form	Legal Status	Dosage	Route	Frequency	Total Number of doses and time period	Directions/Comments
ENTONOX (Oxygen 50% nitrous oxide 50%)	Inhalation	P		Self-administered as required via demand valve.		If more than 12 hours of use consult doctor. Ensure optimum ventilation in room	Obstetric analgesia See **patient group direction** for Entonox, http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2013/05/PGD-15.02-v6.0-Entonox.pdf
IBUPROFEN	Tablets	GSL	200mg to 400mg	Oral	Every 8 hours	For 24 hours. Maximum daily dose is 2.4grams	Asthma Pre-eclampsia Other concomitant IV or oral NSAIDs. Moderate to severe renal impairment, hypovolaemia, dehydration. Caution; gastro-intestinal problems See **patient group direction** for Ibuprofen,

							http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2013/05/PGD-8.02-v-6.0-Ibuprofen.pdf
PARACETAMOL	Tablets	GSL	1grams (2 x 500mg tablets)	Oral	Every 4-6 hours	Up to a maximum of 8 tablets (4grams in 24 hours)	For mild pain relief and or/pyrexia. Care with other co-analgesics that contain paracetamol e.g. co-codamol, co-dydramol and other OTC preparations See **patient group direction** for paracetamol, http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2013/05/PGD-8.01-v-6.0-Paracetamol-BoB.pdf
Plasmalyte 148	Infusion	POM		Intravenous		Infuse up to 2 litres	For the treatment of post-partum haemorrhage in obstetric patients See patient group for Plasmalyte 148: http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2013/05/PGD-v-3-0-Plasma-Lyte-148-Replacement-IV-Infusion-expires-Sep-2021.pdf
PROPRESS® (Dinoprostone)	Pessaries	POM	10mg	Vaginal	Single dose	Once only to be inserted and left in place for 24 hours before removal	For initiation of cervical ripening in patients, at term For women who are 40 weeks + 10 days and above who have not yet gone into labour, to prevent risk of prolonged pregnancy. If Propess® should fall out onto a clean surface it can be reinserted and used for the 24 hours as planned. If it falls onto a dirty surface, insert a new one and leave in place for a combined total of 24 hours from when first Propess® was inserted. Document insertion of

							the new pessary along with the original time frame for removal See **patient group direction** for propess®: http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2013/05/PGD-13.08-v3.0-Dinoprostone.pdf
RANITIDINE	Tablets or Liquids	POM	150mg	Oral	Single dose prior to elective caesarean section or every six hours during labour	Up to a maximum of 150mg four times daily	For gastric acid reduction (prophylaxis of acid secretion) in obstetrics See **patient group direction** for ranitidine: http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2013/05/PGD-13.07-v4.0-Ranitidine.pdf