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Prescribing by Midwives Guidelines

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

To provide midwives with guidelines around the process of prescribing

Scope

- Midwifery staff employed by the Hutt Valley DHB
- Hutt Valley DHB maternity access agreement holders.

Background

It is in the scope of practice and under the competencies of New Zealand Midwifery Council that midwives can prescribe in New Zealand.

- Competency 2.13
The midwife demonstrates the ability to prescribe, supply and administer medicine, vaccines and immunoglobulins safely and appropriately within the midwife's scope of practice and the relevant legislation (Midwifery Council of New Zealand, 2007).
- Legal Requirements (Maternity Notice 2007 and Regulation 39 of the Medicines regulations 1984).
- Drugs that are not approved for use in maternity care or for the newborn should not be promoted or prescribed by a midwife on her own responsibility (NZCOM, 2010).

Changes to regulations 1 December 2011.

- Clause 39 revoked re: antenatal, intrapartum & postnatal care.
 - Replaced with prescribing: a) for person under your care b) within scope of practice defined by the Regulatory Authority
 - HPCA Act 2003
 - The Regulatory Authority has an important role to play in monitoring and promoting good prescribing and/or dispensing practice by midwives.

Writing a Prescription

- State it is a 'Midwife Prescription'
- Fill in codes e.g. 'A' for adult, 'Y' if baby

- Code '4' enables a subsidy only if you prescribe an item that is fully subsidised per current Pharmac Schedule...
- Must be legible and printed in indelible ink.
- Name of prescriber and street address of practice / or DHB
- Telephone number required for follow up
- Midwifery Council number
- Signature

Information about the woman/baby

- Title of client
- Surname of client
- Initial of client
- Street address of client (*PO BOX NOT LEGAL*)
- NHI
- DOB if no NHI
- Must have DOB if < 12 years old
- Baby's gender if no NHI

Information about the medicine

- Use plain English no abbreviations
- Use generic name of medicine
- Strength
- Method of administration (oral, PV, or apply to affected area)
- Dose and frequency of dose, or insertion into cavity, if for external application - indicate method and frequency of use
- Total amount of supply e.g. 3/12, 5 days etc.
- Iron and Iodine preparations may be dispensed in 3 month lots.

Prescribing within the DHB

Midwives are required to

- Write A Prescription For Drugs Commonly Administered E.G. Syntometrine, Vitamin K, Paracetamol, Iron Supplements On The Approved National Medication Chart (For Mothers And Babies).
- Undertake And Document A Thorough Assessment Before Prescribing For Mothers and/or Babies.
- Assess For And Document Any Known Allergies Prior To Prescribing.
- Explain Risks And Benefits Of Drug (Consumer Right 6 - Informed Choice)

Prescribing and administration of opioid analgesia in labour.

The Medicines Amendment Act 2013 and Misuse of Drugs Amendment Regulations 2014 have come into effect. This allows midwives who have completed the **required education** to prescribe the following controlled drugs (opiates):

1. Pethidine
2. Morphine
3. Fentanyl

The midwife may prescribe the above opioids for intrapartum use only. Midwifery Council defines intrapartum as labour, birth and the immediate postnatal period. (Midwifery Council 2014). Women requiring opiate analgesia for other indications should be assessed and referral made to the most appropriate health professional.

Guidelines for midwives

- Prescribe opiates only after they have undertaken a comprehensive assessment of the woman and baby, have an understanding of the woman's history and her needs and are satisfied that prescribing these medications are in the woman and her baby's best interests
- Ensure maternal and fetal wellbeing after administration of an intrapartum opiate
- Ensure they have a thorough understanding of the opiate, including contraindications, appropriate dose, route of administration, side effects, interactions, adverse reactions
- Ensure that the woman is informed and consents to the treatment being proposed
- Consider consultation with the obstetric team if a woman requires more than one intrapartum adult dose of a specific opiate administered either by iv increments or im administration or, if after administration, her pain is not controlled
- Prescribe only one of the opiates named above for an individual woman
- Practise within their local hospital or maternity unit protocols and guidelines for prescription and administration of controlled drugs
- Prescribe in accordance with accepted best practice guidelines
- Ensure they have all they require to be able to manage any adverse reaction following prescription and administration of an opiate
- Ensure documentation for the woman and for the her baby after birth is accurate and complete

Additional considerations regarding Fentanyl

Fentanyl may only be prescribed by a midwife practising in a secondary or tertiary hospital setting with medical backup available. Fentanyl may not be prescribed for women in a primary birthing unit or a woman requiring transfer to another facility.

Prescribing and administering for intravenous route.

100 microgram Fentanyl diluted with sodium chloride 0.9% up to 10mls

10 mgs morphine diluted with Sodium Chloride 0.9% to 10mls.

Available resources for drug information

www.nzformulary.org.nz

NZCOM consensus statements

Medsafe-www.medsafe.govt.nz

<http://www.safemedication.org.nz/Site/Resources/Medicines>

<http://www.pharmac.govt.nz/2012/06/12/ClinNewsletter.pdf>

Hunter, M and Gunn, J (2010) Pharmacology and Prescribing. S. Pairman, S. Tracy, C. Thorogood, J. Pincombe (Eds.) in *Midwifery Preparation for Practice*, Sydney: Elsevier 2nd ed.

References

Hale, T. (2004). Medications and Mothers milk. Texas, Pharmasoft Publishing

Hunter, M and Gunn, J (2010) Pharmacology and Prescribing. S. Pairman, S. Tracy, C. Thorogood, J. Pincombe (Eds.) in *Midwifery Preparation for Practice*, Sydney: Elsevier 2nd ed.

New Zealand College of Midwives. (2010). Prescribing of drugs unapproved for use in maternity care or for the newborn. Christchurch: Author

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https://www.midwiferycouncil.health.nz/index.php?option=com_content&view=article&id=170:prescribing-of-controlled-drugs-by-midwives&catid=8:midwives-general&Itemid=136

www.nzcom.org.nz

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).