



Midwives and Medicines (NI) 2014 (Revised April 2016)

A guide to support your professional practice

ENTER



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Foreword

This resource has been developed through a partnership arrangement with midwives and pharmacists from Northern Ireland (NI). It has been adapted from *NHS Education for Scotland (NES) (2012)* for use by midwives in NI.

An important part of a midwife's role is an understanding of medicines management, particularly what a midwife can and cannot supply and administer. The professional standards expected of midwives are contained in the [Nursing and Midwifery Council's Standards for Medicines Management \(NMC 2007, redesigned 2010\)](#)

Despite the legislation, there has been confusion around midwives' responsibilities in relation to the supply and administration of medicines, in particular around Midwives Exemptions, Patient Group Directions (PGD) and relevant statutory legislation.

This resource will provide clear messages for midwives about their role and responsibilities when supplying and administering medicines.



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Introduction

This interactive PDF, encourages you as a midwife, to update your understanding of medicines management by providing you with:

- links to legislation and other supporting documentation
- learning scenarios to assist you in your understanding and relevance to your practice
- self assessment tasks to deepen your knowledge and skills
- signposting you to additional resources

This version of the Midwives and Medicines NI (2014) -revised April 2016 will also provide you with updated information relating to the changes in legislation to midwives' exemptions and the administration of medicines by student midwives - which came into force in July 2011.

Versions of this educational resource are also available to download as a mobile App and as a PDF hardcopy.

However, it is outside of the scope of this resource to provide you with additional guidance on safe systems for securing stock/storage and transportation of medicines or teratogenic effects of medicines during pregnancy. Please refer to your local Trust policies for guidance and the [Pregnancy Prevention Programme](#).



Aim of this Resource

The aim of this resource is to provide you with an overall view of medicines management in relation to midwifery practice, enabling you to safely supply and administer medicines.

You will gain information on :-

- Safe and effective administration of medicines
- Various methods of supplying and /or administering medicines
- Learning scenarios addressing the implications for practice in relation to the supply and administration of medicines
- Administration of medicines by student midwives in relation to their practice
- How to support student midwives to develop their confidence and competence in the administration of medicines.



Classification of Medicines

The main **Acts of Parliament**, which control the administration and use of medicines, are –

- [The Medicines Act 1968](#)
- [The Misuse of Drugs Act 1971](#)
- [The Misuse of Drugs Regulations 2002](#)
- [The Human Medicines Regulations 2012](#)

Midwives can only supply and administer medicines without the need of a prescription within their professional role, when there is a –

- Midwives Exemption (ME) or
- Patient Group Direction (PGD)



Classification of Medicines

[The Medicines Act 1968](#) is rarely referred to in practice, instead the legislation regulating the authorisation, sale and supply of medicinal products for human use is laid out in the [Human Medicines Regulations 2012](#) - There are three classes of medicinal products for humans, governed by the Human Medicines Regulations 2012. They are:-



General Sale List Medicines (GSL)

GSL medicines need neither a prescription nor the supervision of a pharmacist; they can be obtained from retail outlets.

For example: Paracetamol 500mg tablets pack size up to 16 tablets



Pharmacy Medicine (P)

A Pharmacy medicine does not need a prescription but can only be sold from pharmacies, either by a pharmacist or by their staff under their supervision.

For example: Paracetamol 500mg tablets pack size 17-32 tablets



Prescription Only Medicines (POMs)

These are medicines which may only be sold or supplied in accordance with a prescription of an appropriate qualified practitioner.

For example: Paracetamol 500 mg tablets pack size greater than 32 tablets. Paracetamol Intravenous (IV)

Some medicines can be classified under more than one category depending on factors such as formulation, strength, quantity or indication.



Classification of Medicines

[Misuse of Drugs Regulations 2002](#) enable class A, B and C drugs to be used clinically.

- **Class A** drugs are those, which are considered the most harmful when misused e.g. morphine, diamorphine, heroin, cocaine, ecstasy and lysergic acid diethylamide (LSD)
- **Class B** drugs are considered less dangerous than Class A drugs but they can still be harmful; they include barbiturates, speed, cannabis, ketamine, mephedrone and codeine
- **Class C** drugs are considered less dangerous to the user than Class A and Class B drugs however, they are still illegal; they include gammahydroxybutrate (GHB), anabolic steroids and benzodiazepines.



Classification of Medicines

[The Misuse of Drugs Regulations 2002](#)

The use of Controlled Drugs (CDs) in medicine is permitted by the Misuse of Drug Regulations 2002. These provide certain exemptions from the provisions of the [Misuse of Drugs Act 1971](#). Under this legislation controlled drugs are divided into five schedules corresponding to their therapeutic usefulness and potential for misuse. Schedule 1 drugs are subject to the highest level of control, with Schedule 5 drugs having the lowest level of control.

Schedule 1 (Controlled Drug (CD) licence POM)

Refers to drugs that have no therapeutic value and are used mainly in research. A licence from the Home Office is required for their production, possession or supply. Examples include cannabis, lysergic acid diethylamide (LSD).

Schedule 2 (CD POM)

These drugs are subject to safe custody requirements and so must be stored in a locked CD cabinet or approved safe. A register must be used to record the receipt of stock and details of administration and destruction of schedule 2 CDs. Destruction must be carried out in the presence of a person authorised to do so. Schedule 2 CDs are subject to CD prescription-writing requirements. Examples include diamorphine, morphine, remifentanil and pethidine.



Classification of Medicines

Schedule 3 (CD No Register POM)

These drugs are exempt from safe custody requirements, except for temazepam, buprenorphine, diethylpropion and flunitrazepam. Schedule 3 CDs are subject to the same special handwriting requirements as schedule 2 CDs.

Schedule 4 (CD Benzodiazepines POM or CD Anabolic Steroids POM)

This is split into two parts:

Part I (CD Benz POM) – contains most of the benzodiazepines (e.g. diazepam)

Part II (CD Anab POM) – contains most of the anabolic and androgenic steroids (e.g. testosterone), together with clenbuterol (an adrenoceptor stimulant) and growth hormones.

Schedule 5 (CD Inv POM or CD Inv P)

Contains preparations of certain Controlled Drugs (such as codeine and morphine) that are exempt from full control when present in medicinal products of specifically low strength.



Interactive Quiz

Test your own knowledge of what you have learned so far ...

Write down your answers to the questions below.

1. What does a 'GSL' medicine stand for?
2. Does a GSL medicine need a prescription?
3. Where can these medicines be obtained?
4. Can you, a registered midwife supply a GSL medicine?

[Click here to check your answers](#)



Interactive Quiz

1. What does a 'GSL' medicine stand for?

'GSL' stands for General Sales List Medicine

2. Does a GSL medicine need a prescription?

No, neither a prescription nor a supervision of a pharmacist is required.

3. Where can these medicines be obtained?

These medicines can be bought from retail outlets.

4. Can you, a registered midwife supply a GSL medicine?

Yes, the registered midwife can, in the course of her professional practice, supply but not offer for sale all medical products on the General Sales List.



Interactive Quiz

5. Does a pharmacy (P) medicine need a prescription?
6. Can you, a registered midwife supply a pharmacy medicine?
7. What does 'POM' stand for?
8. Can you, a registered midwife supply a POM? If so, under what circumstances?
9. Is a 'verbal order' acceptable in every day use?

[Click here to check your answers](#)



Interactive Quiz

5. Does a pharmacy (P) medicine need a prescription?

No, this is a medical product which is not a prescription only medicine. A 'P' medicine can be sold from pharmacies, either by the pharmacist or under the supervision of a pharmacist.

6. Can you, a registered midwife supply a pharmacy medicine?

Yes, the registered midwife can, in the course of her professional practice, supply but not offer for sale all Pharmacy medicines.

7. What does 'POM' stand for?

A 'POM' is a prescription only medicine. These are medicines which can only be sold or supplied in accordance with a prescription of an appropriate practitioner.

8. Can you, a registered midwife supply a POM? If so, under what circumstances?

A registered midwife can, in the course of her professional practice, supply but not offer for sale only those 'POM's listed in the Midwives Exemptions (Annex 1, NMC Circular 07/11)

9. Is a 'verbal order' acceptable in every day use?

No. 'Verbal Orders' are for exceptional use only (Standard 11 NMC, 2010)



The Safer Management of Controlled Drugs

There is a requirement for all HSC organisations to appoint an Accountable Officer (AO) under Controlled Drugs (Supervision of Management and Use Regulations, Northern Ireland, 2009).

Accountable Officers must also have regard to best practice in relation to the management of controlled drugs to ensure:

- adequate destruction and disposal arrangements for controlled drugs
- monitoring and auditing of the management and use of controlled drugs
- relevant individuals receive appropriate training
- maintaining a record of concerns regarding relevant individuals
- assess and investigate concerns
- take appropriate action if there are well-founded concerns
- establish arrangements for sharing information
- produce quarterly reports of their controlled drug occurrences

Additional information may be obtained by clicking [here](#)

Designated bodies must notify the Department of Health Social Services and Public Safety (DHSSPS) in writing of the nomination or appointment of their AO, and also the removal of an AO. The DHSSPS is required to publish a list of AOs and this can be found [here](#)



The Role of the Midwife

As a midwife administering medications you need to know why the medication is being given, the contraindications and side effects. Prescribing incidents are common due to omissions of therapy, overdose and incomplete medication details, therefore extreme care is required in interpreting prescriptions. Remember that you may be the last person in the line of protection of the individual receiving the medication.

Midwives rules and standards (NMC, 2012) rule 5

“ You must only supply and administer those medicines for which you have received training as to use, dosage and methods of administration and for which you are exempt” (page 15)



Midwives must adhere to the

- [Midwives Rules and Standards \(NMC 2012\)](#)
- [Standards for Medicines Management \(NMC 2010\)](#)
- [The Code \(NMC, 2015\)](#)
- Local HSC Trusts policies and guidelines.



Midwives Exemptions

Midwives may supply and administer, on their own initiative, any of the substances specified in medicines legislation under 'midwives exemptions' (ME), provided it is in the course of their professional midwifery practice (NMC 2012).

Therefore as a midwife you can administer specified medicines from the ME list. ([Medicines Order 1980 SI 1980/1924](#)) this is:-

- Without the need for a prescription, a Patient-Specific Direction (PSD) from a medical practitioner or a Patient-Group Direction (PGD)
- If a medicine is not included in the midwives exemptions then a prescription, a PSD or a PGD will be required



Exemptions from the general rules are provided for you as a midwife in the following legislation:

- Prescription Only Medicine ([Human Use Order](#) 1997)
- [Medicines \(Pharmacy and General Sale - Exemption\) Order 1980](#)

It is important to note that in this context, midwives are not prescribing.



Midwives Exemptions and YOU

Midwives exemptions cover all general sales list (GSL), all pharmacy (P) and some prescription only medicines (POM) used in the course of their professional practice.

Midwives exemptions will allow you as midwife to give timely medication, such as pain relief, to women without the need to involve a qualified prescriber.

This applies to you only in midwifery practice whether you are working in a hospital or community setting. A list of medicines within midwives exemptions should be available in all practice settings and also can be found on the [NMC website](#)

[NMC Circular 07 \(2011\)](#)

[Annexe 1 to NMC Circular 07/2011](#)

It is also important to consider when administering medicines that you are responsible for familiarising yourself with your employer's policy for ordering and safe storage of medicines.

It is important that you record all medicines on a woman's or baby's medicine kardex.



Midwives Exemptions – Commonly used in Northern Ireland

The link below will take you through to a list of commonly used types of medicines that you as a midwife can supply and administer during your midwifery practice whilst working in NI.

Please click [here](#)



Other methods of administration

Patient Group Direction (PGD)

A PGD is a written instruction for the sale, supply and/or administration of named medicines in an identified clinical situation. **It applies to groups of patients** who may not be individually identified before presenting for treatment.

- In the context of midwifery practice, a PGD would be required where a medicine is not a GSL or a P medicine and is not on the current POM midwives exemption list
- PGDs can only be administered by a registered practitioner

A PGD is drawn up by multidisciplinary group which involves Drug and Therapeutics Committees and reviewed regularly (at least every 2 years).

A PGD should only be used where midwives exemptions do not apply.



Other methods of administration

A Patient Specific Direction (PSD) is the traditional written instruction, from a doctor, dentist, nurse, midwife or pharmacist independent prescriber, for medicines to be supplied or administered to a named patient. PSD do not need to comply with the requirements specified for a prescription.

They should include sufficient information to allow for the safe administration of the medicine. An example in primary care is a simple instruction in the patient's notes. **In secondary care the Medicine Kardex is an example of a PSD.**

Independent and Supplementary Prescribing

You as a midwife can only **prescribe** medication when you have successfully completed **an accredited prescribing course** and this has been noted on your entry in the NMC register.

Midwives who are qualified to prescribe, take responsibility for the clinical assessment of the woman, establishing a diagnosis and the clinical management required, as well as the responsibility for prescribing, and the appropriateness of any prescribing.



NMC - Standards for Medicines Management (2010)

Standard 8: **(page 24)** Administration - As a registrant, in exercising your professional accountability in the best interests of your patients, **you must:-**

- *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 you must check the expiry date (where it exists) of the medicine to be administered you must have considered the dosage, weight where appropriate, method of administration, route and timing*



NMC - Standards for Medicines Management (2010)

Standard 8: **(page 24)** Administration - As a registrant, in exercising your professional accountability in the best interests of your patients, **you must:-**

- *administer or withhold in the context of the patient's condition, (for example, Digoxin not usually to be given if pulse below 60) and co-existing therapies, for example, physiotherapy 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*



Midwives Practice in Home Birth

When medicines are prescribed for use at a home birth (including controlled drugs), they are the woman's responsibility and it is up to her to store and dispose of them safely (NMC, 2010).

Under the Misuse of Drugs Regulations (2002) a midwife cannot possess an opiate for a home birth without having obtained it via a **Midwife's Supply Order**. Therefore, you cannot take an ampoule from a maternity unit drug cupboard for use at a home birth.

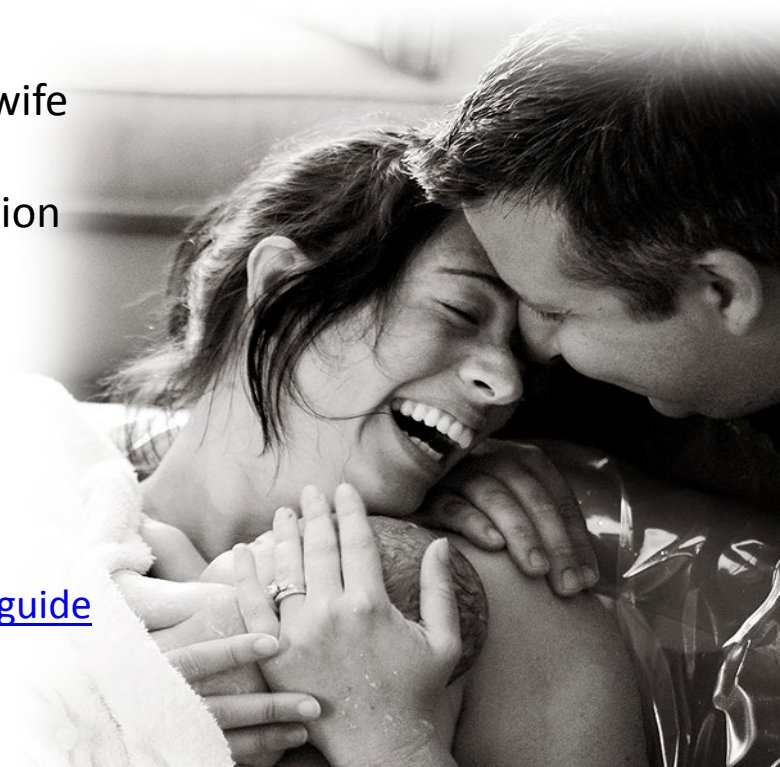
Midwife Supply Order

In the event of a Doctor's prescription not being available, a Midwife Supply Order (MSO) may be used by you as a midwife to obtain controlled drugs. This can be administered as a midwives exemption for a woman having a home birth.

In Northern Ireland, a MSO can be arranged by your Supervisor of Midwives (SoM) through the LSA Midwifery Officer (LSAMO).

For additional information, see below

- [NMC Standards for Medicine Management \(NMC, 2010\)](#)
- [DHSSPS Safer Management of Controlled Drugs \(DHSSPS, 2012\) – A guide to good practice in secondary care in NI \(Page 49-51\)](#)



MIDWIFERY PRACTICE SCENARIOS

Below are a number of scenarios, that you can click on to provide you with more information that will assist you further in your understanding of medicine management.

1. [Community \(homebirth\) - Supply and administration of a controlled drug](#)
2. [Antenatal – Management of routine prophylactic Anti-D](#)
3. [Intranatal - Student midwives administration of medication](#)
4. [Postnatal - Calculating dose of medication for a baby and reporting of an incident](#)



COMMUNITY SCENARIO – Home Birth

Sarah is a community midwife preparing for a home birth.

Emma is a primigravida with a low risk pregnancy, now at 37 weeks gestation. As this is her first pregnancy she is unsure of labour and what pain relief she would like during labour; however, she wishes to have pethidine available to her in case she may need it.

Management & Good Practice

Prescription & Storage

A Midwife Supply Order (MSO) for Controlled Drugs is available in NI from the LSAMO, but is difficult for community based midwives to use in practice because of safe transport and storage issues.

For this reason Emma attends her GP who gives her a prescription for pethidine.

Emma obtains this prescription medication from her local community pharmacy and stores the drug as advised by her pharmacist, within a locked box.



COMMUNITY SCENARIO – Home Birth

Administration & Documentation

Should the pethidine be required during Emma's labour, Sarah the community midwife can administer this pethidine as the prescribed medication. This will be recorded in the once only section of the maternity medicines kardex which is part of the maternity hand held record (MHHR) and clearly documented.

Emma went into spontaneous labour at 41 weeks gestation and had a normal birth of a healthy girl. She did not require pethidine for analgesia during labour.

Disposal of Unused Medication

Sarah, the community midwife, should recommend to Emma to return the pethidine to pharmacy, Sarah can document in the maternity record that Emma has been advised that this is the most appropriate option for disposing of the drug.



COMMUNITY SCENARIO – Home Birth

Standards for Medicines Management (NMC, 2010)

Standard 1: Methods of supplying and/or administration of medicines

Registrants must only supply and administer medicinal products in accordance with one or more of the following processes: Medicines Act Exemption (page 13)

Standard 6: Storage

Registrants must ensure all medicinal products are stored in accordance with the patient information leaflet, summary of product characteristics document found in dispensed UK-licensed medication, and in accordance with any instruction on the label (page 22).



COMMUNITY SCENARIO - Home Birth

Standards for Medicines Management (NMC, 2010)

Standard 8: Administration - (page 24)

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

- ✓ *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 (where it exists) of the medicine to be administered*
- ✓ *have considered the dosage, and weight of the woman if appropriate,*
- ✓ *use correct method of administration, route and timing*



Standards for Medicines Management

In respect of controlled drugs: *These should be administered in line with relevant legislation and local standard operating procedures.*

- *It is recommended that for the administration of controlled drugs a secondary signatory is required within secondary care and similar healthcare settings*
- *In a patient's home, where a registrant is administering a controlled drug that has already been prescribed and dispensed to that patient, obtaining a secondary signatory should be based on local risk assessment*
- *Although normally the second signatory should be another registered health care professional (for example doctor, pharmacist, dentist) or student nurse or midwife, in the interest of patient care, where this is not possible, a second suitable person who has been assessed as competent may sign. It is good practice that the second signatory witnesses the whole administration process. For guidance, go to www.dh.gov.uk and search for safer management of controlled drugs: guidance on standard operating procedures*
- *You must clearly countersign the signature of the student when supervising a student in the administration of medicines (page 38)*



Standards for Medicines Management

Where medication is not given, the reason for not doing so must be recorded.

You may administer with a single signature any prescription only medicine (POM), general sales list (GSL) or pharmacy (P) medication.

Standard 21: Disposal

A registrant must dispose of medicinal products in accordance with legislation (page 35)

Standard 25: Reporting adverse reactions

As a registrant, if a patient experiences an adverse drug reaction to a medication, you must take any action to remedy harm caused by the reaction. You must record this in the patient's notes, notify the prescriber (if you did not prescribe the drug) and notify via the Yellow Card Scheme immediately (page 38)

Standard 26: Controlled drugs

Registrants should ensure that patients prescribed controlled drugs are administered these in a timely fashion, in line with the standards for administering medication to patients. Registrants should comply with and follow the legal requirements and approved local standard operating procedures for controlled drugs that are appropriate for their area of work (page 38)



COMMUNITY SCENARIO – Home Birth QUIZ

Sarah (community midwife) is preparing for a home birth. Emma is a primigravida with a low risk pregnancy, now at 37 weeks gestation. As this is her first pregnancy she is unsure of labour and what pain relief she would like during labour; however, she wishes to have pethidine available to her in case she may need it.

What is the best option for Sarah, Community Midwife, to obtain the pethidine prescription for Emma?

- A. Ask Emma to attend her GP and obtain a prescription for pethidine to be stored at her home
- B. Take pethidine from ward stock, store in locked container in Emma's home and record entry in controlled book
- C. Take pethidine from ward when Emma goes in to labour, the second on call midwife will collect on way to Emma's home and record entry in controlled drugs book
- D. Inform Emma that pethidine is not an option due to difficulties with supply order and storage of drugs and that should she require the drug she would then be transferred in to MLU or consultant unit for pain relief.

[Check your answer here](#)



COMMUNITY SCENARIO – Home Birth QUIZ

Sarah (community midwife) is preparing for a home birth. Emma is a primigravida with a low risk pregnancy, now at 37 weeks gestation. As this is her first pregnancy she is unsure of labour and what pain relief she would like during labour; however, she wishes to have pethidine available to her in case she may need it.

The answer is A

- A. Ask Emma to attend her GP and obtain a prescription for pethidine to be stored at her home**
- B. Take pethidine from ward stock, store in locked container in Emma's home and record entry in controlled book
- C. Take pethidine from ward when Emma goes in to labour, the second on call midwife will collect on way to Emma's home and record entry in controlled drugs book
- D. Inform Emma that pethidine is not an option due to difficulties with supply order and storage of drugs and that should she require the drug she would then be transferred in to MLU or consultant unit for pain relief.



ANTENATAL SCENARIO – Management of prophylactic Anti-D

Claire is a 36 year old who is currently 30 weeks pregnant in her third pregnancy. Her pregnancy to date has been uncomplicated and she is in good general health, with a BMI of 30. She has been receiving midwifery led care.

Claire's blood group is AB Rh –ve and her last haemoglobin result was 114g/l.

She has arrived at your antenatal clinic for her scheduled appointment.

Consider what your midwifery management would be in relation to the administration of Anti-D immunoglobulin.

Management & Good Practice

- Carry out a full antenatal examination, if appropriate at this visit
- Check Rh blood results taken prior to the administration of this Anti-D for the presence of Rh antibodies
- Ensure Claire has the information leaflet on Prophylactic Anti-D



ANTENATAL SCENARIO

Prescription & Storage

- Obtain Claire's pre-ordered ampoule of Anti-D from the designated storage area.
- Prophylactic Anti-D can be administered under a midwives exemption.

Administration & Documentation

- ✓ Complete consent form with Claire
- ✓ Check the Anti-D ampoule to ensure it is the correct ampoule and the details on the unit and accompanying documentation match those that are recorded on Claire's hand held records and from previous results from Northern Ireland Blood Transfusion Service (NIBTS)
- ✓ Check British National Formulary (BNF) for drug interaction
- ✓ Check expiry date on ampoule before administration
- ✓ Administer Anti-D
- ✓ Document Anti-D on the once only section of the medicine kardex identifying the administration as Midwives Exemption
- ✓ Document the administration in the maternity hand held record
- ✓ Discard used ampoule and sharps in correct sharps disposal unit



ANTENATAL SCENARIO

Additional requirements when administering Anti-D

- Irrespective of the setting in which Anti-D is administered (either in a maternity hospital or community), you must have access to emergency equipment and Adrenaline
- Claire should be observed post administration for any adverse side effects

Standards for Medicines Management (NMC, 2010)

Standard 1: Methods of supplying and/or administration of medicines

Registrants must only supply and administer medicinal products in accordance with one or more of the following processes: Medicines Act Exemption (page 13)

Standard 6: Storage

Registrants must ensure all medicinal products are stored in accordance with the patient information leaflet, summary of product characteristics document found in dispensed UK-licensed medication, and in accordance with any instruction on the label (page 22).



ANTENATAL SCENARIO

Standard 8: Administration

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

- ✓ *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 (where it exists) of the medicine to be administered*
- ✓ *have considered the dosage, weight where appropriate, method of administration,*
- ✓ *route and timing*

In addition

Where medication is not given, the reason for not doing so must be recorded. You may administer with a single signature any prescription only medicine (POM), general sales list (GSL) or pharmacy (P) medication (page 24).



ANTENATAL SCENARIO

Standard 21: Disposal

A registrant must dispose of medicinal products in accordance with legislation (page 35).

Standard 25: Reporting adverse reactions

As a registrant, if a patient experiences an adverse drug reaction to a medication, you must take any action to remedy harm caused by the reaction.

You must record this in the patient's notes, notify the prescriber (if you did not prescribe the drug) and notify via the Yellow Card Scheme immediately (page 38).



ANTENATAL SCENARIO QUIZ

Management of prophylactic Anti-D

Claire is a 36 year old who is currently 30 weeks pregnant in her third pregnancy. Her pregnancy to date has been uncomplicated she is in good general health, with a BMI of 30 and has been receiving midwifery led care.

Claire's blood group is AB Rh –ve and her last haemoglobin result was 114g/l.

She has arrived at your antenatal clinic for her scheduled appointment. Consider what your midwifery management would be in relation to the administration of Anti-D immunoglobulin.

What is best midwifery practice?

- A. Carry out a full antenatal examination
- B. Check Rh blood results taken prior to the visit for the presence of Rh antibodies.
- C. Carry out a full antenatal examination - Check Rh blood results taken prior to the visit for the presence of Rh antibodies. Ensure Claire has the information leaflet on Prophylactic Anti-D

[Check your answer here](#)



ANTENATAL SCENARIO QUIZ

Management of prophylactic Anti-D

Claire is a 36 year old who is currently 30 weeks pregnant in her third pregnancy. Her pregnancy to date has been uncomplicated she is in good general health, with a BMI of 30 and has been receiving midwifery led care.

Claire's blood group is AB Rh –ve and her last haemoglobin result was 114g/l.

She has arrived at your antenatal clinic for her scheduled appointment. Consider what your midwifery management would be in relation to the administration of Anti-D immunoglobulin.

What is best midwifery practice? The answer is C.

- A. Carry out a full antenatal examination
- B. Check Rh blood results taken prior to the visit for the presence of Rh antibodies.
- C. Carry out a full antenatal examination - Check Rh blood results taken prior to the visit for the presence of Rh antibodies. Ensure Claire has the information leaflet on Prophylactic Anti-D**



INTRANATAL SCENARIO – Student Midwife administering medication

Jane is a direct entry student midwife (year 2) working in labour ward. Mandy (para 1 at term) is admitted in spontaneous labour and requesting analgesia. Jane has been assigned to care for Mandy.

One of Jane's objectives is to develop her skill and competence in administration of intramuscular injections. The medications routinely administered in this particular labour ward, are administered under Midwives Exemptions and some are set up Patient Group Directions (PGDs). Describe how Jane's mentor midwife can manage this situation.

Management & Good Practice

- This can be managed successfully by requesting that the duty Doctor prescribes all the medication required for the care of Mandy.
- If this is not possible due to unavailability of the doctor, Jane as a student midwife can administer medications under midwives exemptions when supervised by a sign-off mentor, with the exception of controlled drugs
- The drugs which are under PGDs cannot be administered by the student even under direct supervision and must always be administered by the registrant.



INTRANATAL SCENARIO – Student Midwife administering medication

Standards for Medicines Management (NMC, 2010)

Standard 1 – Methods of supplying and/or administration of medicines

- *PGDs should only be used once the registrant has been assessed as competent and whose name is identified within each document. The administration of drugs via a PGD may not be delegated. Students cannot supply or administer under a PGD but would be expected to understand the principles and be involved in the process. Where medication is already subject to exemption order legislation there is no requirement for a PGD (page 14).*
- *In relation to controlled drugs - You must clearly countersign the signature of the student when supervising a student in the administration of medicines (page 25).*

Standard 18 – Nursing and Midwifery students

- *Students must never administer or supply medicinal products without direct supervision (page 33).*



INTRANATAL SCENARIO – Student Midwife administering medication

Standards for Pre-Registration Midwifery Education (NMC, 2009)

Standard 17

- *Student midwives must be able at the point of registration to select, acquire and administer safely a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation which pertains at the time. Methods of administration include: oral, intravenous, intramuscular, topical and inhalational.*

NMC Circular 07/2011 Changes to Midwives Exemptions

On the 1st of July 2011, amending legislation came into force which enables student midwives to administer medicines on the midwives exemptions list, except controlled drugs under direct supervision of a sign off mentor midwife.

Direct supervision means in direct visual contact during which time the (sign off mentor) midwife observes the act of administration of medicines by a student midwife.

The Medicines and Healthcare products Regulatory Authority (MHRA) require that the midwife supervising the administration of medicines by a student midwife must have undertaken an approved mentorship programme and be a sign off mentor (page 3).

NB - When a medicinal product is prescribed by a doctor then normal supervision by a midwife registrant applies.



INTRANATAL SCENARIO – QUIZ

Jane is a direct entry student midwife (year 2) working in labour ward. Mandy (para 1 at term) is admitted in spontaneous labour and requesting analgesia. Jane has been assigned to care for Mandy. Jane working with her (sign off) mentor midwife, discusses methods of pain relief with Mandy, examines her and records this in the MHHR. Mandy says she wishes to have diamorphine as her chosen medication at this stage of her labour.

How can Jane safely administer pain relief to Mandy?

- A. As a student midwife Jane can only administer diamorphine (a controlled drug) when prescribed by a doctor - **True or False**
- B. Jane observes the checking of the prescribed controlled drug as per Trust policy – **True or False**
- C. Jane administers the prescribed diamorphine under the direct supervision of the registered midwife (as per Trust policy) – **True or False**
- D. The administration of the prescribed diamorphine is recorded in Mandy's medicine kardex and in the controlled drug register as per Trust policy – **True or False**

[Check your answers here](#)



INTRANATAL SCENARIO – QUIZ

Jane is a direct entry student midwife (year 2) working in labour ward. Mandy (para 1 at term) is admitted in spontaneous labour and requesting analgesia. Jane has been assigned to care for Mandy. Jane working with her (sign off) mentor midwife, discusses methods of pain relief with Mandy, examines her and records this in the MHHR. Mandy says she wishes to have diamorphine as her chosen medication at this stage of her labour.

How can Jane safely administer pain relief to Mandy?

- A. As a student midwife Jane can only administer diamorphine (a controlled drug) when prescribed by a doctor - **True**
- B. Jane observes the checking of the prescribed controlled drug as per Trust policy – **True**
- C. Jane administers the prescribed diamorphine under the direct supervision of the registered midwife (as per Trust policy) – **True**
- D. The administration of the prescribed diamorphine is recorded in Mandy's medicine kardex and in the controlled drug register as per Trust policy – **True**



POSTNATAL SCENARIO– Calculating a dose of medication for a baby

Janet, a registered midwife in a postnatal ward, is responsible for the care of Baby Thomas, who had been prescribed a nightly dose of 10 mg of trimethoprim. The dosage had been calculated with reference to the baby's weight.

Baby Thomas should have received 1ml of liquid. However, Janet prepared a dose of 10ml, which was ten times more than the correct amount.

Janet did not get a second midwife to check the dose. In addition, she left the baby's mother to finish administering the drug on her own. The mother reported that she gave the drug to the baby with some difficulty.

Janet also failed to record anything in the neonatal record.



POSTNATAL SCENARIO – Calculating a dose of Medication for a baby

Management & Good Practice

- Janet the midwife should have checked the calculation of the drug with another registered practitioner prior to administration
- Janet should have been aware of the normal dose and side effects of trimethoprim in accordance with the baby's weight before administering the drug
- Janet should not have delegated this task to Baby Thomas's mother without following due processes - **(Standard 10: Self – administration – children and young people)**
- A record should have been made in Baby Thomas's record of the amount given and that the entire drug had not been administered by Janet the midwife
- Baby Thomas's weight should have been recorded in his chart



POSTNATAL SCENARIO – Calculating a dose of Medication for a baby

Management & Good Practice – Reporting of an incident

This medication error should have been recorded and reported as an incident. Action to take includes:

- Contact the paediatrician to review baby Thomas for any side effects
- Inform the mother that her baby received a wrong dose
- Record incident and action taken in Baby Thomas's notes
- Inform your line manager
- Inform your Supervisor of Midwives (SoM)
- Record and complete a critical incident form



POSTNATAL SCENARIO – Calculating a dose of Medication for a baby

Standards for Medicines Management

Standard 2 – Checking (page 18)

- *As a registrant you are accountable for your actions and omissions. In administering any medication, or assisting or overseeing any self-administration of medication, you must exercise your professional judgement and apply your knowledge and skill in the given situation*
- *Record the weight of the patient on the prescription sheet for all children, and where the dosage of medication is related to weight or surface area or where clinical condition dictates recorded the patient's weight*

Standard 8 – Administration (page 24)

- *Some drug administrations can require complex calculations to ensure that the correct volume or quantity of medication is administered. In these situations, it is good practice for a second practitioner (a registered professional) to check the calculation independently in order to minimise the risk of error. The use of calculators to determine the volume or quantity of medication should not act as a substitute for arithmetical knowledge and skill..*
- *You must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications.*
- *Where medication is not given, the reason for not doing so must be recorded (page 24).*



POSTNATAL SCENARIO – Calculating a dose of Medication for a baby

Standard 10 – Self Administration – Children and Young People

- *In the case of children, when arrangements have been made for parents, carers or patients to administer their own medicines prior to discharge or rehabilitation, the registrant should ascertain that the medicinal products have been taken as prescribed.*
- *This should preferably be done by direct observation but when appropriate also by questioning the patient, parent or carer. The administration record should be initialled and ‘patient self-administration’ documented.*
- *The administration of medicinal products by parents or carers to their children must be carefully controlled. There is the potential for inadvertent omission of doses or administration of extra doses unless there is clear communication and documentation.*

GUIDANCE

Parents or carers can be encouraged to administer to their children in whatever setting when this is appropriate to the clinical condition of the child and when the registrant has assessed that the parent or carer is competent to do so. In a hospital setting the registrant should provide the medicinal product from the appropriate storage and supervise administration (page 28).



POSTNATAL SCENARIO – QUIZ

Calculating the dosage of medication for a baby

Janet, a registered midwife in a postnatal ward, is responsible for the care of Baby Thomas, who had been prescribed a nightly dose of 10 mg of trimethoprim; the dosage had been calculated with reference to the baby's weight.

What should Janet have done?

- A. Prepare the medication and administer to Baby Thomas without checking with another professional?
- B. Hand the medication to the mother to administer to Baby Thomas without checking if she is competent to do so?
- C. Check the calculation of the medication with another registered practitioner prior to administration to Baby Thomas ?

[Click here to check your answer](#)



POSTNATAL SCENARIO – QUIZ

Calculating the dosage of medication for a baby

Janet, a registered midwife in a postnatal ward, is responsible for the care of Baby Thomas, who had been prescribed a nightly dose of 10 mg of trimethoprim; the dosage had been calculated with reference to the baby's weight.

What should Janet have done? The answer is C.

- A. Prepare the medication and administer to Baby Thomas without checking with another professional
- B. Hand the medication to the mother to administer to Baby Thomas without checking if she is competent to do so
- C. Check the calculation of the medication with another registered practitioner prior to administration to Baby Thomas**



Student Midwives – Administration of Medicines

The management of medicines is an important part of midwifery practice and it is essential that midwifery students, within their pre-registration midwifery training programme, are provided with relevant clinical experience through observing and participating in the administration of medicines to prepare them for practice as a registered midwife.

Standard 18: *Standards for medicines management (NMC,2010).*

*“Students **must never** administer or supply medicinal products without direct supervision”*
(page 33).

The guidelines and local medicine administration policies should be discussed at the beginning of each practice experience.



Student Midwives – Administration of Medicines

The registered midwife is responsible for delegating to a midwifery student. Where the midwife recognises that the midwifery student is not yet prepared to undertake administration of medicines, this should be delayed until such time that the student is considered ready. A midwifery student may decline to undertake a task if they do not feel confident enough to do so.

All drug calculations by a midwifery student must be checked by a registered midwife prior to administration. Correct drug calculations are an important component of medicine management.

Where local HSC Trust policies indicate that a second practitioner should independently check a 'complex calculation'; a student midwife cannot act as the second checker. However, the student would be expected to understand the arithmetical principles and to be involved in the process through observation.



Student Midwives – Administration of Medicines

In all cases where a midwifery student is involved with the administration of medicines, the registered practitioner must remain with the student throughout the process and clearly countersign the signature of the student as the responsible signatory on the relevant prescription sheet and/or controlled drug register.

Accountability for patient/client safety and adherence to local Trust policies remains with the registered practitioner at all times

In relation to the administration of Controlled Drugs the NMC's guidance identifies that a midwifery student can be used as a secondary signatory.

However in any situation where Trust or other relevant policies require two registered practitioners to be involved with the administration of a medicine, then, even when the student is administering the drug directly to the client, two registered practitioners must be supervising the student's involvement.



Student Midwives – Administration of Medicines

- **MIDWIVES EXEMPTIONS**

Midwifery students may administer all drugs except controlled drugs provided under the midwives' exemptions list. However, with midwives exemptions, student midwives must be supervised by a registered midwife, who is also a sign off mentor and who countersigns the administration

- **PRESCRIBED DRUGS**

Midwifery students can administer all prescribed drugs under direct supervision of a registered midwife, including controlled drugs

- **PGD**

Midwifery students cannot supply or administer a medicinal product against a PGD. However, they can be expected to understand the principles and be involved in the process as a participant observer



Final Quiz

Multiple Choice Questionnaire - requires 100% pass mark to obtain certificate

Remember to obtain your certificate and take it with you to your annual midwifery supervision review with your supervisor of midwives.

To undertake the NI Midwives and Medicines assessment please click on the link against your organisation

Northern Health and Social Care Trust employees: <http://elearning>

Southern Health and Social Care Trust employees: <http://www.southerntrustelearning.net>

Western Health and Social Care Trust employees: <http://www.hsclearning.com>

South Eastern Health and Social Care Trust employees: <http://www.hsclearning.com>

Belfast Health and Social Care Trust employees: <http://www.hsclearning.com>

Clinical Education Centre employees: <http://www.hsclearning.com>

NIPEC employees : <http://www.hsclearning.com>

Public Health Agency employees: <http://www.hsclearning.com>



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8. [Nursing and Midwifery Council *Standards for Medicines Management* \(NMC 2010\)](#)
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11. [Prescription Only Medicines \(Human Use\) Order 1997](#)
12. [The Human Medicines \(Amendment\) Regulations 2014](#)
13. [The Medicines Act 1968](#)
14. [The Misuse of Drugs Act 1971](#)
15. [The Misuse of Drugs Regulations 2002](#)

