



## **Midwifery Council statement on the scope of practice of the midwife with regard to prescription of controlled drugs**

The Medicines Amendment Act (2013) and Misuse of Drugs Regulation Amendments (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 Midwifery Council determines the scope of practice of a midwife in relation to prescription of opiate analgesia to be for **intrapartum use only**. Women requiring opiate analgesia for other indications should be assessed and referral made to the most appropriate health professional.

Midwives with prescribing rights may only prescribe the opiates named other than pethidine upon completion of a Council-approved educational programme. This will consist of completion of a Midwifery Council-approved course.

### **Public Safety**

Midwives should:

- 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 are 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.

1<sup>st</sup> July 2014

This statement is not intended to restrict good clinical practice. The midwife needs to make clinical decisions with sound rationale depending on each individual situation. The midwife must be able to justify her actions and decisions, should she be required to do so.



**Explanatory notes**

**\*Intrapartum:**

This refers to labour, birth and the immediate postnatal period.

**\*\*Council approved education programme**

Attendance at Midwifery Practice day or completion of the learning package, whichever occurs first.