GUIDELINES FOR CERTAIN DRUGS TO BE PRESCRIBED
for Registered Midwives Practicing in Newfoundland and Labrador

15. A midwife may, in accordance with the midwifery scope of practice, guidelines and policies approved by the college,
   a. prescribe and administer medications;
   b. prescribe and administer narcotics and sedatives that are controlled drugs within the meaning of the *Controlled Drugs and Substances Act* (Canada) as determined by the federal Department of Health;
   *(Midwives Regulations signed April 28, 2016).*

Midwives will be required to demonstrate that they know all the information about the drugs including administering, side effects, recording and storage requirements. Midwives have to be aware of the various reasons why a certain drug is prescribed and why it is being prescribed for this particular client (which needs to be indicated on the prescription.)

Midwives should maintain a record for each client. In addition to a record of the care provided this client’s record should include a list of drugs, including over the counter, prescription, herbas, and homeopathic, which the midwife has prescribed or is aware that the client is currently using.

Midwives need to have completed a program that includes prescribing and administering controlled drugs and substances. They also have the knowledge and follow policy regarding the Tamper Resistant Prescription Pad (TRPP) requirements.

Midwives will need to be an authorized user. Authorized users are health professionals who have the legislative authority and who are currently on the Newfoundland and Labrador prescription provider registry. This registry is maintained by the NL Center for Health Information (NLCHI) and the names of the regulated prescribers are provided by the regulatory body, NL Council of Health Professionals (Louise Jones, April 2016).

The College of Midwives NL identifies medications that are within the Midwives Scope of Practice. Adhering to the list of approved drugs is a professional responsibility of the individual midwife. If drugs are being supplied by a Regional Health Authority the pharmacist will only dispense what is on the hospital formulary and there will be special authorization request to be completed for drugs not on the formulary.

When prescribing medications midwives will need to include:
   (a) midwife’s first and last name (printed);
   (b) midwife’s registration number (NLCHP Number issues at registration ir M-xxx the NLCHP starts with 1 and keeps a running tally);
   (c) the address of the practice (if the prescription written in one location is brought to another is checked with the prescriber);
(d) immediate contact information for the midwife (preferably office phone number or e-mail)
(e) name and address of the patient;
(f) drug or blood product name;
(g) drug strength, if applicable;
(h) dosage form, if applicable;
(i) route of administration, if applicable;
(j) quantity of drug or blood product to be dispensed;
(k) directions for use;
(l) why drug is being prescribed;
(m) number of refills authorized and interval between each refill, if applicable;
(n) prescriber’s signature, in the case of a written prescription;
(o) date of the prescription.

(College of Midwives of Alberta. (2013). Requirements for Writing Prescriptions).

Midwives may obtain stock drugs, such as oxytocin, by writing a prescription that indicates “For Professional Use” and that includes the name and strength of the drug and the quantity required.

The drugs, which are appropriate for midwives to administer by the appropriate route, e.g., oral, intramuscular, inhalation, rectal, topical, intravenous, include but are not limited to;

**Analgesia**

Acetaminophen (Tylenol plain)

Fentanyl*¹

Hydrocortisone rectal (Anusol HC, Hemcort HC, Hydrocortisone/pramoxine topical – Proctofoam HC, Anugesic HC)

Ibuprofen

Meperidine hydrochloride* (Demerol)¹

Morphine sulfate*¹

Naproxen sodium (Anaprox)

Nitrous oxide – 50% oxygen (entonox) – need adequate ventilation

Naloxone (narcan) as an antidote to opioid overdose
Antibiotics

Amoxicillin
Ampicillin IV and oral
Ampicillin with clavulanic acid
Cefazolin
Cephalexin\textsuperscript{3}
Ciprofloxacin (cipro)
Clindamycin
Cloxacillin
Dicloxacillin
Erythromycin
Flucloxacillin
Gentamycin
Penicillin G\textsuperscript{4}
Trimethoprim (septra)
Vancomycin

Antifungals

All Purpose Nipple Ointment (APNO)\textsuperscript{2}
Clotrimazole
Fluconazole 150
Gentian violet\textsuperscript{7}
Metronidazole
Nystatin
**Antiemetic and Antinausea**

Doxylamine succinate - pyridoxine HC (Diclectin)

Dimenhydrinate

**Uterotonics**

Carboprost tromethamine (Hemabate)

Ergonovine maleate

Oxytocin

**Vitamins and Minerals**

Feromax

Ferrous substances

Folic acid

Prenatal vitamins – in remote areas only available at the clinics

Vitamin K

**Contraceptives**

Contraceptives - oral

Depo Provera

**Immunization**

Mumps Measles Rubella (MMR) vaccine (for women)

Rh immune globulin

Influenza vaccine
**Gastro intestinal other**

Fleet Enema

Docusate sodium

Gaviscon

Magnolax

Psyllium hydrophylic mucilloid

**Intravenous fluids**

normal saline

Ringers lactate

**Other**

lidocaine hydrochloride 1% (xylocaine)

oxygen

epinephrine hydrochloride (Adrenalin)\(^8\)

diphenhydramine hydrochloride (Benadryl)\(^8\)

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**End Notes**

1 Narcotics are used routinely in many centres. A variety of options are available. A number of studies have reported on the negative effects of narcotics with a longer half-life, (e.g., meperidine). The negative effects of meperidine are based on an active metabolite half-life in the newborn that may reach 90 hours. This may result in respiratory depression and newborn behavior effects including lack of responsiveness and impaired sucking reflex. The use of meperidine is greatly discouraged and narcotics with a shorter half-life (e.g., morphine or fentanyl) are preferred (MORE\(^{OB}\)).

3. For mastitis: cephalaxin (our usual choice), cloxacillin, dicloxacillin, flucloxacillin, amoxicillin combined with clavulnic acid, clindamycin and ciprofloxacin www.breastfeedinginc.ca/content.php?pagename=information
In the presence of a penicillin allergy:

If woman is at low risk for anaphylaxis, administer: cefazolin 2 g IV, followed by 1 g every 8 hours until delivery;
If woman is at high risk for anaphylaxis: (note, the key here is the sensitivity to BOTH clindamycin AND/OR erythromycin);
If the GBS isolate is sensitive to both clindamycin and erythromycin, administer:
   Vancomycin 1 g IV, every 12 hours until delivery.
However, if GBS isolate was sensitive to Clindamycin but resistant to Erythromycin by antimicrobial susceptibility testing, Clindamycin may be used if testing for inducible resistance to Clindamycin is available and negative (MORE
   OB).

2 http://www.breastfeedinginc.ca/content.php?pagename=doc-APNO This ointment contains an antibacterial substance (15g of mupirocin 2% ointment), an antifungal substance (miconazole powder to give a 2% concentration), and a hydrocortisone (15g of betamethasone 0.1% ointment).

For postpartum haemorrhage only. Oxytocin is first line use. Ergonovine maleate, second or third line, contraindicated in women with hypertension and with certain drugs treating HIV. Carboprost tromethamine (Hemabate) is second or third line, contraindicated in women with asthma (AOM (2013) Emergency Skills Workshop Manual).

For the infant only
Gentian violet (1% solution in water) is still an excellent treatment for Candida Albicans, though we don’t suggest mothers use it alone for Candida Albicans (thrush, yeast) because it tends to dry out the nipple and areola. Furthermore, it does not seem to work as well as it used to. Candida albicans is a fungus that may cause an infection of skin and/or mucous membranes (inside of mouth, for example) in both children and adults. In small children, this yeast is a frequent cause of white patches in the mouth (thrush), or diaper rash. When the nursing mother has a Candidal infection of the nipple, she may experience severe nipple pain, as well as deep breast pain. Please note: Gentian violet 1% in water also contains alcohol (10% by volume), but the amount of alcohol in the tiny amount of gentian violet you use is of no concern. Apparently some pharmacists are now dissolving it in glycerin, thus avoiding the use of alcohol, but if gentian violet is used as directed baby will get vanishingly small amounts. . . . We believe that gentian violet (combined with “all purpose nipple ointment”, see the information sheet Candida Protocol) is a good treatment of nipple soreness due to Candida albicans for the breastfeeding mother. This is because it often works even when used alone (though we don’t recommend this, see first paragraph).  http://www.breastfeedinginc.ca/content.php?pagename=information
For management of acute anaphylaxis in adults; epinephrine 0.3 ml of a 1:1000 solution IM. Give diphenhydramine hydrochloride (Benadryl) 25 to 50 mg IM as an adjunct to epinephrine to prolong its action (AOM (2015) Emergency Skills Workshop Manual). CMBC advises that these drugs are for emergency purposes, and their use should be immediately followed by a physician consultation and if out-of-hospital, emergency transport to hospital. Further definitive treatment would be managed by a physician. (CMBC (2015, June 22). Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs).

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