University Hospitals Sussex NHS Foundation Trust

Please note, IF DOCUMENT IS PRINTED, IT MAY BECOME OUT OF DATE

TRUST CLINICAL POLICY

Policy for Midwives Exemption

OVERVIEW:

The objective of this policy is to provide guidance for midwives on the administration and dosage of medicines including the appropriate indications and clinical circumstances where each medicine is used. The aim is to ensure that all legal and statutory requirements regarding prescribing, dispensing and administration of medicines are met.

OWNER	Clinical Director Seb Adamson / Frank Usifo
AUTHOR/FURTHER INFORMATION	D. Annandale, Women and Children's Lead Pharmacist L East
POLICY VERSION	v1.0
RELEVANT GUIDELINE	N/a
RELATED PROTOCOLS/PROCEDURES	UHSMM001 Medicines Management Policy
STANDARDS	https://www.legislation.gov.uk/uksi/2012/1916/contents/made (accessed Oct 2022) https://www.legislation.gov.uk/uksi/2012/1916/schedule/17/made https://www.legislation.gov.uk/uksi/2012/1916/regulation/223/made The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk)
SUPERSEDED DOCUMENTS	N/A
REVIEW DUE	August 2027
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University Hospitals Sussex NHS Foundation Trust

Approval		
Joint Obstetrics Guideline Group	Date approved	20th March 2024
Women & Children's Clinical Effectiveness Group	Date approved	18th April 2024
Consultation		
Medicines Governance Committee	Date approved	21st May 2024
Ratification		
Clinical Document Approval Group	Date approved	21st August 2024

SCOPE OF APPLICATION AND EXEMPTIONS

Included in policy: *For the groups listed below, failure to follow the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment, or honorary arrangement.*
Trust wide: PRH, RSCH, SRH, WH
Midwives employed by University Hospitals Sussex NHS Trust.
Exempted from policy: *The following groups are exempt from this policy*
No midwives are exempt from this policy.

University Hospitals Sussex
NHS Foundation Trust

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Policy for Midwives Exemption

1.0 Introduction

The objective of this policy is to provide guidance for midwives on the administration and dosage of medicines including the appropriate indications and clinical circumstances where each medicine is used. The aim is to ensure that all legal and statutory requirements regarding prescribing, dispensing and administration of medicines are met.

This policy applies to patients and babies under the care of Nursing and Midwifery Council (NMC) registered midwives working for University Hospitals Sussex NHS Trust.

Under the Medicines for Human Use Act 2012 registered midwives may administer or supply, on their own initiative any of the prescription-only medicines that are specified within Schedule 17, provided it is in the course of their professional midwifery practice.

Exemptions are listed under Part 1 (Exemptions from restrictions on sale and supply of prescription-only medicines) Part 2 (Exemption from the restriction on supply of prescription-only medicines) and Part 3 (Exemptions from the restriction on administration of prescription-only medicines).

Midwives may supply and/ or administer P or GSL medicines which is also referenced in Human Medicines Regulations 2012 reg 223(4)/(5).

Medicines falling within these exemptions may be supplied or administered without the need for a prescription or patient specific direction (PSD) from a medical practitioner. Provided the requirements of any conditions attached to these exemptions are met, a patient group direction (PGD) is not required. If a medicine is not included in the midwives exemptions then a PGD, or prescription, or a patient-specific written direction will be required.

Registered midwives must only supply and administer those medicines, in which they have received the appropriate training as to the therapeutic use, dosage, side effects, precautions, contra-indications and methods of administration.

2.0 Purpose

This policy applies to the supply of medication to all patients and babies seen within the maternity service at University Hospitals Sussex NHS Trust.

Registered midwives must only supply and administer those medicines, in which they have received the appropriate training as to the therapeutic use, dosage, side effects, precautions, contra-indications and methods of administration.

Midwives supplying or administering medication under midwives exemptions (ME) must ensure that their practice is up to date and that they are familiar with the medicines that they supply. They should have access to the most up to date versions of the British National formulary (BNF) and the British National Formulary for Children (BNFC) and be aware of the indications, side effects and contra-indications for any medication supplied. The most up to date version is available on-line. All staff supplying or administering medication as a midwife exemption must be signed off as competent to do so.

All Trust staff (including permanent, locum, secondee, students, agency, bank and voluntary), must follow the policies agreed by the Trust. Breaches of adherence to Trust policy may have potential contractual consequences for the employee.

2.1 Documentation on EPMA and medical notes

Where medicine supply or administration occurs, it should be clear the midwife is acting under midwife exemption. “Given/supplied under midwife exemption” along with other required information must be documented.

3.0 Definitions

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised within the UK, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

EPMA Electronic Prescribing and Medicines Administration	**GLS** General Sales List
P Pharmacy Medicines	**POM** Prescription Only Medicines
CD Controlled Drugs	**BNF** British National formulary
BNFC British National Formulary for Children	**PGD** Patient group direction
IV intravenous	**IM** intramuscular
PR per rectum	**PV** per vagina

4.0 Duties, responsibilities and accountabilities

4.1 Midwives

Each registered midwife is accountable for her/his own conduct and practice in accordance with the Nursing and Midwifery Council's "The Code Professional standards of practice and behaviours for nurses and midwives".

Each midwife is responsible for any medication supplied or administered as a midwife exemption in accordance with this policy.

Any midwife supplying and administering under a midwife exemption is required to have up to date knowledge for that medication with regards to:

- Indication
- Dosage
- Side effects
- Precautions
- Contraindications
- Interactions
- Method of administration

This will be demonstrated by successful completion of the necessary competencies as outlined in the competency statement for the administration of medication (level 2) specific to midwives.

Midwives are responsible for:

- Adhering to the list of agreed exemptions at UHS listed within this policy.
- Ensuring the safe and clinically appropriate use of medicines.
- Ensuring their practice and knowledge are up to date by accessing up-to-date resources (e.g. BNF, BNFC).
- Discussing the aims and side effects of any drug treatment administered or supplied to their patient.

4.2 Student midwives

A student midwife may administer any drug listed within this policy, with the exception of controlled drugs (CDs), under the direct supervision of a competent midwife.

5.0 Midwives exemptions

5.1 Process general sale list medicines (GSL) and pharmacy medicines (P)

Human Medicines Regulations 2012 reg 223(4)/ (5) describes the legislation for midwives to supply, deliver or administer.

Midwives can supply, deliver or administer all general sale list medicines (GSL) and pharmacy medicines (P) in accordance with their scope of practice.

- Trust policy covers which GSL and P medicines are available/allowed. The allowed medicines are listed in this document.
- Trust polices which cover eligibility to administer medicines must be followed.
- The Medicines Management Policy and other relevant trust policies must be followed.
- Registered midwives must only supply and administer those medicines, in which they have received the appropriate training as to the therapeutic use.

Prior to administering or supplying a medication as a midwife exemption, the midwife will need to ensure that:

- They have an up to date knowledge of the medication they are supplying / administering.
- The patient is known to them, and that administration is within the course of their professional practice.
- The patient is not allergic to the medication or any of its excipients.
- The patient has no contra-indications to the required medication.
- There are no significant drug interactions.
- The medication supplied is the most appropriate choice for the required indication.
- The dosage is correct, consider patient's weight (where appropriate).
- The patient is counselled on any medication they are given in terms of indication, use and side effects. Where the medication is unlicensed or being used outside of its license (off-label), the patient should be made aware of this.
- An authorised prescriber is contacted without delay where contraindications are discovered, or the patient develops a reaction to the medicine or where assessment of the patient indicates the medicine is no longer suitable.
- Prior/recent drug administration is checked with the patient or theatre records and/or handover notes as appropriate.

5.2 Process for <u>inpatient / home birth</u> setting general sale list medicines (GSL) and pharmacy medicines (P)

The legal ability to supply, deliver or administer is not the legal ability to prescribe (instruct others to administer). Therefore, in the inpatient setting midwives can document giving a

dose of a P or GSL medicine which is covered in this policy. If further doses are required, then the medication should be prescribed.

Documentation of medication administration should occur in line with trust policy and be clear to other healthcare professionals caring for the patient. It should be recorded in the EPMA single dose section. Before the next dose is due (if any may be required) a prescriber should be asked to prescribe the medication.

It is recognised,

- In some situations that the midwife will be administering from a TTO pack as it will be clear the patient will be discharged on that medication e.g. NRT or a cream. This is not a supply to the patient and must be kept in accordance with Medicines Management Policy.
- In some situations, a patient may receive more than one dose of a medication via midwifery exemption before it is prescribed. The target is however for it to be prescribed and not given regularly via the EPMA single dose section.
- Home births only documentation of administration will occur as there is no easy access to a prescriber
- Entonox should not be prescribed on the Regular medication section. Only documentation of ME administration occurs in the single dose section of EPMA.

Discharge of the patient with any medication is covered by hospital policy. This must only occur via a prescription (TTO). Use of two systems, midwife exemptions and a TTO is not safe practice for medicine management at discharge. Midwife exemptions does not negate the need for a prescribed TTO at discharge.

5.3 Process for outpatient /community setting general sale list medicines (GSL) and pharmacy medicines (P)

The NHS encourages patients to purchase OTC (over the counter) medications for minor health conditions. All GSL and P medicines are OTC medications. This should also be encouraged in midwifery practice. Nicotine replacement therapy is an exception.

Midwives can supply all general sale list medicines (GSL) and pharmacy medicines (P) in accordance with their scope of practice if the medicine is listed by this document.

Supply must be documented in the patient notes in line with the Medicines Management Policy (as detailed for a patient specific order) or on EPMA.

The medicine supplied to the patient must be:

- Included in the GSL & P approved medicines list.
- In its original packaging and unopened.
- Have printed directions for the patient to follow.
- Have a trust sticker attached to the packaging to document the patient's name.
- Have a [GSL] or [P] logo printed on the packaging.
- The only exception is Entonox where its use is documented (but not supplied).

5.4 Process for prescription only medicines (POMs)

Under the Medicines for Human Use Act 2012, registered midwives may administer or supply on their own initiative any of the prescription only medicines that are specified within Schedule 17, provided it is during their professional midwifery practice. It must be limited to medications listed in this document.

Exemptions are listed under Part 1 (Exemptions from restrictions on the sale and supply of prescription only medicines) Part 2 (Exemption from the restriction on the supply of prescription only medicines) and Part 3 (Exemptions from the restriction on the administration of prescription only medicines).

- Trust polices which cover eligibility to administer medicines must be followed.
- The Medicines Management Policy or other relevant trust policies must be followed.
- Registered midwives must only supply and administer those medicines, in which they have received the appropriate training as to the therapeutic use.

Prior to administering a medication under a midwife exemption, the midwife will need to ensure that:

- They have an up to date knowledge of the medication they are supplying / administering.
- The patient is known to them, and that administration is within the course of their professional practice.
- The patient is not allergic to the medication or any of its excipients.
- The patient has no contra-indications to the required medication.
- The medication supplied is the most appropriate choice for the required indication.
- The dosage is correct, consider patient's weight (where appropriate).
- The patient is counselled on any medication they are given in terms of indication, use and side effects. Where the medication is unlicensed or being used outside of its license (off-label), the patient should be made aware of this.
- An authorised prescriber is contacted without delay where contraindications are discovered, or the patient develops a reaction to the medicine or where assessment of the patient indicates the medicine is no longer suitable.
- Prior/recent drug administration is checked with the patient or theatre records and/or handover notes as appropriate.

5.5 Process for inpatient / home birth setting Prescription Only Medicines (POM)

Documentation of the medication administration should occur in line with trust policy and be clear to other healthcare professionals caring for the patient. It should be recorded in the EPMA single dose section.
It is recognised,

- These medications are unlikely to become regular medicines and a request for them to be prescribed as such is not required.
- Home births should be documented as per policy.

6.0 Midwife Exemptions for Supply

Drug Name and Form	Legal Class	Route	Indication
Aqueous Cream	GSL	Topical	Dry skin
Anusol cream	GSL	Topical	Haemorrhoids
Anusol HC ® Ointment	P	Topical	Severe haemorrhoids and associated conditions or if unresponsive to Anusol® after three days
Clotrimazole 1% cream	P	Topical	Vulvovaginal candidiasis
Clotrimazole 500mg pessary	P	PV	Vaginal candidiasis
Diclofenac 100mg suppositories	POM	PR	Analgesia (first 48 hours only)
Emla ® cream	P	Topical	Women and birthing people requiring local anaesthesia prior to venepuncture or venous cannulation.
Entonox®	P	Inhaled	Analgesia
Ferrous sulfate 200mg tablets, Ferrous Fumarate 322mg/210mg	P	Oral	Iron-deficiency anaemia
Folic acid 400 micrograms	GSL	Oral	Prevention of neural tube defects
Fybogel sachets	GSL	Oral	Constipation
Gaviscon® Advance suspension	P	Oral	Dyspepsia
Glycerol suppositories	GSL	PR	Constipation, which has not responded to oral laxatives
Hydrocortisone 1%w/v cream	P	Topically	Skin irritation
Ibuprofen 200mg/400mg tablets	GSL	Oral	Mild to moderate pain

Instillagel®	P	Topical	Women and birthing people requiring a urinary catheter inserted either by midwife or self- catheterisation.
Lactulose solution	P	Oral	Constipation
LMX4 Lidocaine 4% w/w Cream	P	Topical	Women and birthing requiring local anaesthesia prior to venepuncture or venous cannulation.
Miconazole	POM / P	Topical	Thrush treatment
Nicotine replacement therapy (NRT) All formulations available on formulary.	P	Various	Smoking cessation (Note currently vapes are not legal medicine and are not covered in this policy)
Nystatin 100,000 units/ mL oral suspension	POM	Oral	Oral thrush
Paracetamol 500mg tablets	GSL	Oral	Mild to moderate pain
Phytomenadione 2mg	POM	Oral*	Prevention of vitamin K deficiency bleeding
Pregaday® tablets	P	Oral	Prevention of iron deficiency anaemia
Peppermint water	GSL	Oral	Abdominal colic and flatulence
Senna	GSL	Oral	Management of postnatal constipation
Simple Linctus	GSL	Oral	Sore throat / cough
Sodium Citrate Compound Enema	P	PR	Constipation, which has not responded to oral laxatives
Tetracaine (Ametop® gel)	P	Topical	Women and birthing people requiring local anaesthesia prior to venepuncture or venous cannulation.
Vitamin D supplement 10 micrograms	GSL	Oral	Pregnant women and birthing people antenatally.

7.0 Midwife Exemptions for Administration

Drug Name	Legal Class	Route	Indication
Adrenaline	POM	IM	Anaphylaxis
Anti-D Immunoglobulin	POM	IM	Prophylaxis against newborn haemolytic disease
Carboprost	POM	IM	Postpartum haemorrhage
Cyclizine	POM	IM	Antiemetic
Diamorphine	CD POM	IM	Analgesia
Ergometrine	POM	IM	Tocolytic
Gelofusine	POM	IV	Maternal fluid resuscitation
Hartmann's Solution	POM	IV	Maternal fluid resuscitation
Hepatitis B vaccine	POM	IM	Immunisation against Hepatitis B
Hepatitis immunoglobulin	POM	IM	Prophylaxis against Hepatitis B
Lidocaine	POM	Subcuticular / perineal infiltration	Local anaesthesia
Morphine	CD POM	Parenteral	Analgesia
Naloxone	POM	IV	Opioid overdose
Oxytocin	POM	IV/IM	Tocolytic to expedite 3rd stage of labour when syntometrine contra-indicated. For control of postpartum bleeding.
Pethidine	CD POM	IM	Analgesia
Phytomenadione (vitamin K)	POM	IM	To prevent Vitamin K deficiency bleeding
Prochlorperazine	POM	IM	Anti-emetic
Sodium chloride 0.9%	POM	IV	I/V Flush, infusion for maternal resuscitation or IV drug dilution.
Syntometrine®	POM	IM	Tocolytic to expedite 3rd stage of labour

8.0 Training implications

It will be the midwives responsibility:

- To acquaint themselves with the policy and in particular the list of midwifery exempt medicines.
- To have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- To have been fully authorised by their line manager and their CMG to undertake the activity.
- To always fully comply with the terms of any relevant Trust policies and/or procedures.

Appendix 1: Monitoring

Please contact uhsussex.medicines.governance.group@nhs.net

Issue being monitored	Monitoring method	Responsibility	Frequency	Reviewed by and actions arising followed up by
Safe supply & administration of medicines under Midwife Exemptions.	Audit of EPMA	Maternity Audit Team in combination with Pharmacy team.	3 year	Maternity Q&S Meeting

Appendix 2: Policy Version Control Log

Change Log – Midwives Exemption				
Version	**Date**	**Substantive changes since previous version**	**Reason for change Author**	**Author**
1.0	Feb 2024	NA	New Trust wide Midwives Exemption Policy. Previous SRH/WH and PRH/RSCH versions archived as no longer valid.	D. Annandale, Children and Women's lead pharmacist

Appendix 3: Due Regard Assessment Tool

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the document/guidance affect one group less or more favourably than another on the basis of:**		
	• Age	N	
	• Disability	N	
	• Gender (Sex)	N	
	• Gender Identity	N	
	• Marriage and civil partnership	N	
	• Pregnancy and maternity	N	
	• Race (ethnicity, nationality, colour)	N	
	• Religion or Belief	N	
	• Sexual orientation, including lesbian, gay and bisexual people	N	
2.	**Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?**	N	
3.	**If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?**	/	
4.	**Is the impact of the document likely to be negative?**	N	
5.	**If so, can the impact be avoided?**	/	
6.	**What alternative is there to achieving the intent of the document without the impact?**	N	
7.	**Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?**	/	
8.	**Has the document been assessed to ensure service users, staff and other stakeholders are treated in line with Human Rights FREDA principles (fairness, respect, equality, dignity and autonomy)?**	N	

If you have identified a potential discriminatory impact of this policy, please refer it together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact **uhsussex.equality@nhs.net 01273 664685.**

Appendix 4: Template Dissemination, Implementation and Access Plan

To be completed and attached to any policy when submitted to Corporate Governance for consideration and TMB approval.

	Dissemination Plan	Comments
1.	Identify:	
	Which members of staff or staff groups will be affected by this policy?	Midwives
	How will you confirm that they have received the policy and understood its implications?	Midwives as registered healthcare professional must understanding of policy. Set as iris training as mandatory. Midwife governance lead to action
	How have you linked the dissemination of the policy with induction training, continuous professional development and clinical supervision as appropriate?	All maternity staff are shown where to locate guidance as part of their induction process.
2.	How and where will staff access the document (at operational level)?	Staff will be able to access via SharePoint.

		Yes/No	Comments
3.	Have you made any plans to remove old versions of the policy or related documents from circulation?	YES	Previous Midwives Exemption documents are already archived.
4.	Have you ensured staff are aware the document is logged on the organisation's register?	YES	Dissemination plan includes notifying staff via work emails, Departmental social media page and safety notice boards.

Additional guidance and information

https://www.nmc.org.uk/standards/code/

https://bnf.nice.org.uk/

https://bnfc.nice.org.uk/

https://www.medicines.org.uk/emc

https://www.brightonandhoveccg.nhs.uk/your-care/medicines-and-pharmacies/prescribing-formulary/

https://obsgynhandbook.nhsggc.org.uk/scottish-national-midwifery-formulary/ (Note information from not this site does not supersede information this document.)

https://www.nmc.org.uk/standards/code/

https://www.legislation.gov.uk/uksi/2012/1916/contents/made (accessed Oct 2022)

https://www.legislation.gov.uk/uksi/2012/1916/schedule/17/made

https://www.legislation.gov.uk/uksi/2012/1916/regulation/223/made

https://bnf.nice.org.uk/

https://bnfc.nice.org.uk/

https://www.medicines.org.uk/emc (accessed Oct 2022)

https://obsgynhandbook.nhsggc.org.uk/scottish-national-midwifery-formulary/ (accessed Oct 2022)