



## Consensus Guideline: Midwife Prescribing

**The New Zealand College of Midwives expects that midwives prescribe within their scope of practice and are competent to prescribe for conditions commonly associated with uncomplicated pregnancy, labour, birth and postnatal period.**

### Rationale:

The 1990 Nurses Amendment Act amended the Medicines Act 1984 to enable midwives to prescribe prescription medicines.

There is no defined list of medicines a midwife may prescribe, but the limits as to when a midwife can prescribe are set out in an amendment in 2011 to Regulation 39 of the Medicines Regulations 1984. This regulation determines that midwives as authorised prescribers may only prescribe a medicine if the midwife prescribing it is doing so:

- *“(i) for the treatment of a patient under the authorised prescriber's care; and*
- *(ii) within, and in accordance with all conditions (if any) stated in, the authorised prescriber's scope of practice”*

The Midwifery Council has gazetted the midwifery scope of practice. This is generally accepted as care and advice during pregnancy, labour and the postpartum period up to six weeks after the birth of the baby.

The 2014 amendment to the Misuse of Drugs Regulations 1977 enabling midwives to prescribe the controlled drugs pethidine, morphine and fentanyl.

The Midwifery Council further regulated the scope of practice (2014) in relation to opioid prescribing and restricts it prescribing for intrapartum use only.

The College expects midwives prescribing narcotics for intrapartum care to be fully conversant with the New Zealand College of Midwives Consensus statement ‘Prescribing and administration of opioid analgesia in labour’.

### Guidelines/Recommendations:

- The NZCOM expects midwives to have knowledge regarding the effects, side effects, interactions and contra-indications of the drugs prescribed. The NZCOM expects midwives to prescribe within the level of their knowledge and expertise.
- Midwives are not expected to prescribe for all antenatal, labour, birth and postnatal situations.
- Prescribing by midwives would not include medicines for the treatment of underlying medical conditions such as hypertension and asthma.

- Midwives are expected to recognise and action any knowledge deficit they may have and to take part in an education programme to rectify this.
- It would be appropriate for a midwife to prescribe medicines such as vitamins and minerals (including vitamin K and iron), antipruritics, local anaesthetics, contraceptives, antibiotics, anti-bacterials, vaccinations, immuno-globulin, antifungal agents, uterotonics, antiemetics, antacids, the controlled drugs pethidine, morphine and fentanyl and their antagonists, monitoring and diagnostic agents (eg urine testing equipment), lubricants and IV fluids.
- As midwifery care is based on individual assessment of a woman's health needs this list is not exhaustive and is primarily a guideline for usual practice.

## References:

- Title: Midwifery (Scope of Practice and qualifications) Notice 2010.  
 Author: Midwifery Council of New Zealand  
 Source: <http://www.midwiferycouncil.health.nz> retrieved April 2014
- Title: Midwifery: Preparation for Practice 3e, Pairman S, Tracy S, Thorogood T, Pincombe J. Chapter 32, Pharmacology and Prescribing  
 Author: Hunter M, Gunn J  
 Source: Elsevier Australia 2014
- Title: Medication and Mothers Milk  
 Author: Thomas Hale  
 Source: Hale Publishing 2012
- Title: Breastfeeding and medication  
 Author: Wendy Jones  
 Source: Routledge 2013
- Title: Therapeutic Goods Administration  
 Author: Australian Government, Department of Health, Prescribing Medicines in Pregnancy database  
 Source: <http://www.tga.gov.au/hp/medicines-pregnancy.htm#.U03SQvmSzel> Retrieved April 2014
- Title: New Zealand Formulary  
 Source: <http://nzformulary.org> Retrieved April 2014
- Title: New Zealand Universal List of Medicines  
 Source: <http://www.nzulm.org.nz> Retrieved April 2014
- Title: Drugs safety in Pregnancy  
 Source: <http://www.druginformation.co.nz/pregnancy.htm>
- Title: Drug Safety in Lactation  
 Source: <http://www.druginformation.co.nz/breastfeeding.htm>
- Title: Medicine Data Sheets  
 Source: Medsafe. [www.medsafe.govt.nz](http://www.medsafe.govt.nz)
- Title: Drugs Vitamins and Minerals in Pregnancy

Source: Henry, Anne. Feldhausen, Jill. 1989  
Fisher Books, Tucson, USA  
ISBN 1-55561-017-X  
Information regarding medications, vitamins, minerals and other substances women may be taking or exposed to during pregnancy and lactation. The chart format provides information on common prescription and non-prescription drugs, safe and toxic doses, adverse effects on the woman, the unborn baby, the newborn and effects during breastfeeding.

Title: New Zealand Pharmaceutical Schedule  
Source: Pharmaceutical Management Agency Ltd, PO Box 10-254, Wellington  
The Schedule provides prescribers and dispensers with the list of subsidised pharmaceuticals that can be prescribed and the conditions applying to them.  
<http://www.pharmac.govt.nz/Schedule> Retrieved April 2014

Title: Midwives Handbook for Practice, 2014  
Source: NZCOM, PO Box 21 106, Christchurch.

Title: Prescribing and administration of narcotic analgesia in labour  
Author: New Zealand College of Midwives Consensus statement  
Source: [www.midwife.org.nz](http://www.midwife.org.nz)

Title: Medicines Act 1981, Regulation 39  
Source: [legislation.govt.nz](http://legislation.govt.nz) Retrieved April 2014

Title: Misuse of Drugs Act 1975  
Misuse of Drugs Act Regulations  
Source: [legislation.govt.nz](http://legislation.govt.nz)

#### **Ratification:**

*This Consensus Statement was originally ratified at AGM 25 August 1995*

*Statement updated 2002*

*References updated 2002, 2009*

*This statement was revised at the NZCOM AGM on 28/08/14*

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice.  
All position statements are regularly reviewed and updated in line with evidence-based practice.