

## PRACTICE STANDARD

# Midwives: Medications and Substances

## Introduction

These standards, limits, and conditions establish the expectations that midwives must meet when they prescribe, order, compound, dispense, or administer medications or substances to midwifery clients and their newborns.

## Standards

1. When prescribing, ordering, compounding, dispensing, or administering medications, or when ordering or administering substances, midwives:
  - a. Follow relevant provincial or federal legislation or regulations,
  - b. Follow BCCNM's ethics standards and practice standards including any applicable limits, and conditions on performing the activity,
  - c. Follow organizational, policies, processes, and restrictions, and
  - d. Practise within their individual **competence**.
2. Midwives use current evidence to support their decision-making about **medications** and their medication practices.
3. Midwives follow infection prevention and control principles when performing medication-related activities.
4. Midwives only prescribe, order, compound, dispense, or administer medication in alignment with the drug category, corresponding purposes and BCCNM's Limits and Conditions (see Table 1), unless the medication is prescribed or ordered by a physician or nurse practitioner for another purpose.
5. Certified midwives only prescribe, order, compound, dispense, or administer medication in alignment with the drug category, corresponding purposes and BCCNM's Limits and Conditions (see Table 2) if certified in the appropriate area.
6. Before performing any activities with medications or substances, midwives know the medication or substance's:
  - a. Therapeutic use and indication,
  - b. Expected effects,
  - c. Dosage(s), form (e.g., tablet, liquid) and route of administration,
  - d. Precautions, including:

- i. known risks to the client, fetus, newborn or infant during pregnancy, labour, delivery, and the postpartum period, and
    - ii. known lactation risks,
  - f. Contraindications,
  - g. Interactions,
  - h. Side effects, and
  - i. Adverse effects.
7. When performing any activities with medications or substances, midwives:
  - a. Review the client's health history and other relevant factors,
  - b. Perform and document an appropriate clinical evaluation,
  - c. Obtain and review the best possible medication history for the client using PharmaNet and/or other sources (including traditional medicines, natural health products, non-prescription medications, and substance use, in addition to prescribed medications), and take action to address any discrepancies,
  - d. Ask about the client's known allergies and ensure medication allergy information is documented,
  - e. Establish a plan for reassessment/follow-up, and
  - f. Monitor and document the client's response (as appropriate).
8. When performing any activities with medications or substances, midwives educate clients about:
  - a. Potential benefits and risks,
  - b. The expected action,
  - c. The duration of therapy,
  - d. Specific precautions or instructions,
  - e. Potential side effects and adverse effects and action to take if they occur,
  - f. Potential interactions between the medication and certain foods, other medications, or substances,
  - g. Handling and storage requirements, and
  - h. Recommended follow-up.

## PRESCRIBING

9. Midwives complete prescriptions accurately and completely, including:
  - a. The date the prescription was written,
  - b. Client name, address (if available), Personal Health Number (if available), and date of birth,

- c. Client weight (if required),
  - d. The name of the drug or ingredients, strength if applicable and dose,
  - e. The quantity prescribed and quantity to be dispensed,
  - f. Dosage instructions (e.g., frequency or interval, maximum daily dose, route of administration, duration of therapy, tapering instructions if applicable, etc.),
  - g. Refill authorization if applicable, including number of refills and interval between refills,
  - h. Their name, address, telephone number, written (not stamped) signature, and BCCNM registration number,
  - i. Date of transmission, the name and fax number of the pharmacy intended to receive the transmission, and their fax number if the prescription is being faxed, and
  - j. Directions to the pharmacist not to renew or alter if a pharmacist-initiated adaptation would be clinically inappropriate.
10. Midwives document the medication(s) prescribed and their indication(s) in the client's medical record.

## DISPENSING

11. When pharmacy services are not available and dispensing a medication for the client to take home is necessary, midwives:
- a. Ensure the product has not expired,
  - b. Label the medication with:
    - i. Client name,
    - ii. Medication name, route, strength, and dosage instructions,
    - iii. Date and quantity dispensed,
    - iv. Intended duration of therapy, specified in days (if applicable),
    - v. Name, designation, and initials of the midwife dispensing the medication,
    - vi. Any other information that is appropriate and/or specific to the medication, and
  - c. Record dispensing information in the client's record.

## SAFETY

12. Midwives:
- a. Document all activities with medications or substances accurately, contemporaneously, and legibly in the client record,
  - b. Identify the human and system factors that may contribute to medication or substance errors/events and/or near misses, and act to prevent or minimize them,

- c. Take action, including following applicable organizational/workplace policies and processes, when an error/event or near miss occurs at any point in a medication or substance-related activity,
- d. Report adverse medication reactions to the [Canada Vigilance Program](#)<sup>1</sup>, and
- e. Manage, document, report and disclose any medication or substance-related errors/events.

### INVENTORY MANAGEMENT

13. Midwives who have responsibility for the management of medication and substance inventory follow applicable federal and provincial legislation and applicable organizational/workplace policies and processes, and consult with pharmacists as needed regarding:
  - a. Handling,
  - b. Storage,
  - c. Organization of medication and substances,
  - d. Security,
  - e. Transport,
  - f. Disposal, and
  - g. Recording of medications and substances.

### CONTROLLED DRUGS AND SUBSTANCES

14. When prescribing, ordering, compounding, dispensing, or administering controlled drugs and substances, midwives:
  - a. Assess the client in person, or if clinically appropriate, through a virtual healthcare encounter with a visual assessment  
OR  
Prescribe or order without a visual assessment only after determining that it is clinically appropriate and only if the client is:
    - i. Known to the midwife, and/or
    - ii. Being assessed in person by another healthcare provider,
  - b. Document their review of the client's PharmaNet medication profile,
  - c. Document the indication and duration for which the controlled drug and substance is being prescribed, the goals of treatment, and the rationale for the drug's use over alternatives (if applicable),
  - d. Prescribe the lowest possible dose and the minimum quantity to be dispensed to achieve therapeutic goal,

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<sup>1</sup> Health Canada's surveillance program that collects and assesses reports of suspected adverse reactions to health products marketed in Canada.

- e. Know the risks of co-prescribing opioid and sedative-hypnotic drugs (e.g., benzodiazepines) and limit co-prescribing whenever possible; document the rationale and the follow-up plan if co-prescribing is necessary, and
  - f. Advise clients about the side effects and risks of controlled drugs and substances as applicable (e.g., physical tolerance, psychological dependence, addiction, diversion).
15. Midwives follow the requirements of the [Controlled Prescription Program](#) for controlled drugs and substances including requirements related to securing and disposing of prescription pads; reporting any loss, theft or misuse of the prescription pads; and record retention.

## Limits & conditions

1. Midwives may administer or order any substance by injection, inhalation, or parenteral instillation for the purposes of pain relief, preventing or treating dehydration or blood loss, resuscitation or other emergency measures and other purposes as required for midwifery practice.
2. Midwives:
  - a. Do not prescribe controlled drugs and substances for themselves, a family member, or anyone else who is not a client the midwife is treating in their professional capacity.
  - b. Do not prescribe non-controlled drugs and substances for themselves or a family member except in an urgent or emergent situation when there is no other option.
  - c. Do not provide any person with a blank, signed prescription.

**Table 1: Drug categories, purpose, and BCCNM limits & conditions**

The following table lists the drug category, purpose(s) and any limits and conditions set by BCCNM for which a drug may be prescribed, compounded, dispensed, or administered to a midwifery client or their newborn.

Drug Category	Purpose	BCCNM Limits and Conditions <i>(If blank, BCCNM has not placed additional limits or conditions)</i>
Antibiotics	Intra-partum chemoprophylaxis for Group B strep	
	Treatment of topical infection	
	Treatment of breast infection	
	Treatment of urinary tract infection	
	Prophylaxis of ophthalmia neonatorum	
Anesthetics	Performance and repair of episiotomies	
	Repair of lacerations	
	Treatment of topical inflammation	
	Localized pain prophylaxis	
Anticoagulants	Prophylaxis of venous thromboembolism	Midwives prescribe anticoagulants for prophylaxis of venous thromboembolism in hospital only

Drug Category	Purpose	BCCNM Limits and Conditions <i>(If blank, BCCNM has not placed additional limits or conditions)</i>
		and in accordance with hospital protocols/guidelines.
<b>Antifibrinolytics</b>	Treatment of postpartum hemorrhage	Midwives follow current postpartum hemorrhage treatment guidelines.
<b>Antifungals</b>	Treatment of candidiasis	
<b>Antinauseants/ Antiemetics</b>	Treatment of nausea and vomiting	
<b>Antivirals</b>	Suppression of viral infections during pregnancy and the postpartum period, excluding HIV/AIDS management	
<b>Benzodiazepines</b>	Therapeutic rest in prodromal labour, short term management of excessive anxiety in the postpartum period	Midwives must successfully complete the UBC CPD course titled <a href="#"><i>Opioids and Benzodiazepines: Safe Prescribing for Midwives.</i></a>
<b>Benzodiazepine receptor antagonists</b>	Treatment of benzodiazepine overdose	
<b>Corticosteroids</b>	Treatment of skin inflammation and hemorrhoids	
<b>Galactagogues</b>	Enhancement of breast milk production	
<b>Histamine Antagonists</b>	Manage symptoms associated with allergic reactions Treat signs and symptoms of gastrointestinal discomfort	
<b>Immune globulins</b>	Prophylaxis in the neonate Prophylaxis or treatment of the patient in pregnancy or the postpartum period	Midwives follow health authority protocol/procedures when obtaining consent for, administering, or ordering immune globulins for prophylaxis in the neonate, or prophylaxis or treatment of the patient in pregnancy or the postpartum period.  Midwives provide a record of administration of immune globulin(s) to the client's primary care provider (e.g., family physician or nurse practitioner) upon discharge from care.
<b>Inhalants</b>	Pain relief in labour or the immediate postpartum period	
<b>Narcotic Antagonists</b>	Reversal of narcotic-induced depression	

Drug Category	Purpose	BCCNM Limits and Conditions <i>(If blank, BCCNM has not placed additional limits or conditions)</i>
<b>Narcotics</b>	Pain relief in labour or the postpartum period	<p>Midwives must successfully complete the UBC CPD course titled <a href="#"><i>Opioids and Benzodiazepines: Safe Prescribing for Midwives</i></a>.</p> <p>Midwives order or administer narcotics for pain relief in labour, in hospital only, and in accordance with hospital protocols/guidelines.</p> <p>Midwives only prescribe, order, or administer narcotics for pain relief in the postpartum period for up to 72 hours postpartum.</p> <p>Midwives do not prescribe extended-release narcotics.</p>
<b>Nitrates</b>	Treatment of hypertonic uterine contractions with non-reassuring fetal status	
<b>Nonsteroidal Anti-Inflammatories</b>	Relief of inflammation and pain	
<b>Sympathomimetics</b>	Treatment of anaphylaxis or allergic reaction following the administration of a drug, vaccine, or serum	
	Neonatal resuscitation	Midwives follow current Neonatal Resuscitation Program (NRP) guidelines when conducting neonatal resuscitation.
<b>Uterotonic Agents</b>	Prophylaxis and treatment of uterine atony and postpartum hemorrhage	Midwives follow current guidelines for prophylaxis and treatment of uterine atony and postpartum hemorrhage.
<b>Vaccines</b>	Establishing an immune response	Midwives follow the BC Centre for Disease Control (BCCDC) <a href="#"><i>Immunization Manual</i></a> .
<b>Vitamin and Mineral Supplements</b>	Nutritional therapy and support	

Table 21: Drug category, purpose, and BCCNM limits & conditions for certified midwives

The following table lists the drug category, purpose(s) and any limits and conditions set by BCCNM for which a Certified Midwife may prescribe, compound, dispense, or administer a drug to a midwifery client.

Drug Category	Purpose	BCCNM Limits and Conditions
<b>Antibiotics</b>	Treatment of infection other than topical, breast or urinary tract infections	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Sexually Transmitted Infections Management</i> and the <a href="#">Canadian STI Guidelines</a>.</li> </ul>
<b>Antivirals</b>	HIV/AIDS management	<ul style="list-style-type: none"> <li>• Midwives do not prescribe/order for HIV/AIDS management.</li> </ul>
<b>Cervical Ripening Agents</b>	Preparation of the cervix for labour	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• Midwives follow local hospital guidelines, policies, and protocols for induction of labour.</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Induction and Augmentation of Labour</i>.</li> </ul>
<b>Contraceptives</b>	Prevention of conception	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Hormonal Contraceptive Therapy</i>.</li> <li>• Additional specialized practice certification required for intrauterine contraception insertion. Midwives follow the practice standard <i>Certified Midwives: Intrauterine Contraception Insertion</i>.</li> </ul>
<b>Epidural Analgesia (Continuous Infusion Maintenance)</b>	Pain relief during labour and delivery, in a hospital only	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Epidural Maintenance</i>.</li> </ul>
<b>Uterotonic agents</b>	Induction or augmentation of labour	<ul style="list-style-type: none"> <li>• Certification is required.</li> <li>• In hospital only</li> <li>• Midwives follow the practice standard <i>Certified Midwives: Induction and Augmentation of Labour</i>.</li> </ul>

## Glossary

**Competence:** the integration and application of current knowledge, skills, ability, and judgment required to perform ethically, safely and in accordance with all applicable ethics standards and practice standards.

**Medication:** refers to Schedule I, IA, II, III, and unscheduled drugs as defined in the provincial [Drug Schedules Regulation](#) under the [Pharmacy Operations and Drug Scheduling Act](#) (PODSA).

**Substances:** refers to air and water, but excludes a drug specified in Schedule I, IA, II or IV of the [Drug Schedules Regulation](#).

## Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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