



BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

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STANDARDS, LIMITS and CONDITIONS for PRESCRIBING, ORDERING and ADMINISTERING CONTRACEPTIVES

Under Schedule B of the *Midwives Regulation*, midwives with specialized training certified by the College of Midwives of BC (CMBC) may prescribe, order and administer contraceptives. Specialized practice certification in this competency area may be obtained through a course or program established or approved under the authority set out in the Bylaws for the CMBC.

These are the standards that midwives with specialized practice certification in hormonal contraceptive therapy are required to follow to independently prescribe, order and administer contraceptives, and that midwives with additional specialized practice certification in intrauterine contraception are required to follow to insert intrauterine contraception. Midwives without specialized practice certification(s) must refer their clients to an appropriate health care provider as indicated.

Midwives may only prescribe, order or administer contraceptives according to the standards, limits and conditions set out in this document and to clients under their professional care.

GENERAL PRESCRIBING STANDARDS

Midwives:

1. Prescribe therapeutics within their scope of practice, and in compliance with relevant federal and provincial legislation and organizational policies.
2. Are accountable for their prescribing decisions.
3. Adhere to relevant guidelines when prescribing.
4. Prescribe according to best evidence.
5. Before prescribing, ensure they are competent to:
 - a. establish or confirm a diagnosis for the client;
 - b. manage the treatment and care of the client; and
 - c. monitor and manage the client's response to the therapeutic.
6. When prescribing:
 - a. consider the client's health history and other relevant factors (e.g. age, gender, lifestyle, the client's perspective);
 - b. undertake and document an appropriate clinical evaluation (e.g. physical examination, review of relevant tests, imaging and specialist reports);
 - c. obtain the best possible medication history for the client using PharmaNet (when access is available) and other sources;
 - d. review the medication history and act to address any discrepancies;

- e. ask about the client's drug allergies and ensure drug allergy information is accurate;
 - f. appropriately document the therapeutics prescribed and their indication(s) in the client's medical record;
 - g. establish a plan for reassessment/follow-up; and
 - h. monitor and document the client's response to the therapeutic prescribed (as appropriate).
7. When prescribing, provide information to clients about:
- a. potential benefits and risks of the therapeutic;
 - b. the expected action of the therapeutic;
 - c. the duration of therapy;
 - d. specific precautions or instructions for the therapeutic;
 - e. potential side-effects and adverse effects and action to take if they occur;
 - f. potential interactions between the therapeutic and certain foods, other drugs, or substances; and
 - g. recommended follow-up.
8. Complete prescriptions accurately and completely, including:
- a. the date the prescription was written;
 - b. client name, address (if available), PHN (if available) and date of birth;
 - c. client weight (if required);
 - d. name, strength and dose of the therapeutic;
 - e. the quantity prescribed and quantity to be dispensed;
 - f. dosage instructions (i.e. frequency or interval, maximum daily dose, route of administration, duration of therapy);
 - g. refill authorization if applicable, including number of refills and interval between refills;
 - h. their name, address, telephone number, written (not stamped) signature, and CMBC 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 adaption would be clinically inappropriate.
9. Document all verbal orders and telephone prescriptions accurately, contemporaneously and legibly in the client record.
10. Undertake medication reconciliation to ensure accurate and comprehensive medication information is communicated consistently.
11. Report adverse drug reactions to the [Canada Vigilance Program](#)¹.
12. Manage, document, report and disclose any medication errors.
13. Do not prescribe therapeutics for themselves or a family member except in an urgent or emergent situation when there is no other prescriber available.

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

14. Do not provide anyone with a blank, signed prescription.

LIMITS AND CONDITIONS FOR PRESCRIBING CONTRACEPTIVES

In addition to compliance with the standards for general prescribing, midwives who prescribe and order contraceptives:

1. Are required to obtain specialized practice certification in this area from CMBC. This can be achieved by notifying CMBC of their successful completion of the following course or equivalent: British Columbia Institute of Technology (BCIT)'s NSPN 7720 – Contraceptive Management in Reproductive Health.
2. May prescribe, order and administer systemic, combined hormonal contraception and progestin-only contraception:
 - a. in oral, injectable, transdermal and intravaginal formulations; AND
 - b. for up to three months postpartum.
3. May prescribe intrauterine contraception
 - a. for up to three months postpartum.

LIMITS AND CONDITIONS FOR INSERTING INTRAUTERINE CONTRACEPTION

In addition to compliance with the standards, limits and conditions for general and contraceptive prescribing, midwives who insert intrauterine contraception:

1. Are required to obtain specialized practice certification in this area from CMBC. This can be achieved by notifying CMBC of their successful completion of and participation in following requirements or equivalent:
 - a. British Columbia Institute of Technology (BCIT)'s NSPN 7720 – Contraceptive Management in Reproductive Health; AND
 - b. SOGC's IUC from A to Z followed by completion of CMBC's *Continuing Professional Development Reflective Exercise*; AND
 - c. IUC Pilot Project Training for Midwives.
2. May insert intrauterine contraception for up to three months postpartum.
3. Must maintain competency by inserting at least four IUCs every 24 months.

References:

BC College of Nursing Professionals (2018). [Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions](#). Vancouver, BC.

College of Midwives of British Columbia (2018). [Standards, Limits and Conditions for Prescribing, Ordering and Administering Therapeutics](#). Vancouver, BC.

College of Midwives of Ontario (2014). [Prescribing and Administering Drugs](#). Toronto, ON.

College of Midwives of Ontario (2018). [Professional Standards for Midwives](#). Toronto, ON.

College of Registered Nurses of Nova Scotia (2018). [Nurse Practitioner Standards of Practice](#). Halifax, NS.