BCCNM REGISTERED MIDWIVES

Medications and Substances

Standards, Limits, Conditions

British Columbia College of Nurses & Midwives

900 – 200 Granville St
Vancouver, BC V6C 1S4
Canada

T: 604.742.6200
Toll-free: 1.866.880.7101
bccnm.ca

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Revision Log

Revision Date	Revisions Made
Nov. 24, 2022	First issue
March 10, 2023	Added vitamin and mineral supplements to Table 1: Schedule A Medications Limits and Conditions
September 21, 2023	Amendments to the standards related to prescribing medications to address gaps identified by engagement with key informants and audiences.

Table of Contents

Standards, limits and conditions for medications and substances

These standards, limits and conditions set the expectations midwives must meet when performing activities or providing services involving medications and substances. Midwives are also subject to all other applicable standards, limits, and conditions set by BCCNM or specified in the *Midwives Regulation*, as well as any applicable organizational or workplace policies.

Midwifery scope of practice related to medications and substances

Within their autonomous scope of practice, midwives have the authority to prescribe, order, compound, dispense, or administer medications[1] and to administer or order substances[2] within the scope of midwifery practice for a client during normal pregnancy, labour, delivery, or the postpartum period, and for the client's newborn (*Midwives Regulation,* section 6(6)).

Midwives may autonomously perform activities with Schedule I and IA medications as defined by the *Drug Schedules Regulation* if those medications are included in a category of medications set out in Table 1, Table 2, and Table 3 of this standard, and if those medications are provided for the corresponding purpose(s) as set out in those tables. They may also compound, dispense, or administer other Schedule I or IA medications not included in the categories and/or purposes set out in Table 1, Table 2, and Table 3 **only if** they have consulted with and received an order from a physician or nurse practitioner (*Midwives Regulation*, section 6(3)).

Midwives may autonomously perform activities with any Schedules II, III, and unscheduled medications as defined by the *Drug Schedules Regulation* (those available without a prescription). Midwives may also autonomously 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
- Other purposes as required for midwifery practice (*Midwives Regulation*, section 5(1)(f))

However, those substances named in Schedule A of the *Midwives Regulation* may only be ordered and administered as set out in Table 4 of this standard.

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

[2] "Substances" includes air and water, but excludes a drug specified in Schedule I, IA, II or IV of the *Drug Schedules Regulation.*

Standards

1. When prescribing, ordering, compounding, dispensing, or administering medications, or when ordering or administering substances, midwives:
    a. Practise within their scope of practice, and in compliance with relevant federal and provincial legislation or regulations, BCCNM standards of practice[3], and organizational/workplace policies
    b. Are accountable for their decisions
    c. Apply relevant guidelines
    d. Act according to current evidence
    e. Follow infection prevention and control principles
    f. Practise within their individual competence
2. Before performing any activities with medications or substances, midwives know the medication's 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
        ii. known lactation risks
    e. Contraindications
    f. Interactions
    g. Side effects
    h. Adverse effects
3. 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

[3] Standards of Practice means standards, limits, or conditions for the practice of a designated health profession by registrants, established in accordance with section 19(1)(k) or (1.1) of the Act.

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

f. Monitor and document the client's response (as appropriate)

4. 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

   h. Recommended follow-up

PRESCRIBING

5. 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

j. Directions to the pharmacist not to renew or alter if a pharmacist-initiated adaption would be clinically inappropriate

6. Midwives document the medication(s) prescribed and their indication(s) in the client's medical record.

DISPENSING

7. 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

   c. Record dispensing information in the client's record

SAFETY

8. 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 polices 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[4]

e. Manage, document, report and disclose any medication or substance-related errors/events

INVENTORY MANAGEMENT

9. 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

10. 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)

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

d. Prescribe the lowest possible dose and the minimum quantity to be dispensed to achieve therapeutic goal

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

f. Advise clients about the side effects and risks of controlled drugs and substances as applicable (e.g., physical tolerance, psychological dependence, addiction, diversion)

11. Midwives follow the requirements of the Controlled Prescription Program[5] for controlled drugs and substances 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 and conditions

1. Midwives only prescribe, order, compound, dispense, or administer the Schedule I or IA medications that are set out in **Table 1, Table 2**, and **Table 3**, or otherwise prescribed or ordered by a physician or nurse practitioner.

   a. Midwives who prescribe, order, compound, dispense, or administer Schedule I or IA medications by any method from the drug categories included within Schedule A or B of the *Midwives Regulation*, only do so for the corresponding purposes outlined in those schedules and as set out in **Table 1** and **Table 2** of this Standard, unless the medication is prescribed or ordered by a physician or nurse practitioner for another purpose.

   b. Midwives who prescribe, order, compound, dispense or administer Schedule I or IA medications by any method that are not within the drug categories within Schedule A or B of the *Midwives Regulation*, only do so as set out in **Table 3** of this Standard, or as otherwise prescribed or ordered by a physician or nurse practitioner.

2. Midwives who order or administer substances named in Schedule A of the *Midwives Regulation*, only do so for the purpose(s) within Schedule A of the Regulation and as set out in **Table 4** of this Standard, unless the substance is ordered by a physician or nurse practitioner for another purpose.

3. Midwives who compound, dispense or administer Schedule I or IA medication prescribed or ordered by a physician or nurse practitioner must consult with the ordering physician or nurse practitioner beforehand, unless the medication and the purpose for which it is required is within the midwives authorized autonomous scope of practice.

4. Midwives:

[5] https://www.bcpharmacists.org/cpp

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: Schedule A Medications Limits and Conditions

The following table lists the categories of drugs and purpose(s) for which they may be prescribed, ordered, compounded, dispensed, or administered within a midwife's autonomous scope of practice per Schedule A in the *Midwives Regulation*, and any limits and conditions set by BCCNM. Midwives must also follow other BCCNM standards including *Indications For Discussion, Consultation and Transfer of Care*.

Drug Category	Purpose(s) as per Schedule A of the *Midwives Regulation*	BCCNM Limits and Conditions *(If blank, BCCNM has not placed additional limits or conditions on the drug category beyond those already in the Midwives Regulation.)*
Antibiotics	Intra-partum chemoprophylaxis for Group B strep	
	Treatment of topical infection[6]	
	Treatment of breast infection	
	Treatment of urinary tract infection	
	Prophylaxis of ophthalmia neonatorum	
Anesthetics	Performance of episiotomies	
	Repair of episiotomies and lacerations	
	Treatment of topical inflammation	
	Localized pain prophylaxis	
Anticoagulants	Prophylaxis of venous thromboembolism	Midwives prescribe anticoagulants for prophylaxis of venous thromboembolism in hospital only and in accordance with hospital protocols/guidelines.
Antifungals	Treatment of candidiasis	

[6] Topical infections do not include sexually transmitted infections (STIs). For STIs see **Table 2**.

Drug Category	Purpose(s) as per Schedule A of the *Midwives Regulation*	BCCNM Limits and Conditions *(If blank, BCCNM has not placed additional limits or conditions on the drug category beyond those already in the Midwives Regulation.)*
Antinauseants/ Antiemetics	Treatment of nausea and vomiting	
Antivirals	Suppression of viral infections during pregnancy and the postpartum period, excluding HIV/AIDS management	
Benzodiazepines	Therapeutic rest in prodromal labour, short term management of excessive anxiety in the postpartum period	Midwives must successfully complete the UBC CPD course titled *Opioids and Benzodiazepines: Safe Prescribing for Midwives*.
Corticosteroids	Treatment of skin inflammation and hemorrhoids	
Galactagogues	Enhancement of breast milk production	
Histamine Antagonists	Treatment of anaphylaxis related to the administration of drugs, vaccines, or sera	
Narcotic Antagonists	Reversal of narcotic-induced depression	
Narcotics	Pain relief in labour or the postpartum period	Midwives must successfully complete the UBC CPD course titled *Opioids and Benzodiazepines: Safe Prescribing for Midwives*. Midwives order or administer narcotics for pain relief in labour, in hospital only, and in accordance with hospital protocols/guidelines. Midwives only prescribe, order, or administer narcotics for pain relief in the postpartum period for up to 72 hours postpartum.

Drug Category	Purpose(s) as per Schedule A of the *Midwives Regulation*	BCCNM Limits and Conditions *(If blank, BCCNM has not placed additional limits or conditions on the drug category beyond those already in the Midwives Regulation.)*
		Midwives do not prescribe extended-release narcotics.
Nitrates	Treatment of hypertonic uterine contractions with non-reassuring fetal status	
Nonsteroidal Anti-Inflammatories	Relief of inflammation and pain	
Sympathomimetics	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.
Uterotonic Agents	Prophylaxis and treatment of uterine atony and postpartum hemorrhage	Midwives follow current guidelines for prophylaxis and treatment of uterine atony and postpartum hemorrhage.
Vaccines	Establishing an immune response	Midwives follow the BC Centre for Disease Control (BCCDC) *Immunization Manual*.
Vitamin and Mineral Supplements	Nutritional therapy and support	

Table 2: Schedule B Medications Limits and Conditions

The following table lists the categories of drugs and the purpose for which they may be prescribed, ordered, compounded, dispensed, or administered within a midwife's autonomous scope of practice per Schedule B in the *Midwives Regulation*, and the limits and conditions set by BCCNM for midwives with specialized practice certification in the competency area.

Midwives without specialized practice certification may only compound, dispense, and administer these medications after consulting with and on the order of a physician or nurse practitioner.

Drug Category	Purpose(s) as per Schedule B of the *Midwives Regulation*	BCCNM Limits and Conditions *(If blank, BCCNM has not placed additional limits or conditions on the drug category beyond those already in the Midwives Regulation.)*
Antibiotics	Treatment of infection not included in Schedule A of Midwives' Regulation	Specialized practice certification in *Sexually Transmitted Infections Management* required. Midwives only prescribe, order, compound, dispense, or administer treatment for sexually transmitted infections, throughout the perinatal period including the three months following birth. Midwives follow the *Framework for Midwife Certification in Sexually Transmitted Infections Management* and *Canadian STI Guidelines*.
Antivirals	HIV/AIDS management	Midwives do not prescribe/order for HIV/AIDS management.
Cervical Ripening Agents	Induction of labour	Specialized practice certification in *Prescribing, Ordering, Administering and Managing Induction and Augmentation of Labour in Hospital* required. Midwives follow local hospital guidelines, policies, and protocols for induction of labour. Midwives follow the *Framework for Midwife Certification for Prescribing, Ordering, Administering and Managing Induction and Augmentation of Labour in Hospital.*
Contraceptives	Prevention of conception	Specialized practice certification in *Hormonal Contraceptive Therapy* required. Midwives follow the *Framework for Midwife Certification in Hormonal Contraceptive Therapy.* Additional specialized practice certification required for *Intrauterine Contraception Insertion*. Midwives follow the *Framework for Midwife Certification in Intrauterine Contraception Insertion.*

Drug Category	Purpose(s) as per Schedule B of the *Midwives Regulation*	BCCNM Limits and Conditions *(If blank, BCCNM has not placed additional limits or conditions on the drug category beyond those already in the Midwives Regulation.)*
Epidural Analgesia (Continuous Infusion Maintenance)	Pain relief during labour and delivery, in a hospital only	Specialized practice certification in *Epidural Maintenance* required. Midwives follow the *Framework for Midwife Certification in Epidural Maintenance.*
Oxytocin (Intravenous Infusion)	Induction or augmentation of labour, in a hospital only	Specialized practice certification in *Prescribing, Ordering, Administering and Managing Induction and Augmentation of Labour in Hospital* required. Midwives follow the *Framework for Midwife Certification for Prescribing, Ordering, Administering and Managing Induction and Augmentation of Labour in Hospital.*

Table 3: Medications Not in Schedule A or B Limits and Conditions

The following table lists the categories of Schedule I drugs which a midwife may prescribe, compound, dispense, and or administer within their autonomous scope of practice, and the limits and conditions set by BCCNM.

Drug Category	BCCNM Limits and Conditions *(If blank, BCCNM has not placed additional limits or conditions on the drug category.)*
Benzodiazepine Receptor Antagonists	
Antifibrinolytics	Midwives follow current postpartum hemorrhage treatment guidelines.

Table 4: Substances in Schedule A Limits and Conditions

The *Midwives Regulation* 5(1)(f) allows a midwife to order or administer a substance[7] by injection, inhalation, or parenteral instillation for the purposes of pain relief, preventing or treating dehydration or blood loss, resuscitation or other emergency measures, or other purposes as required for midwifery practice.

The following table lists the substances named in Schedule A of the *Midwives Regulation*, the purpose(s) for which they may be ordered or administered within a midwife's autonomous scope of practice, and the limits and conditions set by BCCNM for those categories of substances.

Substance Category	Purpose(s) as per Schedule A and 5(1)(f) of the *Midwives Regulation*	BCCNM Limits and Conditions *(If blank, BCCNM has not placed additional limits or conditions on the substance category beyond those already in the Midwives Regulation)*
Immune Globulins	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.
Inhalants	Pain relief in labour or the immediate postpartum period	

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900 – 200 Granville St
Vancouver, BC V6C 1S4
Canada

www.bccnm.ca

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[7] "Substance" includes air and water, but excludes a drug specified in Schedule I, IA, II or IV of the Drug Schedules Regulation.