



A review of maternity services initiated in July 2004 by the Minister for Health, examined services for pregnancy, birth and post-birth care across Queensland and recommend evidence-based sustainable strategies to enhance choices for women, wherever they live, without compromising safety. One of the recommendations from the report was to explore new models of maternity services and the appropriateness of midwives being able to order specified drug treatments and tests.

In January 2006, The Australian College of Midwives wrote to and then met with the Director General of Queensland Health to further explore the issue of midwives being given greater rights in relation to scheduled drugs, including the right to prescribe. The topic re-entered ACM Qld agenda from a paper entitled “Barriers to Comprehensive Practice of Midwifery in Queensland 2005”

In line with the recommendations of the *Re-birthing*: report of the Review of Maternity Services in Queensland, and the specific request from the ACM, the Minister endorsed a review of the *Health (Drugs and Poisons) Regulation 1996* to allow midwives to initiate and administer certain medications according to a Drug Therapy Protocol (DTP).

The Office of the Chief Nursing Officer (OCNO) progressed a Midwifery DTP working party which included stakeholders from Queensland Nursing Council, Queensland Nurses Union, Australian College of Midwives, RANZCOG, AMAQ, QDGP, Policy and Legislation Branch, Environmental Health Unit, Private Hospitals Association, Medicines and Pharmacy Services Unit, and midwives.

Currently in Queensland areas providing maternity services have a variety of ‘standing orders’ used by midwives to administer and supply medications. Standing orders vary greatly in the details provided and in the review process for updating them. DTPs provide a state-wide legal framework which outlines the conditions under which a midwife may administer, supply or provide written/oral instructions for the administration/supply of listed medications regardless of her place of work; hospital, clinics, community or in a woman’s home.

In June 2007, the *Health Legislation Amendment Regulation No.4* was approved to extend current authorisation for midwives to initiate, administer and supply relevant pharmacological substances under a DTP. The legislative changes are consistent with the Australian Nursing and Midwifery Council competency standards for Midwives and removes impediments to midwives providing comprehensive pre-pregnancy, antenatal, intrapartum and postnatal care.

Under the new Regulation, midwives are, to the extent necessary to practise midwifery, authorised to:

- a. Obtain a controlled or restricted drug or S2 or S3 poison
- b. Possess a controlled or restricted drug at a place where the person practises midwifery
- c. Administer or supply a controlled or restricted drug under a drug therapy protocol or on the instruction of a doctor or nurse practitioner
- d. Administer an S2 or S3 poison and in Rural or Isolated practice areas Supply an S2 or S3 poison

Administer, for a controlled or restricted drug or a poison, means give a person a single treatment dose of the drug or poison, to be taken by the person immediately. Supply, for a controlled or restricted drug or a poison, means give or offer to give, a person one or more treatment doses of the drug or poison, to be taken by the person during a certain period.

S2 and S3 medications used in midwifery practice include: iron supplements, antifungal pessaries/cream such as nystatin, and paracetamol. A number of 'unscheduled' preparations may also be recommended / administered by midwives including: vitamin K, laxatives such as Metamucil, antacids such as Mylanta and urinary alkalisers.

The legislative changes help ensure that midwives do not operate outside of the legislation and improve risk management and quality processes in many situations. The changes will also strengthen midwifery models of care, decreasing fragmentation of care and improving the continuum of care for women. Any midwife endorsed to practise midwifery by the Queensland Nursing Council is authorised to practice under this Drug Therapy Protocol.

The regulation supporting the Drug Therapy Protocol required the development of a state-wide generic Health Management Protocol (HMP) for its implementation. The Midwifery HMP is a set of clinical guidelines that outline the situations and conditions under which an endorsed Midwife can administer and supply medications listed on the DTP. The resultant HMP is the product of an extensive review and consultation process with interdisciplinary health care professionals, including those working in isolated and rural areas.

The Midwifery HMP clearly identifies the procedures for clinical assessment, management and follow-up of clients including the recommended drug therapy for the relevant clinical problem, a clinical indication or time when a medical referral/consultation must occur for that condition, the name, form and strength of the drug and the condition/situation for which it is intended including the recommended dose, route of administration, frequency and duration of supply.

The HMP *does not* include information such as contra-indications, precautions, and adverse reactions relevant to the various drugs recommended. Midwives using the HMP must be in possession of: the HMP, a copy of the relevant DTP For Midwives, a current Australian Prescription Product Guide and/or a current MIMS Annual, a copy of the *Health (Drugs and Poisons) Regulation 1996* and a current edition of the NHMRC Australian Immunisation Handbook. A midwife must be aware that practising within this DTP does not relieve them of their legal responsibility or accountability for their actions and may not provide immunity in case of negligence.

A state-wide in-service process is being developed to advise midwives about the new DTP and HMP.