Medicines and Poisons Act 2019

Extended Practice Authority
'Midwives'

Queensland Government

Version control

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Extended Practice Authority - 'Midwives'

This extended practice authority (EPA) has been made under section 232 of the *Medicines and Poisons Act 2019* (Qld) by the Deputy Director-General, Queensland Public Health and Scientific Services, Queensland Health, as a delegate of the chief executive, Queensland Health. It states the scope of the regulated activities with the regulated substances which a midwife is authorised to carry out for the purposes described in column 3 of the table under Schedule 7, Part 2 of the Medicines and Poisons (Medicines) Regulation 2021 (Qld).

A term used in this EPA that is defined in the *Medicines and Poisons Act 2019* or the Medicines and Poisons (Medicines) Regulation 2021, has the meaning stated in the *Medicines and Poisons Act 2019* or Medicines and Poisons (Medicines) Regulation 2021.

Circumstances and conditions

1. A midwife may administer an S8 medicine; or administer or give a treatment dose of an S4 medicine (other than an immunisation medicine) listed in Appendix 1, column 1 of this EPA only:
    a. by a route of administration for the medicine stated in Appendix 1, column 2; and
    b. subject to the conditions for the medicine stated in Appendix 1, column 3 (if any); and
    c. in accordance with relevant *Queensland Clinical Guidelines* published on the Queensland Health website (https://www.health.qld.gov.au/qcg/publications) ; or, for relevant organisations, the current online edition of the *Primary Clinical Care Manual*.[1]
2. For the requirements for administration of immunisation medicines, including for patient selection, patient consent, administration, documenting immunisation and follow up care, the midwife must act in accordance with:
    a. the current online edition of the *Australian Immunisation Handbook*; or
    b. the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or
    c. the product information approved by the Therapeutic Goods Administration (TGA); or
    d. the current recommendations provided on the *Immunisation Schedule Queensland*.
3. A midwife must not give a treatment dose of a monitored medicine unless stated otherwise in this EPA.
4. When acting under this EPA, the midwife must ensure they have access to, and refer to, relevant *Queensland Clinical Guidelines,* the *Australian Immunisation Handbook* and/or, for relevant organisations, the *Primary Clinical Care Manual*.

[1] Unless, in the opinion of the midwife, such actions would be detrimental to the patient. In such instances, a medical practitioner must be consulted.

5. Before administering a medicine or giving a treatment dose of a medicine listed in Appendix 1, the midwife must be familiar with the contra-indication(s) and known side effect(s) of the medicine and advise the patient accordingly.

6. Before inserting or removing a contraceptive subdermal implant or a hormonal intrauterine device, the midwife must:

    a. Have successfully completed ***contraceptive implant insertion and removal training*** [2] (specified training) and assessment; and/or

    b. Have successfully completed ***hormonal intrauterine device insertion and removal training*** [3] (specified training) and assessment; and

    c. be approved by a Hospital and Health Service or another health service that uses a credentialing process meeting the requirements of the current *Health Service Directive: Credentialing and defining the scope of clinical practice* or the current *Australian Commission on Safety and Quality in Health Care Standard for Credentialing and Defining the Scope of Clinical Practice* to define a credentialed scope of clinical practice to undertake the administration and removal of long-acting reversible contraception (LARC).

7. Before administering or giving a treatment dose of mifepristone and misoprostol (e.g., MS-2 Step), the midwife must have successfully completed ***early medical termination of pregnancy training*** [4] (specified training).

8. A midwife may only administer a medicine mentioned in the 'Immunisation medicines' table in Appendix 1 (except for specific immunisation medicines identified with a # in the table), if the midwife has successfully completed any of the following:

    a. an approved program of study for endorsement as an Immunisation Program Nurse with the former Queensland Nursing Council; or

    b. a qualification in immunisation previously approved by the chief executive of Queensland Health under the (repealed) Health (Drugs and Poisons) Regulation 1996 (Qld); or

    c. an accredited immunisation training course that contains learning objectives equivalent to the domains in the *National Immunisation Education Framework for Health Professionals*.

9. Before immunisation medicines are administered, the midwife must ensure the equipment and procedures detailed in the current online edition of the Australian Immunisation Handbook are in place.

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[2] **Contraceptive implant insertion and removal training** means a course approved by the midwife's employer that provides the theoretical and simulated training on the insertion, localisation and removal of contraceptive implants, including indications and contraindications, management of common side effects, client counselling and administration of local anaesthetic.

[3] **Hormonal intrauterine device insertion and removal training** means a course approved by the midwife's employer that provides the theoretical and simulated training on the insertion, localisation and removal of hormonal intrauterine devices, including indications and contraindications, management of common side effects, client counselling.

[4] **Early medical termination of pregnancy training** means a course approved by the midwife's employer that includes at a minimum: education about early medical termination of pregnancy medicine/s including indications, contraindications, management of common side effects and administration; confirming pregnancy and gestation; pre and post termination counselling; cultural safety; mental health assessment and psychosocial screening; screening for domestic violence and reproductive coercion; screening for sexually transmitted infections; contraceptive advice; appropriate management; escalation and follow up.

10. When immunisation medicines are in the possession of the midwife, the midwife must ensure that the storage and transport of the medicines is in accordance with the *National vaccine storage guidelines: Strive for 5*.

11. The midwife who administers an immunisation medicine must ensure:

    a. the immunisation is recorded on the Australian Immunisation Register (AIR) as soon as practicable and ideally at the time of immunisation; and

    b. any adverse event that occurs following an immunisation must be notified using the Adverse Event Following Immunisation (AEFI) form published on the Queensland Health website.

12. If Consumer Medicine Information (CMI) is available for a particular medicine, the midwife must, where reasonably practicable, offer the information to each person to whom the midwife administers or gives a treatment dose of the medicine listed in Appendix 1.

Appendix 1

Schedule 8 (S8) medicines

Opioid Analgesics for Obstetric Use		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Morphine	Intramuscular Subcutaneous	Single dose only up to a maximum of 10 mg intrapartum.
Pethidine	Intramuscular	Single dose only up to a maximum of 150 mg intrapartum.

Schedule 4 (S4) medicines

Antibiotics and other Anti-infective agents		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Benzylpenicillin	Intramuscular Intravenous	Group B Streptococcus prophylaxis intrapartum. Administer one dose. For unplanned births in rural and isolated practice settings, additional maintenance doses can be administered until retrieval to an obstetric facility.
Benzathine penicillin *e.g. Bicillin L-A*	Intramuscular	
Ceftriaxone	Intramuscular	Administer one dose reconstituted with lidocaine 1% injection. For treatment in rural hospitals[5] and isolated practice areas[6] of sexually transmitted infections.

[5] As per the definition for **rural hospital** in Schedule 22 of the Medicines and Poisons (Medicines) Regulation 2021.
[6] As per the definition for **isolated practice area** in Schedule 22 of the Medicines and Poisons (Medicines) Regulation 2021.

Antibiotics and other Anti-infective agents		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Lincomycin	Intramuscular Intravenous	Group B Streptococcus prophylaxis intrapartum. For women who are allergic to penicillins. Administer one dose. For unplanned births in rural and isolated practice settings, additional maintenance doses can be administered until retrieval to an obstetric facility.
Amoxicillin	Oral	Administer one dose and give a treatment dose[7].
Amoxicillin/clavulanic acid	Oral	
Cefalexin	Oral	
Clindamycin	Oral	
Dicloxacillin	Oral	
Flucloxacillin	Oral	
Azithromycin	Oral	Administer one dose and give a treatment dose as necessary[7]. For treatment in rural hospitals[5] and isolated practice areas[6] of sexually transmitted infections.
Doxycycline	Oral	
Metronidazole	Oral	
Nitrofurantoin	Oral	Administer one dose and give a treatment dose[7]. Do not use in women at or near term or delivery. Not to be used for a patient with renal impairment.
Trimethoprim	Oral	Administer and/or give a treatment dose[7].

[7] When giving a treatment dose, may only give the smallest available manufacturer's pack.

Antidotes (Agents to treat adverse events)		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Benzatropine	Oral	Administer one dose. Consult authorised prescriber if more than recommended dose required.
Naloxone	Intravenous Intramuscular	Neonates only. Maximum 0.4 mg.

Antiemetic		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Metoclopramide	Intravenous Intramuscular	Adult only. Single dose only. Maximum 10 mg.
	Oral	Adult only. Single dose only. Maximum 10 mg. For use as part of termination of pregnancy protocol, also give a treatment dose as necessary[7].
Ondansetron[8]	Oral Intravenous	Administer and/or give a treatment dose[7].

Anaesthetic - local		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Lidocaine 1%	Local infiltration	Total maximum infiltration 200 mg.
Lidocaine with adrenaline (epinephrine)	Subcutaneous	Up to 5mLs for the insertion or removal of long-acting reversible contraceptive (LARC) hormonal implants.

[8] Use for non-specific nausea and vomiting is off label. Ensure appropriate documentation and evaluation is undertaken as per CATAG guiding principles for the quality use of off label medicines.

Antihypertensives		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Nifedipine	Oral	Initial dose which can be repeated once if required.

Treatment of seizures		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Midazolam	Intravenous Intramuscular Intranasal Buccal	Administer one dose for seizures. Consult authorised prescriber if more than recommended dose required.

Labour suppression		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Nifedipine	Oral	Two doses can be administered if required. Maximum dose 160 mg per day. If a third dose is required, consult authorised prescriber.

Corticosteroid		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Betamethasone	Intramuscular	Administer one dose only. Consult authorised prescriber if more than recommended dose required.

Inhalational analgesia		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Nitrous oxide and oxygen	Inhalation	Up to 70% nitrous oxide with 30% oxygen.

Agents acting on the uterus		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Oxytocin	Intramuscular Intravenous	
Oxytocin / ergometrine	Intramuscular	Single dose only.
Ergometrine	Intramuscular Intravenous	250 micrograms per dose up to a maximum of 500 micrograms.
Misoprostol	Rectal Sublingual Buccal	Maximum 1000 micrograms.
Mifepristone and misoprostol *e.g. MS-2 Step*	Oral	For use in early medical termination of pregnancy. Only if the midwife has completed **specified training**[4] and has been approved by their employer to administer or give a treatment dose of mifepristone and misoprostol (e.g. *MS-2 Step*).

Antifibrinolytic		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Tranexamic acid	Intravenous	For use in the treatment of post-partum haemorrhage

Analgesics for medical termination of pregnancy		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Paracetamol/Codeine	Oral	Administer one dose and give a treatment dose as necessary as part of the termination of pregnancy protocol[7].
Ibuprofen	Oral	Administer one dose and give a treatment dose as necessary as part of the termination of pregnancy protocol[7].

Contraceptives		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Etonogestrel *e.g. Implanon*	Subdermal	Only if the midwife has completed a **specified training**[2] and has been approved by their employer to insert and/or remove long-acting reversible contraceptive (LARC) implants.
Levonorgestrel	Oral	Administer stat dose for emergency contraception. Supply up to eight (8) weeks treatment dose for contraception.
	Intrauterine	Only if the midwife has completed a **specified training**[3] and has been approved by their employer to insert and/or remove long-acting reversible contraceptive (LARC) intrauterine devices.

Immunoglobulins		
Regulated substance	**Approved route of administration**	**Restrictions/Conditions**
Anti D (Rh) immunoglobulin	Intramuscular	

Immunisation medicines Immunisation training course is **not required** for a midwife working under the EPA-Midwives to administer immunisation medicines marked with #.		
Regulated substance/antigen	**Approved route of administration**	**Restrictions/Conditions**
BCG #	Dose and route of administration of the listed immunisation medicine, as: - stated in the current online edition of the Australian Immunisation Handbook, or - stated in the product information approved by the TGA, or - as per current recommendations issued by ATAGI, or - as per current recommendations provided on the Immunisation Schedule Queensland.	Under a Tuberculosis immunisation program in accordance with the *Health Services Directive – Tuberculosis Control* and the *Health Service Directive Protocol for the Control of Tuberculosis*.
COVID-19 #		
Diphtheria #		
Haemophilus influenzae type B		
Hepatitis A		
Hepatitis B immunoglobulin-VF (HBIG) #		Single dose. For infants of Hepatitis B surface antigen (HBsAg) positive mothers only.
Hepatitis B #		Single dose. Give to newborn immediately after birth (preferably within 24 hours).
Human Papillomavirus		
Influenza #		
Japanese encephalitis		
Measles #		
Meningococcal		
Mumps #		
Nirsevimab #		
Pertussis #		
Pneumococcal		
Poliovirus		
Respiratory syncytial virus (RSV) #		
Rotavirus		

Immunisation medicines Immunisation training course is **not required** for a midwife working under the EPA-Midwives to administer immunisation medicines marked with #.		
Regulated substance/antigen	**Approved route of administration**	**Restrictions/Conditions**
Rubella # Tetanus # Varicella (chickenpox) Zoster (herpes zoster)	Dose and route of administration of the listed immunisation medicine, as: - stated in the current online edition of the Australian Immunisation Handbook, or - stated in the product information approved by the TGA, or - as per current recommendations issued by ATAGI, or - as per current recommendations provided on the Immunisation Schedule Queensland.	