

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 by the Director General, Queensland Health under section 232 of the *Medicines and Poisons Act 2019*. 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.

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 listed in Appendix 1, column 1 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>)¹; and
 - d. for use of benzathine penicillin, in accordance with the current online edition of the *Primary Clinical Care Manual*².
2. The midwife must ensure they have access to, and refer to, relevant *Queensland Clinical Guidelines*, the *Primary Clinical Care Manual* for use of benzathine penicillin, and the *Australian Immunisation Handbook* when acting under this EPA.
3. 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 effects of the medicine and advise the patient accordingly.
4. Before administering benzathine penicillin for presumptive treatment of syphilis, the midwife must be aware of the local procedures for a Hospital and Health Service or another health service by whom the midwife is employed to:
 - a. consult with an expert practitioner³; and
 - b. refer for contact management⁴ and treatment of any sexual partners.

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.

² For the Primary Clinical Care Manual - 10th see <https://www.health.qld.gov.au/rrcsu/clinical-manuals/primary-clinical-care-manual-pccm>.

³ An 'expert practitioner' is a clinician with specialist knowledge and experience in the testing, result interpretation, management and treatment of syphilis in the pregnant woman and/or her baby. May include (but is not limited to) an infectious disease physician, sexual health physician, obstetrician or neonatologist with expertise in the management of syphilis.

⁴ See the PCCM for contact tracing in the management of sexually transmitted infections or contact management in the Queensland Clinical Guideline: Syphilis in pregnancy (https://www.health.qld.gov.au/_data/assets/pdf_file/0035/736883/g-sip.pdf)

5. The midwife must act in accordance with:
 - a. the requirements for vaccine administration in the current online edition of the *Australian Immunisation Handbook* ⁵ including for patient selection, patient consent, vaccine administration, documenting vaccination and follow up care; and
 - b. the current online edition of the *Immunisation Schedule Queensland* ⁶.
6. Before vaccines are administered, the midwife must ensure the equipment and procedures detailed in the current online edition of the *Australian Immunisation Handbook* are in place.
7. When vaccines are in the possession of the midwife, the midwife must ensure that the storage and transport of vaccines is in accordance with the *National vaccine storage guidelines 'Strive for 5'* ⁷.
8. The midwife who administers a vaccine must ensure:
 - a. the vaccination is recorded on the Australian Immunisation Register (AIR) as soon as practicable and ideally at the time of vaccination
 - b. any adverse events occurring following immunisation must be notified using the Adverse Event Following Immunisation (AEFI) form published on the Queensland Health website ⁸.
9. If Consumer Medicine Information (CMI) ⁹ is available for a particular medicine, the registered nurse 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.

⁵ For current on-line Australian Immunisation Handbook see

<https://immunisationhandbook.health.gov.au/>

⁶ See <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule>

⁷ For National vaccine storage guidelines: Strive for 5 see

<https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5>

⁸ For Adverse Event Following Immunisation (AEFI) form see

https://www.health.qld.gov.au/_data/assets/pdf_file/0033/442968/ae-fi-reporting-form.pdf

⁹ Consumer Medicines Information is a leaflet that contains information on the safe and effective use of a prescription medicine, as well as some non-prescription medicines – see

<https://www.tga.gov.au/consumer-medicines-information-cmi>

Appendix 1

Schedule 8 (S8) medicines

Opioid Analgesics for Obstetric Use		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Morphine hydrochloride	Intramuscular Subcutaneous	Single dose only up to a maximum of 10 mg intrapartum.
Morphine sulfate pentahydrate	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		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Benzylpenicillin	Intravenous Intramuscular	Group B Streptococcus prophylaxis intrapartum. Administer one dose. For unplanned births in rural and isolated practice settings, additional maintenance doses can be administered until evacuation to an obstetric facility.
Lincomycin	Intravenous Intramuscular	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 evacuation to an obstetric facility.
Benzathine penicillin (Bicillin L-A)	Intramuscular	Administer one dose to a pregnant woman for the presumptive treatment of syphilis.

Antibiotics and other Anti-infective agents <i>cont...</i>		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Amoxicillin	Oral	Administer one dose and give a treatment dose ¹⁰ .
Amoxicillin/clavulanic acid	Oral	
Cefalexin	Oral	
Clindamycin	Oral	
Dicloxacillin	Oral	
Flucloxacillin	Oral	
Nitrofurantoin	Oral	Administer one dose and give a treatment dose ¹⁰ . Do not use in women at or near term or delivery. Not to be used for a patient with renal impairment.

Antidotes (Agents to treat adverse events)		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Naloxone	Intravenous Intramuscular	Neonates only. Maximum 0.4 mg.

Antiemetic		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Benzatropine	Oral	Administer one dose. Consult authorised prescriber if more than recommended dose required.
Metoclopramide	Intravenous Intramuscular Oral	Adult only. Single dose only. Maximum 10 mg.

¹⁰ When giving a treatment dose, may only give the smallest available manufacturer's pack.

Local anaesthetic		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Lidocaine (lignocaine) 1%	Local infiltration	Total maximum infiltration 200 mg.

Labour suppression		
Scheduled 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.

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

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

Inhalational analgesia		
Scheduled 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		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Oxytocin	Intramuscular Intravenous	10 units per dose up to a maximum of 20 units or 30 units IV for infusion.
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.

Oral contraceptives		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Levonorgestrel	Oral	Administer stat dose for emergency contraception. Supply up to eight (8) weeks treatment dose for contraception.

Vaccines and immunoglobulins		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Anti D (Rh) immunoglobulin	Intramuscular	Antenatal prophylaxis at 28 and 34 weeks' gestation. Sensitising events during pregnancy. Postpartum to avoid Rhesus iso-immunisation.
MMR – Measles, mumps and rubella live attenuated vaccine	Intramuscular Subcutaneous	Postpartum women found to be seronegative for rubella.
Hepatitis B immunoglobulin-VF	Intramuscular	For babies of HBsAG ¹¹ positive mothers only.
Hepatitis B vaccine	Intramuscular	Single dose. Give to baby immediately after birth (preferably within 24 hours).
BCG Vaccine	Intradermal	Under a Tuberculosis immunisation program in accordance with the Health Services Directive – Tuberculosis Control ¹² and the Health Service Directive Protocol for the Control of Tuberculosis ¹³ .
dTpa – Diphtheria, tetanus and acellular pertussis	Intramuscular	Only if midwife has completed an immunisation training course (see Note 1) and only in the antenatal setting.
Influenza vaccine	Intramuscular Subcutaneous	Only if midwife has completed an immunisation training course (see Note 1) and only in the antenatal setting.

Note 1: Immunisation training course means:

- a) an immunisation training course that contained learning objectives equivalent to the domains in the *National Immunisation Education Framework for Health Professionals* ¹⁴,
- b) training that qualified the midwife for endorsement as an Immunisation Program Nurse with the former Queensland Nursing Council; or
- c) completion of an Immunisation Program Nurse course approved by the chief executive of Queensland Health under the (repealed) Health (Drugs and Poisons) Regulation 1996.

¹¹ Hepatitis B surface Antigen

¹² https://www.health.qld.gov.au/_data/assets/pdf_file/0023/150935/qh-hsd-040.pdf

¹³ https://www.health.qld.gov.au/_data/assets/pdf_file/0024/155175/qh-hsdptl-040-1.pdf

¹⁴ <https://www.health.gov.au/resources/publications/national-immunisation-education-framework-for-health-professionals>