

Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol – Midwives



Chief Medical Officer and Healthcare Regulation Branch
Healthcare Approvals and Regulation Unit
PO Box 21
Fortitude Valley BC QLD 4006
Telephone (07) 3708 5264
Facsimile (07) 3708 5431

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Drug Therapy Protocol – Midwives

I, Jeannette Rosita Young, pursuant to the Health (Drugs and Poisons) Regulation 1996, sections 62(d)(ii) and 167(1)(d)(ii) certify this document as the Drug Therapy Protocol – Midwives.

Circumstances and conditions

1. A midwife may administer or supply a controlled or restricted drug listed in Appendix 1, column 1 only:
 - 1.1 by a route of administration for the drug stated in Appendix 1, column 2; and
 - 1.2 subject to the conditions for the drug stated in Appendix 1, column 3 (if any); and
 - 1.3 in accordance with relevant Queensland Clinical Guidelines.¹
2. The relevant Queensland Clinical Guidelines and Australian Immunisation Handbook must be available to the midwife at the time the midwife is acting under this Drug Therapy Protocol.
3. Before administering and/or supplying a controlled drug or restricted drug, the midwife must be familiar with the contra-indication(s) and known side effects of the drug, and advise the patient accordingly.
4. If Consumer Medicine Information is available for a particular drug, the midwife must, where reasonably practicable, offer the information to each person to whom the midwife administers or supplies the drug.

Certification

Drug Therapy Protocol – Midwives QH-DTP-M-01:2019

Certified at Brisbane on this 4th day of April 2019.

Dr Jeannette Young
Chief Health Officer
Department of Health

Notes:

- (a) The midwife must be aware that practising within the Drug Therapy Protocol does not relieve that person of their legal responsibility or accountability for that person's actions and may not provide immunity in case of negligence.
- (b) All other provisions of the Health (Drugs and Poisons) Regulation 1996 such as the record keeping for controlled drugs, obtaining and storage of scheduled medicines, packaging and labelling requirements for dispensed medicines apply.

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

Appendix 1

Controlled Drugs (S8)

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.

Restricted Drugs (S4)

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.
Amoxicillin	Oral	Administer one dose and supply one full course.
Amoxicillin / clavulanic acid	Oral	
Cefalexin	Oral	
Clindamycin	Oral	
Dicloxacillin	Oral	
Flucloxacillin	Oral	
Nitrofurantoin	Oral	Administer one dose and supply one full course. Do not use in women at or near term or delivery. Not to be used in renal impairment.

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

Antiemetic		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Benzatropine	Oral	Administer one dose and consult Medical Officer, Nurse Practitioner
Metoclopramide	Intravenous Intramuscular Oral	Adult only. Single dose only. Maximum 10 mg.

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, contact Medical Officer for an order.

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 Medical Officer for order of a second dose.

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 8 weeks supply 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 positive mothers only.
Hepatitis B vaccine	Intramuscular	Single dose. Give to baby immediately after birth (preferably within 24 hours).
BCG Vaccine	Intradermal	Only if midwife has completed the BCG and TST e-learning training package and is certified by the Tuberculosis Control Unit in their Hospital and Health Service and only under the Queensland Department of Health Tuberculosis Control Program.
dTpa – Diphtheria, tetanus and acellular pertussis	Intramuscular	Only if midwife has completed an immunisation training course and only in the antenatal setting.
Influenza vaccine	Intramuscular Subcutaneous	Only if midwife has completed an immunisation training course and only in the antenatal setting.