Overview of Guidance on the Safe Administration of Medicines Including Administration by Student Midwives

Guidelines for drug administration by student midwives for the University of Manchester BMidwif Programme – updated July 2022

1. INTRODUCTION

All midwives who support, supervise and assess student midwives should ensure that they are familiar with the law in relation to the supply of medicines, including the Midwives Exemptions. This will enable them to safely support and supervise student midwives who administer medicines to women in their care (NMC 2020). The intended purpose of this document is to support safe administration of medicines by providing links to, and summaries of, key legislative documents that support the process.

Please note:

This document is intended as a general guide to drug administration by student midwives. Individual Trusts may have policies that restrict administration of drugs by student midwives, including those listed in this document. **THEREFORE, IT IS IMPERATIVE THAT STUDENT MIDWIVES FAMILIARISE THEMSELVES WITH TRUST POLICIES RELATING TO DRUG PREPARATION AND ADMINISTRATION AND ENSURE THAT THEY ARE FULLY COMPLIANT AND SUPERVISED AT ALL TIMES DURING THE PROCESS.**

Students should also adhere to the components of safe drug administration, such as those advocated in the Elliott and Liu (2010) article, **The Nine Rights of Medication Administration.**

2. THE CODE (NMC 2018)

The Code (NMC 2018) outlines the professional standards of practice and behaviour for nurses, midwives and nursing associates.

Section 3, Preserve Safety (sub-section 18), specifically addresses midwives' responsibilities around medicines management and administration:

> Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations. To achieve this, you must:
>
> 18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions **(only if you are suitably qualified)** if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

18.4 take all steps to keep medicines stored securely

18.5 wherever possible, avoid prescribing for yourself or for anyone with whom you have a close personal relationship

Prescribing is not within the scope of practice of everyone on the NMC register. Nursing associates do not prescribe, but they may supply, dispense and administer medicines. Nurses and **midwives who have successfully completed a further qualification in prescribing and recorded it on the NMC register are the only people that can prescribe**.

The Code (2018) is underpinned by the **NMC standards**.

3. GUIDANCE FOR MEDICINES ADMINISTRATION

As a regulator, the NMC no longer provides clinical practice guidance on drug administration. Instead, refer to resources produced by the **Royal College of Nursing** in conjunction with the Royal Pharmaceutical Society. In particular, see the **Guidance on the Administration of Medicines in Healthcare Settings** (RCN/RPS 2019).

4. THE LAW, AND OTHER RELEVANT POLICIES, GUIDANCE AND REGULATIONS

There are various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; underpinned by laws, policies, regulations and guidance (NMC 2019, p40).

The Human Medicines Regulations 2012 consolidate UK medicines legislation, and sets out a comprehensive regime for the authorisation of medicinal products for human use. This includes the manufacture, import, distribution, sale and supply of those products; for their labelling and advertising; and for pharmacovigilance (monitoring the safety of medicines).

A summary of the rules governing the ways that medicines can be lawfully prescribed, supplied and administered by midwives is summarised in section 4 of **'Practising as a midwife in the UK'** (NMC 2020). In principle:

- Midwives can supply all general sale list medicines (GSL) and pharmacy medicines (P) in accordance with their scope of practice.

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- Medicines not included in midwives exemptions (this includes GSL, pharmacy (P) and specified POM medicines), require a prescription, a patient-specific direction (PSD) or patient-group direction (PGD).
- Midwives can also supply and administer a limited list of prescription only medicines (POMS) (Midwives Exemptions). These are listed in **Schedule 17** of the Human Medicines Regulations (**and Appendix 1 of this document**) and are exempt from the usual restrictions on supply and administration of prescription only medicines.

5. STUDENT MIDWIVES - ADMINISTRATION OF DRUGS INCLUDED IN THE MIDWIVES EXEMPTIONS

In accordance with Part 3 of Schedule 17 of the Regulations, STUDENT MIDWIVES:

- **Are permitted** to administer the drugs included within the midwives exemptions (with the exception of controlled drugs) under the direct supervision of a midwife
- **Are NOT permitted** to administer controlled drugs using midwives' exemptions, including Diamorphine, Morphine and Pethidine Hydrochloride
- **May participate** in the checking and preparation of controlled drugs under the supervision of a midwife **(At some Trusts, student midwives are not be permitted to provide an independent second check of the preparation and administration of an injectable medicine – please check local policy)**
- **Are permitted** to administer prescribed drugs (including controlled drugs) parenterally **if prescribed by a doctor or an appropriate practitioner** according to their directions for administration. This must be under the direct supervision of a midwife.
- **All drug administration by a student midwife** must be carried out under direct supervision by a midwife who should check all aspects of the administration process.

  (NB: A registered nurse during their clinical placement on the shortened programme acts as a student midwife for the purposes of all drug administration)

6. STUDENT MIDWIVES - ADMINISTRATION OF OTHER DRUGS

6.1 Blood and blood components, including Anti-D Immunoglobulin

The EU Directive 2002/98/EC outlines the standards of quality and safety for the collection, testing, storage and distribution of human blood and blood components. Within the directive, article 10 relates to personnel stating that they should be 'available in sufficient numbers and be trained to perform their tasks'. Following the recommendations of the Better Blood Transfusion 2 initiative, many hospitals now have access to Transfusion Practitioners, who are responsible for task-based transfusion training of staff outside of the laboratory who are involved in transfusion.

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Although Anti-D is included in the Midwives Exemptions list this, along with blood and its other components, should only be collected/ checked /prepared / administered by staff that have undergone specific education and training within the Trust and been signed off as competent.

This, and further information, is available from the **Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee.**

In accordance with local policy STUDENT MIDWIVES:

- May be permitted to participate in the collection/checking/preparation and administration of anti D- but they should not provide an independent second check.
- May be able to administer Anti D if prescribed by a doctor or an appropriate practitioner according to their directions for administration. This must be under the direct supervision of a midwife.

6.2 Vaccinations

As additional training is required for midwives and nurses engaged in vaccination administration, student midwives are NOT permitted to administer any vaccinations for mothers or babies (Eg Flu or Pertussis) even if the midwife supervising them has completed the additional training.

6.3 Intravenous (IV) fluids and drugs

Similar to the administration of blood and blood components, IV drug administration currently requires a Trust competency based assessment be completed post-registration before preparation and administration. Based on previous University of Manchester guidance (Hindley 2018):

Student midwives **are permitted** to:

- Run, prescribed IV fluids (without additives) through the giving set, provided the RM directly supervises the process
- Discontinue IV infusions/remove cannulae

Student midwives are **NOT permitted** to:

- Connect IV lines to the patient /
- Administer anything intravenously, including flushes or boluses
- Add drugs to intravenous fluids
- Administer intrathecal drugs (e.g. epidural)

6.4 Patient Group Directions (PGDs)

Student Midwives are not permitted to administer medicines under a Patient Group Direction (PGD). Student midwives are not in the list of professionals that can administer

under a PGD (MRHA, 2017), and can therefore not be named on a specific PGD. The only medicines that student midwives are permitted to administer are those prescribed by a suitable practitioner (doctor or registered prescriber) or included in the midwives' exemptions (with the exception of controlled drugs, as described above).

7. INDUCTION OF LABOUR & ADMINISTRATION OF TOCOLYTIC AGENTS

Student midwives may engage in any procedure that initiates labour once they have completed the theory and clinical simulation session (if provided) and understand the evidence base for IOL. This teaching occurs in during year two and three of the undergraduate midwifery programme. Students should always understand and be able explain the precise rationale for the procedure and potential complications.

The role and professional responsibility of the midwife is to provide evidence-based care for women including emotional and physical support in labour. As a student midwife working towards NMC registration, the teaching and assessment of clinical skills lies predominantly with the student's Practice Supervisor and Practice Assessor in practice. They guide the student and demonstrate an evidence - based rationale for any clinical decisions that are made, within their scope of practice, and in accordance with local policy. At each level of undergraduate study, the student midwife develops clinical skills under the supervision of the midwife, following the taught theory element of the course

Year 1 - Level 4 Observation and Participation
Year 2 - Level 5 Internalisation
Year 3 - Level 6 Dissemination

It is with the above in mind that the following should be considered:

7.1 Administration of vaginal prostaglandin E2 (PGE2) (Prostin or Propess)

At many Trusts, the administration of vaginal prostaglandin E2 (PGE2) is considered to be an additional skill, that a midwife will achieve post-registration, as part of the preceptorship programme. For any Trusts not following this model, the following guidance is provided.

Student midwives may administer PGE2 when clinically indicated, and with consent of the woman. The midwife should conduct an initial vaginal examination and risk assessment to determine the appropriateness of student midwife attempting the procedure. The Midwife must be present for the examination by the student and the student should be able to articulate her findings on examination before administering the drug.

Students can administer PGE2 under prescription, but are unable to administer under a Patient Group Directive (PGD).

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7.2 ARM

Student midwives may perform ARM when clinically indicated, and with consent of the woman. The midwife should conduct an initial vaginal examination and risk assessment to determine the appropriateness of student midwife attempting the procedure. The student should be directly supervised by a midwife when undertaking this procedure.

7.3 FSE Application

Student midwives may apply a FSE when clinically indicated, and with consent of the woman. The midwife should conduct an initial vaginal examination and risk assessment to determine the appropriateness of student midwife attempting the procedure. The student should be directly supervised by a midwife when undertaking this procedure.

7.4 Membrane Sweep

Student midwives may perform a membrane sweep when clinically indicated, and with consent of the woman. The midwife should conduct an initial vaginal examination and risk assessment to determine the appropriateness of student midwife attempting the procedure. The student should be directly supervised by a midwife when undertaking this procedure.

References

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APPENDIX 1 MIDWIVES EXEMPTIONS:

https://www.legislation.gov.uk/uksi/2012/1916/schedule/17/made (as listed on 3.11.20)

SCHEDULE 17 - Exemption for sale, supply or administration by certain persons (Shown for midwives only)

PART 1 - Exemption from restrictions on sale and supply of prescription only medicines		
Persons Exempted	**Prescription only medicines to which the exemption applies**	**Conditions**
4. Registered midwives.	4. Prescription only medicines containing any of the following substances— (a)Diclofenac; (b)Hydrocortisone Acetate; (c)Miconazole; (d)Nystatin; (e)Phytomenadione;	4. The sale or supply shall be only in the course of their professional practice.
PART 2 - Exemption from the restriction on supply of prescription only medicines		
No exemptions for midwives under part 2		
PART 3 - Exemptions from the restriction on administration of prescription only medicines		
2. Registered midwives and student midwives.	2. Prescription only medicines for parenteral administration	2. The medicine shall—

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	containing any of the following substances but no other substance that is classified as a product available on prescription only— (a)Adrenaline, (b)Anti-D immunoglobulin, (c)Carboprost, (d)Cyclizine lactate, (e)Diamorphine, (f)Ergometrine maleate, (g)Gelofusine, (h)Hartmann's solution, (i)Hepatitis B vaccine, (j)Hepatitis immunoglobulin, (k)Lidocaine hydrochloride, (l)Morphine, (m)Naloxone hydrochloride, (n)Oxytocins, natural and synthetic, (o)Pethidine hydrochloride, (p)Phytomenadione, (q)Prochloperazine, (r)Sodium chloride 0.9%.	(a)in the case of Lidocaine and Lidocaine hydrochloride, be administered only while attending on a woman in childbirth, and (b)where administration is— (i)by a registered midwife, be administered in the course of their professional practice; (ii)by a student midwife— (aa)be administered under the direct supervision of a registered midwife; and (bb)not include Diamorphine, Morphine or Pethidine hydrochloride.