Guideline for the management of medications using PGD and ME by midwives

Author/Owner	Governance Midwife	
Version	1	
Status	Approved	
Publication date	22 December 2022	
Review date	21 December 2025	
Approval recommended by	Women's Business and Governance	Date: 18/11/2022
Approved by	CBU3 Business and Governance	Date: 21/12/22
Distribution	Barnsley Hospital NHS Foundation Trust – intranet Please note that the intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as "uncontrolled" and as such, may not necessarily contain the latest updates and amendments	

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1.0 Introduction

The purpose of this policy is to provide midwives at Barnsley Hospital NHS Foundation Trust (BHNFT) with the information they require to safely administer medications using a Patient Group Direction (PGD) or Midwives' Exemption (ME) to women during the antenatal, intrapartum and postnatal period and to neonates.

This policy lists medicines that Midwives can administer under a PGD or ME as specified in the Human Medicines Regulations (2012).

Medicines not included in this policy will require a prescription from an authorised prescriber as per Trust policy.

2.0 Objective

To inform and support midwives in the administration of medicines

3.0 Scope

This policy applies to all registered and student midwives employed at BNHFT.

Registered Midwives may supply and administer, on their own initiative, any substances that are specified in medicines legislation under ME, provided it is in the course of their professional midwifery practice to a patient under their care.

If a medicine is not included in the ME then a PGD, or a prescription, or a patient-specific written direction will be required.

Midwives have a professional duty to maintain and increase their competence in the light of new knowledge and practice as per The NMC Code.

All midwives should be familiar and act within the guidance of the Trust's current Medicines Code.

This guideline aims to add clarity to medicines administration within midwifery. However, it does not replace existing documents and sources of information.

4.0 Main body of the document

4.1 Roles and Responsibilities

4.1.1 Midwives

Each registered Midwife is accountable for their own conduct and practice in accordance with the Nursing and Midwifery Council's "The Code professional standards of practice and behaviours for nurses and midwives 2015" (https://www.nmc.org.uk/standards/code/). Any supply/administration made under an ME should be made by a Midwife in the course of their professional practice and must only be of a medication specified within this policy

Any midwife supplying/administering under a ME or PGD is required to have received appropriate training in the safe handling and administration of medicines and have up to date knowledge for that medication with regards to:

- Indication
- Dosage
- Side effects
- Precautions
- Contraindications

- Method of administration

This will be demonstrated by successful completion of the necessary competencies as outlined in the competency statement for the Administration of Medication (level 2) specific to midwives.

Midwives are responsible for:

- Adhering to the list of agreed exemptions as listed within this policy
- Ensuring the safe and clinically appropriate use of medicines
- Ensuring their practice and knowledge are up-to-date by accessing up-to-date resources e.g. BNF, BNFC (the most up to date versions are available online)
- Counselling the patient in regards to indication, use and side effects of any drug treatment administered or supplied to their patient
- Undertaking positive patient identification prior to administration
- Confirming allergy status prior to administration
- Documenting the supply/ administration as detailed below

4.1.2 Student Midwives

A student midwife may administer any drug listed within this policy, under the direct supervision of a competent midwife who has undertaken the NMC accredited practice assessors or practice supervisors course.

4.2 Patient group direction (PGDs)

PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety.
The majority of clinical care should be provided on an individual, patient-specific basis; with medicines prescribed by an independent prescriber. An independent prescriber (a doctor, dentist or non-medical independent prescriber) takes responsibility for the clinical assessment of the patient, establishing a diagnosis, the clinical management needed and prescribing.

The specified medicines that midwives can supply/administer under a PGD at BHNFT are:

- Clorhexidine Gluconate 4% w/v skin cleanser
- Spikevax C1619
- Nitrous oxide 50% and oxygen 50% (Entonox®)
- Pertussis Vaccine (PHE)
- Influenza vaccine (PHE)
- Promethazine Hydrochloride injection (Phenergan®)
- Sodium citrate mixture
- Plasmalyte

In order to give these medications, staff must undertake the Trust e-learning package on ESR.

The Trust PGD policy can be viewed here: Appendix 5 Protocol for the supply and administration of medicines using patient group directions.pdf (trent.nhs.uk)

Maternity specific PGD's can be viewed here: Maternity PDGs merged.pdf (trent.nhs.uk)

4.3 Midwives' Exemptions (MEs)

Midwives exemptions are distinct from prescribing, which requires the involvement of a pharmacist in the sale or supply of the medicine. Exemptions also differ from PGDs as there is no requirement to comply with specific legal criteria, be signed in advance by a doctor or dentist and a pharmacist and be authorised by an appropriate body.

Midwives can:

- Supply all general sale list medicines (GSL)
- Supply all pharmacy medicines (P) in accordance with their scope of practice.
- Supply and administer a limited list of prescription only medicines (POMS).

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).
Schedule 17 of the Human Medicines Regulations lists the ME from restrictions on supply and administration of prescription only medicines.

4.3.1 Exemptions for Supply

Any supply made under a ME should be made by a midwife in the course of their professional practice and must only be for medication specified in the below list.

The following medication may be supplied at BHNFT as a ME:

Drug Name and Form	Legal Class	Route	Indication
Anusol cream	GSL	Topical	Haemorrhoids
Calamine lotion	GSL	Topical	Skin conditions/ pruritus
Clotrimazole 1% cream	P	Topical	Vulvovaginal candidiasis
Clotrimazole 500mg pessary	P	PV	Vaginal candidiasis
Diclofenac 50mg tablets	POM	Oral	Analgesia (first 48 hours only)
Diclofenac 100mg suppositories	POM	PR	Analgesia (first 48 hours only)
Zerobase cream	GSL	Topical	Symptomatic relief of inflamed/itchy skin
Ferrous sulphate 200mg tablets	P	Oral	Iron-deficiency anaemia
Folic acid 400micrograms	GSL	Oral	Prevention of neural tube defects
Fybogel sachets	GSL	Oral	Constipation
Peptac or Acidex	P	Oral	Dyspepsia
Ibuprofen 200mg tablets	GSL	Oral	Mild to moderate pain
Lactulose solution	P	Oral	Constipation
Nystatin 100,000units/ mL oral suspension	POM	Oral	Oral thrush
Paracetamol 500mg tablets	GSL	Oral	Mild to moderate pain
Phytomenadione	POM	Oral*	Prevention of vitamin K deficiency bleeding

***** IM is the preferred route

4.3.2 Exemptions for Administration

The following medication may be administered at BHNFT under a ME

Drug Name	Legal Class	Route	Indication
Adrenaline	POM	IM	Anaphylaxis
Anti-D Immunoglobulin	POM	IM	Prophylaxis against newborn haemolytic disease
Cyclizine lactate	POM	IM	Antiemetic
Diamorphine	CD POM	IM	Analgesia
Ergometrine maleate	POM	IM	Tocolytic
Hartmann's Solution	POM	IV	Maternal fluid resuscitation
Hepatitis B vaccine	POM	IM	Immunisation against Hepatitis B
Hepatitis immunoglobulin	POM	IM	Prophylaxis against Hepatitis B
Lidocaine/ lidocaine hydrochloride	POM	Subcuticular/ Perineal infiltration	Local anaesthesia Only when attending to a woman in childbirth
Oxytocin	POM	IV/IM	Tocolytic to expedite 3rd stage of labour when syntometrine contra-indicated. For control of postpartum bleeding.
Pethidine	CD POM	IM	Analgesia
Phytomenadione (vitamin K)	POM	IM	To prevent Vitamin K deficiency bleeding
Prochlorperazine	POM	IM	Anti-emetic
Sodium chloride 0.9%		IV	I/V Flush
Syntometrine®	POM	IM	Tocolytic to expedite 3rd stage of labour

Complete drug information is found in Appendix 1

4.4 Process for supplying/administering medicines as PGD/Midwives exemptions

4.4.1 Prior to supply

Prior to supplying or administering the medication the midwife must ensure:

- they are aware of the patient's plan of care
- they confirm the patient's identity
- they know the therapeutic indication of the medicine to be administered, method of administration, its normal dosage, side effects, precautions and contra-indications and counsel the patient
- they inform the patient if the medication is being used off-label (outside of license)
- they consider the dosage, weight of patient where appropriate, method of administration, route and timing
- they check that the patient is not allergic to the medicine/excipients
- they check the correct drug is selected including strength and form
- they check the expiry date
- they administer or withhold in the context of the patient's condition for example, withholding labetalol if hypotensive, following discussion with medical team
- they contact an authorised prescriber, without delay, where contraindications to the prescribed medicine are discovered, the patient develops a reaction to the medicine or assessment of the patient indicates that the medicine is no longer suitable

- they make a clear, accurate and immediate record of all medicines supplied, administered, intentionally withheld or refused by the patient. Where a student midwife has administered the supervising midwife should countersign.

4.4.2 Documentation

Administration of one-off drugs

- The midwife must ensure that the front of the drug chart is completed in full
- All medication administered as a one-off under a ME/PGD must be documented on the front of the patient's drug chart on the "once only" section.
- Hartmann's and oxytocin IV infusions should be recorded on the IV fluid chart
- Controlled drugs also need to be recorded in the CD register
- Each supply/administration will be recorded in the patient's notes including an indication
- For each supply the following information must be completed at the time of administration:
  1. Date
  2. Drug; this must be the Recognised International Non-proprietary Names(rINN)
  3. Dose and units
  4. Route of administration
  5. Time
- The "Prescriber's signature" box must be completed with the words '*Midwives Exemption'* or *'As per PGD'*
- The midwife should then sign and print their name in the box marked "given by"
- A second checker will need to countersign in the case of administration of controlled drugs/ IV drugs or administering to a neonate.

Administration of regular drugs

- The midwife must ensure that the front of the drug chart is completed with the ward, patient's name, date of birth, hospital number (ideally with a hospital addressograph), booking weight, height and any allergies.
- Where medication is to be administered on a regular basis the drug should be entered on the drug chart under 'Regular' prescriptions (see frequency of administration section of PGD/ME for maximum number of doses
- The midwife initiating the first supply should complete the approved name of medicine, dose, route, frequency, start date and the times of administration boxes. The box marked Prescriber's signature should then be completed with the words '*Midwives Exemption'* or *'As per PGD'*
- For each supply the midwife will split the administration box and complete the first half with their initials and the second half clearly marked with the initials **MX** to indicate the supply has been made as a ME unless a second checker's signature is needed.
- Administration cannot be delegated to another member of staff
- Drugs that may be considered as requiring regular administration include:
  1. Clotrimazole cream
  2. Ferrous sulphate tablets
  3. Folic acid 400microgram tablets
  4. Paracetamol tablets
  5. Ibuprofen tablets
  6. Lactulose

5.0 Associated documents and references

An Organisation-Wide Policy for the Development and Management of Procedural Documents: NHSLA, May 2007. www.nhsla.com/Publications/

Nursing and Midwifery Council. 2015. The Code Professional standards of practice and behaviour for nurses and midwives. NMC: London. https://www.nmc.org.uk/standards/code/

Medicines for Human Use Act 2012.

NMC circular 7/ 2011

An Organisation-Wide Policy for the Development and Management of Procedural Documents: NHSLA, May 2007. www.nhsla.com/Publications/

Nursing and Midwifery Council. 2015. The Code Professional standards of practice and behaviour for nurses and midwives. NMC: London.

Medicines for Human Use Act 2012.

NMC circular 7/ 2011

6.0 Training and resources

Trust e-learning package.

7.0 Monitoring and audit

Any adverse incidents relating to the Guideline for the management of medications using PGD and ME by midwives will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the Governance Midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly Women's Business and Governance meetings to ensure that appropriate action has been taken to maintain safety.

The Guideline for the management of medications using PGD and ME by midwives will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly Women's Business and Governance meetings on a quarterly basis and monitored by the Governance Midwife to ensure that improvements in care are made.

8.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when

necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

8.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact

Appendix 1- Glossary of terms

DEFINITIONS

Administer	To administer to a human being orally, by injection (or by introduction into the body in any other way) or by external application.
APH	Antepartum Haemorrhage
BHNFT	Barnsley Hospital NHS Foundation Trust
BNF	British National Formulary
BNFC	British National Formulary for Children
CD	Controlled Drugs
COX	Cyclooxygenase inhibitors
DOH	Department of Health
FMH	Feto Maternal Haemorrhage
GSL	General Sales List medicine
IBD	Inflammatory Bowel Disease
IM	Intramuscular
IV	Intravenous
LSCS	Lower Segment Caesarean Section
MAOI	Monoamine Oxidase Inhibitors
ME	Midwives' Exemption
MMR	Measles, Mumps, Rubella vaccine
MX	**"**Midwife exemption"
NMC	Nursing and Midwifery Council
NSAID	Non-steroidal anti-inflammatory drugs
Off-label	A medication used outside the terms of its license.
P	Pharmacy only medicine
PGD	Patient Group Direction
POM	Prescription Only Medicine
PR	Per Rectum
PRN	When required
PSD	Patient Specific Direction
PV	Per Vagina
RAADP	Routine Antenatal Anti-D Prophylaxis
RhD	Rhesus D
rINN	Recognised International Non-proprietary Names – European Law requires the use of the rINN for medicinal substances except for adrenaline and noradrenaline which remain the British approved names.
SC	Subcutaneous
SLE	Systemic Lupus Erythematosus
Supply	To lawfully provide a medicinal product directly to a patient or carer for administration to a patient(s)

APPENDIX 2: Drug Information

Drug Name	Dose/ Frequency	Route	Indication	Contraindications/ cautions	Adverse Effects	Drug Interactions	Notes
Adrenaline 1:1000 (1mg/ml)	500micrograms (0.5ml) The dose may be repeated once after 5-15 minutes as needed according to blood pressure, pulse and respiratory function	IM Injection	Emergency treatment of acute anaphylaxis	No absolute contraindication as adrenaline can be life saving may decrease placental perfusion and can delay 2nd stage of labour	Anxiety, tremor, tachycardia, Arrhythmias, headache, cold extremities, hypertension, pulmonary oedema, nausea, vomiting, sweating, weakness, dizziness and hyperglycaemia.	The effects of adrenaline (hypertension and tachycardia) can be increased in the presence of dopexamine, clonidine, betablockers, prochlorperazine, and volatile general anaesthetics.	Preferably administered mid point in anterolateral thigh or the upper arm. If the reaction has been triggered by a drug or IV fluid- stop this immediately
Anti-D immunoglobulin (**Antenatal**)	1500 units stat As a single dose at 28 weeks or between 28 and 30 weeks gestation 500-1500units in a sensitizing event as per anti-D guidelines	IM injection	Routine Antenatal Anti-D Prophylaxis (RAADP) of haemolytic disease of the newborn caused by Rh D antibodies in Rh D negative mothers, where fetus is known to be RhD positive or status is indeterminate. Sensitizing event in Rh D negative mothers where the fetus is	**Contraindications**: treatment of idiopathic thrombocytopenia purpura in rhesus negative of splenectomised patients	Local pain and tenderness at injection site with IM injection. Occasionally – fever, malaise, headache, cutaneous reactions, chills. Rare cases – nausea, vomiting, hypotension, tachycardia and allergic or anaphylactic type reactions.	Anti-D can affect the efficacy of a live vaccine such as MMR. Administration of live vaccines should be postponed until 3 months after last dose of anti-D.	Anaphylaxis can occur but rare. In the event of anaphylaxis, the midwife should seek emergency medical assistance. In patients requiring a 500 unit dose for a sensitizing event 1500 units may be given when the 500 unit vial is unavailable. Where the FMH is greater than 12mL further doses will be need to be prescribed and given IV as per anti-D guidelines.

			known to be RhD positive or status is indeterminate				
Anti-D immunoglobulin (**Postnatal**)	1500 units IM	IM Injection	To protect against haemolytic disease of the newborn in RhD negative mothers when baby is RhD positive	**Contraindications** as above	As above	As above	Where the FMH is greater than 12mL further doses will be need to be prescribed and given IV as per anti-D guidelines.
Anusol cream	Morning and night and following defecation until symptoms resolved	Topical	Symptomatic relief of haemorrhoids and anal pruritus	Infection	Rarely hypersensitivity reactions or localized burning sensation on application	None known	Maximum 7 day use
Calamine	Apply liberally PRN	Topical	Symptomatic relief of minor skin conditions including pruritus	None known	None known	May mask x-ray images	
Clotrimazole 1% cream	2-3 times a day	Topical	Treatment of vaginal and vulval candidiasis	**Contraindications**: hypersensitivity **Cautions**: vulval/ vaginal ulcers, blisters or sores, more than 2 infections in 6 months, APH	Hypersensitivity, local irritation, pruritus, rash, burning sensation	Can damage latex contraceptives impairing efficacy	Pregnant women are likely to require extended courses of at least 7 days
Clotrimazole 500mg pessaries	Apply one dose at night. A second dose may be given if necessary. Avoid using applicator during pregnancy	PV	Treatment of vaginal candidiasis	**Contraindications**: hypersensitivity **Cautions**: vulval/ vaginal ulcers, blisters or sores, more than 2 infections in 6months	Hypersensitivity, local irritation, pruritus, rash	Can damage latex contraceptives impairing efficacy. May increase serum levels of oral tacrolimus	Pregnant women are likely to require extended courses

Diamorphine	5mg repeated after 4hrs if necessary Maximum 2 doses	SC or IM Injection	Moderate to severe pain in labour.	**Contraindications**: Hypersensitivity, severe renal/ hepatic impairment pre-existing opioid dependence, risk of paralytic ileus, known fetal distress or concern regarding fetal wellbeing, acute respiratory depression **Cautions**: impaired respiratory function, obstructive or inflammatory bowel disorders.	Nausea and vomiting, constipation, bradycardia, drowsiness, dizziness, respiratory depression	Antipsychotics MAOIs, cimetidine	Respiratory depression and withdrawal symptoms can occur in the neonate if opioid analgesics are used during delivery Check when last given morphine or diamorphine 5mg- 2 hour minimum gap 10mg- 4 hour minimum gap
Diclofenac sodium tablets	50mg three times a day Maximum 150mg in 24 hour period including suppositories	Oral	Treatment of pain and inflammation postpartum for up to 48 hours	**Contraindications**: hypersensitivity, active peptic ulcer, history of bleeding secondary to NSAIDs, severe hepatic, renal or heart failure, third trimester of pregnancy **Cautions**: SLE, IBD (Crohn's ulcerative colitis), asthma, hypertension, heart failure, renal impairment, hepatic impairment	Abdominal pain, dyspepsia, nausea, headaches, diarrhoea/ constipation, allergic reactions, rash, bronchospasm	Avoid with aspirin, other NSAIDs or COX inhibitors (e.g. celecoxib), lithium Caution with steroids, antihypertensives, digoxin, methotrexate, ciclosporin, warfarin	Diclofenac has been known to increase cardiovascular risk and is cautioned for use in patients with uncontrolled hypertension, heart failure **Not to be used antenatally**
Diclofenac sodium suppositories	100mg once only Maximum 150mg in 24 hour period including tablets	Per Rectum	Post Partum Analgesia and anti inflammatory post perineal suturing	As above	As above	As above	As above **Not to be used antenatally**

Zerobase cream	PRN	Topical	Symptomatic treatment of red inflamed, damaged or dry skin	None known	Hypersensitivity, local irritation, pruritus, rash	None known	
Entonox® (PGD also)	Self administration PRN	Inhalational	Pain relief in labour	**Contraindications**: pneumothorax	May have euphoric effects, megaloblastic anaemia with prolonged use, particularly in those at risk of vitamin B12 deficiency e.g. poor diet, vegetarian	None known	Should not be given for longer than 24 hours or more frequently than every 4 days. Caution if used with oxytocin, decreased effect of oxytocin seen and increased risk of hypotension and cardiac arrythmias
Ergometrine	500 micrograms single dose	IM or by slow Intravenous (IV) injection	Emergency treatment of postpartum haemorrhage associated with uterine atony	**Contraindications**: Severe hypertension, eclampsia, severe cardiac disease, sepsis, vascular disease, impaired pulmonary function, severe renal/ hepatic disease. **Caution:** cardiac disease, multiple pregnancies	Nausea, vomiting, abdominal pain, chest pain, arrhythmias (including bradycardia) palpitation, hypertension, vasoconstriction, dyspnoea, pulmonary oedema headache, dizziness, tinnitus, Rash. *(very rarely)* Myocardial infarction.	Halothane reduces effect of ergometrine on the parturient uterus.	Interactions: Macrolide antibiotics e.g. clarithromycin, erythromycin HIV protease or reverse transcriptase inhibitors e.g. ritonavir Azole antifungals e.g. ketoconazole All can cause ergot toxicity

Ferrous sulphate 200mg tablets	200mg two to three times a day	Oral	Treatment of iron deficiency anaemia	**Contraindications**: Hypersensitivity	Nausea, dyspepsia, constipation, blackened stools,	Reduces absorption of tetracyclines (ciprofloxacin, norfloxacin and ofloxacin) Iron absorption reduced by antacids and colestyramine	Tablets may contain lactose
Folic acid 400micrograms	One daily until week 12 of pregnancy	Oral	Prevention of neural tube defects	**Contraindications**: hypersensitivity **Cautions**: should not be given alone for pernicious anaemia	Rarely gastrointestinal disturbance	Phenytoin, phenobarbitone	Higher doses may be required in women with BMI > 30
Fybogel orange sachets	One sachet twice a day after meals	Oral	Relief of constipation	**Contraindications**: Intestinal obstruction, faecal impaction, colonic atony, phenylketonuria (contains aspartame)	Bloating, flatulence	None known	
Peptic Acidex	5-10mL after meals and at bedtime (QDS PRN)	Oral	Gastroesophageal reflux, indigestion, heartburn	**Contraindications**: hypersensitivity. **Cautions** patients on salt restricted diets due to high sodium content	Hypersensitivity rare	None known	
Hartmann's solution	Hartmann's solution	1000mls (1litre) Once only	IV Infusion	For maternal resuscitation. Prior to Epidural. Low sodium or fluid overload	Impaired renal function, cardiac failure, metabolic acidosis, peripheral and pulmonary oedema, hypertension and pre-eclampsia	None known	Co-administration with ceftriaxone

Hepatitis B vaccine (Engerix B)	10micrograms (0.5ml) at birth Then as per Childhood immunisation programme (i.e. total of 4 doses)	Intramuscular injection (IM) Anterolateral thigh is preferred in neonates	To offer active immunity to Hepatitis B infection in neonates born to hepatitis B surface antigen-positive mothers	**Cautions:** Delay immunisation if acute severe febrile illness Severely immunocompromised	Pain redness at site of injection Irritability Fever Diarrhoea and vomiting	Can be given with other vaccines simultaneously in different sites For post exposure prophylaxis in neonates the accelerated immunisation programme should be followed	As with any vaccine anaphylaxis is a risk
Hepatitis immunoglobulin	250units (2.5ml of 100units/ml) As soon as possible after birth simultaneous to Hepatitis B Vaccine but in different site	Intramuscular injection into upper outer quadrant of buttock in neonates	Prevention of transmission of hepatitis B at birth		Pain redness at site of injection	As above	
Ibuprofen 200mg tablets	200-400mg up to three times a day	Oral	For the relief of mild to moderate pain postpartum	**Contraindications**: hypersensitivity, active peptic ulcer, history of bleeding secondary to NSAIDs, severe hepatic, renal or heart failure, third trimester of pregnancy **Cautions**: SLE, IBD (Crohn's ulcerative colitis), asthma, hypertension, heart failure, renal impairment, hepatic impairment hypovolaemia, dehydration	Abdominal pain, dyspepsia, nausea, headaches, diarrhoea/ constipation, allergic reactions, rash, bronchospasm	Avoid with aspirin, other NSAIDs or COX inhibitors (e.g. celecoxib), lithium Caution with steroids, antihypertensives, digoxin, methotrexate, ciclosporin, warfarin	Not to be used antenatally
Lactulose	15ml twice a day	Oral	Treatment of constipation	**Contraindications**: hypersensitivity, gastrointestinal obstruction, galactosaemia **Cautions**: lactose intolerance	Abdominal pain, flatulence, diarrhoea with high doses which may cause electrolyte disturbances	None known	

Lidocaine 1%	0.1 – 1ml only	Sub-cuticular	Prior to infiltration	**Contraindications**: Known allergy or sensitivity Should not be injected into inflamed/infected tissues or applied to damaged skin.		Drug interactions unlikely with local administration	
Lidocaine 1%	5-20mls once only (5ml episiotomy) (20ml perineal repair)	Perineal infiltration	For perineal infiltration prior to episiotomy. Prior to perineal suturing.	**Contraindications**: Hypovolaemia, Heart block. Known allergy or sensitivity.	Toxic affects after administration usually result from inadvertent intravascular or too rapid injection. Effects include drowsiness, restlessness, dizziness, blurred vision, nausea and vomiting, muscle twitching tremor and convulsions.	Drug interactions unlikely with local administration	Care must be taken to avoid intravascular injection
Nystatin	1ml four times a day after food	Oral	Treatment of oral or intestinal thrush in adults and infants	**Contraindications**: hypersensitivity	Hypersensitivity, oral irritation. Gastrointestinal disturbance in overdose	None known	
Oxytocin (Syntocinon®)	10 units once only	IM Injection	To be used to expedite the third stage of labour in hypertensive women or if diastolic greater than or equal to 90 on two occasions	**Contraindications**: Severe cardiovascular disease. Severe preeclamptic toxaemia. **Cautions:** mild/ moderate pregnancy induced hypertension or cardiac disease. Over 35 with a history of LSCS	Nausea, vomiting, arrhythmia, headache; rarely disseminated intravascular coagulation rash and anaphylactoid reactions. Uterine spasm and uterine hyperstimulation	Unlikely	Note that IM Oxytocin for the third stage of labour is “off label” (outside the product license) but is a recognised and recommended practice.
Oxytocin (Syntocinon®)	40 units in 500mls of normal saline 0.9% at a rate of 125ml/hr	IV infusion	For emergency treatment of postpartum haemorrhage Up to a maximum of 4 hrs following delivery	As above	As above	Unlikely	

Paracetamol 500mg tablets	1g four times a day <50kg = 500mg QDS	Oral	For the relief of mild to moderate pain and pyrexia.	**Contraindications**: hypersensitivity	Rarely hypersensitivity reactions and blood dyscrasias	Regular use may enhance the effect of warfarin	Check if taken any other paracetamol containing products Max 4g in 24 hours
Pethidine hydrochloride	50-100mg, repeated 3 to 4 hrs later if necessary; max, 200mg in 24 hrs.	IM	Pain Relief in labour	**Contraindications**: Acute respiratory depression, acute alcoholism and severe renal impairment, paralytic ileus **Cautions**: Impaired respiratory function, hypotension, inflammatory bowel disease, history of drug dependence	Nausea, vomiting, constipation, dry mouth, biliary spasm, larger doses produce muscle rigidity, hypotension and respiratory depression. Bradycardia, tachycardia, oedema, postural hypotension, vertigo, hallucinations, euphoria.	Avoid in patients on MAOIs (phenelzine, tranylcypromine, moclobemide, isocarboxazid	Respiratory depression and withdrawal symptoms can occur in the neonate if opioid analgesics are used during delivery
Phytomenadione 2mg in 0.2mL injections Konakion MM paediatric®	1mg IM soon after birth (within 24 hours) OR 2mg orally soon after birth repeated at day 4-7	IM/ Oral	Prophylaxis and treatment of vitamin K deficiency bleeding	**Contraindications**: hypersensitivity **Cautions**: increased risk of kernicterus in patients less than 2.5kg	Hypersensitivity, local irritation and reactions.	Reverses the effects of warfarin	Doses are reduced in preterm babies less than 2.5kg. See guidelines for dosing Consent needed
Pregaday® tablets (ferrous fumarate 322mg/ folic acid 350micrograms)	One tablet daily	Oral	Prophylaxis of iron deficiency anaemia during second and third trimester of pregnancy	**Contraindications**: hypersensitivity, pernicious anaemia, active peptic ulcer, repeated blood transfusion and ulcerative colitis	Nausea, dyspepsia, constipation, blackened stools	Reduces absorption of tetracyclines (ciprofloxacin, norfloxacin and ofloxacin) Iron absorption reduced by antacids and colestyramine	

Prochlorperazine	12.5mg once only	IM Injection	For the management of actual or potential nausea and vomiting	**Cautions**: Liver or renal impairment, Parkinson's disease, hypothyroidism, epilepsy, severe cardiovascular (e.g. arrhythmias) or respiratory disease. Predisposing factors for arrhythmia (e.g. cardiac disease, metabolic abnormalities such as hypokalaemia, hypocalcaemia or hypomagnesaemia, starvation alcohol abuse.	Extrapyramidal side effects (tremor, dystonia, akathisia), drowsiness, dizziness, gastrointestinal disturbance, constipation	Increased risk of QT prolongation when taken with some antiarrhythmics, antidepressants, non sedating antihistamines and other antipsychotics. Increased risk of CNS depression in combination with benzodiazepines, opioids and general anaesthetics.	Side effects more commonly associated with higher doses seen when used as an anti-psychotic.
Sodium chloride 0.9%	5ml	IV Flush	Following IV cannulation			None known	
Syntometrine® (Ergometrine/ oxytocin)	1ml amp once Only (contains ergometrine maleate 500micrograms , oxytocin 5units/ mL)	IM Injection	Following birth of the baby to expedite the third stage of labour.	**Contraindications**: Severe hypertension, eclampsia, severe cardiac disease, sepsis, vascular disease, impaired pulmonary function. **Caution:** cardiac disease, multiple pregnancies, over 35 with a history of LSCS	Nausea, vomiting, abdominal pain, uterine spasm, uterine hyperstimulation, chest pain, arrhythmias (including bradycardia) palpitation, hypertension, vasoconstriction, dyspnoea, pulmonary oedema headache, dizziness, tinnitus, Rash. *(very rarely)* Myocardial infarction.	See ergometrine and oxytocin	Administration to upper central aspect of thigh Interactions: Macrolide antibiotics e.g. clarithromycin, erythromycin HIV protease or reverse transcriptase inhibitors e.g. ritonavir Azole antifungals e.g. ketoconazole All can cause ergot toxicity

Appendix 3 (must always be the last appendix)
Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Guideline
Document title	**Guideline for the management of medications using PGD and ME by midwives**
Document author (Job title and team)	Governance Midwife Pharmacist
New or reviewed document	
List staff groups/departments consulted with during document development	**Pharmacy**
Approval recommended by (meeting and dates):	**WB&G 18/11/22** **CBU3 B&G 21/12/22**
Date of next review (maximum 3 years)	21/12/2025
Key words for search criteria on intranet (max 10 words)	Midwife exemption, drug, prescription
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the FINAL version of this document	**Name: Molly Claydon** **Designation: Governance Support Co-ordinator**

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Business and Governanse
Date approved: 21/12/2022
Date Clinical Governance Administrator informed of approval: 22/12/2022
Date uploaded to Trust Approved Documents page: 21/12/2022