

Frequently Asked Questions: About the Midwifery Designated Drugs Regulation (O.Reg. 884/93)

Section 1 of the new regulation reads “the following substances are designated as substances that a member may administer by injection on the member’s own responsibility.” Does this include administering drugs and fluids through intravenous?

Yes. Starting an IV falls under the same authority as administering an injection.

Oxytocin is included as a drug that I can administer on my own authority. Does this mean that I am now allowed to do inductions or augmentations for my clients without consulting a physician?

No. This change to the Designated Drug list does not change the midwifery scope of practice.

The College standard *Indications for Mandatory Discussion, Consultation and Transfer of Care* provides clear direction as to how registered midwives should consult with their physician colleagues to facilitate induction and augmentation for midwifery clients. Neither of these interventions necessarily requires a transfer of care and the management of both is well within the midwifery skill set; however appropriate consultation must still be done for both.

What do I do if a client presents with an infection caused by a bacteria that clinical guidelines recommend should be treated with an antibiotic that is not on the designated drug list (e.g., bacteriuria caused by GBS)?

The CMO is aware that this is a shortcoming of the current drug list and is working to see this changed. Until this time members should:

- **Conduct a thorough Best Possible Medication History (see the CMO’s November 2010 Standard on Prescribing Drugs) to determine what would be best for the client, taking into account her overall health, drug sensitivities, stage of pregnancy, etc.**

- Review current information on best practices in treating infection (e.g., MotherRisk <http://www.motherisk.org/prof/index.jsp;jsessionid=63D33D503F771E57A20D4813D8754FED>).
- Determine if a referral to a physician is needed or if it is possible to prescribe an appropriate antibiotic from the list of drugs for which you do have the authority.
- Discuss the options with your client so that she can participate in decision-making about the treatment of the infection.

What do I do if the community standard in my hospital is to use a drug that I don't have the authority to use?

If the Designated Drug List includes an acceptable alternative to the drug that your hospital uses, you should request that the order the drug authorized for midwives.

Midwifery clients who give birth in a hospital are patients of that hospital. This means that the hospital has an obligation to ensure that she has access to the services – including prescription drugs – that are available from her primary care provider.

How do I obtain IV drugs for GBS prophylaxis at home births?

Your practice should have these available for clients who need them and wish to give birth at home. This can be done by writing a "for office use" prescription and having it filled so that you will have the needed supplies available for home births.

Not all pharmacies will have the needed drugs in stock. You may wish to establish a relationship with a pharmacist or pharmacy in order to ensure that processes are in place to facilitate obtaining the needed drugs.

Having these drugs on hand is part of ensuring that midwifery clients have equitable access to primary care, regardless of where they choose to give birth.

Can I treat STIs like Trichomoniasis and Chlamydia with the expanded drug list?

No. Although some of the antibiotics on the expanded list would be effective in treating these infections, midwives are not authorized to treat STIs. The CMO's *Guideline to Prescribing and Administering Amended Ontario Regulation 884/93 Drugs* sets out the indication for the use of each of the new drugs.

The regulation talks about drugs that I can administer on my own authority and drugs that I can prescribe on my own authority. What's the difference?

Any drugs that can be administered on a midwife's own authority can be prescribed on her authority for the purpose of administering them to the client.

A number of the drugs that you can administer by injection on your own authority may not be routinely available in community pharmacies. You may wish to establish a relationship with a pharmacist or pharmacy in order to ensure that processes are in place to facilitate obtaining the needed drugs.

Why is the CMO saying that I need to have numbered prescription pads? What are they and where do I get them?

Numbered prescription pads can be ordered from wherever you currently buy your prescription pads. They are simply numbered in sequence so that you can track prescriptions as part of responsible record-keeping. Having a number on the pad also deters theft since would-be forgers will know that the numbered pads are more easily tracked and identified as having been stolen.