

POLICY ON ORDERING AND ADMINISTERING CONTROLLED DRUGS AND SUBSTANCES

On November 1, 2012, the *New Classes of Practitioners Regulations* under the *Controlled Drugs and Substances Act* (Canada)¹ enabled midwives to provide safe and timely care to clients requiring treatment using controlled drugs and substances. This federal legislation is also subject to limitations at the provincial level, which in Nova Scotia includes the *Prescription Monitoring Act*.²

Accordingly, registered midwives with an active-practicing (clinical) or provisional (clinical) licence in Nova Scotia will only order and administer controlled substances in hospitals. Midwives will not be carrying, storing, ordering or administering controlled substances in community sites of practice or clients' homes. They may only order and administer controlled substances within their scope of practice and in accordance with Midwifery Regulatory Council of Nova Scotia (MRCNS) *Guidelines for Prescribing, Ordering and Administering Drugs*. It is unethical and prohibited for midwives to prescribe or administer any controlled substances to themselves or to a member of their family in the context of midwifery practice.

Prior to being authorized by the MRCNS to independently order and administer controlled drugs and substances, registered midwives will be required to demonstrate the necessary knowledge and competence through an approved education and assessment process.³ Once the use of controlled drugs and substances in midwifery practice is fully implemented as a national entry-level competency, applicants for registration will be assessed on their knowledge and competence to independently order and administer designated controlled substances through the national Canadian Midwifery Registration Examination (CMRE).

Midwives are required to follow hospital policies and protocols, including record-keeping and security procedures, for all in-hospital ordering, administering and disposing of controlled substances.

Use of Controlled Substances In Hospital

Provincial and hospital guidelines, policies and protocols must be adhered to whenever the midwife is ordering or administering controlled drugs and substances on her own authority.

Circumstances and purposes for which certain controlled drugs and substances may be

¹ <http://canadagazette.gc.ca/rp-pr/p2/2012/2012-11-21/html/sor-dors230-eng.html>

² <http://nslegislature.ca/legc/statutes/prescmon.htm>

³ Education (e.g. online module, workshop, course or program of study) and assessment that addresses the competencies required to prescribe narcotics, controlled drugs and/or benzodiazepines in the management of labour, birth and the postpartum period.

used within the midwife's scope of practice include the following:

- Morphine Sulphate and Fentanyl may only be ordered or administered by midwives for the purpose of pain relief in labour in hospital.
- Other orally administered narcotics such as Hydromorphone, Acetaminophen with Codeine or Acetaminophen with Oxycodone may only be ordered or administered by midwives on their own authority for the purpose of short-term postpartum pain relief in hospital.
- Benzodiazepines such as Lorazepam or Oxazepam may only be ordered or administered by midwives on their own authority for therapeutic rest in prodromal labour in hospital, or for short-term management of anxiety during the postpartum period in hospital, while the midwife is arranging for consultation with a physician for further diagnosis and ongoing treatment.

References:

1. Administration of Intravenous Fentanyl for Pain Relief in Labour, Maternal-Newborn Clinical Guidelin Reproductive Care Program of Nova Scotia, 2014.
2. *The New Classes of Practitioners Regulations under the Controlled Drugs and Substances Act (Canada).*
3. Parenteral Medication for Labour Analgesia: Table of Recommended Dosages, Reproductive Care Program of Nova Scotia, May 2015.⁴
4. Standards for Prescribing, Ordering and Administering Controlled Substances, College of Midwives of British Columbia, 2015.

Adopted by the MRCNS on September 8, 2016
Amended by the MRCNS on May 31, 2018

⁴ This RCP Guideline is currently under revision.