

## **POLICY ON PRESCRIBING, 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)<sup>1</sup> 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*.<sup>2</sup>

Accordingly, registered midwives with an active-practicing (clinical) or provisional (clinical) licence in Nova Scotia will only prescribe, order and administer controlled substances in hospitals. They will not be carrying, storing or prescribing controlled substances in community sites of practice or clients' homes. They may prescribe or order controlled substances for use during labour and the postpartum period within their scope of practice and in accordance with the MRCNS "Guideline for Prescribing, Ordering and Administering Drugs". It is unethical and prohibited for a midwife to prescribe or administer any controlled substances to herself/himself or to a member of her/his family in the context of her practice.

Registered midwives will need to demonstrate their knowledge and competence to the MRCNS through an approved education and assessment process prior to being authorised to independently prescribe, order and administer these controlled substances.<sup>3</sup> Education (e.g. online module, workshop, course or program of study) and assessment that addresses the competencies required to prescribe narcotics and controlled drugs and/or benzodiazepines in the management of labour, birth and the post-partum period. Once prescribing, ordering and administering controlled substances is fully implemented as a national-entry-level competency, applicants for registration will have their knowledge and competence to independently prescribe, order and administer designated controlled substances assessed 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 prescribing, ordering, administering or disposing of controlled substances.

### **Use of Controlled Substances In-Hospital:**

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

This listing of drugs is not meant as an exclusive list but to illustrate how commonly used

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

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

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

narcotics have to be used within the midwife's scope of practice only.

Morphine Sulphate and Fentanyl may only be used by midwives for the purpose of pain relief in labour.

Other orally administered narcotics, for example Hydromorphone, Acetaminophen with Codeine or Acetaminophen with Oxycodone may only be prescribed, 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 prescribed, ordered or administered by midwives on their own authority for therapeutic rest in prodromal labour in hospital or for the short term management of anxiety during the postpartum period 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 Guideline, 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.<sup>4</sup>
4. Standards for Prescribing, Ordering and Administering Controlled Substances, College of Midwives of British Columbia, 2015.

**Approved by the MRC on September 8, 2016**

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<sup>4</sup> This Guideline is presently being revised.