



Midwifery Council of New Brunswick

**Conseil de l'Ordre des sages-femmes
du Nouveau-Brunswick**

Schedules for Ordering

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SCHEDULE "A": DIAGNOSTIC IMAGING TESTS

A Registered Midwife may order and interpret the report of any comprehensive or limited ultrasound examination during pregnancy, postpartum, or post pregnancy loss and for newborn screening of kidneys.

SCHEDULE "B": LABORATORY AND OTHER NON-LABORATORY TESTS

A Registered Midwife may order, refer, collect samples for and interpret the report of any screening, diagnostic tests and laboratory tests relevant to the care of a midwifery client and her newborn, including but not limited to the following:

(a) for a woman:

- (i) chemistry: blood glucose (including tests for the screening and diagnosis of gestational diabetes), urinalysis (routine and microscopic), 24 hour urine for protein, Spot Urine Protein/Creatinine Ratio (UPCR), serum ferritin, serum B12, serum thyroid stimulating hormone, free thyroxine, Thyroid Peroxidase Antibodies (TPO antibodies), Maternal Serum Screening, serum beta human chorionic gonadotropin, BUN, liver function (ALT, AST, LDH, serum bilirubin), serum creatinine, serum electrolytes, total serum bile acids, serum uric acid, albumin, Zika virus.
- (ii) cytology: cervical smears (Pap tests);
- (iii) haematology: hemoglobin, hematocrit, white blood cell count with differential, red blood cell morphology, platelet count, Activated Partial Thromboplastin Time (aPTT), Prothrombin (PT) or International Normalized Ratio (INR), Fibrinogen, hemoglobin electrophoresis;
- (iv) microbiology:
 - (A) cervical and vaginal, vaginal-anorectal cultures and smears (including sensitivities where relevant) for; *Streptococcus agalactiae* (GBS), *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Candida species*, *Trichomonas vaginalis*, and *Bacterial vaginosis* (BV);
 - (B) urine for culture and sensitivities;
 - (C) swabs for culture and sensitivities (e.g. wounds, episiotomies);
 - (D) viral swabs (e.g. herpes).



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- (v) serology/immunology: blood group and type with antibody screen, repeat antibody testing, Kleihauer-Betke, Hepatitis B and C, Human Immunodeficiency Virus antibody, Rubella antibody, Toxoplasmosis antibody, Syphilis serology, Cytomegalovirus antibody, HSV antibodies IgG and IgM, Parvovirus B19 serology including anti-B19 IgG and IgM, Varicella-Zoster serology IgG and IgM
- (vi) Genetic testing: A midwife may order or refer a client for Maternal Serum Screen, nuchal translucency scan, amniocentesis, chorionic villi sampling, as per provincial standards

(b) for a newborn:

- (i) hemoglobin, hematocrit, white blood cell count with differential, blood type and Rh factor, neonatal metabolic and endocrine screen, glucose, electrolytes, Coombs, and bilirubin, C-reactive protein;
- (ii) microbiology samples: cord and eye, ear and nose.

(c) for a partner:

- (i) STI testing, blood typing and Rh factor

A Registered Midwife may order, perform and interpret the results of the following screening and diagnostic tests:

- (a) urine (dip stick analysis);
- (b) pregnancy test (urine);
- (c) blood glucose: adult and newborn (stix method);
- (d) hemoglobin (finger prick method);
- (e) tests confirming rupture of membranes);
- (f) non-stress test;
- (g) fetal fibronectin;
- (h) external and internal fetal monitoring



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SCHEDULE "C": PRESCRIBING, ORDERING, AND ADMINISTRATION OF MEDICATION

General prescribing conditions

A Registered Midwife may prescribe any drug, treatment or device listed in Schedule I, II, or III, or unscheduled in National Association of Pharmacy Regulatory Authorities (NAPRA), for treatment of a condition that is within the scope of midwifery practice and the midwife's individual knowledge, skills, and competencies, conditional on the following conditions for prescribing listed below.

Exclusions to prescribing

If a midwife determines the client's medical needs fall outside of the scope of midwifery practice, the midwife shall refer or transfer the client to an appropriate health care practitioner. The midwife shall document this referral/transfer and advise the health care practitioner of the referral/transfer (See MCNB Consultation, Shared Primary Care and Transfer of Care Guidelines 1). The midwife may continue to provide care to the client and can provide ongoing monitoring of therapy as appropriate within the midwife's scope of practice, as agreed upon by the midwife and consulted health care practitioner.

The midwife shall not:

- prescribe for themselves or for any person with whom there is a close personal or emotional relationship (ex. Family, friends, colleagues, etc.)
- prescribe medication for a person she has not personally evaluated, and with whom she doesn't have a direct and active client-midwife relationship.
- under any circumstance, prescribe opium, heroin, cocoa leaves/ cocaine, marijuana or its derivatives, methadone or any drugs found in section G, part III* of the Food and Drug Regulations.

A midwife may not delegate the act of prescribing a medication.

Evaluation of the Client (Mother / Newborn)

The midwife, as appropriate for the circumstances, shall perform an assessment of the client, including but not limited to:

- Physical examination
- Ordering/reviewing all pertinent laboratory or diagnostic investigations (see Schedule A and B 2),
- Evaluation of any co-existing disease states or chronic conditions,
- Allergies/intolerances, including an evaluation of the nature of any allergies/intolerances (see NB Provincial Health Authorities Anti-Infective Stewardship Committee, February 2016 document "Management of Penicillin and Beta-Lactam Allergy" and "Antimicrobial Allergy Evaluation Tool" and reference resources for further guidance).



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- Perform a Best Possible Medication History (BPMH) to review concurrent medications, Natural Health Products (NHPs), homeopathic therapy, complementary and alternative therapies, etc...(see reference section for resources to aid in completing a BPMH).

Prescribing Guidelines

The Midwife will ensure the client is given adequate information about the expected therapeutic effect, potential side effects, contraindications and precautions for use, to allow the client to make an informed decision about their care. The midwife shall obtain and document verbal or written consent. (MCNB Informed Choice Policy 3)

The Midwife will ensure all medications and therapies:

- Adhere to provincial and federal law.
- Comply with all standards, guidelines, or policies in place in their regional health authority or any other organizations affected or involved with the prescribing of medications.
- Are appropriately efficacious and safe for the specific client's use, and are
 - a) prescribed for an intended use that reflects an indication approved by Health Canada OR
 - b) prescribed "off-label" for an intended use which is widely accepted as best practice in Canada
 - c) prescribed for an indication within the scope of practice of midwifery, included but not limited to those listed in Appendix A. (CMBC Standards, Limits & Conditions for Prescribing and Administering Drugs 4)

The Midwife shall:

- Monitor the client's response to the prescribed therapy/medication and modify the treatment plan based on their response or non-response to therapy.
- When prescribing a medication to be filled by a community pharmacy, consider the drug coverage either through private insurance or the *New Brunswick Prescription Drug Program Formulary*, to verify the coverage of any prescribed medications. Midwives practicing in an institution or hospital are encouraged to consult and follow the provincial Drugs and Therapeutics Committee (D+T) formulary to determine covered medication.
- Participate in the Canadian Adverse Drug Reaction Reporting Program.

Legal Requirements for a Prescription

Whether written on paper or electronically a prescription will contain:

- The full date the prescription is written
- The client's name (and address if available)
- The name of the drug/therapy prescribed
- The strength, dose, and quantity
- Any refills including quantity and interval



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- Instructions for the client on how to use the drug/therapy (route of administration and specific frequency or interval or maximum daily use)
- A legible printed name, address, telephone number, registration number and official designation of the midwife
- The signature of the midwife
- The indication for the prescription (mandatory)

The midwife shall:

- Abide by any additional federal, provincial and institutional requirements for prescribing controlled substances and narcotics (when applicable).
- Adhere to current best practice in prescription writing including avoiding dangerous abbreviations (see ISMP List of Dangerous Abbreviations, Symbols and Dose Abbreviations).

Documentation

The midwife shall include:

- Assessments for medication therapy
- Any prescriptions given to the client or verbally/electronically transmitted to pharmacy
- Any medications administered to the patient by the midwife or witnessed by the midwife
- A monitoring and follow-up plan for any medication prescribed/administered
- The client's response to any medications given/prescribed
- Any consultations or referrals made to other health care providers when the medication therapy is determined to be outside of the midwife's scope of practice. This includes planned follow-up and which health care providers will monitor/follow-up on any prescribed medication(s) to ensure continuity of care for the client.

Prescribing Guidelines for Midwives with Advanced Competencies

A midwife who has completed additional training and certification in the advanced competencies of sexually transmitted infections, controlled substances, and hormonal contraception may additionally prescribe:

- Medication for sexually transmitted infections management (including but not limited to antibiotics for Chlamydia Trachomatis, Neisseria Gonorrhoea, and Trichomoniasis.)
- Narcotics for pain relief in non-progressive (prodromal), early and active labour.
- Benzodiazepines for:
 - a. Therapeutic rest in prodromal labour and or
 - b. The short-term management of excessive anxiety during the early postpartum period.



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- c. Upon diagnosis of intrauterine fetal demise
- The midwife should arrange for consultation with a physician for further diagnosis and ongoing treatment when benzodiazepines/narcotics are needed beyond the early postpartum period.
- Hormonal contraceptive therapy

*Refer to up-to-date medication references for specific pregnancy/lactation risk and pharmacokinetic information.

Additional Standards for Prescribing and Administering Controlled Substances

A midwife who has completed additional training in the prescribing of controlled substances through an educational program approved by the New Brunswick Midwifery Council, or whose entry level midwifery education included training in controlled substances, shall follow the below standards to ensure the appropriate prescribing, administration, storage and record keeping in the use of controlled drugs and substances.

Evidence-Informed Prescribing

Midwives should seek to follow the current best practice resources and guidelines when prescribing for clients, including when recommending complementary or alternative therapies.

Prescribing Principles for Controlled Substances and Pain Relief (4)

- Controlled substances, opioids and benzodiazepines, prescribed by midwives are intended to be used on a short-term basis for acute management of obstetrical needs.
- Treatment decisions are based on comprehensive initial and ongoing assessments, and informed choice.
- Clients should be informed of all potential risks associated with even short term use of these substances, and should include a candid discussion about addiction.
- Both long and short acting opioids have the potential for abuse. Clients' screening, in addition to the general standards for prescribing, ordering and administration of medication (Schedule C), should include special attention for a history of alcohol use, drug addiction, and concurrent use of other controlled substances.
- Be cautious of a polypharmaceutical mix of drugs including antidepressants and atypical antipsychotics. There is no evidence or assurance that this is safe or effective, and these combinations increase the risk of adverse effects. Midwives are encouraged to use the New Brunswick Electronic Health Record (EHR).
- If prescribing opioids with sedatives, particularly benzodiazepines (e.g. postpartum orders), proceed with caution.



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- Midwives should always prescribe the lowest effective dosage. Medications should be tapered or discontinued if problems arise.

General Prescribing Practice in Hospital or Other Approved Health Care Setting

Midwives are required to follow local hospital/health authority protocols, record-keeping and security procedures for all prescribing, ordering, administering or disposing of controlled substances (i.e. the Benzodiazepines and other Targeted Substance Regulations). Bulk provision, storage and destruction of controlled substances to inpatient nursing units are the responsibility of the hospital pharmacy department.

Midwives may only prescribe, order or administer fentanyl on their own authority for the purpose of pain relief in labour in hospital and not for any other purpose. Administration under any other circumstance must be on the order of a physician.

Midwives may only prescribe, order and administer morphine in hospital on their own authority for the purpose of pain relief in non-progressive or prodromal labour in early and active labour. Following maternal and fetal assessment, according to community standards clients may be discharged home under the midwife's care.

Outpatient use

All midwives are responsible to secure and protect any controlled substances in their possession while working/practicing out of the hospital setting. Midwives must ensure the security of any controlled substances in their possession in accordance with the Benzodiazepines and Other Targeted Substances Regulations. This includes proper storage of prescription pads in a secure location only accessible to the midwife.

Midwives must retain up-to-date records of all controlled substances. This includes records of purchasing, receiving, prescribing, administering, destruction, and current inventory of all controlled substances taken from and/or stored outside of the hospital/health care facility.

Any excess or outdated controlled substances should be returned to the pharmacy for destruction or must be destroyed and witnessed by another midwife, registered nurse, nurse practitioner, physician or pharmacist.

Midwives must report any loss or theft of controlled substances to Health Canada using Health Canada's Loss and Theft Report Form. In addition, theft of controlled substances should be reported to the NB Midwifery Council registrar, to local law enforcement agencies, and their associated hospital or health care center. Loss or theft of prescription pads should also be advised to the NB College of Pharmacists.

When a prescription is to be given on an outpatient basis, the midwife is advised to follow current prescribing regulations as laid out in the Controlled Drugs and Substances



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Act, the Narcotic Control Regulations, Food and Drug Regulations part G/J, and the Benzodiazepines and Other Targeted Substances Regulations. These resources should be followed when determining: when verbal orders are permitted and when written/faxed orders are required, when refills and part-fills can be prescribed, and what record keeping is required.



APPENDIX A: Midwives may prescribe the following categories of medications for the purposes listed. (4)

Category Description	Purposes
Antibiotics	intrapartum chemoprophylaxis for Group B strep treatment of topical infection treatment of breast infection treatment of urinary tract infection prophylaxis of ophthalmia neonatorum treatment of bacterial vaginosis
Anaesthetics	performance of episiotomies repair of episiotomies and lacerations treatment of topical inflammation localized pain prophylaxis
Anti-fungals	treatment of candidiasis
Anti-nauseants / Anti-emetics	treatment of nausea and vomiting
Anti-virals	suppression of viral infections during pregnancy and the post-partum period, excluding HIV/AIDS management
Controlled Substances	Narcotics for pain relief in labour Benzodiazepines for therapeutic rest in prodromal labour, Short-term management of excessive anxiety during the early postpartum period and, Upon diagnosis of intrauterine fetal demise
Corticosteroids	treatment of skin inflammation and haemorrhoids
Galactagogues	enhancement of breast milk production
Histamine antagonists	treatment of anaphylaxis related to the administration of drugs, vaccines or sera
Immune globulins	prophylaxis in the neonate prophylaxis or treatment of the woman in pregnancy or the postpartum period
Inhalants	pain relief in labour or the immediate postpartum period
Narcotic antagonists	reversal of narcotic-induced depression
Nitrates	treatment of hypertonic uterine contractions with non-reassuring fetal status
Non-steroidal anti-inflammatory	relief of inflammation and pain
Sympathomimetics	treatment of anaphylaxis or allergic reaction following the administration of a drug, vaccine or serum neonatal resuscitation
Uterotonic agents	prophylaxis and treatment of uterine atony and postpartum haemorrhage
Vaccines	establishing an immune response
Vitamin and mineral supplements	nutritional therapy and support vitamin K prophylaxis



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REFERENCES

Midwifery Council of New Brunswick Documents:

1. MCNB Consultation, Shared Primary Care and Transfer of Care Guidelines 2017
2. Schedule A & B on ordering laboratory/diagnostic tests
3. MCNB Informed Choice Policy
4. Adapted from CMBC Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs <http://cmbc.bc.ca/wp-content/uploads/2016/12/Standards-Limits-and-Conditions-for-Prescribing-Ordering-and-Administering-Drugs.pdf>

Reference Resources:

BPMH:

- <http://www.patientsafetyinstitute.ca/en/toolsResources/Pages/Med-Rec-resources-getting-started-kit.aspx>
- Appendix 3 of <http://www.cmo.on.ca/wp-content/uploads/2015/07/16.Prescribing-and-Administering-Drugs.pdf>
- <https://www.ismp-canada.org/medrec/>

Allergies:

- NB Provincial Health Authorities Anti-Infective Stewardship Committee, February 2016 document
 - o “Management of Penicillin and Beta-Lactam Allergy” And executive summary
 - o “Antimicrobial Allergy Evaluation Tool” for further guidance

Laws:

- list of medications in section G, part III* of the Food and Drug Regulations: http://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,_c._870/page-152.html#h-338

Vaccines (NB):

http://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc/NBIimmunizationGuide.html

<http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/Immunization/RoutineImmunizationSchedule.pdf>

Vaccinations:

<http://www.phac-aspc.gc.ca/im/professionals-professionnels-eng.php>

<http://healthycanadians.gc.ca/healthy-living-vie-saine/immunization-immunisation/canadian-immunization-guide-canadien-immunisation/index-eng.php>



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NAPRA drug schedules:

<http://napra.ca/national-drug-schedules>

NB formulary

<http://www2.gnb.ca/content/gnb/en/departments/health/MedicarePrescriptionDrugPlan/NBDrugPlan/ForHealthCareProfessionals/NewBrunswickDrugPlansFormulary.html>

Other guidelines/schedules referenced while making this document:

<http://cmhc.bc.ca/standards-policies-forms/standards-policies-and-forms/>

<http://cmhc.bc.ca/wp-content/uploads/2016/07/Guidelines-for-Prescribing-Drugs-Controlled-Substances.pdf>

<http://cmhc.bc.ca/wp-content/uploads/2016/10/Standards-Limits-and-Conditions-for-Prescribing-Ordering-and-Administering-Drugs.pdf>

<http://cmhc.bc.ca/wp-content/uploads/2016/12/Standards-Limits-and-Conditions-for-Prescribing-Ordering-and-Administering-Controlled-Substances.pdf>

<http://cmhc.bc.ca/wp-content/uploads/2015/12/03.04-Standards-Limits-Conditions-for-STIs.pdf>

<http://www.cmo.on.ca/wp-content/uploads/2015/07/16.Prescribing-and-Administering-Drugs.pdf>

http://www.bclaws.ca/civix/document/id/lc/statreg/281_2008

Non-midwifery references:

<https://www.crnbc.ca/Standards/Lists/StandardResources/688ScopeforNPs.pdf>

<http://www.nanb.nb.ca/media/resource/NANB-NPStandards-E-2016-05.pdf>

https://nbc.in1touch.org/document/1698/Pharmacists%20Expanded%20Scope_Minor%20Ailments%20document%20update%20May2015%20EN.pdf

<https://nbc.in1touch.org/document/1733/2015%2007%2023%20REGS%20bilingual.pdf>

ISMP:

<https://www.ismp.org/tools/errorproneabbreviations.pdf>

Narcotics:

<http://laws-lois.justice.gc.ca/eng/regulations/SOR-2000-217/FullText.html>

<http://laws.gnb.ca/en/showdoc/cs/P-15.05>

<http://laws.gnb.ca/en/showdoc/cr/2014-142>

http://www.hc-sc.gc.ca/hc-ps/substancontrol/substan/compli-conform/loss-perte/loss_rep-rap_perte-eng.php