

Medicines Guideline

Bachelor of Midwifery scope of practice

A resource for students, clinical facilitators and placement venues

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UniSA

Clinical &
Health Sciences

Contents

- Introduction 3
- Health Venue Site Medicines Policies and Procedures..... 3
- Medicines safety 3
- Medication calculations 3
- Supervision of students preparing and administering medicines 3
- Clinical Supervision 4
- Controlled drugs 4
- Expressed Breast Milk (EBM) 4
- Experiential Learning Activities (ELAs)..... 5
- ELA1 5
- ELA2 6
- ELA3 7
- ELA4 8
- ELA5 8
- Scope of practice - summary 9
- High risk medicines 10
- APINCHEN and high-risk medicines 10
- Glossary..... 11
- Additional resources 12
- Version control..... 13

Introduction

The purpose of the UniSA Bachelor of Midwifery, Medicines Guideline, Scope of Practice resource is to outline the scope in which midwifery students may engage with medicines preparation and administration in the clinical area through placements and Continuity of Care Experiences. This document sets out the University's and the program's procedural requirements for the management of medicines and is regulated in a manner consistent with legislative requirements to eliminate or control potential health, safety and security risks. This resource may be used by students, clinical facilitators and supervising clinicians. It aims to provide an outline of the progression of skills and knowledge during the midwifery program which is related to preparation and administration of medicines. It provides guidance about the timing of theoretical and clinical knowledge and skills within the program, to inform students and supervisors about the appropriate timing for students to engage in the clinical application of preparation and administration of medicines.

Health Venue Site Medicines Policies and Procedures

If the UniSA Bachelor of Midwifery, Medicines Scope of Practice resource differs from that of the local health venue, students must always practice in accordance with the local health venues' medicines policies and procedures.

Medicines safety

Students learn about safety of medicines from their first year and continue to learn as their knowledge and skills are scaffolded throughout the progression of their program. Medicines safety concepts include:

- The 8 rights of medicine administration
- Medication calculations
- Appropriate use of terminology and abbreviations
- Clinical assessment pre and post medicine administration
- National Safety and Quality Health Service (NSQHS) Standards – Medication Safety Standard
- Factors that contribute to medication errors
- The impact of medication errors on patients and clinicians
- Reporting of medication errors

RESOURCE: [Australian Commission on Safety and Quality in Healthcare, Medication safety \(2023\)](#)

Medication calculations

Students undertake online training to learn about medication calculations and must pass an online quiz (100%) prior to commencing each of their clinical placements through the Experiential Learning Activity courses. They will have the certificate awarded on completion in their online PebblePad Passport to Placement available for viewing by the venue or clinical facilitator when required.

Supervision of students preparing and administering medicines

- Students undertaking study to become a Registered Midwife must be supervised by a **Registered Midwife (RM)** or **Medical Officer (MO)** when preparing and administering medicines.
- In some cases, it may be appropriate for the student to be supervised by a **Registered Nurse (RN)** who is working within their scope of practice.

NOTE: hereafter, for ease of reference, all supervisors in this resource will be referred to as RM

- Students undertaking study to become a Registered Midwife, but who hold registration as a Registered Nurse (RN) or Enrolled Nurse (EN), must be supervised when administering medicines and must be working in the scope of a midwifery student, not an RN or EN.

Clinical Supervision

- **Indirect supervision** is when the supervisor is easily contactable and available to observe and discuss the midwifery care the student is delivering.
- **Direct supervision:** is when the supervisor/clinician takes direct and principal responsibility for the midwifery care provided (e.g. assessment and/or treatment of an individual woman). The supervisor must be physically present at the workplace, and supervision must include observation of the student as they are providing care.
NOTE: Any time a student is involved in medicines preparation or administration, they MUST be under direct supervision.

Standing Medication Orders

Students undertaking study to become a Registered Midwife can administer from standing orders when:

- The venue policy allows undergraduate midwifery students to do so
- The medicine is not a controlled medicine or a high-risk medicine
- The student is familiar with the requirements of the standing order i.e. aware of dosing schedule, exclusions and/or special requirements.
- Once the medication order has been documented on the medication chart the student may prepare and administer the medication under direct and continuous supervision of the RM.

RESOURCE: [SA Health, Standing Medication Order \(SMO\) Clinical Guideline V2.0 \(2020\)](#)

Midwife Initiated Orders

Students undertaking study to become a Registered Midwife are NOT able to administer medicines from midwife-initiated orders.

RESOURCE: [SA Health, Nurse/Midwife Initiated Medicines \(NMIM\) Clinical Guideline V2.1 \(2022\)](#)

Controlled drugs

Students undertaking study to become a Registered Midwife are **NOT** able to prepare or administer Controlled drugs. This includes S8 and Restricted S4 medications. Please note this restriction originates from the [Controlled Substances Act 1984 \(SA\)](#) and applies to both public and private venues and includes anywhere medications are administered.

NOTE: Where appropriate, students should be given the opportunity to observe the processes involved in preparing and administering controlled drugs.

Expressed Breast Milk (EBM)

The process of expressing breast milk and the administration of EBM is not a sterile procedure and there is a small risk of transmission of infection to the infant, healthcare workers or others through breast milk. Appropriate procedures for infection prevention and control to minimise this risk must be undertaken to prevent occurrences such as an infant receiving incorrect EBM, or a woman breast feeding an infant other than her own biological infant. Students must adhere to the local policy guidelines when preparing, checking and administering EBM.



RESOURCE: [Expressed Breast Milk Safe Management and Administration in SA \(2018\)](#)

Experiential Learning Activities (ELAs)

UniSA Bachelor of Midwifery students undertake five Experiential learning Activity (ELA) courses which support their learning through clinical placements. Prior to attending placements, they learn theoretical content which can be applied in the clinical context. During these placements and through participation in the Continuity of Care Experiences (CoCE), they will engage in medicines administration. The five ELAs can be found online on the UniSA website where the content for each course is outlined.





1. [Experiential Learning Activity: Midwifery Foundation Practicum 1 \(NURS 1056\)](#)
2. [Experiential Learning Activity: Midwifery Development Practicum 2 \(NURS 2039\)](#)
3. [Experiential Learning Activity: Midwifery Development Practicum 3 \(NURS 2036\)](#)
4. [Experiential Learning Activity: Midwifery Transition Practicum 4 \(NURS 3052\)](#)
5. [Experiential Learning Activity: Midwifery Transition Practicum 5 \(NURS 3053\)](#)

ELA1





UniSA Bachelor of Midwifery program			
Year 1: Knowledge, skills and attitudes for understanding			
Year 1	Within current scope	Outside current scope	Theoretical knowledge and simulated skill delivery
<p>Experiential Learning Activity: Midwifery Foundation Practicum 1</p> <p>FOCUS OF PLACEMENT Antenatal/Postnatal</p>	<p>Always under direct supervision of an RM</p> <p><i>NOTE: All injectable medicines require a second RM to check preparation and administration</i></p> <p>Students may prepare and administer medicines via the following routes:</p> <ul style="list-style-type: none"> • Oral/sublingual • Subcutaneous injection • Intramuscular injection • Intradermal injection (Sterile water injections) 	<p style="text-align: center;"></p> <p>ALL controlled medicines High-risk medicines * Neonatal medications Intravenous medications or infusions</p> <p>* First year students may be involved in preparation and administration of medicines such as insulins or enoxaparin under strict supervision and in line with venue policy </p>	<ul style="list-style-type: none"> • Oral medication calculations • 8 rights Medicines Administration • Human physiology and anatomy • Post-operative care • Normal physiology of pregnancy <p>Administration of:</p> <ul style="list-style-type: none"> • Oral/sublingual medicines • Intradermal maternal injections • Subcutaneous maternal injections • Intramuscular maternal injections • Intramuscular neonatal injections (Hep B & Vitamin K)

ELA2


UniSA Bachelor of Midwifery program Year 2: Knowledge, skills and attitudes for intervention

Year 2	Within current scope	Outside current scope	Theoretical knowledge and simulated skill delivery
<p>Experiential Learning Activity: Midwifery Development Practicum 2</p> <p>FOCUS OF PLACEMENT Intrapartum/Other</p>	<p>Always under direct supervision of an RM</p> <p><i>NOTE: All injectable medicines require a second RM to check preparation and administration</i></p> <p>Students may prepare and administer medicines via the following routes:</p> <ul style="list-style-type: none"> • Oral/sublingual • Inhalation • Subcutaneous injection • Intradermal injection (Sterile water injections) • Intramuscular injection • Intravenous injection/infusion • Per rectum • Per vagina • Epidural catheter bolus*  <p>* Students may be involved in preparation and administration of epidural medicines containing local anaesthetic agents and/or opioid under strict supervision and in line with venue policy</p>	<p style="text-align: center;"></p> <p>ALL controlled medicines</p> <p>Potassium/high dose electrolyte infusions</p> <p>Cytotoxic medications</p> <p>Neuro-muscular blockers</p> <p>Neonatal medications</p>	<ul style="list-style-type: none"> • Oral, injectable and IV calculations • Fetal and maternal pathophysiology • Management of obstetric and medical complications with medicines • Contraception • Monitoring and assessment of women with IV and epidural patient controlled opioid infusions <p>Administration of maternal:</p> <ul style="list-style-type: none"> • Oxygen therapy • inhalation therapy • Iron infusion • Blood transfusion • IV antibiotics including some high risk • Magnesium Sulphate infusion  • Basal/Bolus insulin & mixed dose insulin 



ELA3

UniSA Bachelor of Midwifery program			
Year 2: Knowledge, skills and attitudes for intervention			
Year 2	Within current scope	Outside current scope	Theoretical knowledge and simulated skill delivery
<p>Experiential Learning Activity: Midwifery Development Practicum 3</p> <p>FOCUS OF PLACEMENT Neonatal/Intrapartum</p>	<p>Always under direct supervision of an RM</p> <p><i>NOTE: All injectable medicines require a second RM to check preparation and administration</i></p> <p>Students may prepare and administer neonatal medicines via the following routes:</p> <ul style="list-style-type: none"> • Oral/sublingual • Naso/orogastric • Intramuscular injection • Per rectum <p>Students may prepare and administer maternal medicines as per ELA2 and in addition, medicines via the following routes:</p> <ul style="list-style-type: none"> • Nasogastric • Patient Controlled Epidural Anaesthesia (PCEA) preparation, administration and management  <p>Students may be involved in preparation and administration of epidural medicines containing local anaesthetic agents and/or opioid under strict supervision and in line with venue policy</p>	<p style="text-align: center;"></p> <p>ALL controlled medicines</p>	<ul style="list-style-type: none"> • Oral, injectable and IV calculations • Neonatal medication calculations • Pharmacology and pharmacotherapeutics • Neonatal pathophysiology • Enteral feeding <p>Administration of:</p> <ul style="list-style-type: none"> • Neonatal intravenous therapy and injections, syringe pumps and infusions • Neonatal oxygen therapy • Adrenaline  • Gentamicin 

ELA4

UniSA Bachelor of Midwifery program			
Year 3: Knowledge, skills and attitudes for professional practice			
Year 3	Within current scope	Outside current scope	Theoretical knowledge and simulated skill delivery
Experiential Learning Activity: Midwifery Transition Practicum 4 FOCUS OF PLACEMENT Antenatal/Postnatal/ Intrapartum/Gynae/ Mixed/Neonatal/	Always under direct supervision of an RM <i>NOTE: All injectable medicines require a second RM to check preparation and administration</i> Students may prepare and administer maternal AND neonatal medicines as per ELA3	<div style="text-align: center;">  ALL controlled medicines </div>	<ul style="list-style-type: none"> • Oral, injectable and IV calculations • Psychopharmacology • Women's Health across the lifespan (gynaecological procedures, termination of pregnancy, pre and post operative care)

ELA5

UniSA Bachelor of Midwifery program			
Year 3: Knowledge, skills and attitudes for professional practice			
Year 3	Within current scope	Outside current scope	Theoretical knowledge and simulated skill delivery
Experiential Learning Activity: Midwifery Transition Practicum 5 FOCUS OF PLACEMENT Antenatal/Postnatal/ Intrapartum/Gynae/ Mixed/Neonatal/	Always under direct supervision of an RM <i>NOTE: All injectable medicines require a second RM to check preparation and administration</i> Students may prepare and administer maternal AND neonatal medicines as per ELA3	<div style="text-align: center;">  ALL controlled medicines </div>	<ul style="list-style-type: none"> • Oral, injectable and IV calculations • Episiotomy and perineal repair • Parenteral Lignocaine and Lignocaine with Adrenaline 

Scope of practice - summary

Preparation and administration of medicines under direct supervision of a Registered Midwife	ELA1	ELA2	ELA3	ELA4	ELA5
ROUTES					
Epidural bolus dose	N	Y	Y	Y	Y
Epidural (Patient Controlled)	N	N	Y	Y	Y
Intramuscular injection	Y	Y	Y	Y	Y
Intradermal injection	Y	Y	Y	Y	Y
Intravenous injection/infusion	N	Y	Y	Y	Y
Oral / Sublingual	Y	Y	Y	Y	Y
Oxygen therapy (maternal)	N	Y	Y	Y	Y
Oxygen therapy (neonatal)	N	N	Y	Y	Y
Per rectum	N	N	Y	Y	Y
Subcutaneous injection	Y	Y	Y	Y	Y
Per vagina	N	Y	Y	Y	Y
MEDICINES					
Analgesia (not controlled drugs)	Y	Y	Y	Y	Y
Antibiotics (not high-risk medications)	N	Y	Y	Y	Y
Anticoagulants	N	Y	Y	Y	Y
Antihypertensives	N	Y	Y	Y	Y
Anti-infectives (high risk medications)	N	Y	Y	Y	Y
Betamethasone	N	Y	Y	Y	Y
Blood transfusion and blood products	N	Y	Y	Y	Y
Cervical ripening medications	N	Y	Y	Y	Y
Controlled drugs (S8 and S4 restricted)	N	N	N	N	N
H2 blockers (eg Ranitidine)	N	Y	Y	Y	Y
Immunizations (maternal and neonatal)	Y	Y	Y	Y	Y
Insulins	N	Y	Y	Y	Y
Intravenous therapy	N	Y	Y	Y	Y
Neonatal medications (not controlled drugs)	N	N	Y	Y	Y
Oxygen therapy (maternal)	N	Y	Y	Y	Y
Oxygen therapy (neonatal)	N	Y	Y	Y	Y
Oxytocics	N	Y	Y	Y	Y
Tocolytics (terbutaline, magnesium sulphate, GTN, nifedipine, salbutamol)	N	Y	Y	Y	Y

High risk medicines

High risk medicines are those medicines that **have a high risk of causing significant patient harm or death when used in error**. Although errors may or may not be more common than with other medicines, the consequences of errors with these medicines can be more devastating. Compliance with the policy below is mandatory and will ensure a standard approach to high-risk medicines and support clinical staff in their safe management.

NOTE: Midwifery students, within their scope of practice, may be involved in preparation and administration of some high-risk medicines. This must always be under strict, direct supervision and must occur in line with the venue policy.

RESOURCES: [SA Health High risk medicines management policy \(2024\)](#)



[Australian Commission on Safety and Quality in Health Care – High risk medicines](#)

APINCHEN and high-risk medicines

The acronym APINCH is often used to classify high risk medicines. SA Health has updated its APINCH list to include some psychotropic medicines, epidural and intrathecal medicines and neuromuscular blockers. The new acronym APINCHEN is now used.

A	Anti-infectives Amphotericin, vancomycin, and aminoglycosides, but may also include others
P	Psychotropics Clozapine, lithium and depot injections Potassium and concentrated electrolytes Injectable electrolyte preparations, eg. potassium chloride and magnesium sulphate, but may also include other medicines
I	Insulin All insulins
N	Narcotics and sedatives All opioids, sedatives may include benzodiazepines and other sedating agents
C	Chemotherapy agents Cytotoxic chemotherapy
H	Heparin and other anticoagulants Heparins and all anticoagulants, including the New Oral Anticoagulants
E	Epidural and intrathecal agents Bupivacaine +/- fentanyl, bupivacaine +/- adrenaline (epinephrine), ropivacaine +/- fentanyl and other epidural or intrathecal agents
N	Neuromuscular blocking agents Atracurium, cisatracurium, mivacurium, pancuronium, rocuronium, suxamethonium, vecuronium

Glossary

		Resources
Controlled medications 	All Schedule 8 (S8) AND Restricted Schedule 4 (S4) medicines. All Benzodiazepines, cannabidiol containing preparations in S4, Codeine containing preparations in S4, dextropropoxyphene (DiGesic, Doloxene), tramadol, zolpidem (Stilnox) and zopiclone	Controlled Substances Act 1984 (SA)
High-risk medications 	Medicines with a very narrow therapeutic index, and that present high risk when administered by the wrong route or when other medicine management system errors occur. Errors with these medicines are not necessarily more common, however there is a narrow margin of safety, hence consequences may be more serious.	SA Health, High-risk medicines (2022) Australian Commission on Safety and Quality in Healthcare, High-risk medicines (2023)
Midwife initiated orders	A midwife (within their scope of practice) may be expected to initiate therapy with a non-prescription medicine without an order from an authorised prescriber.	SA Health, Nurse/Midwife Initiated Medicines (NMIM) Clinical Guideline V2.1 (2022)
Standing medication orders	A written instruction issued by a medical practitioner, in accordance with the regulations, authorising any specified health practitioners (within their scope of practice) to document and administer (not prescribe) a specified medicine in circumstances specified within the instruction, without a medication order or prescription (also known as: Standing Order, Standing Drug Order (SDO), Medication Standing Order (MSO)).	SA Health, Standing Medication Order (SMO) Clinical Guideline V2.0 (2020)

Additional resources

<p>SA Health Medicines and prescribing: Policies and Guidelines provide online resources that are produced or endorsed by SA Health to promote the safe and quality use of medicines.</p>	<p>SA Health, Medicines and prescribing: Policies and guidelines (2023)</p>
<p>This guidance information to ensure that clinicians use consistent and clear terminology and abbreviations when communicating about medicines. The aim is to improve medicines safety and prevent errors.</p>	<p>Spell it out: Standardised terminology, abbreviations and symbols to be used when communicating about medicines (2011)</p>
<p>The Australian Injectable Drugs Handbook (AIDH) provides up-to-date and vital information on more than 500 injectable medicines and is an essential frontline resource ensuring patient safety and quality care.</p>	<p>Australian Injectables Drugs Handbook 8th edition Available online through UniSA Library</p>

Version control

<i>Review date</i>	<i>Content changes</i>	<i>Author</i>	<i>Approved by</i>
October 2018	Major review Medicines Guideline including both nursing and midwifery programs	Carolyn Field, Naomi Rooney, Angela Brown	Teaching & Learning Quality Group October 2018
June 2023	Major review and update to align with 2023 accredited program. Removal of references to Bachelor of Nursing program specific medication scope of practice	Sharon Rance Angela Brown	Teaching and Learning Quality Group May 2023
July 2023	Minor amendments to routes of administration that were omitted in the previous version	Sharon Rance	N/A
September 2024	Addition of Expressed Breast Milk	Sharon Rance	N/A

NOTE: all links and guidelines included in this document are correct as of September 2024