Standard Operating Procedure

Community Midwifery Medicines Management

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1.0 Introduction

The guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but who are pregnant.

Under the Medicines for Human Use Act 2012 registered midwives may administer or supply, on their own initiative any of the Prescription Only Medicines that are specified within Schedule 17, provided it is in the course of their professional midwifery practice (UK Legislation 2012).

2.0 Objective

The purpose of this Standard Operating Procedure (SOP) is to ensure that medicines/gases used by midwives in the home environment are stored, carried and administered in a safe manner

3.0 Scope

This SOP applies to all midwives who provide care for planned home births. It is to be used in conjunction with the Guideline for the Management of a planned homebirth

4.1 Equanox® (Entonox®) Oxygen Cylinders

Equanox® (50% nitrous oxide and 50% oxygen, also known as Entonox®) is used in the home environment to provide pain relief for women choosing to birth at home.

Please refer to the PGD in section 6.

Storing and transporting

For further information refer to the SOP for checking and storage of homebirth equipment; https://portal.bdghtr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TAD/Checking%20and%20storage%20of%20homebirth%20equipment

The midwife will collect up to three cylinders of Equanox/Entonox and one cylinder of Oxygen from the Barnsley Birthing Centre (BBC) to transport to the woman's home. These must be transported in the boot of the midwife's car as securely as possible to avoid movement. Following the birth these should be transported back to the BBC, in the same manner, as per the above policy.

4.2 Syntocinon® (Oxytocin), Syntometrine® (Ergometrine with oxytocin), Ergometrine (IM)

Syntocinon® Syntometrine® and Ergometrine are oxytocic's which are used in the management of the 3rd stage of labour and to treat a Postpartum Haemorrhage (PPH) in an emergency in the home setting. One vial of each of these drugs will be taken to the woman's home.

Storage

All three of these products are deemed hazardous due to their cytotoxic/cytostatic properties therefore;

- The drugs will be kept in a locked box in the woman's refrigerator. Inform the patient and avoid storing the lock box towards the back of the fridge in order to reduce the risk of freezing.

- They must be stored separately from other medications.

Disposal

Any empty vials or personal protective equipment which has been in contact with the drug must be disposed of as cytotoxic waste. Use a sharps container with a purple lid (cytotoxic waste) and return to the hospital for disposal.

4.3 Konakion® (Phytomenadione)

IM Konakion® is given to newborn babies, with consent from the mother, to prevent haemolytic disease of the newborn.

Storage
An ampoule of Konakion® is kept in the postnatal section of the homebirth bag.

Disposal
Dispose of any used ampoules in the sharps bin.

Replenishment of stock
The midwife must replenish the stock in the homebirth bag.

4.4 Lidocaine hydrochloride 1%

Lidocaine hydrochloride is used as a local anaesthetic to undertake an episiotomy at birth, or for suturing of the perineum following birth.

Storage
Lidocaine hydrochloride 1% is kept in the suturing section of the homebirth bag.

Disposal
Dispose of any used ampoules in the sharps bin.

Replenishment of stock
The midwife must replenish the stock in the homebirth bag.

4.5 Details of dangerous goods carried in vehicles

Dangerous goods which may be transported by midwives attending a homebirth include;

- Oxygen & Equanox Medical Gas Cylinders
- Soft clinical waste in 4G box/Sharps bins/Placenta bins
- Cytotoxic drugs
- Category B specimens
- Used Medical equipment
- Pharmaceuticals

Waste Carriers Licence

The Trust is registered as a low tier waste carrier. This means that midwives are able to transport waste in the course of their duties.

Fire extinguishers

Healthcare workers are not required to carry a fire extinguisher when carrying clinical waste and, is exempt from the requirement to carry a transport document on the transport vehicle.

Transport Document

A transport document is not required for midwives transporting clinical waste.

5.0 Roles and responsibilities

Midwives
It is the midwife's responsibility to ensure that any medications they carry are stored safely, are in date, fit for use and replenished as required.

6.0 Associated documents and references

Prescription Only Medicines under Midwives Exemption (ME) and Patient Group Directives (PGD) Rules for the sale, supply and administration of medicines for specific healthcare professionals - GOV.UK (www.gov.uk)

The Human Medicines Regulations 2012, Schedule 17
https://www.legislation.gov.uk/uksi/2012/1916/schedule/17/made

Entonox PGD
https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TAD/PGD%20for%20Entonox

Oxytocin PGD
https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TAD/PGD%20for%20Oxytocin

7.0 Training and resources
Dangerous Goods Training

8.0 Monitoring and audit
Any adverse incidents relating to drugs used in community will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

9.0 Equality and Diversity
The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for

relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Appendix 1
Glossary of terms
Standard Operating Procedure (SOP)
Barnsley Birthing Centre (BBC)
Midwives Exemption (ME)
Patient Group Directive (PGD)
Intramuscular (IM)
Control of Substances Hazardous to Health (COSHH)
Post-partum haemorrhage (PPH)

Appendix 2
Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Maternity guideline group	N/A
CBU 3 Overarching Governance Meeting	22/03/2023
Medicines management committee	

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Standard Operating Procedure
Document title	Standard Operating Procedure Community Midwifery Medicines Management
Document author (Job title and team)	Matron Practice Educator Lead Pharmacist - Women's and Children's
New or reviewed document	New
List staff groups/departments consulted with during document development	Midwives Pharmacist Obstetricians
Approval recommended by (meeting and dates):	WB&G 17/03/2023 CBU3 Governance 22/03/2023
Date of next review (maximum 3 years)	23/03/2026
Key words for search criteria on intranet (max 10 words)	
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the FINAL version of this document	Name: Jade Carritt Designation: Governance Midwife

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

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