

<b><u>STANDING ORDER</u></b>	
Title	Drug Administration in Labour and Birth
Location	Mercy Hospital for Women
Standing order No	One
Version No	One
Variations from previous version	Nil
<b><u>GOVERNANCE</u></b>	
Enactment date/ Renewal date (NB strike out as appropriate)	June 2005
Note that each renewal of a Standing Order must be submitted on a new form and accompanied by a copy of the preceding approved Standing Order	
Expiry: (maximum 36 months from date of original approval)	August 2007
Ratification date by Drug & Therapeutics Committee	27 <sup>th</sup> August 2004
Validation	30 <sup>th</sup> August 2004. Dr Dan Casalaz
Standing Order Identifying Number (issued by Drug and Therapeutics Committee)	Number 1 Version 1
Chairperson, Drug and Therapeutics Committee	Signature (Name) Date
Process for removal of previous version of Standing Order completed	Signature (Name) Date (designated authority)
Approved standing order distributed <sup>#</sup>	Signature (Name) Date (designated authority)
<sup>#</sup> Note all Standing Orders must be distributed in a format which prevents modification eg. PDF file	
<b><u>SPONSOR</u></b>	
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Position	1. Clinical Director – Obstetrics and Maternity Services: Midwifery Midwifery Unit Manager –Family Birth Centre 2. Midwifery Unit Manager – Birthing Suites
Department/CSU	Birthing Suites & Family Birth Centre
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Basis of standing order: (including sources of evidence, references)	In 1998 the NHMRC published the 'Review of services offered by midwives' to acknowledge and address the existing and evolving roles and responsibilities of the midwife in caring for women experiencing a normal pregnancy, labour, birth and puerperium. Recommendations from this document included: <i>Recommendation 2: The practice of midwives initiating, under agreed protocols, the use of a limited range of pharmacological substances should be supported as a part of midwifery practice in Australian public maternity services for uncomplicated pregnancy, labour, birth and postnatal care.</i> <i>Recommendation 3: The initiating rights of midwives, under agreed protocols, should be limited to pharmacological substances for which there is evidence of benefit for uncomplicated pregnancy, labour, birth and postnatal care; including the following substances: narcotic analgesia, local anaesthetics, nitrous oxide, antiemetics, oxytocics in third stage management.</i>  <u>Reference</u> National Health and Medical Research Council (1998) <u>Review of Services Offered by Midwives</u> Commonwealth of Australia. Canberra.
Groups consulted	Pharmacy Committee
<b><u>APPLICATION OF STANDING ORDER</u></b>	
Areas where standing order applicable	Birthing Suite Family Birth Centre
Areas where standing order not applicable	When care in labour and birth is directly overseen by a medical practitioner.
Reference to other Standing Orders:	Drug administration for the normal newborn Drug administration for immediate management of primary postpartum haemorrhage
Other Relevant Standing orders of Interest:	
External Links	National Health and Medical Research Council
<b><u>STAFF AUTHORISATION</u></b>	
Staffing requirements	Division 1 Registered Nurse with Midwifery Endorsement Division 1 Registered Midwife
Staff credentialing requirements (provide training details, minimum standards required)	Division 1 Registered Nurse with Midwifery Endorsement Division 1 Registered Midwife  In addition to these qualifications, midwives using local anaesthetic agents in the repair of perineal trauma should be undertaking or have evidence of completing competency in perineal repair.
Register of credentialed staff (detail mechanism of register maintenance)	The hospital Professional Development Unit department keeps a record of midwives who are undertaking training or have achieved competency in perineal repair.
<b><u>STANDING ORDER</u></b>	
Background	In the routine care of labour and birth the midwife is often the primary care provider. This standing order is to enable midwives providing care in labour and birth to initiate the following medications, as recommended by the NHMRC 'Review of services offered by midwives'.
Purpose and scope	The administration of the medications herein are considered appropriate in the management of normal labour and birth
Precautions	The pharmacological therapies are only to be used within the framework of the standing orders and in accordance with hospital policies.
Clinical Condition and circumstances for use	<b>Administration of Pethidine</b> Narcotic analgesia for pain relief in labour
Limitations	Maximum 2 doses at least 3 hours apart
Site of care considerations	
Contra-indications	Known allergy to pethidine As per drug information
Monitoring requirements	As per observations and fetal surveillance in normal labour

Procedure	Administration of dose by intra-muscular injection according to drug administration policy of MHW.
Documentation	All drugs administered are to be recorded and signed on the medication chart and notation made within the labour partogram
Dosage	50 – 100 mg
Adverse effects	Respiratory depression, CNS disturbances (including dizziness, disorientation, hallucinations, convulsions), nausea, palpitations, hypotension, tolerance and dependence.
Management of Complications	Notify medical officer. Code Blue Emergency if required
General	The administration of pethidine in labour may be related to neonatal respiratory depression. Resuscitation of the infant should be anticipated.
Clinical Condition and circumstances for use	<b>Administration of Metoclopramide (Maxolon)</b> Anti-emetic in labour for treatment of nausea and vomiting (or prophylactically) in concurrent administration with pethidine or ergometrine
Limitations	Maximum 2 doses at least 8 hours apart
Site of care considerations	
Contra-indications	Known allergy to Maxalon (see alternative anti-emetic) As per drug information
Monitoring requirements	As per observations and fetal surveillance in normal labour
Procedure	Administration of dose by intra-muscular or slow intravenous injection according to drug administration policy of MHW.
Documentation	All drugs administered are to be recorded and signed on the medication chart and notation made within the labour partogram
Dosage	10mg
Adverse effects	Drowsiness, restlessness, headache, dizziness, dystonic reactions, increased prolactin levels, altered bowel function.
Management of Complications	Notify medical officer Code Blue Emergency if required
General	
Clinical Condition and circumstances for use	<b>Administration of Prochlorperazine (Stematil) as alternative anti-emetic</b>
Limitations	1 dose only
Site of care considerations	
Contra-indications	Known allergy to Stematil As per drug information
Monitoring requirements	As per observations and fetal surveillance in normal labour
Procedure	Administration of dose by deep intra-muscular injection according to drug administration policy of MHW.
Documentation	All drugs administered are to be recorded and signed on the medication chart and notation made within the labour partogram
Dosage	12.5 mg
Adverse effects	Hypotension, drowsiness, dystonic reactions, hypothermia, dry mouth, blurred vision, constipation, tachycardia
Management of Complications	Notify medical officer Code Blue Emergency if required
General	
Clinical Condition and circumstances for use	<b>Administration of Nitrous Oxide</b>
Limitations	
Site of care considerations	Limited to location where a cylinder or wall nitrous oxide is available
Contra-indications	
Monitoring requirements	As per observations and fetal surveillance in normal labour

Procedure	Administration of dose by inhalation according to drug administration policy of MHW.
Documentation	All drugs administered are to be recorded and signed on the medication chart and notation made within the labour partogram
Dosage	In mixture with oxygen at a varied concentration of 30/70% - 70/30%
Adverse effects	Hypoxia, peripheral neuropathy, megaloblastic anaemia
Management of Complications	Cease inhalation Notify medical officer Code Blue Emergency if required
General	
Clinical Condition and circumstances for use	<b>Administration of Lignocaine 1%</b> Lignocaine may be used to: 1. Provide local anaesthesia prior to performing an episiotomy in the second stage of labour 2. Provide local anaesthesia prior to the repair of vaginal and perineal lacerations
Limitations	Administration of lignocaine 1% prior to the repair of vaginal and perineal lacerations should only be initiated by midwives who are undertaking training in, or competent in perineal repair. Maximum dose of 20mls to be given to include amount administered prior to performing episiotomy and amount administered to perform repair.
Site of care considerations	
Contra-indications	Known allergy to Lignocaine
Monitoring requirements	As per observations and fetal surveillance in normal labour and puerperium
Procedure	Administration of dose by intramuscular and subcutaneous injection according to drug administration policy of MHW.
Documentation	All drugs administered are to be recorded and signed on the medication chart and notation made within the labour partogram
Dosage	Up to 20 mls in total (including pre and post birth)
Adverse effects	Due to systemic absorption. Light headedness, drowsiness, dizziness, euphoria, blurred vision, vomiting, confusion, agitation, difficulty swallowing, convulsions, loss of consciousness, respiratory depression, hypotension, arrhythmia, heart block, allergic reactions
Management of Complications	Notify medical officer Code Blue Emergency if required
General	
Clinical Condition and circumstances for use	<b>Administration of Syntometrine in third stage management</b> Administration of oxytocics as a feature of the active management of third stage of labour has been associated with decrease in blood loss and reduction in postpartum haemorrhage.
Limitations	
Site of care considerations	
Contra-indications	Not to be used in women with pre-existing hypertension or hypertensive states related to pregnancy.
Monitoring requirements	As per observation in the immediate puerperium
Procedure	Administration of dose by intra-muscular injection according to drug administration policy of MHW.
Documentation	All drugs administered are to be recorded and signed on the medication chart and notation made within the labour partogram
Dosage	1 ampoule (5 IU Syntocinon + 0.5mg ergometrine maleate)
Adverse effects	Syntocinon - Hypotension, tachycardia, ECG changes, water intoxication, neonatal hyponatraemia Ergometrine - Coronary artery or peripheral vasospasm, hypotension, hypertension, ventricular arrhythmias, allergic reactions, gangrene, GI upset, dizziness, hallucinations, vertigo, pulmonary oedema, sweating, tinnitus, decreased prolactin

Management of Complications	Notify medical officer Code Blue Emergency if required
General	
Clinical Condition and circumstances for use	<b>Administration of Syntocinon in third stage management</b> Administration of oxytocics as a feature of the active management of third stage of labour has been associated with decrease in blood loss and reduction in postpartum haemorrhage. Side effects of syntometrine include headache and nausea, and hypertension increased in pre-existing hypertensive states may worsen. Therefore, Syntocinon may be selected as an alternative drug for third stage management
Limitations	For third stage management only – not to be midwife initiated for induction or augmentation purposes  Syntocinon for third stage management has been to be shown to be less effective than syntometrine in minimising blood loss and preventing postpartum haemorrhage
Site of care considerations	
Contra-indications	As per drug information
Monitoring requirements	As per observation in the immediate puerperium
Procedure	Administration of dose by intra-muscular injection according to drug administration policy of MHW.
Documentation	All drugs administered are to be recorded and signed on the medication chart and notation made within the labour partogram
Dosage	10 IU
Adverse effects	Hypotension, tachycardia, ECG changes, water intoxication, neonatal hyponatraemia
Management of Complications	Notify medical officer Code Blue Emergency if required
General	
<b><u>REFERENCES</u></b>	
References	National Health and Medical Research Council (1998) <u>Review of Services Offered by Midwives</u> Commonwealth of Australia. Canberra.  MIMS Annual 2004  Martindale the Complete Drug Reference, Pharmaceutical Press, London 2002
Keywords	