



**STANDARDS OF PRACTICE FOR  
REGISTERED MIDWIVES IN THE  
NORTHWEST TERRITORIES FOR  
PRESCRIBING, ORDERING, AND  
ADMINISTERING DRUGS/CONTROLLED  
SUBSTANCES AND MEDICAL  
SUPPLIES/EQUIPMENT**

*These "Standards of Practice for Registered Midwives in the Northwest Territories for Prescribing, Ordering and Administering Drugs/Controlled Substances and Medical Supplies/Equipment" were developed by the Midwives Association of the Northwest Territories and Nunavut in consultation with the Department of Health and Social Services. The Minister of Health and Social Services has approved these standards.*



Glen Abernethy  
Minister

*14 28/18*

Date

## **Standards of Practice for Registered Midwives in the Northwest Territories for Prescribing, Ordering, and Administering Drugs/Controlled Substances and Medical Supplies/Equipment**

### **1. Entitlement**

The entitlement of Registered Midwives in the NWT to prescribe and administer drugs and other substances derives directly from the *Midwifery Profession Act* (amended by S.N.W.T. 2010, c.16.) and from the New Classes of Practitioners Regulations to the federal Controlled Drugs and Substances Act (amended August 2016).

Section 2. (1) of the Midwifery Profession Act states "A registered midwife is entitled to apply midwifery knowledge, skills, and judgment ...

(l) To prescribe and administer drugs authorized in the Midwifery Practice Framework; and

(m) On the order of a medical practitioner relating to a particular client, "to administer any drugs by the route and in the dosage specified by the medical practitioner."

The most current **Midwifery Practice Framework with Prescription Drug List**, approved by the Minister of Health, states that midwives, "in accordance with the Midwifery Profession Act s.2(1)(l) and pursuant to the Pharmacy Act s.20(1)(c) ...are authorized to prescribe, order, and administer the drugs listed below within the midwifery scope of practice and /or in consultation with a physician, where clinical conditions warrant a consultation as outlined in the Standards of Practice for Registered Midwives in the NWT." Appendix 1-C of the Midwifery Practice Framework contains the complete "Pharmacy List for Registered Midwives in the NWT" for drugs requiring a prescription.

In addition, Appendix 1 - D provides clarification that registered midwives are authorized to prescribe NAPRA Schedule II and III drugs, pursuant to the Pharmacy Act s.17(3) and s.18(3), and also to provide orders for medical supplies and equipment which are available at pharmacies.

The Midwifery Practice Framework further affirms that midwives are authorized "on the order of a medical practitioner relating to a particular client, to administer any drugs by the route and in the dosage specified by the medical practitioner. (Midwifery Profession Act s.2(1)(m).)"

### **2. Clinical Indications for Prescribing**

Midwives prescribe, order, and administer drugs listed in the Midwifery Practice Framework, within their scope of practice, as follows:

**Independent** ~ Midwives can prescribe, order, and administer a drug for the following indications:

- Anemia, iron deficiency
- Breast and nipple infections, uncomplicated
- Breast milk supply, insufficient
- Communicable disease prevention
- Contraception
- Dehydration, maternal
- Dermatitis, newborn, uncomplicated
- Fungal infections, infant, uncomplicated
- Gastrointestinal discomforts of pregnancy, uncomplicated
- Group B Streptococcus disease, prevention of
- Hemorrhoids
- Herpes Simplex Virus, genital, third trimester suppression of
- Hypovolemia, maternal
- Nausea and vomiting
- Ophthalmia neonatorum prophylaxis
- Pain, intrapartum, postpartum/postoperative pain
- Postpartum hemorrhage, prevention and treatment of
- Prodromal labour
- Rh alloimmunization, prevention of
- Tissue trauma, perineal
- Urinary tract infections, uncomplicated
- Vaginal and cervical infections including sexually transmitted infections, uncomplicated
- Vitamin K Deficiency Bleeding, prevention of
- Vitamin and mineral deficiency, prevention of

**b) Consult** – Midwives, following a medical consultation, can prescribe, order, or administer drugs for indications including, but not limited to the following:

- Abortion, missed or incomplete
- Anemia, iron deficiency – persistent
- Breast infection unresponsive to therapy
- Chorioamnionitis, prevention and treatment of
- Dehydration, neonate
- Herpes Simplex Virus, genital, active outbreak
- Herpes Simplex Virus, genital, suppression other than in the third trimester
- Group B Streptococcus disease prophylaxis requiring vancomycin
- Hyperemesis gravidarum
- Hypertensive disorders of pregnancy
- Hypoglycemia, neonate, severe or unresponsive to feeding
- Labor dystocia
- Neonatal infection, prevention and treatment of
- Placental fragments or membranes, retained
- Post term pregnancy

- Preterm labor
- Puerperal infection
- Pyelonephritis
- Ruptured membranes, preterm
- Ruptured membranes, prolonged

c) **Emergency** – Midwives can prescribe, order, or administer drugs in conjunction with a medical consultation during or following a clinical event. These events include but are not limited to:

- Allergic reaction
- Anaphylaxis
- Benzodiazepine toxicity
- Eclampsia
- Hypovolemia, neonatal
- Magnesium sulfate toxicity
- Opioid toxicity
- Postpartum hemorrhage unresponsive to therapy
- Resuscitation, maternal or neonatal
- Shock, maternal or neonatal
- Uterine hypertonia

3. **The entitlement to prescribe, order, and administer drugs may also be subject to any of the following limitations or conditions:**

- a. Route of Administration:** The route(s) of administration of a particular drug is/are limited as described in appendix 1.
- b. Site restrictions:** Particular drugs are restricted to be used only in an appropriate health care facility as described in appendix 1.
- c. Advanced Education requirements for:**
  - I. Controlled substances** – Must have completed the University of British Columbia Continuing Professional Development Course- Opioids and Benzodiazepines, Safe Prescribing for Midwives prior to prescribing controlled substances.
  - II. Contraceptive medications and devices** – Must have completed a course of studies related to contraceptive prescribing (e.g. BCIT NSPN 7720 Contraceptive Management) prior to prescribing contraceptive medications and devices.
  - III. Vaccinations** – Must have completed the Department of Health and Social Services Mandatory Immunization Competency Education Program prior to administering vaccinations.

#### **4. Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Routes of Administration, Site Restrictions, and Advanced Education Requirements**

Refer to Appendix 1.

#### **5. General Standards on Prescribing, Ordering, Administering, Storing, and Disposing of Drugs, Including Controlled Substances**

Midwives use their knowledge, skills, and professional judgment to assess clients, to determine the need for pharmaceutical therapy, and to prescribe appropriate medications in accordance with current evidence, principles of safe medication practice, and informed client choice.

Midwives are responsible for maintaining competence and currency in pharmacotherapy and safe medication practice. Midwives are responsible to prescribe, order, and administer drugs within the limits of their training and experience and to consult with other health professionals for guidance as needed.

Prescriptions prepared and communicated by midwives shall include the information required by territorial and federal regulations where they exist, and at a minimum shall conform to generally recognized standards as identified in the literature and adopted by recognized bodies such as the National Association of Pharmacy Regulatory Authorities.

Midwives shall document in the client record, in a timely and accurate manner, all medications prescribed, ordered, dispensed and/or administered. Midwives shall use the prescribing function of the Northwest Territories electronic medical record when and where available.

Midwives shall comply with territorial and federal regulations and healthcare facility policies and procedures, where they exist, pertaining to reconciling medications, writing medication orders, dispensing and administering medications, reporting medication errors, and securing and disposing of medications, including controlled substances.

Midwives shall maintain records as may be required by federal regulations related to their prescribing or use of controlled substances, and shall make these available as and when required.

Midwives shall take adequate steps to protect controlled substances from loss or theft, and in the event of loss or theft shall report the incident in accordance with health authority policy.

#### **6. References**

Canada - Controlled Substances Act Narcotic Control Regulations  
Canada - Controlled Substances Act New Classes of Practitioners Regulations

National Association of Pharmacy Regulatory Authorities (see [napra.ca](http://napra.ca))

Northwest Territories - Hospital and Healthcare Facilities Standards Regulations

Northwest Territories - Midwifery Profession Act and Regulations

Northwest Territories - Midwifery Practice Framework

Northwest Territories - Pharmacy Act and Regulations

**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous - IV, Intradermal - ID, Intramuscular - IM, Per rectum - PR, Per vagina - PV, Subcutaneous - SC, Sublingual - SL, PCI - Paracervical Injection

<b><u>SUBSTANCE OR DRUG</u></b>	<b><u>Indications</u></b>	<b><u>Route</u></b>	<b><u>Independent, consult or emergency</u></b>	<b><u>Restrictions</u></b>
Acetaminophen with codeine	Pain, postpartum or post-operative - moderate/severe	PO	Independent	Must complete UBC CPD Course - Opioids and Benzodiazepines, Safe Prescribing for Midwives
Acetaminophen with oxycodone	Pain, postpartum or post-operative - moderate/severe	PO	Independent	Must complete UBC CPD Course - Opioids and Benzodiazepines, Safe Prescribing for Midwives
Acyclovir	Herpes Simplex Virus, Genital, suppression of	PO	Independent	
	Herpes Simplex Virus, treatment of	Topical/PO	Consult	
Amoxicillin and its salts and derivatives	Bacterial Infections	PO	Independent	
Amoxicillin-clavulanic acid	Bacterial Infections	PO	Independent	
Ampicillin and its salts and derivatives	Bacterial Infections	IV	Consult	
Azithromycin and its salts and derivatives	Bacterial Infections	PO	Independent	
	Bacterial Infections	IV	Consult	
Bacillus Calmette-Guerin vaccine	Communicable disease prevention	ID	Independent	Must complete the DHSS Mandatory Immunization Competency Education Program



**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical Injection

<b><u>SUBSTANCE OR DRUG</u></b>	<b><u>Indications</u></b>	<b><u>Route</u></b>	<b><u>Independent, consult or emergency</u></b>	<b><u>Restrictions</u></b>
Betamethasone	Dermatitis	Topical	Independent	
	Preterm Labour	IM	Consult	
Blood products	Hypovolemia and shock	IV	Consult	
	Calcium gluconate	IV	Emergency	
Carboprost tromethamine	Postpartum hemorrhage, prevention and treatment of	IM	Independent	
	Cephalosporin C and its salts and derivatives	PO	Independent	
Cervical caps	Bacterial Infections	IM/IV	Consult	
	Contraception	PV	Independent	
Ciprofloxacin and its salts	Bacterial Infections	PO	Independent	
	Bacterial Infections	IV	Consult	
Clindamycin and its salts and derivatives	Bacterial Infections	PO	Independent	
	Group B Streptococcus Prophylaxis	IV		
Cloxacillin and its salts and derivatives	Bacterial Infections	IV	Consult	
	Bacterial Infections	PO	Independent	
	Bacterial Infections	IV	Consult	

**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical Injection

<b><u>SUBSTANCE OR DRUG</u></b>	<b><u>Indications</u></b>	<b><u>Route</u></b>	<b><u>Independent, consult or emergency</u></b>	<b><u>Restrictions</u></b>
Crystalloid intravenous fluids	Dehydration and hypovolemia	IV	Independent	
	Hypovolemic shock	IV	Emergency	
Dexamethasone	Preterm labour	IM	Consult	
Dextrose in concentrated solutions	Hydration	IV	Consult	
	Hypoglycemia			
Diaphragms	Contraception	PV	Independent	
Diaphragms	Contraception	PV	Independent	
Diclofenac	Pain	PO/PR	Independent	
Dimenhydrinate	Nausea/vomiting	IM/IV	Independent	
Diphenhydramine	Allergic reaction	IM	Emergency	
Diphtheria, tetanus toxoids, and acellular pertussis vaccination	Communicable disease prevention	IM	Independent	Must complete the DHSS Mandatory Immunization Competency Education Program
Domperidone	Breast milk supply, insufficient	PO	Independent	
Doxycycline and its salts and derivatives	Bacterial Infections	PO	Independent	
	Bacterial infections	IV	Consult	
Doxylamine - pyridoxine	Nausea/Vomiting	PO	Independent	

**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical Injection

<u>SUBSTANCE OR DRUG</u>	<u>Indications</u>	<u>Route</u>	<u>Independent, consult or emergency</u>	<u>Restrictions</u>
Epinephrine and its salts	Anaphylaxis	IM/IV/Endotracheal	Emergency	
	Neonatal resuscitation			
Ergot alkaloids and their salts	Postpartum hemorrhage, prevention and treatment of	IM/IV	Independent	
	Ophthalmia neonatorum prophylaxis	Topical - Ophthalmic	Independent	
Erythromycin and its salts and derivatives	Bacterial infections	PO	Consult	
	Group B Streptococcus Prophylaxis	IV		
	Bacterial infections	IV		
Fentanyl citrate	Pain, intrapartum	IV	Independent	Administer in hospital/health center only Must complete UBC CPD Course – Opioids and Benzodiazepines, Safe Prescribing for Midwives
Fluconazole	Fungal infections	PO	Independent	
Flumazenil	Benzodiazepine toxicity	IV	Emergency	
	Vitamin and mineral deficiency, prevention and treatment of	PO	Independent	

**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical Injection

<b><u>SUBSTANCE OR DRUG</u></b>	<b><u>Indications</u></b>	<b><u>Route</u></b>	<b><u>Independent, consult or emergency</u></b>	<b><u>Restrictions</u></b>
Hepatitis B immune globulin	Communicable Disease Prevention	IM	Consult	
Hepatitis B vaccine	Communicable Disease Prevention	IM	Independent	Must complete the DHSS Mandatory Immunization Competency Education Program
Hormonal contraceptives	Contraception	PO/IM/PV/T opical/ Transdermal	Independent	Must complete a course of studies related to contraceptive prescribing
Hydralazine and its salts	Hypertensive disorders of pregnancy	IV	Consult	
Hydrocortisone	Skin rashes	Topical	Independent	
	Inflammatory conditions			
	Hemorrhoids			
Hydromorphone	Pain, postpartum or post-operative - moderate/severe	PO/IV/PR	Independent	Administer in hospital/health center only Must complete UBC CPD Course - Opioids and Benzodiazepines, Safe Prescribing for Midwives
Ibuprofen and its salts	Pain	PO	Independent	
	Inflammation			
Indomethacin	Preterm labour	PR	Consult	

**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical Injection

<b><u>SUBSTANCE OR DRUG</u></b>	<b><u>Indications</u></b>	<b><u>Route</u></b>	<b><u>Independent, consult or emergency</u></b>	<b><u>Restrictions</u></b>
Influenza vaccine	Communicable Disease Prevention	IM	Independent	Must complete the DHSS Mandatory Immunization Competency Education Program
Intrauterine devices/system	Contraception	IU	Independent	Must complete a course of studies related to contraceptive prescribing Must have documentation of training prior to performing IUD insertion
Iron and its salts	Anemia, iron deficiency	IM/IV	Consult	
Ketorolac	Pain	PO/IV/IM	Independent	
Labetalol	Hypertensive disorders of pregnancy	PO/IV	Consult	
Lidocaine hydrochloride, with or without epinephrine, up to 2%	Local anaesthesia for perineal repair	IM/ID/SC	Independent	
Lorazepam	Prodromal labour	SL	Independent	Administer in hospital/health center only Must complete UBC CPD Course – Opioids and Benzodiazepines, Safe Prescribing for Midwives
Magnesium sulfate	Preterm labour	IV	Consult	

**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical Injection

<b><u>SUBSTANCE OR DRUG</u></b>	<b><u>Indications</u></b>	<b><u>Route</u></b>	<b><u>Independent, consult or emergency</u></b>	<b><u>Restrictions</u></b>
	Hypertensive disorders of pregnancy			
	Eclampsia	IV	Emergency	
Mefenamic acid and its salts	Pain	PO	Independent	
Metoclopramide	Nausea/vomiting	PO/IV	Consult	
Metronidazole	Bacterial Infections	PO	Independent	
	Bacterial Infections	IV	Consult	
Misoprostol	Postpartum hemorrhage, prevention and treatment of	PO/SL/PV/PR	Independent	
	Abortion, missed or incomplete	PO/SL/PV/PR	Consult	
MMR vaccine	Communicable disease prevention	SC	Independent	Must complete the DHSS Mandatory Immunization Competency Education Program
Morphine citrate	Pain - intrapartum	IM/IV	Independent	Administer in hospital/health center only Must complete UBC CPD Course - Opioids and Benzodiazepines, Safe Prescribing for Midwives

**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical injection

<u>SUBSTANCE OR DRUG</u>	<u>Indications</u>	<u>Route</u>	<u>Independent, consult or emergency</u>	<u>Restrictions</u>
Mupirocin	Bacterial infections	Topical	Independent	
Naloxone and its salts	Opioid toxicity	IM/IV	Emergency	
Naproxen and its salts	Pain	PO	Independent	
Nifedipine	Preterm Labour	PO	Consult	
	Hypertensive disorders of pregnancy			
Nitrofurantoin and its salts	Bacterial infections	PO	Independent	
Nitroglycerin	Uterine hypertonus	IV	Emergency	
Nitrous oxide	Pain – intrapartum	Inhalation	Independent	
Nystatin and its salts and derivatives	Fungal infections	PO/Topical	Independent	
Ondansetron	Nausea/vomiting	PO/SL	Consult	
Oseltamivir	Influenza, prophylaxis and treatment of	PO	Consult	
Oxazepam	Prodromal labour	PO	Independent	Administer in hospital/health center only Must complete UBC CPD Course – Opioids and Benzodiazepines, Safe Prescribing for Midwives

**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical Injection

<b><u>SUBSTANCE OR DRUG</u></b>	<b><u>Indications</u></b>	<b><u>Route</u></b>	<b><u>Independent consult or emergency</u></b>	<b><u>Restrictions</u></b>
Oxygen	Hypoxemia, suspected or diagnosed	Inhalation	Independent	
Oxytocin	Postpartum hemorrhage, prevention and treatment of	IM/IV	Independent	
Penicillin and its salts and derivatives	Bacterial Infections	PO	Independent	
	Group B Streptococcus disease, prevention of	IV		
	Bacterial infections	IM/IV	Consult	
Prenatal vitamins	Vitamin and mineral deficiency, prevention and treatment of	PO	Independent	
Promethazine	Nausea and vomiting	PO/IM/IV	Consult	
Rho(D) immune globulin	Rh alloimmunization, prevention of	IM	Independent	
Sulfamethoxazole-trimethoprim	Bacterial Infections	PO/IV	Independent	
Sulphonamides and their salts and derivatives	Bacterial Infections	PO	Independent	



**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical Injection

<u>SUBSTANCE OR DRUG</u>	<u>Indications</u>	<u>Route</u>	<u>Independent, consult or emergency</u>	<u>Restrictions</u>
Support hose	Varicose veins, prevention and management of	N/A	Independent	
Tranexamic acid	Postpartum hemorrhage, prevention and treatment of	IV	Independent	
Trimethoprim and its salts	Bacterial Infections	PO	Independent	
Valacyclovir	Herpes Simplex Virus, Genital, suppression of	PO	Independent	
	Herpes Simplex Virus, treatment of	PO/Topical	Consult	
Vancomycin	Group B Streptococcus disease, prevention of	IV	Consult	For administration in hospital/health center only
Varicella vaccine	Communicable disease prevention	SC	Independent	Must complete the DHSS Mandatory Immunization Competency Education Program
Varicella Zoster immune globulin	Communicable disease prevention	IM	Consult	
Vasopressin	Postpartum hemorrhage unresponsive to therapy	PC	Emergency	

**Appendix 1: Pharmacy List for Registered Midwives in the NWT, including Clinical Indications, Route of Administration, Site Restrictions, and Advanced Education Requirements**

Routes of administration: Oral - PO, Intravenous – IV, Intradermal – ID, Intramuscular – IM, Per rectum – PR, Per vagina – PV, Subcutaneous – SC, Sublingual – SL, PCI – Paracervical Injection

<b><u>SUBSTANCE OR DRUG</u></b>	<b><u>Indications</u></b>	<b><u>Route</u></b>	<b><u>Independent, consult or emergency</u></b>	<b><u>Restrictions</u></b>
Vitamin K	Vitamin K Deficiency Bleeding, prevention of	PO/IM	Independent	