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29th February 2008
Health sector
33 – 37 Moreland St
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Dear Mr Drepaul

**MLX 346: Proposals for Amendments to the Range of Medicines which can be Sold,
Supplied or Administered by Registered Midwives**

Response from the Unite-Amicus Health Sector

This response is submitted by Unite Amicus Section. Unite is the UK's largest trade union with 2 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and the health service.

The Health Sector of Unite-Amicus is comprised of seven professional associations

- Community Practitioners and Health Visitors' Association, (CPHVA)
- Guild of Healthcare Pharmacists, (GHP)
- Medical Practitioners' Union, (MPU)
- Society of Sexual Health Advisers, (SSHA)
- Hospital Physicists' Association, (HPA)
- College of Health Care Chaplains, (CHCC)
- Mental Health Nurses Association, (MHNA)

- as well as other occupational advisory groups of professional groups such as allied health professions, health care science, nursing, family of psychology, counsellors & psychotherapists, independent practitioners, the family of dental professions, audiology professions, optometrists and opticians.

Summary

The changes in the list of drugs proposed seem sensible to remove drugs no longer used and add drugs which can safely be used by midwives to assist patient care. The drugs added to the list should only be used for the indications listed in this consultation document in the course of the professional practice of the midwife.

All midwives should receive training as appropriate and be assessed as competent in the use of these products before being allowed to do so.

It would be helpful when the new list is introduced for there to be guidance on the different methods of administration and supply available to midwives as many midwifery units still believe that "Standing Orders" are legal:

Use of drugs on the list when following assessment of competence

Use of Patient Group Directions (PGD) for other drugs where a local PGD has been drawn up and agreed

Independent or supplementary prescribing where midwives have completed successfully the appropriate training and have their name annotated to this effect on the Nursing and Midwifery Council register

Comments on the details of the proposals.

1. List of POMs which can be sold, supplied or administered by Midwives

1.1 Proposed removals from the list

Chloral Hydrate, Pentazocine Hydrochloride, Pentazocine Lactate, Triclofos sodium and Promazine hydrochloride are very rarely used in midwifery practice so it is sensible to remove them from the list.

1.2 Proposed additions to the list of drugs which can be sold or supplied

Miconazole and Nystatin for neonatal oral thrush

It is common practice to discharge mothers and babies from hospital early. Neonatal thrush is a fairly common neonatal condition. The addition of these drugs for the treatment of neonatal oral thrush should assist early treatment at home and a more convenient service.

Hydrocortisone Acetate for haemorrhoids

Haemorrhoids occur commonly in women during pregnancy and following birth. Allowing midwives to use products for haemorrhoids containing Hydrocortisone Acetate will allow easier access for women who need such treatment when not in hospital.

2. Proposed Additions to the list of POM medicines for parenteral administration by midwives

Anti-D immunoglobulin and Adrenaline

It would be much more convenient for mothers not to have to visit hospital if they need an Anti-D injection. As with all vaccines and immunoglobulins it is standards practice to have adrenaline available in case of an adverse reaction. Training in anaphylaxis is needed for this with annual updating.

Prochlorperazine for use as an anti-emetic

This should be available for home births where the mother is receiving opioid analgesia during labour, as in hospitals. There appears to be no reason why midwives should not be able to administer this.

Diclofenac for relief of moderate to severe pain

Adequate pain relief is needed where perineal suturing is required. For home births the same pain relief should be available ie IM diclofenac.

Medicines for Adult and Neonatal Resuscitation

(Dextrose 5%, 10%, 19%, Sodium Bicarbonate 4.2%, Sodium Chloride 0.9%, Sodium Lactate solution, Gelofusine, Haemaccel, Magnesium Sulphate, Adrenaline, Carboprost)

Medicines for adult and neonatal resuscitation should be available at home births to increase safety for mothers and babies in case of post partum haemorrhage. It is essential that midwives follow national or local guidelines or protocols for use of these drugs and that they are fully trained in resuscitation and all the techniques needed to use the drugs listed, and that the training is updated according to national guidance.

However, "Dextrose" is not the current name for this preparation: Glucose should be used as in the British National Formulary. Also, no one is aware of a 19% preparation. Is this a typographical error? Is (perhaps 20%?) needed? Has the potential wastage for such a preparation been estimated?

We hope these comments are of assistance

Our reply may be made freely available.

Yours sincerely



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Head of Health

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