This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

Senna	
Legal status (GSL, P or POM on exemption list, or PGD)	GSL - midwife may supply; tablet 7.5mg (20s and 40s); syrup 7.5mg/5ml 100ml, 150ml for woman to administer *or* P - midwife may supply tablet 7.5mg x 60 and 100 for woman to administer Various pack sizes. Many brands are available - if in doubt check appropriate SPC before use.
Patient group	Postnatal women with constipation, after impaction has been excluded.
Clinical indication	Management of postnatal constipation.
Pharmacology (Onset and duration of action where appropriate)	Senna is a stimulant laxative. Onset of action usually occurs after 8-12 hours.
Pharmaceutical form, strength, route of administration	Tablet containing sennoside B 7.5mg Syrup containing sennoside B 7.5mg/5ml For oral administration.
Dose, frequency and maximum number of doses or period of time for administration or supply	Maximum dose two tablets or 10ml at bedtime for 7 days. The correct individual dose is the smallest required to produce a comfortable soft-formed motion Once regularity has been regained dosage should be reduced and can usually be stopped thereafter.
Contra-indications/exclusion criteria	▪ known hypersensitivity to senna ▪ hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption (Forum Health Product) Boots brand is lactose free ▪ presence of undiagnosed acute or persistent abdominal pain, intestinal obstruction, nausea or vomiting and inflammatory bowel disease ▪ women with rare hereditary problems of fructose intolerance should not take Senna Syrup (Reckitt Benckiser Healthcare(UK))

Senna	
Cautions and action that will be taken if a caution applies	▪ the product (Forum Health Product) contains lactose ▪ avoid chronic use since it may decrease the sensitivity of the intestinal mucous membranes and larger doses may be required and the bowel may fail to respond to normal stimuli ▪ check for and document any allergies ▪ check and document past medical and drug history and current medication to ascertain potential for overdose ▪ if a caution applies consult with a doctor ▪ document consultation in maternity record
Medicine interactions and action that will be taken if a patient is taking a medicine that may interact	▪ avoid use with herbal products as an incidence of hepatitis has been reported ▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply ▪ document consultation in maternity record ▪ refer to current BNF for latest information on interactions
Potential adverse reactions and side effects including actions to be taken if adverse medicine reaction is suspected	▪ *temporary mild griping, colic and cramps may occur* ▪ *prolonged use can result in watery diarrhoea with excessive loss of fluid and electrolytes, particularly potassium, muscular weakness and weight loss* ▪ *changes in the intestinal musculature associated with malabsorption and dilation of the bowel, similar to ulcerative colitis and megacolon, may also occur* ▪ *cardiac and renal symptoms have been reported* ▪ *melanosis coli and a red or yellow discolouration of the urine and faeces may also occur* ▪ *on labour - may trigger Braxton Hicks* ▪ *on the neonate* *Nil* ▪ *on breast feeding* *Nil* ▪ *if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme http://yellowcard.mhra.gov.uk/*
Overdose	▪ overdose may produce watery diarrhoea with excessive loss of water and electrolytes, particularly potassium ▪ immediate assessment/treatment is essential - refer to medical staff ▪ manage in accordance with established treatment guidelines or see BNF overdose section ▪ for further advice contact National Poisons Centre 0344 892 0111
Action if patient declines	▪ refer to authorised prescriber or doctor ▪ document in maternity record
Additional advice and information	▪ advise to contact midwife/GP if condition worsens or symptoms persist ▪ supply the manufacturer's patient information leaflet if requested

Senna	
Patient monitoring arrangements during and after treatment and follow-up required	If there is no bowel movement after three days, review treatment and discuss alternative with a doctor. If it is needed every day, or abdominal pain persists, consult a doctor.
Particular storage requirements	▪ store below 25ºC

References

1. Summary of Product Characteristics. Senna (Forum Health Products Limited). Text revision 23.9.2015. Accessed 24.12.2019 www.emc.medicines.org.uk.
2. Summary of Product Characteristics. Senna (Boots Company PLC). Text revision 5.12.2019 Accessed 24.12.2019 www.emc.medicines.org.uk.
3. Summary of Product Characteristics. Senokot Liquid (Reckitt Benckiser Healthcare (UK) ltd) Text revision 17.5.2019. Accessed 24.12.219 www.emc.medicines.org.uk.
4. http://www.bnf.org