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.

Introduction to monographs on medicines relating to CNS

Midwives should be aware of the risk of familiarity when considering supplying medicines which affect the Central Nervous System. Although some of these medicines are in common use, they may be dangerous during pregnancy, have to be carefully calibrated to the woman's weight, they may interact with the woman's other medications and midwives may have to consider that the exemption arrangements apply only to certain quantities. The formulary should be consulted before the decision to supply.
In contrast, some of these medicines have the status of controlled drugs with the associated risks this implies. Local guidelines and arrangements for their use should be followed.

Nausea and vertigo
Nausea and vomiting are common dose-related side effects of opiates. The incidence of nausea is about 45%, and vomiting 15%. Symptoms usually last for around 6 hours. Risk of nausea with opiates is reduced if prior excessive food intake is avoided. Nausea may be alleviated by lying down quietly, keeping the head as still as possible.
Monographs on the medicines used in nausea and vertigo

Prochlorperazine injection – Midwives Exemption
Cyclizine injection - Midwives Exemption list (July 2011)

Analgesia
Analgesics must be prescribed at adequate dosage, and early enough for maximum beneficial effect. Certain types of pain, especially of musculoskeletal nature and with an inflammatory component may be relieved by heat or cold treatment, and respond well to non-steroidal anti-inflammatory drugs eg Ibuprofen. Ibuprofen should not be administered antenatally unless under medical advice or in postnatal women who have renal impairment, asthma, low platelets below 100 x 10^9 /L or unstable hypertension. Pain during breast feeding may be relieved by improving posture and technique.
Paracetamol, ibuprofen and dihydrocodeine can be used in combination to relieve moderate to severe pain (refer to local guidelines on Pain Management).
Monographs on analgesic medicines

- Paracetamol – Midwives Exemption - note that the legal status of this medicine depends on the pack size
- Ibuprofen - Midwives Exemption – note that the legal status of this medicine depends on the pack size
- Diclofenac – Midwives Exemption
- Equanox ® or Entonox®– Midwives Exemption
- Morphine Sulphate – Controlled Drug– Midwives Exemption
- Pethidine hydrochloride – Controlled Drug – Midwives Exemption
- Diamorphine– Midwives Exemption
- Dihydrocodeine – Controlled Drug - midwives can supply or administer this to women only under the Patient GroupDirection arrangement

Introduction to monographs on medicines relating to CNS

Medicine choice
Use in conjunction with local guidelines
Mild transient pain (eg headache, toothache)
For antenatal - use paracetamol
For post natal use- paracetamol or ibuprofen depending on the woman's preference. If response is inadequate, or analgesia is still required after 2 doses, refer to medical staff.
Antenatal mild to moderate pain associated with pregnancy
First line – paracetamol. If response is inadequate after one dose refer to medical staff.
Second line – consult medical staff
Contraction/labour pains
The choice of analgesia should be discussed antenatally and the preference recorded. This should be adhered to where possible. Equanox® and TENS may be used for complementary analgesia.
If the preferred choice is diamorphine a care pathway or equivalent local guideline should be used to guide administration.
Post natal pain – post caesarean section
The anaesthetist is normally responsible for analgesia for first 24hours. Following this the analgesic requirements should be assessed by the midwife and may be modified if necessary in accordance with local guidelines.
Perineal pain after forceps or normal delivery and severe postnatal haemorrhoid pain
The choice of therapy should be in accordance with local guidelines. If severe perineal pain is anticipated after delivery, initiate before leaving labour suite and after rectal diclofenac if appropriate. Review at least every 24hours.
After pains
First line – regular paracetamol
Second line – Add in ibuprofen and/or dihydrocodeine
Third line – Consult medical staff
Aim to administer 1-2 hours before breast-feeding if possible, to ensure peak analgesic effect.

Opioid antagonists
Narcotic analgesics given to women during labour readily cross the placenta and may cause marked drowsiness and respiratory depression in the neonate. Naloxone is an opioid antagonist which is used to reverse these unwanted effects. Its duration of action is shorter than morphine, and babies must be monitored for the return of unwanted effects and the need for further doses.
Monographs on medicines which are opioid antagonists

Naloxone (maternal) - Midwives Exemption
Naloxone (neonate) - Midwives Exemption

Introduction to monographs on medicines relating to CNS

References

- British National Formulary. Available from: http://www.bnf.org
- BOC Healthcare. Medical gas data sheet (MGDS) ENTONOXR 50% nitrous oxide, 50% oxygen medicinal gas mixture. Essential safety information. Available from: www.bocsds.com/uk/sds/medical/entonox.pdf
- National Institute for Health and Clinical Excellence. Intrapartum Care; care of healthy women and their babies 2014 (Updated 2.2017). http://guidance.nice.org.uk/CG55 Accessed 31.12.2019
- National Institute for Health and Clinical Excellence. Antenatal care for uncomplicated pregnancies. 3.2008 (Updated 2.2019) http://guidance.nice.org.uk/CG62/Guidance Accessed 31.12.2019
- Patient.co.uk. Sickness and vomiting of pregnancy. 2017. https://patient.info/pregnancy/common-problems-in-pregnancy-leaflet/morning-sickness-in-pregnancy Accessed 31.12.2019
- Ullman R, Smith LA, Burns E, Mori R, Dowswell T. Parenteral opioids for maternal pain relief in labour. Cochrane Database of Systematic Reviews. 2010:Issue 9. Available from: https://www.cochranelibrary.com/ cdsr/doi/10.1002/14651858.CD007396.pub2/pdf/full Accessed 31.12.2019
- Jones L, Othman M, Dowswell T, Alfirevic Z, Gates S, Newburn M, Jordan S, Lavender T, Neilson JP. Pain management. for women in labour: an overview of systematic reviews. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.CD009234. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009234.pub2/epdf/full Accessed 2.1.2020
- New Zealand college of Midwives Consensus Statement 2014; Prescribing and Administration of Opioid Analgesia in labour https://www.midwife.org.nz/wp-content/uploads/2019/05/Prescribing-and-administration-of-opioid-analgesia-in-labour.pdf accessed 31.12.2019