

	<p>NHS Greater Glasgow &amp; Clyde Pharmacy &amp; Prescribing Support Unit (PPSU)</p>
<p><b>Purpose:</b></p>	<p><b>Position Paper</b></p>
<p><b>From:</b></p>	<p>Audrey Thompson, Lead Pharmacist, Controlled Drugs Governance</p>
<p><b>To:</b></p>	<p>NHSGGC Head of Midwifery and Clinical Director, Obstetrics</p>
<p><b>Date:</b></p>	<p>9<sup>th</sup> April 2013</p>
<p><b>Subject:</b></p>	<p>Supply of opioids for NHSGGC community midwives to use at home births</p>
<p><b>Background:</b></p>	<ul style="list-style-type: none"> <li>• In November 2012, the South East &amp; West and North of Scotland Local Supervising Authorities published Guidelines for Supervisors of Midwives on use of Midwife Supply Orders (MSO).</li> <li>• This states that first line supply of opioids for home birth should be via a prescription issued by the woman's GP or hospital obstetrician.</li> <li>• If this is not possible, the next step should be to use the re-launched MSO to obtain stocks from a pharmacy.</li> </ul>
<p><b>Assessment:</b></p>	<ul style="list-style-type: none"> <li>• The only way that midwives may legally obtain stocks of CDs to hold in her possession is through a MSO.</li> <li>• Midwives may not legally supply CDs obtained on MSO to another midwife.</li> <li>• Each community midwife would need her own supply and be responsible for storage, recording and transporting the medicine to any potential home birth.</li> <li>• Given the low numbers of home births and the low usage of opioid, this approach appears disproportionate and would result in a significant amount of opioids being carried by community midwives.</li> <li>• There are concerns over the safety of midwives in the community if it was known that they carry drugs. There is no management support for this option.</li> <li>• In one of the maternity units in NHSGGC, the home birth team arrange for a discharge prescription to be written for women planning a home birth. The woman attends the hospital to collect the prescription which is then her own property. She is responsible for ensuring it is available at the birth and for returning it to a pharmacy for destruction if unused. This appears to work well.</li> </ul>
<p><b>Recommendation:</b></p>	<ul style="list-style-type: none"> <li>• The first option for supply is by asking the woman's GP to prescribe.</li> <li>• If the GP feels that this is not appropriate, the midwife will ask a consultant to issue an outpatient prescription (HBP) for the opioid.</li> <li>• The woman will have the prescription dispensed at community pharmacy.</li> <li>• The midwife will administer the opioid if required at the birth.</li> <li>• The woman will be responsible for taking any unused medicine back to the community pharmacy for safe destruction unless a risk assessment identifies that it would be appropriate for any unused drug to be destroyed in the presence of the midwife.</li> </ul>
<p><b>The Head of Midwifery and Clinical Director are asked</b></p>	<ul style="list-style-type: none"> <li>• To approve this policy.</li> <li>• To ensure all staff are aware of the correct procedure for obtaining opioids that may be used at a home birth.</li> </ul>

Author: Audrey Thompson, Lead Pharmacist, Controlled Drugs Governance

Approved by Obstetric Guideline Group

Title: Supply of opioids for NHSGGC community midwives to use at home births

Implementation / Review dates 02/08/2016/ 01/08/2021

Approval: Dr C Bain Clinical Director .....Date .....