AD HOC COMMITTEE TO ADDRESS SB1275

MEDICATIONS FOR MIDWIVES

Virginia Board of Medicine
July 20, 2023
1:00 p.m.

Ad Hoc Committee to Address SB1275
Medications and Midwives

Virginia Board of Medicine
Thursday, July 20, 2023, 1:00 p.m.
9960 Mayland Drive, Suite 200
Henrico, VA 23233

Page

Call to Order – Blanton Marchese, Chair

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 4

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

2023 SESSION

CHAPTER 674

An Act to amend and reenact §§ 54.1-2957.9 and 54.1-3408 of the Code of Virginia, relating to midwifery; administration of medication.

[S 1275]
Approved March 26, 2023

Be it enacted by the General Assembly of Virginia:

1. That §§ **54.1-2957.9** and **54.1-3408** of the Code of Virginia are amended and reenacted as follows:

§ **54.1-2957.9**. Regulation of the practice of midwifery.

The Board shall adopt regulations governing the practice of midwifery, upon consultation with the Advisory Board on Midwifery. The regulations shall (i) address the requirements for licensure to practice midwifery, including the establishment of standards of care, (ii) be consistent with the North American Registry of Midwives' current job description for the profession and the National Association of Certified Professional Midwives' standards of practice, except that prescriptive authority ~~and the possession and administration of controlled substances~~ shall be prohibited, (iii) ensure independent practice, (iv) require midwives to disclose to their patients, when appropriate, options for consultation and referral to a physician and evidence-based information on health risks associated with birth of a child outside of a hospital or birthing center, as defined in § **54.1-2957.03**, including risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation, (v) provide for an appropriate license fee, and (vi) include requirements for licensure renewal and continuing education. Such regulations shall not (a) require any agreement, written or otherwise, with another health care professional or (b) require the assessment of a woman who is seeking midwifery services by another health care professional. *A licensed midwife may obtain, possess, and administer drugs and devices that are used within the licensed midwife's scope of practice as determined by the North American Registry of Midwives Job Analysis. The Board of Medicine shall develop and publish best practice and standards of care guidance for all such drugs. The formulary shall not include any drug, as defined in § 54.1-3401, in Schedule I through V of the Drug Control Act. A licensed midwife may obtain medications and devices to treat conditions within the licensed midwife's scope of practice from entities including a pharmacy, as defined in § 54.1-3300, or a manufacturer, medical equipment supplier, outsourcing facility, warehouser, or wholesale distributor, as these terms are defined in § 54.1-3401. An entity that provides a medication to a licensed midwife in accordance with this section, and who relies in good faith upon the license information provided by the licensed midwife, is not subject to liability for providing the medication.*

Completing all Alliance for Innovation on Maternal Health patient safety bundles advanced by the Virginia Neonatal Perinatal Collaborative shall be required of any licensed midwife who obtains, possesses, and administers drugs and devices within the scope of his practice.

License renewal shall be contingent upon maintaining a Certified Professional Midwife certification.

§ **54.1-3408**. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed nurse practitioner pursuant to § **54.1-2957.01**, a licensed certified midwife pursuant to § **54.1-2957.04**, a licensed physician assistant pursuant to § **54.1-2952.1**, or a TPA-certified optometrist pursuant to Article 5 (§ **54.1-3222** et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice. *A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.*

EXCERPT OF NARM JOB ANALYSIS (2016)

PROFESSIONAL ISSUES, KNOWLEDGE, AND SKILLS- Continued
Applies shared decision making with clients and supports them in making decisions including need for referral or transfer of care.
Shares and explains protocols of practice including regulatory requirements and client's right to refuse testing or intervention.
Uses appropriate communication and listening skills with clients and support team.
Accurately and completely records all relevant information in the client's chart and explains results to client.
Is able to comply with all local requirements for reporting births and deaths.
GENERAL HEALTHCARE SKILLS (10%)
Demonstrates the application of the following Universal Precautions: , and disposal of medical waste.
handwashing, gloving and ungloving, sterile technique
cleaning and sterilizing instruments, work surfaces, and equipment
cleaning and/or disposing of medical waste
Educates on the benefits and contraindications of alternative healthcare practices such as herbs, hydrotherapy, chiropractic, homeopathic, and acupuncture.
Understands the benefits and risks and recommends the appropriate use of vitamin and mineral supplements such as prenatal multi-vitamins, Vitamin C, Vitamin E, Folate, B-complex, B-6, B-12, iron, calcium, magnesium, probiotics, and Vitamin D.
Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:
local anesthetic for suturing
medical oxygen
Methergine® (methylergonovine maleate)
prescriptive ophthalmic ointment
Pitocin® for postpartum hemorrhage
RhoGam®
vitamin K (oral or IM)
antibiotics for Group B Strep
IV fluids
Cytotec (misoprostol)
epinephrine
Demonstrates knowledge of benefits/risks of ultrasounds for indications such as pregnancy dating, anatomy scan, AFI, fetal wellbeing and growth, position, placental position, and determination of multiples.
Demonstrates knowledge of benefits/risks of biophysical profile including counseling and referral.
Demonstrates knowledge of how and when to use instruments and equipment, including:
Amnihook® or Amnicot®
bag and mask resuscitator
bulb syringe
Delee® tube-mouth suction device
hemostats
lancets
nitrazine paper
scissors (all kinds)
suturing equipment
Straight, in and out catheter
vacutainer /blood collection tube
gestational wheel or calendar
newborn and adult scale
thermometer
urinalysis strips

State	Description	Sources cited (web links)
Alabama	A licensed midwife may administer anti-hemorrhage medication and oxygen in an emergency circumstance.	http://159.223.170.82/wp-content/uploads/2021/12/ASBM-law.pdf http://159.223.170.82/wp-content/uploads/2018/12/582-X-3.pdf
Alaska	12 AAC 14.570. MEDICATIONS. A certified direct-entry midwife may not administer restricted drugs or medications except for the following, and only if the certified direct-entry midwife has documented the training and skills demonstrating competence to administer them as required in 12 AAC 14.560: (1) xylocaine hydrochloride, one or two percent, administered by infiltration, for the postpartum repair of tears, lacerations, and episiotomy; (2) cetacaine, applied topically, for the postpartum repair of tears, lacerations, and episiotomy; (3) vitamin K, administered by intramuscular injection, for the prevention of acute and late onset hemorrhagic disease of the infant; (4) Rh immune globulin, administered by intramuscular injection, for an unsensitized client with Rh negative type blood to prevent Rh disease; (5) eye prophylaxis as required by 7 AAC 27.111; (6) oxytocin, administered by intramuscular injection or intravenously after delivery of the neonate, for the prevention or treatment of postpartum hemorrhage; (7) medications for the control and treatment of postpartum hemorrhage, including uterotonic agents, oxytocin, methylergonovine, carboprost tromethamine, tranexamic acid, and misoprostol; (8) lactated ringers, plain or with dextrose five percent, or normal saline, up to 2,000 milliliters administered intravenously to a client who would benefit from hydration; (9) antibiotic intravenous therapy treatment for Group B Streptococci in accordance with the United States Department of Health and Human Services, Centers for Disease Control and Prevention's Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC, revised as of August 16, 2002 and adopted by reference, except that vancomycin may not be administered; (10) epinephrine for allergic reaction or anaphylactic shock; (11) diphenhydramine administered by intramuscular injection or intravenously for allergic reaction or anaphylactic shock; (12) an anti-diarrheal agent, including loperamide or diphenoxylate/atropine.	https://www.commerce.alaska.gov/web/portals/5/pub/MidwivesStatutes.pdf
Arizona	Administration of oxygen at no more than eight liters per minute via mask for the client and five liters per minute for the newborn via neonatal mask. Suturing of episiotomy or tearing of the perineum to stop active bleeding, following administration of local anesthetic, contingent upon consultation with a physician or certified nurse midwife, or physician's written orders. A licensed midwife may administer a maximum dose of 20 units of pitocin intramuscularly, in 10-unit dosages each, 30 minutes apart, to a client for the control of postpartum hemorrhage, contingent upon physician or certified nurse midwife consultation and written orders by a physician, and arrangements for immediate transport of the client to a hospital.	https://www.azdhs.gov/documents/director/administrative-counsel-rules/rules/rulemaking/midwifery/midwifery-rules-9aac16art1-05-04-2022.pdf
California	(f) A midwife is authorized to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with his or her scope of practice.	https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=5.&article=24.
Colorado	(a) Vitamin K to newborns by intramuscular injection; (b) Rho(D) immune globulin to Rh-negative mothers by intramuscular injection; (c) Postpartum antihemorrhagic drugs to mothers; (d) Eye prophylaxis; (e) Local anesthetics, as specified by the director by rule, to use in accordance with subsection (6) of this section; and (f) Group B streptococcus (GBS) prophylaxis, subject to the limitations in subsection (7) of this section.	https://drive.google.com/file/d/0B-K5DhxXxJZbYWlkU2xiS3dER1E/view?usp=sharing

Delaware	4.4 Administration of Prescribed Medications and Authorized Tests: 4.4.1 Upon the administration of any prescribed medication, the Midwife shall document in the client's chart the type of prescribed medication administered, name of prescribed medication, expiration date, lot number, dosage, method of administration, site of administration, date, time, and the prescribed medication's effect. 4.4.2 Administration of Approved Prescribed Medications by a Midwife includes: 4.4.2.1 Rh-immune globulin to Rh negative, antibody negative mothers, for the prevention of isoimmunization in Rh (D) negative women. One 300 microgram dose (or as recommended by the manufacturer) at 26-28 weeks gestation via intramuscular injection. In addition, one 300 microgram dose (or as recommended by the manufacturer) administered via intramuscular injection to the mother within 72 hours of delivery of an Rh positive infant (or an infant with unknown blood type) to an Rh negative, antibody negative mother. If mother does not deliver by 12 weeks after the dose is administered, mother must be administered another dose of Rh-immune globulin. 4.4.2.2 Oxytocin (Pitocin) for postpartum hemorrhage or, following delivery of the newborn to prevent postpartum hemorrhage. One or two doses of 10 units/ml may be administered via intramuscular injection. If a second dose is administered, for any reason, transport must be initiated in accordance with the emergency plan. 4.4.2.3 Methylergonovine (Methergine) for postpartum hemorrhage only; one 0.2 mg per 1 ml dose ampule administered via	https://regulations.delaware.gov/AdminCode/title24/1795.shtml
Florida	A midwife licensed under this chapter may administer prophylactic ophthalmic medication, oxygen, postpartum oxytocin, vitamin K, rho immune globulin (human), and local anesthetic pursuant to a prescription issued by a practitioner licensed under chapter 458 or chapter 459, and may administer such other medicinal drugs as prescribed by such practitioner. Any such prescription for medicinal drugs shall be in a form that complies with chapter 499 and shall be dispensed in a pharmacy permitted under chapter 465 by a pharmacist licensed under chapter 465.	http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0467/0467.html
Hawaii	Neonatal use to prophylactic ophthalmic medications, vitamin K, epinephrine for neonatal resuscitation per neonatal resuscitation guidelines, and oxygen; and (2) Maternal use to antibiotics for Group B Streptococcal antibiotic prophylaxis per guidelines adopted by the Centers for Disease Control and Prevention, postpartum antihemorrhagics, Rho(D) immune globulin, epinephrine for anaphylactic reaction to an administered medication, intravenous fluids, amino amide local anesthetic, and oxygen. (c) Legend devices authorized under subsection (a) are limited to devices for: (1) Injection of medications; (2) The administration of intravenous fluids; (3) Adult and infant resuscitation; (4) Rupturing amniotic membranes; (5) Repairing vaginal tears; and (6) Postpartum hemorrhage.	https://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0457J/HRS_0457J-0011.htm
Idaho	Oxygen, oxytocin (hemorrhage only), Lidocaine 2%, Penicillin G (GBS), Ampicillin (GBS), Cefazolin (GBS), Clindamycin (GBS), Epinephrine, Lactated Ringer's, Dextrose in Lactated Ringers, Normal Saline, Sterile Water, Misoprostol (hemorrhage only), Rho (d) Immune Globulin, Vitamin K1, 0.5% Erythromycin opthalmic ointment	https://www.idahomidwives.org/_files/ugd/a3385d_b56b0814c84e48c1b117a9d90a814c7b.pdf

Illinois	(1) oxygen for the treatment of fetal distress; (2) eye prophylactics, either 0.5% erythromycin ophthalmic ointment or 1% tetracycline ophthalmic ointment for the prevention of neonatal ophthalmia; (3) oxytocin, pitocin, or misoprostol as a postpartum antihemorrhagic agent; (4) methylergonovine or methergine for the treatment of postpartum hemorrhage; (5) vitamin K for the prophylaxis of hemorrhagic disease of the newborn; (6) Rho (D) immune globulin for the prevention of Rho (D) sensitization in Rho (D) negative individuals; (7) intravenous fluids for maternal stabilization, including lactated Ringer's solution, or with 5% dextrose unless unavailable or impractical, in which case 0.09% sodium chloride may be administered; (8) administer antibiotics as prophylactic for GBS in accordance with current ACOG protocols as provided by Department rule; (9) ibuprofen for postpartum pain relief; (10) lidocaine injection as a local anesthetic for perineal repair; and (11) sterile water subcutaneous injections as a non-pharmaceutical form of pain relief during the first and second stages of labor. The Department may approve by rule additional medications, agents, or procedures based upon updated evidence-based obstetrical guidelines or based upon limited availability of standard medications or agents.	https://ilga.gov/legislation/fulltext.asp?DocName=&SessionId=110&GA=102&DocTypeId=HB&DocNum=3401&GAID=16&LegID=132360&SpecSess=&Session&fbclid=IwAR1VD8P4g_cpG7Huiu6IxxJKeSXZiW6jiqV3DpkM40XdqAri_in0GGMHMSc
Indiana	(b) A certified direct entry midwife may carry and administer the following medications under a protocol issued and agreed to by a physician licensed under IC 25-22.5: (1) Postpartum antihemorrhagic drugs in emergency situations. (2) Local anesthetics by infiltration or topical application, only for postpartum repair of lacerations, tears, and episiotomy. (3) Oxygen. (4) Prophylactic antibiotics for Group B Strep (also known as Indiana Code 2016 Beta Strep). (c) A certified direct entry midwife may not administer a drug intravenously and may, with a physician's order, administer the following: (1) Vitamin K, either orally or through intramuscular injection. (2) Rhogam. (3) Prophylactic ophthalmic antibiotics.	https://iga.in.gov/legislative/laws/2016/ic/titles/025/articles/23.4/

Kentucky	Section 3. (1) An LCPM may obtain, transport, and administer the following legend medications: (a) Vitamin K; (b) Rho D immune globulin; (c) Erythromycin ophthalmic ointment USP, five-tenths (0.5) percent; (d) Oxygen; (e) Hepatitis B vaccine; (f) Antibiotics which shall be administered pursuant to United States Centers for Disease Control (CDC) Guidelines for Prophylaxis: 1. Penicillin; 2. Ampicillin; 3. Cefazolin; 4. Clindamycin; and 5. Vancomycin; (g) Topical anesthetics: 1. Procaine HCl; 2. Novacaine; 3. Benzocaine; 4. Cetacaine; and 5. Generic equivalents;	https://apps.legislature.ky.gov/law/kar/titles/201/020/650/
Louisiana	§5325. Medications [Formerly §5333] A. A licensed midwife may administer the following medications under the conditions indicated: 1. oxygen for fetal or maternal distress and infant resuscitation; 2. local anesthetic, by infiltration, only for the purpose of postpartum repair of tears, lacerations, or episiotomy (no controlled substances); 3. vitamin K, by injection, for control of bleeding in the newborn; 4. oxytocin (pitocin) by injection or methergine orally, only for postpartum control of non-emergent maternal hemorrhage; 5. intravenous fluids for maternal hydration with additional medications as provided by a physician's order or protocol for the purpose of controlling maternal hemorrhage or for prophylactic treatment where the client has tested positive for group B strep; 6. prenatal Rh immunoglobulin (Rhlg) for Rh negative clients and post-partum for Rh positive newborns. 7. benadryl; 8. penicillin-G, unless patient is allergic, then consult with the physician.	https://a.storyblok.com/f/150540/ea71d7dded/midwife-dec-2016.pdf

Maine	A.Acyclovir for prophylaxis of genital herpes; B.APNO cream (all-purpose nipple ointment); C.B-6 IM Injectable; D.Devices including, but not limited to, breast pumps, compression stockings and maternity belts, diaphragms and cervical caps; E.Epinephrine for maternal anaphylaxis; F.Epinephrine for neonatal resuscitation; G.Intravenous fluids and administration-related supplies and devices; H.IUD, with appropriate training; I.Laryngeal mask airway and administration-related supplies and devices for neonatal resuscitation; J.Local anesthetics or numbing agents for repair of lacerations; K.Antibiotics for Group B Streptococcus prophylaxis; L.Naloxone, adult use only; M.Neonatal Eye prophylaxis; N.Nifedipine, sublingual, for suppression of contractions pending transport to a health facility; O.Nitrous oxide, administered with a 50% blend of oxygen, for management of pain in labor; P.Ondansetron, oral or sublingual; Q.Over-the-counter herbs and homeopathic remedies subject only to the limitations of the midwife's professional knowledge and the standards of care applicable to the midwifery profession; R.Over-the-counter vitamins, minerals, drugs and devices;	https://www.maine.gov/sos/cec/rules/02/502/502c006-A.docx
Maryland	.07 Licensed Direct-Entry Midwifery Formulary, Equipment, and Medical Devices. A. As approved by the Board, in accordance with Health Occupations Article §8-6C-02(b)(8), Annotated Code of Maryland, a licensed direct-entry midwife may: (1) Obtain and administer medications; and (2) Obtain and use equipment and devices for the practice of midwifery; B. The following medications are approved by the Board: (1) Vitamin K1 (phylloquinone, phytonadione); (2) Rho D immune globulin; (3) Oxytocin (Pitocin); (4) Methylergonovine (Methergine); (5) Misoprostol (Cytotec); (6) Erythromycin ophthalmic ointment USP (0.5%); (7) Oxygen; (8) Local anesthetics (lidocaine HCl, cetacaine, novacaine (procaine)); (9) Epinephrine; (10) Penicillin; (11) Cefazolin; (12) Sterile H2O Papules; and (13) Intravenous Fluids including Lactated Ringer's and normal saline. D. The following devices are approved by the Board: (1) Fetal heart rate dopplers; (2) Syringes; (3) Needles; (4) Phlebotomy equipment; (5) Suture and suturing equipment or supplies; (6) Urinary catheters; (7) Intravenous equipment; (8) Amnihooks; (9) Airway suction devices; (10) Electronic fetal monitoring equipment; (11) Toco monitoring equipment; (12) Neonatal and adult resuscitation equipment; (13) Glucose monitoring equipment; (14) Centrifuge; (15) Hemoglobin/hematocrit monitoring equipment; (16) Pulse oximeters, adult and neonatal; (17) Birth Supplies including medical grade birthing tubs and birthing stools; (18) Blood pressure equipment; (19) Urinalysis supplies; (20) Stethoscopes, adult and neonatal; (21) Sterile surgical instruments; (22) Speculums; (23) Eldon Cards; (25) Nitrazine paper, amniswabs and other amniotic fluid detection equipment; (26) Thermometers; (27) Laboratory specimen collection equipment; (28) Sterilization supplies and equipment; (29) Equipment and devices for critical congenital heart screening; (30) Equipment and devices for hearing screening; (31) Supplies to collect newborn metabolic screening; (32) Other equipment and devices as approved by the Board; (33) Breast Pumps; (34) Compression stockings and belts; (35) Maternity belts; and (36) Diaphragms and Cervical caps.	https://mbon.maryland.gov/Documents/Idem-comar-10.64.pdf

Michigan	Beginning on the effective date of the rules promulgated under subsection (3), a midwife who has appropriate pharmacology training as established by rule by the board (with renewal of license, one hour of continuing education in pharmacology applicable to the practice of midwifery) , and who holds a standing prescription from a health care provider with prescriptive authority, may administer any of the following in accordance with the rules promulgated under subsection (3): (a) Prophylactic vitamin K to a newborn, either orally or through intramuscular injection. (b) Antihemorrhagic agents to a postpartum mother after the birth of the baby. (c) Local anesthetic for the repair of lacerations to a mother. (d) Oxygen to a mother or newborn. (e) Prophylactic eye agent to a newborn. (f) Prophylactic Rho(D) immunoglobulin to a mother. (g) Agents for group B streptococcus prophylaxis, recommended by the federal centers for disease control and prevention, to a mother. (h) Intravenous fluids, excluding blood products, to a mother. (i) Any other drug or medication prescribed by a health care provider with prescriptive authority that is consistent with the scope of practice of midwifery and is authorized by the board by rule. (3) The department, in consultation with the board, shall promulgate rules concerning the administration of prescription drugs or medications described in subsection (2) by midwives.	http://www.legislature.mi.gov/(S(zawkfru0on2grqpgvfx3ph0b))/mileg.aspx?page=getObject&objectName=mcl-333-17111&highlight=midwifery
Minnesota	vitamin K either orally or through intramuscular injection, postpartum antihemorrhagic drugs under emergency situations, local anesthetic, oxygen, and a prophylactic eye agent to the newborn infant.	https://www.revisor.mn.gov/statutes/cite/147D.09
Montana	(2) A licensed direct-entry midwife who has successfully completed accredited courses in pharmacology and intravenous therapy approved by the board and has obtained a license endorsement from the board may, during the practice of midwifery, directly obtain and administer the following: (a) oxygen; (b) postpartum antihemorrhagic agents, including: (i) pitocin (intramuscular); (ii) methylergonovine; (iii) misoprostol; (iv) tranexamic acid; and (v) other postpartum antihemorrhagic drugs allowed by board rule; (c) injectable local anesthetics for the repair of up to second-degree lacerations; (d) antibiotics for group b streptococcus prophylaxis consistent with guidelines of the United States centers for disease control and prevention; (e) epinephrine administered for anaphylactic shock; (f) intravenous fluids for fluid replacement and administration of approved medications; (g) rho(d) immune globulin to prevent maternal immune sensitization to certain fetal blood types; (h) newborn vitamin K or phytonadione (oral or intramuscular preparations); (i) in accordance with administrative rules adopted by the department of public health and human services, prophylactic eye agents to newborn infants; and (j) other medications as prescribed by a medical practitioner or naturopathic physician, including the use of devices as	https://leg.mt.gov/bills/2023/billhtml/HB0392.htm

New Hamps	(o) Repair of tears, lacerations or episiotomy, infiltration of lidocaine hydrochloride, and use of suture material; (p) Intramuscular injection of the following medications: (1) Oxytocins such as pitocin, and methergine, only for postpartum control of maternal hemorrhage; (2) Rh immune globulin, if indicated; (3) Vitamin K for control and prevention of vitamin K deficiency bleeding; and (4) Other medications as prescribed by a physician, consistent with the scope of midwifery practice as defined in this chapter; (q) Oral, buccal, or rectal administration of the following medications: (1) Methergine, and misoprostol, only for postpartum control of maternal hemorrhage; (2) Vitamin K, for control and prevention of acute and late-onset hemorrhagic disease of the newborn; and (3) Other medications as prescribed by a physician, consistent with the scope of midwifery practice as defined in this chapter; (r) Intravenous administration of the following fluids: (1) Ringer's Lactate, with or without D5W; (2) Normosol-R, with or without D5W; and (3) Other medications as prescribed by a physician, consistent with the scope of midwifery practice as defined in this chapter; (s) Clamping and cutting of the umbilical cord; (t) Administration of newborn eye prophylaxis in accordance with RSA 132:6, I;	https://www.gencourt.state.nh.us/rules/state_agencies/mid500.html
New Jersey	Physician consultation is required	https://www.njconsumeraffairs.gov/regulations/Chapter-35-Subchapter-2A-Midwifery-Liaison-Committee.pdf
New Mexico	Requires 2 CEUs of pharmacology for license renewal. Requires a certification course in IV therapy. Oxygen, Oxytocin, misoprostol, methergine, lidocaine, penicillin, ampicillin, cefazolin, clindamycin, epinephrine, diphenhydramine, LR, D5LR, NS, Sterile water, influenza vaccine, Tdap, Rh(D) immune globulin, HBIG, Hepatitis B vaccine, phytonadione (vitamin K1), erythromycin opthlamic ointment, various sutures	https://www.nmhealth.org/publication/view/guide/7062/
New York	midwife shall obtain a certificate from the department upon successfully completing a program including a pharmacology component, or its equivalent, as established by the commissioner's regulations prior to prescribing under this section. (§ 6951. Definition of practice of midwifery)	https://www.op.nysed.gov/professions/midwifery/laws-rules-regulations/article-140
Oklahoma	310:395-5-13. Formulary (a) A Licensed Midwife shall not administer a prescription drug to a Client other than as provided in this section or as ordered by a licensed prescriber for the benefit of the mother or Newborn: (1) Oxygen for fetal or maternal distress and infant resuscitation; (2) Local anesthetic (topical, intramuscular, or subcutaneous) for the purpose of postpartum repair of tears, lacerations, or episiotomy (no controlled substances); (3) Rh immunoglobulin; (4) Antibiotics for GBS prophylaxis per CDC guidelines; (5) Vitamin K, for control of bleeding in the Newborn; (6) Ophthalmic preparations for Newborn eye care; (7) Epipen (0.3 mg) or generic equivalent for allergic reactions; (8) Antihemorrhagic medications only permitted for postpartum control of maternal hemorrhage limited to oxytocin, hemabate, misoprostol, and methergine; (9) Resuscitation supplies and equipment (this does not include the use of intubation equipment); (10) Any supplies or equipment necessary to administer the above; (11) Pediatric dose of the Hepatitis B vaccine; and (12) IV fluids for medication administration, dehydration, or treatment of hypovolemia while awaiting EMS. (b) As specified in 59 O.S § 3040.4, a Licensed Midwife may lawfully obtain, transport, administer, and have possession of adequate quantities of the above-named medications and the equipment normally required for administration. Each use of medication, lot number, and expiration date shall be recorded by the Licensed Midwife in the Client's chart. (c) Medication listed in this section shall be stored as directed by the manufacturer and shall not be administered to any person after the expiration date listed.	https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/consumer-health-services/licensed-midwives-program/OSDH%20395%20Licensed%20Midwives%20%20(eff%202021-9-11).pdf

Oregon	332-026-0010 Approved Legend Drugs For Maternal Use An LDM may administer the following legend drugs as approved by the Board for maternal use: (1) Anti-Hemorrhagics for use by intramuscular injection includes: (a) Synthetic Oxytocin (Pitocin, Syntocin and generic); (b) Methylergonovine (Methergine); (c) Ergonovine (Ergotrate); or (2) Anti-Hemorrhagics by intravenous infusion is limited to Synthetic Oxytocin (Pitocin, Syntocin, and generic). (3) Anti-Hemorrhagics for oral administration is limited to: (a) Methylergonovine (Methergine); (b) Misoprostol (Cytotec). (4) Anti-Hemorrhagics for rectal administration is limited to Misoprostol (Cytotec). (5) Resuscitation is limited to medical oxygen and intravenous fluid replacement. (6) Intravenous fluid replacement includes: (a) Lactated Ringers Solution; (b) 0.9% Saline Solution; (c) D5LR (5% Dextrose in Lactated Ringers); or (d) D5W (5% Dextrose in water). (7) Anaphylactic treatment by subcutaneous injection is limited to Epinephrine. (8) Local anesthetic includes:	https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=msi_tr14Y__X_tXl_kpEGPHEGWxPIAfDrx3pYRJMg8ILLehOEnjW!1131481227?selectedDivision=1214
Rhode Island	A certified professional midwife (CPM) shall not have the ability for prescriptive authority but may carry and administer emergency medications essential to care for a safe out-of-hospital birth. These are to include: 1.Intravenous solution and equipment. 2.Misoprostol. 3.Oxygen. 4.Pitocin. 5.Vitamin K. 6.Erythromycin ophthalmic ointment. 7.Methergine. 8.Lidocaine. 9.Epi-Pen (adult). 10.Rhogam. 11.Prophylaxis for group beta streptococcus.	https://rules.sos.ri.gov/regulations/part/216-40-05-23
South Caroli	Drugs or medications shall be administered only after consultation with, and prescription by, a physician. The midwife shall not administer any drugs or medications except: a. For control of postpartum hemorrhage; b. When administering medication in accordance with regulations governing the prevention of infant blindness; c. When administering RhoGam in accordance with accepted standards of professional practice.	https://www.scdhec.gov/sites/default/files/Library/Regulations/R.61-24.pdf
South Dakot	Vitamin K1, oxytocin, misoprostol, methergine, lidocaine, penicillin G, ampicillin, cefazolin, clindamycin, Lr, D5LR, 0.9%NS, 0.45% NS O2, erythromycin ophthalmic ointment, Rh(D) immune globulin, Tranexamic Acid	https://sdlegislature.gov/Rules/Administrative/39500
Tennessee	Administration of Medications by a Midwife shall include: A.Rh Immune Globulin; B.Oxygen; C.Pitocin, Methergine, and Cytotec, postpartally (as described under section XI. Emergency Care, below); D.Local anesthetic for perineal repair; E.Prophylactic ophthalmic medication for newborn; F.Vitamin K, orally or intramuscularly, for newborn; G.Other medications, as prescribed.	https://www.tennesseemidwives.com/uploads/1/2/5/6/12567808/tma_practice_guidelines_0.pdf
Texas	A midwife may not administer a prescription drug other than administer a prescription drug to a client other than: (A) a drug administered under the supervision of a licensed physician in accordance with state law; (B) prophylaxis approved by the department to prevent ophthalmia neonatorum; or (C) oxygen administered in accordance with midwifery board rule;	

Utah	(f) obtaining medications, as specified in this Subsection (8)(f), to administer to a client, including: (i) prescription vitamins; (ii) Rho D immunoglobulin; (iii) sterile water; (iv) one dose of intramuscular oxytocin after the delivery of a baby to minimize a client's blood loss; (v) an additional single dose of oxytocin if a hemorrhage occurs, in which case the licensed direct-entry midwife must initiate transfer if a client's condition does not immediately improve; (vi) oxygen; (vii) local anesthetics without epinephrine used in accordance with Subsection (8)(l); (viii) vitamin K to prevent hemorrhagic disease of a newborn baby; (ix) as required by law, eye prophylaxis to prevent opthalmia neonatorum; and (x) any other medication approved by a licensed health care provider with authority to prescribe that medication; (l) managing the postpartum period, including the suturing of an episiotomy and the suturing of first and second degree natural perineal and labial lacerations, including the administration of a local anesthetic;	https://le.utah.gov/xcode/Title58/Chapter77/C58-77_1800010118000101.pdf
Vermont	Oxygen, erythromycin ophthalmic ointment, oxytocin, methylergonovine, vitamin K, rh (D) immune globulin, lidocaine, epinephrine, MMR, D5LR, LR, misoprostol, antibiotics per CDC guidelines, Tdap, influenza vaccine, hepatitis b vaccine, all purpose nipple ointment	https://sos.vermont.gov/media/fpqbqdbm/lmw_rules.pdf
Washington	Legend drugs and devices. A licensed midwife shall have a procedure, policy or guideline for the use of each legend drug and device. A midwife may not administer a legend drug or use a legend device for which they are not qualified by education, training, and experience. (1) A licensed midwife may purchase and use legend drugs and devices as follows: (a) Dopplers, syringes, needles, phlebotomy equipment, sutures, urinary catheters, intravenous equipment, amnihooks, airway suction devices, electronic fetal monitors, tocodynamometer monitors, oxygen and associated equipment, glucose monitoring systems and testing strips, neonatal pulse oximetry equipment, hearing screening equipment, centrifuges, and nasopharyngeal or nasal swabs for appropriate testing; (b) Nitrous oxide as an analgesic, self-administered inhalant in a 50 percent blend with oxygen, and associated equipment, including a scavenging system; (c) Ultrasound machine used in the real time ultrasound of pregnant uterus for the confirmation of viability, first trimester dating, third trimester presentation, placental location, and amniotic fluid assessment; and (d) Neonatal and adult resuscitation equipment and medication, including airway devices and epinephrine for neonates. (2) Pharmacies may issue breast pumps, compression stockings and belts, maternity belts, diaphragms and cervical caps, glucometers and testing strips, iron supplements, prenatal vitamins, and recommended vaccines as specified in subsection (3)(e) through (j) of this section ordered by licensed midwives. (3) In addition to prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho (D) immune globulin, and local anesthetic medications as listed in RCW 18.50.115, licensed midwives may obtain and administer the following medications: (a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, and 0.9% sodium chloride; (b) Sterile water for intradermal injections for pain relief;	https://app.leg.wa.gov/WAC/default.aspx?cite=246-834-250

Wisconsin	(2) Prescription drugs, devices and procedures. A licensed midwife may administer the following during the practice of midwifery: (a) Oxygen for the treatment of fetal distress. (b) Eye prophylactics – 0.5% erythromycin ophthalmic ointment or 1% tetracycline ophthalmic ointment for the prevention of neonatal ophthalmia. (c) Oxytocin, or pitocin, as a postpartum antihemorrhagic agent. (d) Methyl-ergonovine, or methergine, for the treatment of postpartum hemorrhage. (e) Vitamin K for the prophylaxis of hemorrhagic disease of the newborn. (f) RHo (D) immune globulin for the prevention of RHo (D) sensitization in RHo (D) negative women. (g) Intravenous fluids for maternal stabilization – 5% dextrose in lactated Ringer's solution (D5LR), unless unavailable or impractical in which case 0.9% sodium chloride may be administered. (h) In addition to the drugs, devices and procedures that are identified in pars. (a) to (g), a licensed midwife may administer any other prescription drug, use any other device or perform any other procedure as an authorized agent of a licensed practitioner with prescriptive authority. Note: Licensed midwives do not possess prescriptive authority. A licensed midwife may legally administer prescription drugs or devices only as an authorized agent of a practitioner with prescriptive authority. For physicians and advanced practice nurses, an agent may administer prescription drugs or devices pursuant to written standing orders and protocols. Note: Medical oxygen, 0.5% erythromycin ophthalmic ointment, tetracycline ophthalmic ointment, oxytocin (pitocin), methyl-ergonovine (methergine), injectable vitamin K and RHo (D) immune globulin are prescription drugs.	https://docs.legis.wisconsin.gov/code/admin_code/sps/professional_services/180/182.pdf
Wyoming	During the practice of midwifery a licensed midwife may obtain and administer the following drugs described in the midwifery formula, according to the protocol outlined in Appendix A, describing the indication for use, dosage, route of administration and duration of treatment: (a) Oxygen; (b) Oxytocin as a postpartum antihemorrhagic agent; (c) Misoprostol as a postpartum antihemorrhagic agent; (d) Methylergonovine (Methergine) as a postpartum antihemorrhagic agent; (e) Injectable local anesthetic for the repair of lacerations which are no more extensive than second degree; (f) Antibiotics for group B streptococcus prophylaxis consistent with the guidelines set forth in Prevention of Perinatal Group B Streptococcal Disease, published by the Centers for Disease Control and Prevention and for prolonged rupture of membranes; (g) Epinephrine administered via a metered dose auto-injector; (h) Intravenous fluids for stabilization of the woman; (i) Rho(D) immune globulin; (j) Phylloquinone (Vitamin K1); (k) Eye prophylactics for the baby; (l) Sterile H2O Papules; and (m) Terbutaline.	https://www.law.cornell.edu/regulations/wyoming/036-7-Wyo-Code-R-SS-7-5

Virginia Licensed Midwives Drug Formulary

	Drug	Indication	Dose/Route of Administration	Duration of Treatment
Maternal	Rh(D) immune globulin (RhIg) (RhoGAM®/WinRho®/Rhophylac®)	Prevention of isoimmunization	300 mcg IM	After SAB, third trimester, and within 72 hours postpartum.
	Lidocaine HCl (1% or 2%)	Local anesthetic for suturing	Maximum 50 mL (1%) Maximum 15 mL (2%) Administered percutaneously	Completion of repair
	Medical Oxygen	Maternal hemorrhage or fetal distress	4-15 L/min by mask or bag/mask as needed to keep SpO2> 93% or for fetal distress	Until maternal/fetal stabilization is achieved or transfer to the hospital is complete.
	Oxytocin (Pitocin®)	Postpartum uterine atony	10 units IM per dose, 20-40 units in 500-1000 mL IV NS or LR	PRN during immediate postpartum care
	Misoprostol (Cytotec®)	Postpartum hemorrhage	• Prevention ○ Buccal or sublingual 200-400mcg single dose immediately after delivery ○ Oral: 600 mcg single dose after delivery • Treatment: ○ Oral or Rectal 600 to 1000 mcg single dose ○ Sublingual 800 mcg single dose	PRN during immediate postpartum care
	Methylergonovine Maleate (Methergine®)	Postpartum hemorrhage	0.2 mg IM or PO	Single dose IM or Every six hours PO, may repeat 3 times. Contraindicated in hypertension and Raynaud's Disease.
	IV Fluids • Normal Saline (0.9%) • Ringers Lactate • Ringers Lactate with 5% Dextrose	Dehydration, exhaustion, volume replacement	1000 mL or 500 mL IV bolus as needed for dehydration, maternal exhaustion, inability to tolerate PO hydration and/or food, postpartum hemorrhage	Antepartum, intrapartum, and postpartum, as indicated.
	Penicillin G (Pfizerpen®) (Recommended)	GBS prophylaxis	5 million units IV in >=100 mL LR, NS or D5LR initial dose, then 2.5 million units IV in >=100 mL LR, NS or D5LR every 4 hours until birth	Throughout labor, until birth of baby
	Ampicillin Sodium (Alternative)	GBS prophylaxis	2 grams IV in >=100 mL NS initial dose, then 1 gram IV in NS >=100 mL every 4 hours until birth	Until birth of baby
	Cefazolin Sodium (Ancef®) (Alternative if allergic to PCN and no history of anaphylaxis)	GBS prophylaxis	2 grams initial dose IV in >=100 mL LR, NS or D5LR, then 1 gram IV in >=100 mL LR, NS or D5LR every 8 hours	Until birth of baby
	Clindamycin Phosphate (Cleocin®) (Alternative if allergic to PCN, high risk for anaphylaxis, and GBS is susceptible)	GBS prophylaxis	900 mg IV in >=100 mL LR, NS or D5LR every 8 hours	Until birth of baby
	Epinephrine HCl 1:1000	Allergic reaction	0.3 ml IM	Every 20 minutes or until emergency medical services arrive. Administer the first dose then immediately request emergency services.

	Drug	Indication	Dose	Duration of Treatment
Neonate	Vitamin K1 (Phytonadione®/Phylloquinone®)	Prevention of vitamin K deficiency bleeding (hemorrhagic disease of the newborn)	1 mg IM	Once, soon after birth
	Erythromycin ophthalmic ointment (0.5%)	Prevention of ophthalmia neonatorum	1 cm strip ophthalmic administration inside each eyelid	Once, soon after birth
	Medical Oxygen	Neonatal resuscitation	2-8 L/min mask, bag and mask, and/or laryngeal mask airway as needed to keep SpO2 within NRP guidelines	Until neonatal stabilization is achieved or transfer to the hospital is complete.
	Epinephrine HCl 1:10000	Neonatal resuscitation	0.01 mg/kg umbilical vein catheter or intraosseous injection (0.1 mL/kg of 1:10,000 concentration)	Every 20 minutes or until emergency medical services arrive. Administer the first dose then immediately request emergency services.

Best Practices for Licensed Midwives Using Medications

Rh(D) Immune Globulin

- If the client's blood type is Rh-negative, this should be documented in the client's health record, and the significance of Rh-negative status should be discussed with the client. It is recommended that Rh-negative people should receive Rh(D) immune globulin within 72 hours of antepartum bleeding, spontaneous abortion (miscarriage), ectopic pregnancy, termination of pregnancy, fetal demise in the second or third trimester, amniocentesis or chorionic villi sampling, external cephalic version, or abdominal trauma. It is also recommended that Rh-negative people should receive Rh(D) immune globulin at about 24-28 weeks gestation and within 72 hours of the birth of an Rh-positive baby ("Practice bulletin no. 181: prevention of rh D alloimmunization.," 2017).
- Administration of Rh(D) immune globulin or client refusal of Rh(D) immune globulin when indicated, should be documented in the client's health record.

Guidance from the Alliance for Innovation on Maternal Health Patient Safety Bundle for Obstetric Hemorrhage:

Midwives should maintain a hemorrhage cart with supplies, checklists, and instruction cards, or equivalent for devices or procedures where antepartum, laboring, and postpartum clients are located (Alliance for Innovation on Maternal Health, n.d.).

Midwives should measure and communicate cumulative blood loss to all team members, using quantitative approaches whenever practical. Blood loss may be estimated for water births and births where quantitative blood loss measurement is otherwise impractical (Alliance for Innovation on Maternal Health, n.d.).

Midwives may consider active management the third stage of labor per the client's preference. Clients should receive ongoing education regarding hemorrhage risks and causes, early warning signs, and risks for postpartum complications (Alliance for Innovation on Maternal Health, n.d.).

Postpartum Hemorrhage Risk Assessment

Midwives should assess and communicate hemorrhage risk to birth team members as clinical conditions change or high-risk conditions are identified. Each client should be evaluated individually to anticipate the need for postpartum oxytocic medications, based on the following factors (Alliance for Innovation on Maternal Health, n.d.):

Lower Risk	**Medium Risk**	**Higher Risk**	**Intrapartum Risk Factors**
No previous uterine incision Singleton pregnancy ≤ 4 previous vaginal births No known bleeding disorder No history of PPH	Prior cesarean birth or uterine surgery >4 previous vaginal births History of previous PPH Large uterine fibroids	Low lying placenta Hematocrit < 30 AND other risk factors Platelets < 100,000 Known coagulopathy Suspected macrosomia or polyhydramnios Precipitous or prolonged labor Shoulder dystocia Prolonged second stage Maternal exhaustion	Prolonged labor Poor uterine tone Active bleeding

(California Maternal Quality Care Collaborative, 2022b)

Antihemorrhagic Medications (oxytocin, methylergometrine, misoprostol)

Prophylactic Use
As a prophylactic measure, the following may be employed for clients at medium or higher risk for hemorrhage if the client consents:

- Oxytocin 10 units IM after delivery of anterior shoulder
- Saline lock for labor and birth
- IV in labor and add 10-40 units oxytocin after the placenta is expelled

(California Maternal Quality Care Collaborative, 2022b)

Postpartum Hemorrhage Response
May implement the recommended action plan if vital signs become unstable or bleeding is increasing.

Recommended Action Plan
- Facilitate prompt delivery of the placenta, if not already delivered
- Provide fundal massage and/or bimanual compression
- Consider potential etiology:
    - Uterine atony
    - Retained clots
    - Trauma/Laceration
    - Retained placenta
    - Hematoma
    - Coagulopathy
    - Placenta Accreta
    - Amniotic Fluid Embolism
- Consider administering medications

During third stage labor:

Pitocin® (oxytocin)

- 10 units IM for hemorrhage or poor uterine tone.
- Another 10 units IM for continued bleeding
- **And/or**
- 10-40 units IV in 500-1000mL LR or NS Bolus for continued bleeding.

After Delivery of Placenta may initiate or repeat:

Pitocin® (oxytocin)

- 10 units IM for hemorrhage or poor uterine tone.
- Another 10 units IM for continued bleeding
- **And/or**
- 10-40 units IV in 500-1000mL LR or NS Bolus for continued bleeding.

If no response to Pitocin, give:

Methergine® (methylergometrine)

- 0.2 mg IM for patients with BP < 140/90
- If bleeding is minimized by Methergine repeat dose q 2-4hr PRN bleeding.

*If no response to Methergine or if Methergine is unavailable give**:***

- **Cytotec®** (misoprostol)
- 600-800mcg SL or PO for continued bleeding.

(California Maternal Quality Care Collaborative, 2022a)

Administration of IV Medications

Certain medications may be administered in IV solutions with the client's consent. This should be done according to the approved formulary and safely for the client and midwife.

- Explain to the client what medication is being administered and the need for the medication if this has not already been done.
- Assemble all the necessary equipment and supplies.
- Perform hand hygiene.
- Don appropriate PPE.
- Infuse at the recommended rate.
- Intravenous Fluids
    - May be used to reconstitute medications according to manufacturer's instructions or for maternal exhaustion, inability to tolerate oral hydration and/or food, or postpartum hemorrhage (Epstein & Waseem, 2018; *Management of Postpartum Hemorrhage | Effective Health Care (EHC) Program*, n.d.).
    - Fluids selection for intravenous use:
        - Ringers Lactate (Singh et al., 2023)
            - Indications – fluid replacement due to dehydration, hypovolemia, or postpartum hemorrhage.
            - Contraindications – liver dysfunction.
            - Adverse effects – hyperkalemia, fluid overload, allergic reactions.
        - Normal Saline (0.9%) (Tonog & Lakhkar, 2023)
            - Indications – fluid replacement due to dehydration, hypovolemia, or hemorrhage.
            - Contraindications – congestive heart failure, impaired kidney function.
            - Adverse effects – fluid overload.
        - Ringers Lactate with 5% Dextrose (Epstein & Waseem, 2018)
            - Indications – fluid replacement due to dehydration, hypovolemia, or postpartum hemorrhage.
            - Contraindications – liver dysfunction, hyperglycemia.
            - Adverse effects – hyperkalemia, fluid overload, allergic reactions.
- If IV is to be maintained for further use, insert cap and flush with normal saline solution or sterile water.
- Medication administration should be documented in the client's health record.

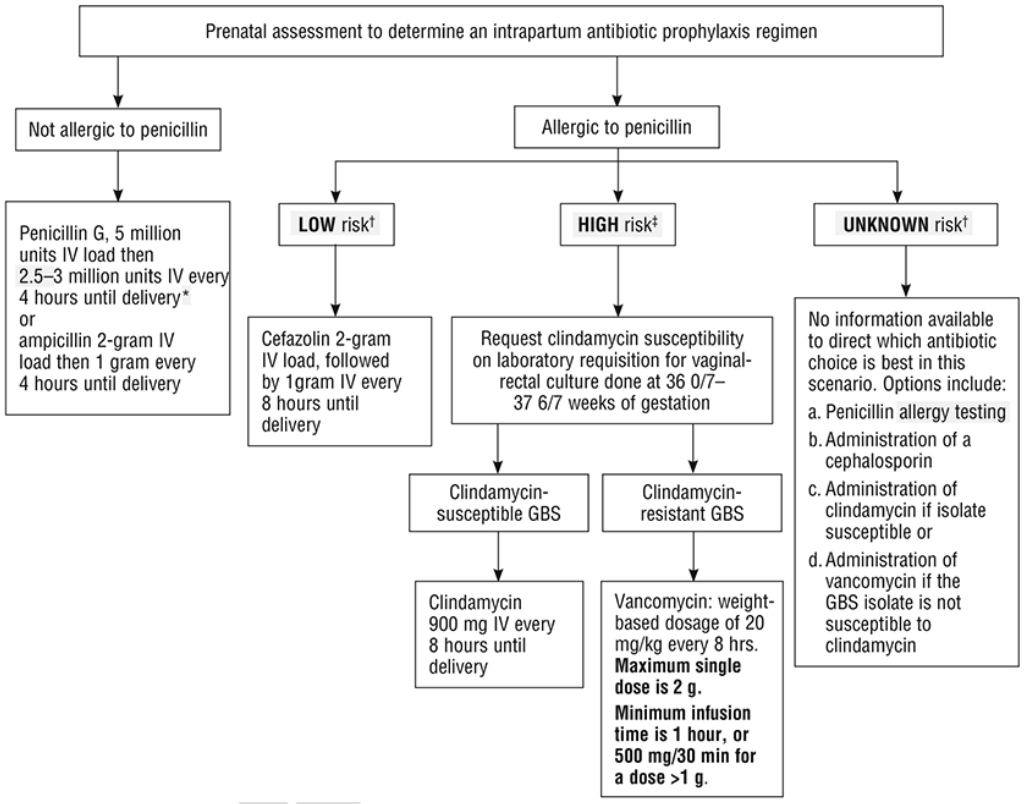
Group B Strep Antibiotic Prophylaxis

Procedure

- If the client is GBS positive or has the following risk factor and chooses to receive intrapartum antibiotic prophylaxis as recommended by ACOG (2020):
    - Previous infant with Group B Strep infection
    - Group B Strep bacteriuria
    - All women with a positive antenatal GBS screen regardless of risk factors.
    - If GBS carrier status is unknown, intrapartum antibiotic prophylaxis should be recommended for ROM> 18 hours
- Intrapartum prophylaxis is not appropriate for women who have had a negative GBS screen at 35-37 weeks and deliver after 36 weeks gestation in the absence of the above risk factors ("Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion Summary, Number 797.," 2020).

- IP prophylaxis may be offered to all women with indications for IP prophylaxis upon presentation in active labor ("Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion Summary, Number 797.," 2020).
- Choice of antibiotic should be based on known allergies and sensitivities. GBS is highly sensitive to penicillin, making penicillin the antibiotic of choice for people without antibiotic allergies. For clients with known antibiotic allergies, requesting a sensitivity when sending the GBS culture to the lab will help determine the appropriate antibiotic choice ("Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion Summary, Number 797.," 2020).
- If the client desires intrapartum antibiotic prophylaxis and requires Vancomycin, they may need to be referred for hospital-based intrapartum care due to complexity, the potential for complications, and the difficulty in proper administration without an infusion pump (Thijs et al., 2022).
- Powdered antibiotics should be reconstituted according to the manufacturer's instructions.
- Medication administration should be documented in the client's health record.

GBS Prophylaxis Algorithm



("Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion Summary, Number 797.," 2020)

Lidocaine

Local anesthetic for the repair of perineal lacerations and episiotomy. A maximum 50 mL (1%) or a maximum 15 mL (2%) may be administered into tissues being repaired, aspirating to confirm anesthetic is not being injected into a blood vessel. Allow anesthetic to numb the tissues and then proceed to repair. Contraindications to lidocaine are known hypersensitivity to lidocaine or other local amide anesthetics, complete heart block, and hypovolemia (Physician's Desk Reference, n.d.).

Epinephrine
Adults should receive 0.3 milligrams (mg) injected under the skin or into the muscle of the thigh every 20 minutes or until emergency medical services arrive. Administer the first dose then request emergency services (*EpiPen (epinephrine) dose, indications, adverse effects, interactions... from PDR.net*, n.d.).

Neonates should receive 0.01 mg/kg umbilical vein catheter or intraosseous injection (0.1 mL/kg of 1:10,000 concentration) umbilical vein catheter or intraosseous injection per the AAP's NRP algorithm while awaiting hospital transport (Isayama et al., 2020).

Medical Oxygen

- Oxygen should be stored upright, avoiding exposure to extreme temperatures, flammable substances, and open flames (American Lung Association, n.d.-b). Tanks should be secured during transport (American Lung Association, n.d.-a).
- Medical oxygen may be administered to the client 4-15 L/min by mask or bag/mask as needed to keep SpO2> 93% or for fetal distress (King, 2019).
- Medical oxygen may be administered to the baby 2-8 L/min mask, bag and mask, and/or laryngeal mask airway as needed to keep SpO2 within NRP guidelines (Aziz et al., 2021).

Newborn Medications

- Eye prophylaxis and IM vitamin K-1 should be administered approximately 1-2 hours after birth unless declined by family (Hand et al., 2022; United States Preventive Services Taskforce, n.d.).
- If parents decline either eye prophylaxis or vitamin K-1 injection, this should be confirmed after the birth and documented in the chart.

References

Alliance for Innovation on Maternal Health. (n.d.). *Obstetric Hemorrhage: AIM Patient Safety Bundle*. Retrieved April 27, 2023, from https://saferbirth.org/psbs/obstetric-hemorrhage/

American Lung Association. (n.d.-a). *Traveling with Oxygen*. Retrieved April 29, 2023, from https://www.lung.org/lung-health-diseases/lung-procedures-and-tests/oxygen-therapy/traveling-with-oxygen

American Lung Association. (n.d.-b). *Using Oxygen Safely*. Retrieved April 29, 2023, from https://www.lung.org/lung-health-diseases/lung-procedures-and-tests/oxygen-therapy/using-oxygen-safely

Aziz, K., Lee, C. H. C., Escobedo, M. B., Hoover, A. V., Kamath-Rayne, B. D., Kapadia, V. S., Magid, D. J., Niermeyer, S., Schmölzer, G. M., Szyld, E., Weiner, G. M., Wyckoff, M. H., Yamada, N. K., & Zaichkin, J. (2021). Part 5: neonatal resuscitation 2020 american heart association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Pediatrics*, *147*(Suppl 1). https://doi.org/10.1542/peds.2020-038505E

California Maternal Quality Care Collaborative. (2022a, April 4). *OB Hemorrhage Toolkit V3.0 - Appendix R: Medications for Postpartum Hemorrhage*. CMQCC.Org. https://www.cmqcc.org/content/ob-hemorrhage-toolkit-v30-appendix-r-medications-postpartum-hemorrhage

California Maternal Quality Care Collaborative. (2022b, July 18). *OB Hemorrhage Toolkit V3.0*. CMQCC.Org. https://www.cmqcc.org/sites/default/files/HEMToolkit_03252022%20Errata%207.2022%20%282%29.pdf

EpiPen (epinephrine) dose, indications, adverse effects, interactions... from PDR.net. (n.d.). Retrieved April 28, 2023, from https://www.pdr.net/drug-summary/EpiPen-epinephrine-134.6164

Epstein, E. M., & Waseem, M. (2018). Crystalloid Fluids. In *StatPearls*. StatPearls Publishing.

Hand, I., Noble, L., & Abrams, S. A. (2022). Vitamin K and the newborn infant. *Pediatrics*, *149*(3). https://doi.org/10.1542/peds.2021-056036

Isayama, T., Mildenhall, L., Schmölzer, G. M., Kim, H.-S., Rabi, Y., Ziegler, C., Liley, H. G., & INTERNATIONAL LIAISON COMMITTEE ON RESUSCITATION NEWBORN LIFE SUPPORT TASK FORCE. (2020). The route, dose, and interval of epinephrine for neonatal resuscitation: A systematic review. *Pediatrics*, *146*(4). https://doi.org/10.1542/peds.2020-0586

King, T. L. (2019). Intrapartum Care. In *Varney's Midwifery* (6th ed., p. 936). Jones & Bartlett Learning.

Management of Postpartum Hemorrhage | Effective Health Care (EHC) Program. (n.d.). Retrieved April 29, 2023, from https://effectivehealthcare.ahrq.gov/products/hemorrhage-postpartum/research-protocol

Physician's Desk Reference. (n.d.). *Lidocaine Hydrochloride Injection (lidocaine hydrochloride) dose, indications, adverse effects, interactions*. PDR.Net. Retrieved April 28, 2023, from https://www.pdr.net/drug-summary/Lidocaine-Hydrochloride-Injection-lidocaine-hydrochloride-3301.2673

Practice bulletin no. 181: prevention of rh D alloimmunization. (2017). *Obstetrics and Gynecology*, *130*(2), e57–e70. https://doi.org/10.1097/AOG.0000000000002232

Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion Summary, Number 797. (2020). *Obstetrics and Gynecology*, *135*(2), 489–492. https://doi.org/10.1097/AOG.0000000000003669

Singh, S., Kerndt, C. C., & Davis, D. (2023). Ringer's Lactate. In *StatPearls*. StatPearls Publishing.

Thijs, L., Quintens, C., Vander Elst, L., De Munter, P., Depypere, M., Metsemakers, W.-J., Vles, G., Liesenborghs, A., Neefs, J., Peetermans, W. E., & Spriet, I. (2022). Clinical efficacy and safety of vancomycin continuous infusion in patients treated at home in an outpatient parenteral antimicrobial therapy program. *Antibiotics (Basel, Switzerland)*, *11*(5). https://doi.org/10.3390/antibiotics11050702

Tonog, P., & Lakhkar, A. D. (2023). Normal Saline. In *StatPearls*. StatPearls Publishing.

United States Preventive Services Taskforce. (n.d.). *Recommendation: Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication*. Retrieved April 28, 2023, from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/ocular-prophylaxis-for-gonococcal-ophthalmia-neonatorum-preventive-medication

Meeting: Ad Hoc to address SB1275 - Medications and Midwives

REMINDER

If you are not a state employee, you are eligible for a $50.00 per diem.

The travel regulations require that "travelers must submit the Travel Expense Reimbursement Voucher with 30 days after completion of their trip". (CAPP Topic 20335, State Travel Regulations, p.7)

In order for the agency to be in compliance with the state travel regulations, please submit your request for today's meeting no later than

August 17, 2023

Email Colanthia Opher at coco.morton@dhp.virginia.gov for guidelines on submitting your travel voucher electronically.