



MABC RM Prescribing Resource Guide

This resource has been developed to support RMs with their prescribing needs. This resource list is intended as a guide only. It should not be considered exhaustive and should be read in conjunction [with BCCNM RM Medications and Substances: Standards, Limits and Conditions](#)

Table 1: Schedule A Medications Limits and Conditions

https://www.bccnm.ca/Documents/standards_practice/rm/RM_Standards_Limits_Conditions_for_Medications_and_Substances.pdf

Drug Category	Purpose(s) as per Schedule A of the Midwives Regulation	BCCNM Limits and Conditions (If blank, BCCNM has not placed additional limits or conditions on the drug category beyond those already in the Midwives Regulation)	Suggested resources
ANTIBIOTICS	Intrapartum chemoprophylaxis for Group B Strep		BCRM Ref app: Ampicillin, Cefazolin, Clindamycin, Penicillin G, Vancomycin hydrochloride SOGC Clinical Practice Guideline: The Prevention of Early-Onset Neonatal Group B Streptococcal Disease (October 2013): https://www.jogc.com/article/S1701-2163(15)30818-5/pdf
	Treatment of topical infection ¹		BCRM Ref app: APNO (All Purpose Nipple Ointment)

		International Breastfeeding Centre: All-purpose Nipple Ointment (APNO): https://ibconline.ca/information-sheets/all-purpose-nipple-ointment-apno/
	Treatment of breast infection	BCRM Ref app: Amoxicillin-Clavulanic acid, APNO, Cephalexin, Clindamycin, Cloxacillin, Dicloxacillin Bugs & Drugs: Breast abscess/mastitis-postpartum: https://www.bugsanddrugs.org/45C84734-F3D8-4EA9-9A60-E9977F0FBC28 Academy of Breastfeeding Medicine Clinical Protocol (2022): https://www.bfmed.org/assets/ABM%20Protocol%20%2336.pdf
	Treatment of urinary tract infection	BCRM Ref app: Cefixime, Cephalexin, Fosfomycin, Nitrofurantoin, Sulfamethoxazole-trimethoprim SOGC Clinical Practice Guideline: Recurrent Urinary Tract Infection (October 2017): https://www.jogc.com/article/S1701-2163(17)30826-5/fulltext Bugs & Drugs: Cystitis – Pregnancy: https://www.bugsanddrugs.org/AC457F2A-BE77-48BC-933E-85CD04261DD7
	Prophylaxis of ophthalmia neonatorum	Canadian Pediatric Society Position Statement: ophthalmia neonatorum (March 2015) https://cps.ca/en/documents/position/ophthalmia-neonatorum
ANESTHETICS	Performance of episiotomies	BCRM Ref app: Lidocaine hydrochloride BC Perinatal Health Program: Optimising Neonatal, Maternal and Fetal Health: http://www.perinatalervicesbc.ca/Documents/Guidelines-Standards/Maternal/PainManagementGuideline.pdf
	Repair of episiotomies and lacerations	BCRM Ref app: Lidocaine hydrochloride BC Perinatal Health Program: Optimising Neonatal, Maternal and Fetal Health: http://www.perinatalervicesbc.ca/Documents/Guidelines-Standards/Maternal/PainManagementGuideline.pdf

	Treatment of topical inflammation		LactMed: Diclofenac topical gel (March 2023): https://www.ncbi.nlm.nih.gov/books/NBK501800/
	Localized pain prophylaxis		BCRM Ref app: Lidocaine hydrochloride (Xylocaine) / Bupivacaine (Marcaine) LactMed: Lidocaine (November 2020): https://www.ncbi.nlm.nih.gov/books/NBK501230/ LactMed: Bupivacaine (February 2023): https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/018304s049lbl.pdf
ANTICOAGULANTS	Prophylaxis of venous thromboembolism	Midwives prescribe anticoagulants for prophylaxis of venous thromboembolism in hospital only and in accordance with hospital protocols/guidelines	SOGC Clinical Practice Guideline June 2014: Venous Thromboembolism and Antithrombotic Therapy in Pregnancy https://www.jogc.com/article/S1701-2163(15)30569-7/pdf
ANTIFUNGALS	Treatment of candidiasis		SOGC Clinical Practice Guideline March 2015: Vulvovaginitis: Screening for and Management of Trichomoniasis, Vulvovaginal Candidiasis, and Bacterial Vaginosis: https://www.jogc.com/action/showPdf?pii=S1701-2163%2815%2930316-9
ANTINAUSEANTS/ ANTIEMETICS	Treatment of nausea and vomiting		BCRM Ref app: Dimenhydrinate, Doxylamine succinate-pyridoxine hydrochloride, metoclopramide, ondansetron, prochlorperazine SOGC Clinical Practice Guideline December 2016{ The management of nausea and vomiting of pregnancy: https://www.jogc.com/article/S1701-2163(16)39464-6/pdf
ANTIVIRALS	Suppression of viral infections during pregnancy and the postpartum period, excluding		SOGC Clinical Practice Guideline August 2017: Guidelines for the Management of Herpes Simplex Virus in pregnancy: https://www.jogc.com/article/S1701-2163(17)30456-5/fulltext#:~:text=Women%20with%20known%20recurrent%20genital%20HSV%20infection%20should%20be%20offered,for%20Caesarean%20section%20(I%2DA).

	HIV/AIDS management		
BENZODIAZEPINES	Therapeutic rest in prodromal labour, short term management of excessive anxiety in the postpartum period	Midwives must successfully complete the UBC CPD course titled Opioids and Benzodiazepines: Safe Prescribing for Midwives	BCRM Ref app: Oxazepam (Serax) BC Perinatal Health Program: Optimising Neonatal, Maternal and Fetal Health: http://www.perinataleservicesbc.ca/Documents/Guidelines-Standards/Maternal/PainManagementGuideline.pdf
CORTICOSTEROIDS	Treatment of skin inflammation and hemorrhoids		BCRM Ref app: APNO (all Purpose Nipple Ointment), Hydrocortisone Topical, Triamcinolone – neomycin-sulfate-nystatin-gramicidin Motherisk Rounds: The Fetal Safety of Hydrocortisone-Pramoxine (Proctofoam-HC) for the Treatment of Hemorrhoids in Late Pregnancy. JOGC 2011: https://www.jogc.com/action/showPdf?pii=S1701-2163%2816%2934802-2
GALACTOGOGUES	Enhancement of breast milk production		BCRM Ref app: Domperidone Drugs and Lactation Database (LactMed): Domperidone (May 2023): https://www.ncbi.nlm.nih.gov/books/NBK501371/ International Breastfeeding centre: Domperidone: https://ibconline.ca/information-sheets/domperidone/#:~:text=Domperidone%20increases%20the%20flow%20of,decreasing%20milk%20supply%20and%20flow.
HISTAMINE ANTAGONISTS	Treatment of anaphylaxis related to the administration of drugs, vaccines, or sera		BCRM Ref App: Diphenhydramine hydrochloride (Benadryl) Drugs and Lactation database: Diphenhydramine (September 2021): https://www.ncbi.nlm.nih.gov/books/NBK501878/
NARCOTIC ANTAGONISTS	Reversal of narcotic-induced depression		BCRM Ref App: Naloxone hydrochloride (NARCAN) LactMed: Naloxone (February 2023): https://www.ncbi.nlm.nih.gov/books/NBK501681/#:~:text=Summ

			ary%20of%20Use%20during%20Lactation&text=Because%20it%20is%20not%20orally,is%20out%20of%20her%20system.
NARCOTICS	Pain relief in labour or the postpartum period	Midwives must successfully complete the UBC CPD course titled Opioids and Benzodiazepines: Safe Prescribing for Midwives . Midwives order or administer narcotics for pain relief in labour, in hospital only, and in accordance with hospital-protocols/guidelines. Midwives only prescribe, order, or administer narcotics for pain relief in the postpartum period for up to 72 hours postpartum. Midwives do not prescribe extended-release narcotics.	BCRM Ref app: Fentanyl citrate, Hydromorphone, Morphine sulphate LactMed: Fentanyl (February 2023): https://www.ncbi.nlm.nih.gov/books/NBK501222/ LactMed: Hydromorphone (April 2023): https://www.ncbi.nlm.nih.gov/books/NBK501227/#:~:text=In%20general%2C%20Maternal%20use%20of,be%20limited%20in%20nursing%20mothers. LactMed: Morphine (April 2023): https://www.ncbi.nlm.nih.gov/books/NBK501237/ Pain management options during labour: http://www.perinatalervicesbc.ca/Documents/Guidelines-Standards/Maternal/PainManagementGuideline.pdf
NITRATES	Treatment of hypertonic uterine contractions with atypical/abnormal fetal heart rate		BCRM Ref app: Nitroglycerin SOGC: Nitroglycerin as a Uterine Relaxant: A Systemic Review (May 2002): https://www.jogc.com/article/S1701-2163(16)30403-0/pdf
NONSTEROIDAL ANTI-INFLAMMATORIES	Relief of inflammation and pain		BCRM Ref app: Acetylsalicylic acid (ASA), Diclofenac Sodium, Ibuprofen, Naproxen LactMed: Aspirin (September 2021): https://www.ncbi.nlm.nih.gov/books/NBK501196/#:~:text=Summ

			<p>ary%20of%20Use%20during%20Lactation,acidosis%20in%20one%20breastfed%20infant.</p> <p>LactMed: Diclofenac (March 2023): https://www.ncbi.nlm.nih.gov/books/NBK501800/#:~:text=Summary%20of%20Use%20during%20Lactation&text=Maternal%20use%20of%20diclofenac%20topical,adverse%20effects%20in%20breastfed%20infants.</p> <p>LactMed: Ibuprofen (January 2021): https://www.ncbi.nlm.nih.gov/books/NBK500986/#:~:text=Summary%20of%20Use%20during%20Lactation,antiinflammatory%20agent%20in%20nursing%20mothers.</p> <p>LactMed: Naproxen (June 2019): https://www.ncbi.nlm.nih.gov/books/NBK501044/</p> <p>MotherToBaby: Naproxen (Aleve) (May 2022): https://mothertobaby.org/fact-sheets/naproxen/#:~:text=Naproxen%20passes%20into%20breast%20milk,harmful%20to%20a%20breastfeeding%20baby.</p>
SYMPATHOMIMETICS	Treatment of anaphylaxis or allergic reaction following the administration of a drug, vaccine, or serum		BCRM Ref app: Epinephrine hydrochloride (Epipen, Adrenaclick, Adrenalin)
	Neonatal resuscitation	Midwives follow current Neonatal Resuscitation Program (NRP) guidelines when conducting neonatal resuscitation.	<p>BCRM Ref app: Epinephrine hydrochloride (Epipen, Adrenaclick, Adrenalin)</p> <p>Neonatal Resuscitation Program, 8th Edition – Neonatal Code Medications Card: http://www.perinatalervicesbc.ca/Documents/Education/NRP/12.%20NRP%20CODE%20MEDICATION%20CARD.pdf</p>

UTEROTONIC AGENTS	Prophylaxis and treatment of uterine atony and postpartum hemorrhage	Midwives follow current guidelines for prophylaxis and treatment of uterine atony and postpartum hemorrhage.	SOGC Active Management of the Third Stage of Labour: Prevention and Treatment of Postpartum Hemorrhage https://www.jogc.com/article/S1701-2163(16)34329-8/pdf
VACCINES	Establishing an immune response	Midwives follow the BC Centre for Disease Control (BCCDC) Immunization Manual	BCRM Ref app: COVID-19 Vaccine, Hepatitis B vaccine, Influenza vaccine, Measles-Mumps-Rubella Vaccine, Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine, Varicella vaccine BC Centre for Disease Control (BCCDC): http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization
VITAMIN AND MINERAL SUPPLEMENTS	Nutritional therapy and support		BCRM Ref app: Cyanocobalamin, Folic acid, Iron, Multivitamin, Vitamin D3, Phytonadione Iron deficiency and iron deficiency anemia in pregnancy (2021): https://www.cmaj.ca/content/cmaj/193/29/E1137.full.pdf Parenteral iron therapy (May 2015): https://www.jogc.com/action/showPdf?pii=S1701-2163%2815%2930259-0

1. Topical infections do not include sexually transmitted infections (STIs)

Table 2: Schedule B Medications Limits and Conditions

https://www.bccnm.ca/Documents/standards_practice/rm/RM_Standards_Limits_Conditions_for_Medications_and_Substances.pdf

Drug Category	Purposes(s) as per Schedule B of the Midwives Regulation	BCCNM Limits and Conditions (<i>If blank, BCCNM has not placed additional limits or conditions on the drug category beyond those already in the Midwives Regulation</i>)	Suggested resources
ANTIBIOTICS	Treatment of infection not included in Schedule A of Midwives' Regulation	Specialized practice certification in Sexually Transmitted Infections Management required. Midwives only prescribe, order, compound, dispense, or administer treatment for sexually transmitted infections, throughout the perinatal period including the three months following birth. Midwives follow the Framework for Midwife Certification in Sexually Transmitted Infections Management and Canadian STI Guidelines	<p>BCRM Ref app: <i>Bacterial vaginosis</i>: Clinamycin, Metronidazole <i>Chlamydia</i>: Azithromycin, Doxycycline, Erythromycin <i>Gonorrhoea</i>: Amoxicillin, Azithromycin, Cefixime, Ceftriaxone <i>Trichomoniasis</i>: Metronidazole Trichomoniasis</p> <p>SOGC Clinical Practice Guideline: Screening and Management of Bacterial Vaginosis in Pregnancy (August 2017): https://www.jogc.com/article/S1701-2163(17)30458-9/fulltext</p> <p>British Columbia Treatment Guidelines: Sexually Transmitted Infections in Adolescents and Adults 2014: http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/CPS_BC_STI_Treatment_Guidelines_20112014.pdf</p> <p>Canadian Task Force on Preventative Health Care: Chlamydia and Gonorrhoea (2021):</p>

			https://canadiantaskforce.ca/guidelines/published-guidelines/chlamydia-and-gonorrhea/
ANTIVIRALS	HIV/AIDS management	Midwives do not prescribe/order for HIV/AIDS management.	
CERVICAL RIPENING AGENTS	Induction of labour	Specialized practice certification in Prescribing, Ordering, Administering and Managing Induction and Augmentation of Labour in Hospital required. Midwives follow local hospital guidelines, policies, and protocols for induction of labour. Midwives follow the Framework for Midwife Certification for Prescribing, Ordering, Administering and Managing Induction and Augmentation of Labour in Hospital	<p>SOGC Clinical Practice Guideline: Cervical Ripening and Induction of Labour- General Information (January 2023): https://www.jogc.com/article/S1701-2163(22)00730-7/fulltext</p> <p>SOGC Clinical Practice Guideline: Cervical Ripening (January 2023): https://www.jogc.com/article/S1701-2163(22)00732-0/fulltext</p> <p>SOGC Clinical Practice Guideline: Induction of Labour (January 2023): https://www.jogc.com/article/S1701-2163(22)00734-4/fulltext</p>
CONTRACEPTIVES	Prevention of conception	Specialized practice certification in Hormonal Contraceptive Therapy required. Midwives follow the Framework for Midwife Certification in Hormonal Contraceptive Therapy . Additional specialized practice certification required for Intrauterine Contraception Insertion. Midwives follow the Framework for Midwife Certification in Intrauterine Contraception Insertion	<p>SOGC Clinical Practice Guideline: Canadian Contraception Consensus (October 2015):</p> <p>Part 1: https://www.jogc.com/article/S1701-2163(16)30033-0/fulltext</p> <p>Part 2: https://www.jogc.com/article/S1701-2163(16)30054-8/fulltext</p> <p>Part 3: Intrauterine Contraception: https://www.jogc.com/article/S1701-2163(15)00024-9/fulltext</p> <p>Part 4: Combined Hormonal Contraception: https://www.jogc.com/article/S1701-2163(16)39786-9/fulltext</p>

<p>EPIDURAL ANALGESIA (Continuous Infusion Maintenance)</p>	<p>Pain relief during labour and delivery, in a hospital only</p>	<p>Specialized practice certification in Epidural Maintenance required. Midwives follow the Framework for Midwife Certification in Epidural Maintenance</p>	<p>SOGC Clinical Practice Guideline: Management of Spontaneous Labour at Term in Healthy Women (September 2016): https://www.jogc.com/article/S1701-2163(16)39222-2/pdf</p>
<p>OXYTOCIN (Intravenous Infusion)</p>	<p>Induction or augmentation of labour, in a hospital only</p>	<p>Specialized practice certification in Prescribing, Ordering, Administering and Managing Induction and Augmentation of Labour in Hospital required. Midwives follow the Framework for Midwife Certification for Prescribing, Ordering, Administering and Managing Induction and Augmentation of Labour in Hospital.</p>	<p>SOGC Clinical Practice Guideline: Induction of Labour (January 2023): https://www.jogc.com/article/S1701-2163(22)00734-4/fulltext</p>

Table 3: Medications Not in Schedule A or B Limits and Conditions

https://www.bccnm.ca/Documents/standards_practice/rm/RM_Standards_Limits_Conditions_for_Medications_and_Substances.pdf

Drug Category	BCCNM Limits and Conditions <i>(If blank, BCCNM has not placed additional limits or conditions on the drug category)</i>	Suggested resources
BENZODIAZEPINE RECEPTOR ANTAGONISTS		<p>BCRM Ref App: Naloxone hydrochloride (NARCAN)</p> <p>LactMed: Naloxone (February 2023): https://www.ncbi.nlm.nih.gov/books/NBK501681/#:~:text=Summary%20of%20Use%20during%20Lactation&text=Because%20it%20is%20not%20orally,is%20out%20of%20her%20system.</p>
ANTIFIBRINOLYTICS	Midwives follow current postpartum hemorrhage treatment guidelines	<p>BCRM Ref app: Tranexamic acid</p> <p>LactMed: Tranexamic Acid (March 2023): https://www.ncbi.nlm.nih.gov/books/NBK501734/</p> <p>SOGC Clinical Practice Guideline: Postpartum Hemorrhage and Hemorrhagic Shock (December 2022): https://www.jogc.com/article/S1701-2163(22)00668-5/fulltext</p>

Table 4: Substances in Schedule A Limits and Conditions

https://www.bccnm.ca/Documents/standards_practice/rm/RM_Standards_Limits_Conditions_for_Medications_and_Substances.pdf

Substance Category	Purpose(s) as per Schedule A and 5(1)(f) of the <i>Midwives Regulation</i>	BCCNM Limits and Conditions (<i>If blank, BCCNM has not placed additional limits or conditions on the drug category beyond those already in the Midwives Regulation</i>)	Suggested resources
IMMUNE GLOBULINS	Prophylaxis in the neonate Prophylaxis or treatment of the patient in pregnancy or the postpartum period	Midwives follow health authority protocol/procedures when obtaining consent for, administering, or ordering immune globulins for prophylaxis in the neonate, or prophylaxis or treatment of the patient in pregnancy or the postpartum period. Midwives provide a record of administration of immune globulin(s) to the client's primary care provider (e.g., family physician or nurse practitioner) upon discharge from care.	<p>BCRM Ref app: Hepatitis B Immune globulin (HepaGam B, HyperHep B)</p> <p>LactMed: Hepatitis B Immune Globulin (Human)(January 2023): https://www.ncbi.nlm.nih.gov/books/NBK500808/</p> <p>SOGC Clinical Practice Guideline: Hepatitis B and Pregnancy (March 2017): https://www.jogc.com/article/S1701-2163(16)39793-6/pdf</p> <p>BCRM Ref app: RhD Immune Globulin (WinRho, RhoGAM)</p> <p>LactMed: Rho(D) Immune Globulin (January 2023): https://www.ncbi.nlm.nih.gov/books/NBK501752/</p>

			<p>SOGC Clinical Practice Guideline: Prevention of Rh Alloimmunization (January 2018): https://www.jogc.com/article/S1701-2163(17)31111-8/fulltext</p> <p>Blood products, human immunoglobulin and timing of immunization: Canadian Immunization Guide (January 2020): https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-11-blood-products-human-immune-globulin-timing-immunization.html</p>
INHALANTS	Pain relief in labour or the immediate postpartum period		<p>Cochrane Review (2012) Inhaled analgesia for pain management in labour: https://pubmed.ncbi.nlm.nih.gov/22972140/</p> <p>LactMed: Nitrous Oxide (February 2023): https://www.ncbi.nlm.nih.gov/books/NBK501501/</p>

Please submit any comments, updates or feedback to the MABC Clinical Director, Zoë Hodgson, at zoe.hodgson@bcmidwives.com

The BCCNM also offers a variety of learning resources to help midwives understand and apply the [BCCNM RM Medications and Substances: Standards, Limits and Conditions](#)

Midwives are also encouraged to contact the Regulatory practice consultants at BCCNM at practice@bccnm.ca

The MABC will review this resource annually. Updates to this resource and the BC RM Ref app will be made as needed.