Guidance to the Profession: Prescription of Controlled Drugs and Substances

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The College of Midwives of Alberta (CMA) Guidance to the Profession documents provide registrants with additional information and expectations for practice that supports comprehensive understanding and implementation of the CMA Code of Ethics, Standards of Practice, Alberta Competencies for Midwives, and Policies. Guidance documents may include clinical practice requirements. These will be clearly identified within the specific document.

Guidance documents may also identify best practices. As new evidence emerges, these documents may be updated. Please refer back to these Guidance documents regularly. Major changes that impact clinical practice will be communicated to registrants.

Preamble

As primary care providers, midwives have the knowledge and ability to assess **client** perceptions and experiences of pain and anxiety and are able to offer a spectrum of management options which may include both non-pharmacological and pharmacological methods. When pharmacological management of pain or anxiety is desired and indicated, this may include the use of **controlled drugs and substances**.

Registrants who have the ability to **prescribe controlled drugs and substances** in the **hospital**
setting:

1. Increase access to timely intervention and pain management options which may improve **client** satisfaction.
2. Reduce the need for **consultation**, therefore reducing the workload burden on other health care providers.

Midwives have the ability to **prescribe**, **dispense** and **administer** Schedule 1 drugs that are **incidental to the practice of midwifery** as an **entry to practice** competence. While

controlled drugs and substances are included within Schedule 1, midwives are not permitted to **prescribe controlled drugs and substances** under their own authority as an **entry to practice competency.**

Under the direction of an **authorized prescriber**, registrants may **administer controlled drugs and substances** when **incidental to the practice of midwifery**. For further information regarding Schedule 1 drugs as pertaining to midwifery practice, please refer to the CMA *Midwives Prescribing, Dispensing and Administering Drugs in Alberta* Guidance Document (2024).

Registrants who wish to pursue **advanced authorization** to **prescribe, dispense** and **administer controlled drugs and substances** under their own authority, may complete the required coursework and application form for this **advanced practice activity** (See Appendix A). After successful application and CMA approval, registrants will be considered able to safely and competently **prescribe controlled drugs and substances** in relation to specific indications as laid out in this document, within a **hospital** setting under their own authority.

Legislation and Regulation

The *Health Professions Restricted Activity Regulation* (*HPRAR,* 2023) outlines **restricted activities** and **advanced authorizations** for each regulated health profession in Alberta. The specific activities that midwives may provide are outlined in *Sections 34, 35 and 36* of the *HPRAR.*

HPRAR Section 34 allows CMA registrants to **administer controlled drugs and substances** under the direction of an **authorized prescriber***.* See also *CMA Restricted Activities Policy. HPRAR Section 35* outlines specific **advanced practice activities** that registrants may choose to pursue in order to increase their **scope of practice.**

Advanced authorization is required for the **prescription** and dispensing per the *Health Professions Restricted Activity Regulation (HPRAR, 2023) Section 35(a)* as follows:

> ***35*** *A regulated member referred to in section 34 who has completed advanced training approved by the Registrar and has been specifically authorized by the Registrar on the basis of that training may perform in accordance with standards of practice the following restricted activities:*

> *(a) to prescribe, dispense and administer Schedule 1 drugs that are controlled substances when incidental to the practice of midwifery and restricted to within a hospital as defined in the Hospitals Act*

In addition, CMA *Standards of Practice 7: Prescription and Administration of Drugs general numbers 3, 4, 12, 13* refer to **controlled drugs and substances**. Specific competencies expected for this activity are listed under *CMA Expectations* below.

Purpose

CMA supports registrants who choose to pursue **advanced authorization** in order to **prescribe controlled drugs and substances** under their own authority. This document communicates CMA expectations for safe prescribing and offers guidance around integrating **controlled drugs and substances** into midwifery clinical practice, including specific indications and other parameters.
CMA recommendations for clinical practice have been determined through review of **evidence-informed** research and resources, risk management frameworks as well as current midwifery and medical guidelines and standards.

Scope

This guidance document includes all CMA General and Courtesy registrants. Please refer to the CMA *Advanced Practice Activity Policy (2025)* for information regarding registrant eligibility for application.

Definitions

NOTE: Bolded terms are defined in the *CMA Master List of Definitions* and *CMA Standards of Practice* which can be found on the CMA Website HERE. Definitions that have been included below are ones deemed most important for this guidance document.

Administer: To prescribe, sell or provide a drug *(Canadian Food and Drug Act, 2023).* Generally, refers to the supplying of a dose of a drug to a person for the purpose of immediate ingestion, application, inhalation, insertion, instillation or injection etc.

Authorized Prescriber: A healthcare provider who is authorized under their scope of practice and regulatory body to prescribe, order, dispense and administer drugs, which

may include, but is not limited to controlled drugs and substances.

Controlled drugs and substances: A drug listed under Part I, II and III within Schedule G of the *Food and Drug Act* or as part of the *Controlled Drugs and Substances Act* including the *Narcotics Control Regulations*, *Benzodiazepines and Other Targeted Substances Regulations*. Controlled drugs may also be referred to in regulation as a targeted substance.

Dispense: The preparation and giving of a medication for the client to take later. Dispensing involves taking steps to ensure the pharmaceutical and therapeutic suitability of the medication for its intended and proper use. Registered Midwives dispense with or without the involvement of a pharmacist, and/or consultant, depending on the schedule of drug.

In regards to the *Pharmacy and Drug Act* meaning *"with respect to a drug, any one or more of the following"*:

i. evaluating a prescription for a drug

ii. assessing the patient and the patient's health history and medication record

iii. packaging and labelling of a drug

iv. providing a drug to or for a person pursuant to a prescription

Entry to Practice Competencies: The set of basic knowledge, skills, attitudes and judgment expected upon completion of a midwifery education program (or substantial equivalence) in order to provide safe, ethical, competent care in both institutional and community settings in Alberta. These entry-to-practice competencies are also the minimum competencies required for ongoing registration with the CMA and are contained in the following documents: *Alberta Competencies for Midwives* (2021) and the *CMRC Canadian Competencies* (2021).

Incidental to the practice of midwifery: A broad term that encompasses all health care that is provided to clients by a Registered Midwife that is limited to the scope and standards of practice of a Registered Midwife**.**

Hospital: A facility defined under the *Food and Drug Act*, that is licensed, approved or designated by a province in accordance with the laws of the province to provide care or treatment to persons or animals suffering from any form of disease or illness; or that is

owned or operated by the Government of Canada or the government of a province and that provides health services. *HPRAR legislation (35a)* and the Alberta *Hospitals Act*, defines a hospital as an *"institution operated for the care of diseased, injured, sick or mentally disordered people"*.

Narcotic: A controlled substance set out in the *Schedule of the Narcotic Control Regulations* that Registered Midwives may prescribe, possess or conduct an activity with, in accordance with *sections 3 and 4* of the *New Classes of Practitioners Regulations*, after achieving advanced authorization status as per *Health Professions Restricted Activities Regulation (HPRAR) Section 35*. Narcotics and other controlled drugs and/or substances may only be prescribed and administered in **hospital** settings (defined above). Both opioids and opiates are included under this term.

Prescription / Prescribe: As defined in the *Food and Drug Act,* meaning an order given by a practitioner directing that a stated amount of any drug or mixture of drugs specified therein be dispensed for the person named in the order.

CMA Expectations

Entry to Practice Competencies

Registrant competence is required in **entry to practice competencies**, as per the *Alberta Competencies for Midwives (2021),* across antepartum, intrapartum and **postpartum** segments in the following areas:

Midwives possess the knowledge and skills necessary to:

1. General competency: *(p) Prescribe, order, and administer drugs in accordance with the Health Professions Restricted Activities Regulation (sections 34 and 35) and other CMA documents.*
2. General competency: *(s) Perform IV starts, IM/SQ injections and administer local anesthetic.*
3. Specific competency: Antepartum 1A *(l) Pharmaceuticals, and therapies used during pregnancy and their effects, side effects and interactions.*

4. Specific competency: Antepartum 1B *(n) Prescribe, order, and administer drugs, and therapies used during pregnancy in accordance with the Health Professions Restricted Activities Regulation*

5. Specific competency: Intrapartum *2A (q) Drugs and other substances and therapies which may be used during the intrapartum period.*

6. Specific competency: Intrapartum *2B (g) Assess the need for relief of pain and intervene using non-pharmacological and pharmacological measures as required.*

7. Specific competency: Intrapartum *2B (k) Give injections, insert an intravenous catheter, and administer intravenous fluids and medications.*

8. Specific competency: Intrapartum *2B (y) Prescribe, order, and administer drugs as necessary in the intrapartum in accordance with the HPRAR.*

9. Specific competency: Postpartum Care of the Client *4A (h) Drugs and other substances and therapies used during the postpartum period and their effects on breastfeeding.*

10. Specific competency: Postpartum Care of the Client *4B (i) Prescribe, dispense and administer appropriate drugs as necessary in the postpartum period in accordance with the Health Professions Restricted Activities Regulation*

CMA Position on Appropriate Clinical Setting

As per the *HPRAR*, registrants who have obtained **advanced authorization** are restricted to prescribing **controlled drugs and substances** within the **hospital** setting.

Navigating Clinical Privileges in Hospital After CMA Approval and Authorization

Registrants require PMAO approval prior to performing advanced practice activities within **hospital** / healthcare facilities. Please refer to the *Advanced Practice Activities Policy* section *Navigating Facility Processes for Clinical Privileges After CMA Approval and Authorization.*

Clinical Practice Considerations

Permitted Controlled Drugs and Substances Drug Categories

1. **Narcotics**
2. Benzodiazepines

CMA has not included a prescriptive list of approved narcotics and benzodiazepines within this document. As registrants are autonomous health care providers, it is the responsibility of the registrant to be competent to appropriately select, **prescribe** and **administer** any medication, including **controlled drugs and substances**.

Limitations

As per *HPRAR Section 35,* registrants are limited to:

> "*Prescribe, dispense and administer Schedule 1 drugs that are controlled substances when incidental to the practice of midwifery and restricted to within a hospital as defined in the Hospitals Act*"

In addition, federal drug regulation lists midwives as practitioners within the *New Classes of Practitioners Regulations* (2012) as follows:

> *"Subject to section 4, a midwife, nurse practitioner or podiatrist, as a practitioner, may prescribe or possess a listed substance, or conduct an activity with a listed substance, in accordance with the Benzodiazepines and Other Targeted Substances Regulations, Part G of the Food and Drug Regulations or the Narcotic Control Regulations if they are permitted to prescribe, in their practice under the laws of the province in which they are registered and entitled to practise, that substance."*

Please refer to CMA *Guidance to The Profession: Registered Midwives Prescribing, Dispensing and Administering Drugs in Alberta,* section *Exclusions and Limitations: Federally Mandated Exclusions & Limitations For Midwives* for specific **controlled drugs and substances** that midwives are not permitted to **prescribe**, regardless of **advanced authorization** status.

Registrants may only **prescribe controlled drugs and substances** for specific indications as described in this document in the sections below.

Prescribing Narcotics

CMA Approved Indications for Prescribing Narcotics in the Hospital Setting

Registrants can find a quick reference chart for prescribing indications in Appendix B.

1. Intrapartum pain management
2. **Postpartum** pain management
3. Long-acting reversible contraceptive (LARC) insertion if available and clinically appropriate to insert in the hospital setting.
4. Management of reproductive loss including spontaneous, induced, procedural abortion, fetal demise and stillbirth.

Special Circumstances

Registrants are supported by CMA to **prescribe narcotics** to manage acute pain related to medical conditions requiring **consultation** with another health care provider in the **hospital** setting when:

1. The registrant has completed appropriate assessments for differential diagnosis within midwifery **scope of practice.**
2. The registrant has initiated a **consultation** with an appropriate health care provider as per facility procedures.
3. A time delay is expected between the initiation of the **consultation** and the consultant's in-person assessment of the **client.**

As analgesics may mask pain relevant to clinical diagnosis, it is recommended that registrants discuss **client** requests for pain management with the consulting healthcare provider at the initiation of the consult to avoid potential delays in achieving an accurate diagnosis. Please refer to CMA *Standard of Practice 16: Medical Consultation* and *Standard of Practice 17: Medical Transfer of Care* as well as the section *CMA Requirements for Consultation* below.

Birth Location Considerations

As per *Perinatal Services BC (2023),* there is an increased risk of neonatal respiratory depression at birth when morphine is administered within 4 hours of delivery and when

fentanyl is administered within 1-2 hours of delivery.

Registrants are expected to consider the potential timeframe for the birth, especially if the **client** presents at the hospital for pain management in early labour and is planning community birth. If the birth may potentially occur within 4 hours of morphine administration or within 1-2 hours of fentanyl administration, a **hospital** birth is recommended.

If the **client** was discharged home after the administration of **narcotics** in early labour, labour precipitates and the client declines to return to **hospital** for birth; comprehensive informed choice discussions with the **client** are essential to ensure the **client** understands the risk of neonatal respiratory depression and the limitations for management within community settings.

Reversal of Opioids/Opiates

Naloxone hydrochloride may be given by registrants via subcutaneous, intramuscular or intranasal routes (adults), for management of opioid overdose. This reversal agent can be prescribed and administered by registrants in any setting. If opioid overdose is suspected, CMA expects registrants to access appropriate emergency support determined by the clinical setting.

CMA does not expect registrants to carry naloxone hydrochloride with their community birth supplies. It should be noted that administration of naloxone hydrochloride is no longer included within the standard *Canadian Pediatric Society Neonatal Resuscitation Program (NRP)* algorithm due to increased risks of adverse outcomes.

Prescribing Benzodiazepines

Due to the long half life of benzodiazepines and the potential impact for the neonate, limited use of these medications is recommended during labour and **postpartum**. The use of these medications is advised to be carefully considered by registrants.

CMA Approved Indications for Prescribing Benzodiazepines in the Hospital Setting

Registrants can find a quick reference chart for prescribing indications in Appendix B.

1. Intrapartum anxiety and/or therapeutic rest

a. The **client** is experiencing acute anxiety and non-pharmacological support, and comfort measures have not been sufficient, and there has been little to no sleep or rest (i.e. long early labour). **Please note:** An opioid/opiate may be a more suitable first line option in this situation.

2. Long-acting reversible contraceptive (LARC) insertion

    a. Management of acute anxiety prior to an in-hospital insertion procedure

3. Management of reproductive loss (i.e. spontaneous, missed, incomplete, induced / procedural abortion, fetal demise/stillbirth)

    a. The **client** is experiencing acute anxiety and non-pharmacological support, and comfort measures have not been sufficient, and there has been little to no sleep or rest (i.e. long early labour, pre-procedure anxiety, grief from loss etc.)

Special Circumstances

Registrants are supported by CMA to **prescribe** benzodiazepines for a **client** experiencing acute anxiety in the antepartum and **postpartum** period, while in the **hospital** setting, when non-pharmacological support and comfort measures have been insufficient and:

1. The registrant has completed appropriate assessments within midwifery **scope of practice.**
2. The registrant has initiated a **consultation** as per facility procedure with an appropriate health care provider such as psychiatry, **obstetrics**, etc.
3. A time delay is expected between the initiation of the **consultation** and the consultant's in-person assessment of the **client.**

It is recommended that registrants discuss the use of a benzodiazepine with the consulting healthcare provider at the initiation of the consult.

Birth Location Considerations

Due to the long half life of benzodiazepines particularly in neonates, **hospital** birth is recommended due to the risk of neonatal respiratory depression and hypoglycemia following use in labour.

If the **client** was discharged home after administration of benzodiazepines in early

labour and declines to return to **hospital** for birth, comprehensive informed choice discussions with the **client** are essential to ensure the **client** understands the risk of neonatal respiratory depression and the limitations for management within community settings.

Reversal of Benzodiazepines

Flumazenil is an antidote for benzodiazepine overdose and is given via the intravenous route. This medication is accessible in a **hospital** setting and can be prescribed and administered in this emergency situation. If a benzodiazepine overdose is suspected, CMA expects registrants to access appropriate emergency support determined by the clinical setting.

CMA does not expect registrants to carry flumazenil with their community birth supplies.

CMA Requirements for Consultation

When a **controlled drug and/or substance** is required but falls outside of CMA approved indications for midwifery **prescription** under **advanced authorization**, it is expected that registrants will arrange for consultation to an appropriate health care provider. Registrants may **administer controlled drugs and substances** under the **prescription** and direction of another **authorized prescriber** if clinically appropriate to do so.

Please refer to *Standard of Practice 16: Medical Consultation* and *17: Transfer of Care* as well as the above section *CMA Approved Indications for Prescribing Narcotics in the Hospital Setting: Special Circumstances* for further details.

The following are examples of situations specific to the topic of **controlled drugs and substances** where medical **consultation** would be indicated:

1. Management of medical conditions that are causing the **client** acute pain (i.e.. kidney stones, cholelithiasis etc.)
2. **Prescription** of a **narcotic** or benzodiazepine in the community setting
3. Severe pain that persists causing distress to the **client** despite midwifery **prescription** and administration of an appropriate **narcotic** in the **hospital** setting (i.e. **consultation** with anesthesia for an epidural)
4. If a **client** has a history or evidence of new or ongoing hepatic or kidney impairment
5. If a **client** requires a **prescription** for methadone or buprenorphine in the **hospital** setting (see *Management of Substance Use Disorders* section below)

6. Opioid or benzodiazepine overdose in an adult
7. Neonatal respiratory distress secondary to exposure from an opioid or benzodiazepine.

Management of Substance Use Disorders

The role of midwives in regards to management of substance use disorders is beyond the depth and scope of this guidance document. Antenatal **consultation** with appropriate health care providers for pain management planning in labour is recommended, as **clients** experiencing substance use disorders often require a multidisciplinary team approach. CMA recommends that midwives who are caring for **clients** with substance use disorders seek out ongoing education opportunities and network with existing care teams.

As per *New Classes Of Practitioners Regulations: Controlled Drugs and Substances Act (2012)*, midwives are not permitted to **prescribe** methadone or buprenorphine even while in the **hospital** setting. Please refer to CMA *Guidance Document: Midwives Prescribing, Dispensing and Administering Drugs in Alberta* for further information.

Water Birth

Specific clinical recommendations for water immersion and/or waterbirth following **narcotic** and benzodiazepine use in labour have not been well established due to a lack of available research and evidence on this topic. However, the following statements from midwifery and medical organizations are available:

1. *AHS Guideline: Water Immersion Labour and Birth* (2021) list the use of **narcotics** within 4 hours of birth as a contraindication to water birth.
2. *NICE Guideline: Intrapartum Care* (2023) states *"women should not enter water (a birthing pool or bath) within 2 hours of opioid administration or if they feel drowsy"*
3. Association of Ontario Midwives website on water birth states, *"Due to safety concerns, you cannot have medical forms of pain relief such as epidural or opioid analgesics when you are in the water. These medications can make it difficult or impossible for you to get out of the tub if you need or want to."*

Reputable references for these statements were not available. CMA was unable to find any guidelines regarding water immersion for labour or birth following benzodiazepine administration.

As with all informed choice discussions, it is expected that registrants discuss the known and unknown risks and benefits in regards to water immersion/birth following administration of a **narcotic** or benzodiazepine. As registrants may only **prescribe** narcotics and benzodiazepines within the **hospital** setting, labour and birth will likely also occur within the **hospital** following administration of these medications. **Hospital** policy and guidelines on water immersion in labour and birth will need to be incorporated into informed choice discussions. These same discussions would be required if a **client** went home following administration of a **narcotic** or benzodiazepine and was planning a water birth.

CMA Requirements for Safe Prescribing

Midwives who have achieved **advanced authorization** to **prescribe controlled drugs and substances** are expected by the CMA to follow *Standard of Practice 7: Prescription and Administration of Drug*s. Expectations include:

1. Review of the **client's** history and medication profile, including but not limited to:
    a. Prior use of **controlled drugs and substances**
    b. Allergies / history of adverse drug reactions
    c. Contraindications
    d. Presence of medical conditions warranting caution (i.e. kidney or hepatic impairment)
    e. Drug interactions
2. Assessment of pain and knowledge of available tools and modalities for pain management as follows:
    a. Non-pharmacological methods of pain management
    b. Pharmacological methods of pain management, including:
        i. **Narcotic** analgesics

ii. Non-**narcotic** analgesics

3. Assessment of acute anxiety and available tools and modalities for treatment including non-pharmacological and pharmacological methods of acute anxiety management

4. **Controlled drugs and substances** for pain and anxiety management that are available within individual midwives' **hospital** privileging sites.

5. Ability to choose the most appropriate **narcotic** or benzodiazepine based on the specific indication of use.

6. Pharmacokinetics and pharmacodynamics of the **controlled drug and/or substance** being prescribed and administered

7. Side effects and management of same
    a. Critical attention to and prompt management of respiratory depression is essential.

8. **Prescription** of the lowest possible dose to achieve the desired effect

9. Management of an overdose
    a. Access to reversal agents is essential.

10. Potential impacts of **controlled drugs and substances** for the fetus/newborn

11. Lactation safety and considerations

12. Documentation as per *Documentation Requirements* section below.

Please Note: **Narcotics** and benzodiazepines are <u>not</u> recommended to be prescribed and administered together. CMA expects registrants to be aware of the risks of co-prescribing **narcotics** and benzodiazepines and limit co-prescribing whenever possible. If co-prescribing is necessary, registrants are expected to document the rationale and follow-up plan (i.e. ongoing monitoring, consider **consultation** with pharmacy and/or another **authorized prescriber**) in order to reduce risks.

Verbal, Telephone and Virtual (Connect Care) Ordering

Registrants are expected to follow Midwifery Staff Rules and **hospital** policies and procedures for prescribing processes in the **hospital** setting.

In-person assessment of the **client** is expected to be performed by the prescribing registrant before the **controlled drug and/or substance** is prescribed. If a registrant is unable to assess the **client** in-person, it is expected that they will arrange for another appropriate healthcare provider (midwife, physician or nurse practitioner) to assess and **prescribe** the **controlled drug and/or substance.**

Informed Choice Discussion Considerations

Communication with Clients

Informed choice decision making is a core tenant within the midwifery model. Informed decision making is addressed within *Standard of Practice 11: Informed Decision Making* (see *Standards of Practice for Midwives in Alberta (2022)*. CMA expects registrants to clearly communicate their current **scope of practice** and level of competence to both **clients** and **consultant** providers as follows:

1. The registrant has communicated their authorization for the advanced practice activity**.**
2. The **client's** current clinical situation and whether there are any risk factors or limitations around midwifery care provision where **consultation**, **shared care**, and/or **transfer of care** would be indicated.

This table lists base requirements for informed choice discussions for this Advanced Practice Activity:

Informed Choice Discussion for Pain Management: Narcotics	**Informed Choice Discussion for Anxiety Management: Benzodiazepines**
Indications for pain management	Indications for acute anxiety management/therapeutic rest

Benefits, material risks, alternatives and the option to decline	Benefits, material risks, alternatives and the option to decline
Expected side effects and the potential for adverse effects	Expected side effects and the potential for adverse effects
i. If prescribing narcotics or benzodiazepines in labour, the risk of neonatal respiratory issues at the time of birth should be clearly communicated prior to treatment. ii. It is recommended that discussion around pain management options be performed during antenatal appointments	
Assessments that are typically involved with risks/benefits associated with each: i. Fetal and client monitoring (per hospital policies) Involvement and communication with hospital staff i. When consultation and/or transfer of care to another healthcare provider may be indicated ii. Information sharing on the unit. Potential impacts for clients birthing plans and the risks/benefits associated with each. i. Choice of birthplace ii. Access to non-pharmacological pain control such as water immersion/birth	

Communication and Collaboration with Hospital Staff

Appropriate communication between the registrant and **hospital** staff is required. This may include, but is not limited to the following:

1. The registrant has communicated their authorization for the **advanced practice activity.**

2. Ongoing transparent communication around the plan of care should occur with

the charge nurse and/or other interprofessional team members as per midwifery privileging requirements. This may include face to face interactions, updating the chart and labour board, clearly communicating progress of labour and any concerns after the **prescription** and /or administration of **controlled drugs and substances**, documentation as per **hospital** policy.

Midwifery Compensation Considerations

The **prescription** of **controlled drugs and substances** is considered part of routine comprehensive midwifery care and therefore should be considered to be already included within established publicly funded billing segments (does not warrant additional compensation). Please see the CMA *Advanced Practice Activity Policy (2025)* for further information.

Documentation Requirements

CMA expects registrants to follow documentation requirements in alignment with CMA *Standard of Practice 2: Client Records and Record Keeping.* Documentation for **prescription** and administration of **controlled drugs and substances** should clearly indicate the following within the client's **health care record** (as per **hospital** facility policies and procedures):

1. Assessment of pain and/or anxiety prior to treatment
2. **Client** and fetal status prior to treatment
3. Indication and goal of treatment
4. Rationale for medication choice over alternatives (if applicable)
5. Informed choice discussion with **client**
6. **Client** level of understanding and informed consent / refusal to proceed with treatment.
7. Method of entering the order within the **client's health care record** (Connect Care processes)
8. Documenting within the **controlled drugs and substances** record or automated dispensing cabinet (ADC) for both accessing and wastage of the **controlled drug and/or substance** as per **hospital** policy.
9. Documentation of administration within the **client's health care record** (i.e. medication administration record)
10. Evaluation of the effectiveness of the **narcotic** or benzodiazepine (i.e. assessment of pain and/or anxiety after treatment)

11. **Client** and fetal status after treatment (ongoing monitoring as indicated)
12. Adverse reactions and/or management of same.

Obtaining CMA Authorization for Advanced Practice Activity

1. Review and follow the steps listed in the CMA *Advanced Practice Activity Policy*
2. Complete the CMA approved coursework as listed below.
3. Fill out the application form specific to this activity, located in *Appendix A* of this document.

CMA Approved Coursework

Advanced Authorizations s.35	Approved Coursework	Date Approved By CMA
Prescribe, dispense and administer Schedule 1 drugs that are controlled substances when incidental to the practice of midwifery and restricted to within a hospital as defined in the *Hospitals Act* within a hospital (i.e. narcotics and benzodiazepines).	UBC CPD e-learning Course - Opioids and Benzodiazepines: Safe Prescribing for Midwives Course https://ubccpd.ca/learn/learning-activities/course?eventtemplate=36-opioids-and-benzodiazepines-safe-prescribing-for-midwives	April 7, 2025

CMA Recommended Resources

Individual Studies, Guidelines and Reviews:

1. Jones L, Othman M, Dowswell T, et al. Pain management for women in labour: an overview of systematic reviews. The Cochrane database of systematic reviews. 2012: CD009234

2. Raju, N.N., Naga Pavan Kumar, K. S. V. R., & Nihal, G. (2023). Clinical Practice Guidelines for Assessment and Management of Anxiety and Panic Disorders in

Emergency Setting. *Indian journal of psychiatry*, *65*(2), 181–185. https://doi.org/10.4103/indianj psychiatry.indianjpsychiatry_489_22

a. Offers screening tools and non-pharmacological management

options More OB Chapter:

1. Support and Pain Management in

Labour Perinatal Services BC:

1. Intrapartum Pain Management Algorithm

   https://cms.psbchealthhub.ca/sites/default/files/2023-10/3_PSBC%20Pain%20Manage ment%20Options%20Algorithm_2023-10-06_0.pdf

2. Pharmacological Pain Management Options in

   Labour

   https://www.psbchealthhub.ca/clinical-

   guidance/351

Postpartum.Org:

1. Comprehensive and informative guide for acute and generalized anxiety.

   https://postpartum.org/wp-

   content/uploads/2022/04/BCRMH_AnxietyGuide_final.pdf

Society of Obstetricians and Gynecologists of Canada (SOGC):

1. Guideline No. 355: Physiologic Basis of Pain in Labour and Delivery: An Evidence-Based Approach to its Management

Lexicomp, Micromedex (available through Alberta Health Services, Connect Care, Insite etc.):

1. Login to Insite > Teams > Pharmacy Services > Knowledge Resource Service (KRS) portal

UBC Course: Opioids and Benzodiazepines: Safe Prescribing for Midwives:

1. Decision Support Tools

CMA Risk Management and Quality Improvement

Registrants are expected to maintain up to date knowledge and to review relevant guidelines, healthcare facility policies and research as part of providing **evidence-informed** midwifery care per the CMA *Standards of Practice,* including *HIROC Risk Reference Sheets.*

See the CMA *Advanced Practice Activity Policy - CMA Risk Management and Quality Improvement* section for further details.

Continuing Competence Requirements

A specific number of clinical experiences for this **advanced authorization** is not required to maintain authorization. Registrants are expected to remain up to date with knowledge, emerging evidence and review relevant guidelines and facility policies in order to maintain competence. At Annual CMA Renewal, registrants will be asked to declare their continuing competence in prescribing controlled drugs and substances within the hospital setting.

If a registrant identifies that they have not maintained competence to **prescribe controlled drugs and substances** within the **hospital** setting, they are required to immediately stop prescribing until they have completed remedial education to ensure competence as per CMA standards.

Facilitating Learners

The following information is intended to provide guidance for registrants who have

achieved this specific **advanced authorization** and are facilitating opportunities for learners.

Within Canadian midwifery education programs, administration of **controlled drugs and substances** is an activity that is both taught within the theoretical curriculum and experienced practically by students during multiple clinical placements. These placements occur both with CMA registrant **preceptors** and other health care providers such as registered nurses on labour and delivery units and physicians who provide **obstetrical** care.

Registrants who are facilitating opportunities for learners to strengthen their **entry to practice competencies** pertaining to this **advanced practice activity** are expected by the CMA to provide the following:

1. Verbal review of the case with the learner, including review of appropriate medications, indications and contraindications.
2. Verbal review of informed choice discussions had with the **client**, including the known.
   material risks, benefits, alternatives and the option to decline.
3. Verbal review of facility policies and processes for prescribing and administering controlled drugs and substances.
4. Verbal review of the order and process for prescribing and administering **controlled drugs and substances.**
5. Discussion of plan for monitoring after prescribing and administering **controlled drugs and substances**
6. Discussion of reasons for physician **consultation** and/or **transfer of care**
7. Documentation requirements
8. Debrief.

Registrants who facilitate learners will be expected to identify they are doing so during the CMA Annual Renewal process. Please refer to the CMA *Advanced Practice Activities Policy* section *Facilitating Learners* for further information.

Adverse Event Reporting

The known **material risks** (**common**, uncommon and rare) that are associated with prescribing **controlled drugs and substances** are primarily related to provider medication dosing errors which may negatively impact outcomes. Specific **adverse outcomes** that require reporting to the CMA, include:

1. Client opioid or benzodiazepine overdose due to narcotics or benzodiazepines prescribed to the **client** while in the **hospital** setting.
2. Neonatal respiratory depression at birth due to **narcotics** or benzodiazepines prescribed while in labour, requiring naloxone, flumazenil, extensive neonatal resuscitation and/or NICU admission.

Adverse outcomes are required to be reported to CMA at: registrar@albertamidwives.org within 72 hours of their occurrence. Registrants should also be familiar with and follow up as required with **hospital** / healthcare facility protocols for reporting adverse events.
Please see CMA *Advanced Practice Activity Policy* for more information on adverse event reporting and the CMA role in **continuing competence** and professional conduct.

Questions and Comments

Discussion with and feedback to the CMA is always welcome. For any questions, comments and/or feedback, please contact the CMA Registrar at: registrar@albertamidwives.org.

References

Alberta Health Services. (2021). *Guideline: Water Immersion Labour and Birth.* Retrieved from https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-water-immersion-birth-hcs-279-01.pdf

Association of Ontario Midwives. *Clinical Practice Guidelines - Pain Management in Waterbirth.*
https://www.ontariomidwives.ca

Bonapace J, Gagné G, Chaillet N, Gagnon R, Hébert E, Buckley S. No. 355-Physiologic Basis of Pain in Labour and Delivery: An Evidence-Based Approach to its Management. *Journal of Obstetrics and Gynaecology Canada*. 2018;40:227-245.

British Columbia College of Nurses and Midwives. (2023). *Medications and Substances: Standards, Limits, Conditions*. Retrieved from https://bccnm.ca/Documents/standards_practice/rm/RM_Standards_Limits_Conditions_for_Medications_and_Substances.pdf

Canadian Federal - Benzodiazepines and other Targeted Substances Regulation (2023). https://laws-lois.justice.gc.ca/eng/regulations/SOR-2000-217/index.html

Canadian Federal - Controlled Drugs and Substances Act (2023). https://laws-lois.justice.gc.ca/eng/acts/C-38.8/

Canadian Food and Drug Act. Canadian Federal Food and Drug Regulation (2023). https://laws.lois.justice.gc.ca/eng/regulations/C.R.C.,_c._870/index.html

Canadian Federal - Narcotic Control Regulations (2023). https://laws.lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/index.html

Canadian Federal - New Classes of Practitioners Regulations. https://laws.lois.justice.gc.ca/eng/regulations/SOR-2012-230/page-1.html

Canadian Midwifery Regulators Council. (2022.) *Canadian Competencies for Midwives.* Government of Alberta. (2018).

Canadian Pediatric Society. (2021). *Textbook of Neonatal Resuscitation, 8th edition*. nrp@cps.ca.

Government of Alberta. (2000). *Health Professions Act, Schedule 13.* Retrieved from https://www.qp.alberta.ca/documents/Acts/h07.pdf

Government of Alberta. (2023). *Health Professions Restricted Activities Regulation, Section 34, 35, 36.*

Healthcare Insurance Reciprocal of Canada (HIROC). (August 2024). *Top Healthcare Risks, Ninth Annual Report on Shared Canadian System for Integrated Risk Management*

National Institute of Health and Care Excellence. (NICE) Guidelines. *Intrapartum Care.* https://www.nice.org.uk

Perinatal Services BC. (2023). *Pharmacological Pain Management Options in Labour.* Retrieved from https://www.psbchealthhub.ca/clinical-guidance/351

Province of Alberta. (2024). *Hospitals Act*. Retrieved from https://kings-printer.alberta.ca/1266.cfm?page=H12.cfm&leg_type=Acts&isbncln=9780779851133

Province of Alberta Pharmacy and Drug Act - Scheduled Drug Regulation (2023). https://kings-printer.alberta.ca/1266.cfm?page=2007_066.cfm&leg_type+Regs&isbncln+97807 79763795

UBC CPD elearning. *Opioids and Benzodiazepines: Safe Prescribing for Midwives*. Retrieved from https://ubccpd.ca/learn/learning-activities/course?eventtemplate=36-opioids-and- benzodiazepines-safe-prescribing-for-midwives

Related CMA Policies and Documents

College of Midwives of Alberta. (2021) *Alberta Competencies for*

Midwives College of Midwives ofAlberta. (2025) *Advanced*

Practice Activities Policy College of Midwives of Alberta. (2019)

Code of Ethics

College of Midwives of Alberta. (2024) *Guidance to the Profession: Midwives Prescribing, Dispensing and Administering Drugs in Alberta*

College of Midwives of Alberta. *(2025) Master List of Definitions*

College of Midwives of Alberta. (2024) *Restricted Activities Policy*

College of Midwives of Alberta. (2022) *Standards of Practice for Registered Midwives in Alberta*

Standard of Practice 1: Professional Knowledge and Practice: 1A General and 1B
Clinical Standard of Practice 2: Client Records and Recordkeeping
Standard of Practice 7: Prescription and Administration of
Drugs Standard of Practice 11: Informed Decision-making
Standard of Practice 16: Medical
Consultation Standard of Practice 17:
Medical Transfer of Care Standard of
Practice 18: Shared Care
Standard of Practice 22A: Virtual Care

Appendix A - Advanced Practice Activity Application Form

Prescription of Controlled Drugs and Substances

Instructions

Upon approved course completion, please follow the following steps to complete the application for CMA consideration for advanced practice activity authorization.

1. Download and complete this application form in full. Registrants who wish to claim pre-existing competence in an advanced practice activity, are required by CMA to complete the *Declaration of Previous Coursework & Clinical Experience* section (see below), in order for their previous course work and/or clinical experience to be considered for CMA authorization.

2. Attach documentation of proof of CMA approved course completion.

Applicant name: First Name, Last Name

Registration Number:

Email address:

Phone number:

Eligibility

Are you a registrant in good standing? You:	Yes / No	Comments
Have no debts, fees, costs, fines, levies or assessments or any sums owing the College.	Yes / No	Type Here

Have a valid and current practice permit that is not subject to conditions because of a sanction from a CMA Hearing	Yes / No	Type Here
Are currently suspended from practice by the CMA or any other regulated profession	Yes / No	Type Here
Are in default of returning any information, forms to the CMA required under the HPA or the CMA ** this includes non-current CMA profile information**	Yes / No	Type Here

CMA Approved Coursework Completed:

Type Here

Date Coursework Completed:

Please contact CMA for any questions or assistance: registrar@albertamidwives.org

Declaration of Previous Coursework and Clinical Experience

Eligible Registrants who identify as having previous training and/or clinical experience in an advanced practice activity, are required to complete this section in order to be considered for pre-existing competence by the CMA which may be eligible for authorization. Proof of previous coursework and/or clinical experience is required to be included at the time of application form submission.

Prescription of Controlled Drugs and Substances:
[Fill in name of Course to match this Advanced Practice Activity]

1. Please describe what previous coursework, training and/or clinical experience is being declared to support pre-existing competence in the above **advanced practice activity**:

   Type Here

2. Name of course or training program:

   Type Here

3. Date course or training program was completed:

4. When was the **advanced practice activity** last performed by the Registrant?

5. In what context did the Registrant last perform the **advanced practice activity**? Please specify and describe whether the performance of the advanced practice activity was part of a midwifery education program (MEP), was part of a student practicum or

clinical rotation, or as part of the Registrant's previous regulated midwifery scope of practice as a qualified midwife in another jurisdiction

Type Here

6. Do you have documentation to support that you have successfully obtained this **advanced practice activity**? Eligible documentation may include any of the following: MEP curriculum outlines and proof of course completion ; MEP documentation of theory and/or clinical skill assessment ; signed preceptor forms or letters acknowledging skill acquisition from an authorized provider or clinical mentor ; course and/or educational program completion certificates

   Yes / No

7. If YES, please specify which eligible documentation you are including and continue to complete the remainder of the application below.

   Type Here

8. If NO, please choose and complete one of the CMA approved courses and then complete this application.

9. Attach this application along with all eligible documentation of course work and/or skill acquisition and submit as per the submission instructions at the end of this document.

NOTE: *As per CMA Advanced Practice Activities Policy, CMA reserves the right to consider each applicant's individual situation and may require that specific conditions are met before application approval and advanced practice activity authorization can be granted*

Registrant Declaration for Application Accuracy

I declare that I have provided factual information in this application and agree that:

1. I have maintained **entry to practice competencies** in the following required areas:

    a. General competency: *(p) Prescribe, order, and administer drugs in accordance with the Health Professions Restricted Activities Regulation (sections 34 and 35) and other CMA documents*:
    Yes / No

    b. General competency: *(s) Perform IV starts, IM/SQ injections and administer local anesthetic*:
    Yes / No

    c. Specific competency: Antepartum 1A *(l) Pharmaceuticals, and therapies used during pregnancy and their effects, side effects and interactions*:
    Yes / No

    d. Specific competency: Antepartum 1B (n) *Prescribe, order, and administer drugs, and therapies used during pregnancy in accordance with the Midwives Profession Regulation*:
    Yes / No

    e. Specific competency: Intrapartum *2A (q) Drugs and other substances and therapies which may be used during the intrapartum period*:
    Yes / No

    f. Specific competency: Intrapartum *2B (g) Assess the need for relief of pain and intervene using non-pharmacological and pharmacological measures as required*:
    Yes / No

    g. Specific competency: Intrapartum *2B (k) Give injections, insert an intravenous catheter, and administer intravenous fluids and medications*:
    Yes / No

    h. Specific competency: Intrapartum *2B (y) Prescribe, order, and administer drugs as necessary in the intrapartum in accordance with Midwives Profession Regulation*:
    Yes / No

i. Specific competency: Postpartum Care of the Client *4A (h) Drugs and other substances and therapies used during the postpartum period and their effects on breastfeeding*:
Yes / No

j. Specific competency: Postpartum Care of the Client *4B (i) Prescribe, dispense and administer appropriate drugs as necessary in the postpartum period in accordance with the Health Professions Restricted Activities Regulation*:
Yes / No

If you selected no for any of the above competencies please explain:

Type Here

2. I have read, reviewed and incorporated the requirements outlined in the *CMA Advanced Practice Activities Policy,* including the *HIROC Risk Reference Sheets* :
Yes / No
3. I have completed the CMA required education, training and /or skills acquisition to safely incorporate the **advanced practice activity** into my clinical practice. :
Yes / No

Registrant Signature: _____ **Date:**

(*CMA will accept electronic signature)*

Please allow 2 – 3 working weeks for CMA to respond

Instructions for Submitting Your Advanced Practice Activity Application

1. **Save Your Application.** After completing this application form, save a PDF copy to your device. You will need this for submission through the Registrant Portal.
2. **Access the Registrant Portal.** Go to your Registrant Portal on the CMA website and click on Form 02 - Continuing Competence and Registration Requirements, found under the Links section.
3. **Start the Submission Process.** Within Form 02, under Select Action, choose Upload Advanced Practice Activities.
4. **Select Document Type.** Under Document type, click the title of the Advanced Practice Activity you are applying for.
5. **Enter Date of Completion.** Provide the date the Advanced Practice Activity course requirements were completed.
6. **Upload Your Application.** Upload the PDF copy of your completed application (from Step 1)
7. **Upload Coursework.** Combine all supporting course documents into a single PDF file. This may include:
    a. Course completion certificate
    b. Exam results
    c. Course objectives or syllabus
    d. Any additional evidence of

    completion. Upload this combined file.
8. **Complete the Declaration.** Sign and date the Declaration Section at the end of the form.

The CMA Competence Committee/Registrar will review the completed Advanced Practice Activity Application Form, confirm proof of appropriate course completion and evaluate the Registrant's written submissions and requirements.

After this review, and any pending submissions have been made, the Registrar will send the Advanced Practice Activity and Continuing Competence Requirements Letter to the registrant.

Please contact CMA with any additional questions or concerns.

Appendix B - CMA Approved Indications for Prescribing Controlled Substances in the Hospital Setting

<table>
<tr><th>Indications for Midwifery Narcotic Prescription</th><th>Indications for Midwifery Benzodiazepine Prescription</th></tr>
<tr><td>Intrapartum pain relief</td><td rowspan="2">Management of acute anxiety and or therapeutic rest in the intrapartum period

Note: An opioid may be a more suitable first line option in this situation</td></tr>
<tr><td>Postpartum pain relief</td></tr>
<tr><td colspan="2">Long-acting reversible contraceptive (LARC) insertion
(In hospital if clinically indicated)</td></tr>
<tr><td colspan="2">Management of Reproductive Loss
(Including spontaneous, induced, procedural abortion, fetal demise or stillbirth)</td></tr>
<tr><td colspan="2">Special Circumstances</td></tr>
<tr><td>Prescription may be considered to manage acute pain related to medical conditions requiring consultation while concurrently arranging a consultation and/or transfer of care.</td><td>Prescription may be considered for acute anxiety while concurrently arranging a consultation and/or transfer of care.</td></tr>
</table>

Please refer to the above sections: *CMA Approved Indications for Prescribing Narcotics in the Hospital Setting* and *CMA Approved Indications for Prescribing Benzodiazepines in the Hospital Setting* for details.