Midwife Supply Orders
Guidelines for Supervisors of Midwives

November 2012 – updated January 2013

South East & West and North of Scotland Local Supervising Authorities
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Introduction

Local Supervising Authorities (LSA) are organisations within geographical areas, responsible for ensuring that statutory supervision of midwives is undertaken according to the standards set by the Nursing and Midwifery Council (NMC) under article 43 of the Nursing and Midwifery Order 2001, details of which are set out in the NMC Midwives rules and standards. In Scotland, the function of the LSAs is provided by the Health Boards, which are arranged into two Regions the South East & West of Scotland and the North of Scotland.

Each LSA Region has an appointed LSA Midwifery Officer (LSAMO) to carry out the LSA function. The LSAMOs are practising midwives with experience in statutory supervision and provide an essential point of contact for supervisors of midwives to consult for advice on aspects of supervision. Members of the public who seek help or support concerning the provision of midwifery care, can also contact the LSAMO directly. LSAMOs provide leadership, support and guidance on a range of matters including professional development. They also contribute to the wider NHS agenda by supporting public health and interprofessional activities at Health Board level.

The midwives supply order (MSO) has not been commonly used in Scotland outside of independent practice; hence, there is a need for a standardised and clear process to underpin its use. Midwives, pharmacists, and Supervisors of Midwives must understand their roles and responsibilities in relation to these orders. The purpose of this guideline is to explain the mechanism of obtaining controlled drugs for use at home births via the MSO.

Supply of Controlled Drugs for Home Birth

When a woman wishes to have her baby at home, her midwife should fully discuss this choice and ascertain her views on pain relief in labour. If the woman makes an informed decision to consider opiate analgesia as a potential choice of pain relief in labour, the midwife should follow this guidance on the supply of Controlled Drugs (CDs) for home births:

First line supply should be via a prescription from the woman’s GP or hospital obstetrician.

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\[b\] NMC 2012, Midwives rules and standards. London: NMC
Only if a supply is unable to be obtained by prescription should the CDs be supplied via the use of the Midwife Supply Order (MSO).

Midwife’s Supply Orders are only issued to community midwives, and not midwives operating in the hospital setting. The administration of CDs by midwives working in a hospital or institution should be in accordance with locally agreed policies and procedures.

**Midwife Supply Orders (MSO)**

The Local Supervising Authority Midwifery Officers (LSAMO) will assign a quantity of MSO forms to the link/contact Supervisor of Midwives for each of the Local Supervising Authorities (LSAs) within her area of responsibility.

**Obtaining an opiate via the MSO**

If a supply of CDs is unable to be obtained via a prescription the midwife should contact her link/contact Supervisor of Midwives in advance of the commencement of the on-call rota to discuss the type and amount of opiate required. Following discussion and agreement the link/contact Supervisor of Midwives will complete a MSO detailing:

- the name of the drug, strength, form and quantity to be supplied (full box to be supplied)
- the section relating to the midwife’s contact information
- the section relating to the Supervisor of Midwives information

The Supervisor of Midwives must contact the NHS Board Accountable Officer/CD team to discuss the appropriate route of supply of the CDs (usually from the hospital pharmacy), storage and recording requirements.

The opiate must be held in a secure receptacle, as agreed by the Accountable Officer/CD team. The opiate must be recorded in a CD Register and it is the responsibility of the midwife at all times from receipt until it is used or surrendered for destruction.

If the woman does not require the CDs during labour, the midwife should take the following action:

- If there are no other planned home births in the next 6 months (or earlier on discussion with Supervisor of Midwives), the midwife will return the CDs to the supplying pharmacy for destruction.
Or

- If there are further, home births planned within the next 6 months then the midwife will retain the CDs remaining responsible for its storage during this time.

**Supervisory Audit**

Supervisory records relating to the use of the MSO must be kept for 7 years. As the midwife’s CD register also forms part of the supervisory record this must also be retained for 7 years and will be audited by the Supervisor of Midwives in liaison with the Accountable Officer/CD team.

**Return/Disposal of Controlled Drugs**

Surplus or expired CD stock held by a midwife must be returned to the supplying pharmacy for destruction. Destruction must be carried out in the presence of an NHS Board Authorised Witness. The Accountable Officer/CD team must be contacted for advice prior to the return/disposal of CDs.