



CARE OF THE POSTNATAL MOTHER NCCU PMH

PRESCRIBING AND GIVING MEDICATION TO POSTNATAL MOTHERS ADMITTED TO NCCU AT PMH

Aim

To provide appropriate and safe administration of medications to Postnatal Mothers admitted to NCCU.

- All medications the mother will need during her stay should be ordered and dispensed by the referring hospital.
- NCCU medical staff cannot prescribe medications for pre-existing conditions or postnatal complications. Mothers will need to be referred to their own doctor for ongoing treatment.
- Country mothers and mothers delivered at KEMH with postnatal complications can be reviewed by the KEMH Emergency Department.

6B medical staff may prescribe the following medications only:

1. PAIN RELIEF

- Paracetamol 500mg. 1 – 2 tablets, 4 – 6 hourly. No more than 8 in a 24 hour period.
- Tramadol 50mg. 1 – 2 tablets, 4 – 6 hourly. No more than 8 in a 24 hour period.

Medications containing Codeine are not recommended for breast feeding mothers.

2. ANTI-INFLAMMATORIES

- Ibuprofen 200mg. 1 – 2 tablets 6 hourly. No more than 6 in a 24 hour period.

3. DOMPERIDONE

Domperidone is used to enhance breast milk production and is for the benefit of the inpatient neonate. Therefore this drug can be prescribed for mothers that have a baby on the unit and are not inpatients themselves. However we would recommend mothers to see their own GP to ensure ongoing care.

Dose: 1 tablet (10mg) 3 times daily for 2 to 4 weeks. If milk production does not improve a longer supply of Domperidone may be required.

For more information see KEMH Medication A-Z: [Domperidone](#) policy and Obstetric and Midwifery guideline: [Increasing breast milk supply](#).

4. CABERGOLINE

Cabergoline is used for rapid suppression of breast milk.

Dose: If lactation is not established give 2 x 500microgram tablets in a single dose on day one. If lactation is established and suppression is required give half a tablet (250microgram) twice daily for 2 days, giving a total of 1mg.

For more information see KEMH Medication A-Z: [Cabergoline](#) policy

Suppression of breast milk without medication is often preferable. Refer to the Midwife for further information.

METHADONE

Mothers requiring Methadone must obtain this from the medical methadone clinic. This is organised by the referring doctor prior to the mother being transferred.

NURSE / MIDWIFE INITIATED MEDICATIONS

(See KEMH [Nurse / Midwife Initiated Medications](#) guideline)

Aim

To allow registered nurses and midwives to administer Schedule 2 and Schedule 3 medications without a prescription by medical staff.

Key Points

1. The non-prescription drugs listed below may be administered by registered nurses and/or midwives without prior prescribing by medical staff.
2. If the patient has received two doses of the medication, a medical officer **MUST** review the patient if a third dose is required.
3. All nurse/ midwife initiated medication administered must be documented in the appropriate section of the medication chart (MR 810).

Liquid Paraffin (Agarol®)
Cepacol lozengers
Fibre supplements
Glycerine suppositories
Lactulose
Microlax enemas
Nicotine Replacement Therapy
Paracetamol
Peppermint water
Rectinol® cream and suppositories
Any non-prescription (S2 and S3) topical preparations

ANTI D IMMUNOGLOBULIN

See NCCU guideline: Care of the Postnatal Mother on 6B – [Postnatal Midwifery Care](#)

HOW TO DISPENSE DRUGS

➤ SELF MEDICATION (Recommended)

Mothers receive a prescription supply of drugs which they can self-administer as directed. Medications should be prescribed by the doctor on the PBS discharge prescription with the mother's details (name, UR and DOB). This can be dispensed by the hospital Dispensary or a local Pharmacy. This can then be given directly to the mother after ensuring the mother understands the administration instructions.

➤ WARD DISPENSING

In exceptional circumstances if there are concerns about compliance or the ability of the mother to self-administer medication, the medication can be prescribed on an adult medication chart (as above). Medications must then be administered by the midwife or nurse.

National Standards



Legislation - Nil

Related Policies - Nil

Other related documents – [Domperidone](#)
[Cabergoline](#)
[Increasing breast milk supply](#)
[Nurse / Midwife Initiated Medications](#)
[Postnatal Midwifery Care](#)

RESPONSIBILITY

Policy Sponsor	Neonatology Clinical Care Unit – Neonatal Coordinating Group
Initial Endorsement	July 2013
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