



NCCU CLINICAL GUIDELINES  
SECTION: 21

## CARE OF THE POSTNATAL MOTHER ON WARD 6B

Section: 21 Care of the Postnatal Mother on Ward 6B  
Prescribing & giving medications to mothers of 6B infants  
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Neonatology Clinical Guidelines  
King Edward Memorial/Princess Margaret Hospitals  
Perth Western Australia

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### **A guide for prescribing and giving medications to mothers of 6B infants**

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This document is a guideline for prescribing drugs to postnatal mothers on Ward 6B. To facilitate optimal care the midwife should ask the referring hospital to provide all medications the mother will need during her stay at PMH.

Mothers will need to see their own GP or, if from the country the midwife can provide a list of local GPs to prescribe any medications required for a pre-existing condition. Country mothers can be seen at KEMH Emergency Department if they have a postnatal complication that may require treatment.

**6B doctors cannot prescribe medications in the above situation.**

**Drugs that may be prescribed and administered to 6B Inpatient mothers by 6B Doctors:**

#### **Pain Relief**

1. Panadol (Paracetamol 500mg)  
(1 – 2 tablets 4 – 6 hourly. No more than 8 in a 24 hour period.)
2. Panadeine (Paracetamol 500mg / Codeine 8 mg per tablet)  
(1 – 2 tablets 4 – 6 hourly, No more than 8 in a 24 hour period.)
3. Panadeine forte (Paracetamol 500mg / Codeine 30 mg per tablet - for 24 to 48 hours only)  
(1 – 2 tablets 4 – 6 hourly. No more than 8 in a 24 hour period.)
4. Tramadol  
(1 – 2 tablets 4 – 6 hourly. No more than 8 in a 24 hour period.)

#### **Anti-inflammatories**

5. Diclofenac (voltaren ® and others)  
(1 – 2 tablets 6 hourly. No more than 6 in a 24 hour period.)
6. Ibuprofen (nurofen ® and others)  
(1 – 2 tablets 6 hourly. No more than 6 in a 24 hour period.)

#### **Antifungals**

7. Daktarin oral gel is recommended for the treatment of Candida on Mothers nipples as it does not need to be washed off prior to breast feeding. It should be spread thinly with no “balling” so as to prevent aspiration by the infant during feeding.

## **Hypnotics**

8. Hypnotics should only be ordered as a once only drug on the front of the Mother's drug chart. Ward stock is available. i.e.: Temazepam 10-20mg nocte (1-2 tablets)

## **DOMPERIDONE (Motilium) 10mg tablets**

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 but who are not inpatients themselves. Mothers can have the prescription written up on the medication chart as a discharge drug and can then self medicate.

Dose: 2 tablets (20mg) 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 policy

## **DOSTINEX (Cabergoline) 500mcg tablets**

Dostinex is used for the rapid suppression of milk in exceptional circumstances. This can be ordered by the 6B Registrar and written up on the medication chart as a discharge drug so that the mother can self administer.

Dose: If lactation is not established give 2 tablets (1mg) in a single dose on day one  
If lactation is established and suppression is required give ½ tablet (0.25mg) twice daily for 2 days.  
A total of 1mg.

***Suppression of milk without medication is often preferable. Suppression guidelines are kept in the midwife's cupboard.***

## **How to Dispense Drugs**

### **1. Self Medication:**

This is the preferred method as the mothers receive a prescribed supply of drugs and can then take them as instructed/required.

The medication should be prescribed by the doctor as a discharge drug on the mother's own medication chart and sent to dispensary via the chute (station 40). They will then have a 10 day (or less if ordered) supply dispensed to them. This can be given directly to the mother ensuring the mother understands the instructions on the packet.

### **2. Ward Dispensing:**

If there are concerns about compliance or the ability of the mother to self administer medication, the drug can be prescribed on a medication chart (as with 6B neonates). The medication chart should be labelled with the mother's details only (not the infants). Medications must be administered by the midwife or nurse. This is much more time consuming for staff and disempowers the mother so should only be used when necessary.

After hours the 6B registrar can dispense a limited amount of the medication