Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

NT Health Midwifery Practice SSTPs
Approval

I, Christine Maree Connors, Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated 28 March 2025

EDOC2025/82758

Chief Health Officer

Schedule A

Title	Publication Date	Author
Diclofenac Sodium 100mg Suppository for Management of Pain Post Perineal Repair SSTP	19 March 2025	Office of Chief Nursing and Midwifery Officer, Northern Territory Government, Department of Health
Lidocaine (Lignocaine) for use with Etonogesterel Implant Removal and Insertion, Episiotomy and Perineal Repair SSTP	19 March 2025	Office of Chief Nursing and Midwifery Officer, Northern Territory Government, Department of Health
Ergometrine-Oxytocin For Prevention and 1st Line Treatment of Post Partum Haemorrhage (PPH) due to Uterine Atony SSTP	19 March 2025	Office of Chief Nursing and Midwifery Officer, Northern Territory Government, Department of Health
Ondansetron For Treatment of Nausea and Vomiting During Labour and Birth Scheduled Substance Treatment Protocol (SSTP)	19 March 2025	Office of Chief Nursing and Midwifery Officer, Northern Territory Government, Department of Health
Oxytocin For Active Management of the Third Stage of Labour and Treatment of Postpartum Haemorrhage SSTP	19 March 2025	Office of Chief Nursing and Midwifery Officer, Northern Territory Government, Department of Health
Temazepam For Management of Insomnia Related to Latent Phase of Term Labour SSTP	19 March 2025	Office of Chief Nursing and Midwifery Officer, Northern Territory Government, Department of Health
Benzylpenicillin Sodium For Treatment of Group B Streptococcus (GBS) in Labour and Birth SSTP	19 March 2025	Office of Chief Nursing and Midwifery Officer, Northern Territory Government, Department of Health

Anti D RH Immunoglobulin for Routine Prophylaxis for the Prevention of Rh Sensitisation SSTP	19 March 2025	Office of Chief Nursing and Midwifery Officer, Northern Territory Government, Department of Health

Scheduled Substance Treatment Protocol (SSTP)

Anti D RH Immunoglobulin for Routine Prophylaxis for the Prevention of Rh Sensitisation SSTP

Areas Applicable	Maternity services in NT Public hospitals
Health Professionals authorised by this SSTP	Registered Midwives working in maternity services in NT Public Hospitals
Scheduled Substance(s)	Anti D RH Immunoglobulin 625 International Units/mL
Indication	1) Routine prophylaxis for the prevention of Rh sensitisation in Rh (D) negative women during pregnancy at 28 and 34 weeks gestation. 2) Routine Prophylaxis for the prevention of Rh sensitisation in Rh (D) negative women following birth of a Rh(D) positive baby.
Contraindications, and/or Exclusions (including relevant drug interactions)	Rh (D) Immunoglobulin should not be given to: • An Rh (D) positive or weak Rh(D) positive individual • Individuals with isolated Immunoglobulin A (IgA) deficiency • Individuals who have severe thrombocytopaenia or any coagulation disorder that would contraindicate intramuscular injections. In the postpartum if Kleihauer test post birth shows evidence of **large feto-maternal haemorrhage** (>6mL of packed fetal red cells) - Anti D Rh Immunoglobulin dose needs to **prescribed by medical officer**. **This SSTP is not to be used for any sensitising events in pregnancy.**
Dose and Route*	**Antenatal** Dose at 28 and 34 weeks of pregnancy is 625 International Units/mL via intramuscular injection

	Postpartum Anti D Immunoglobulin should be administered to all Rh(D) negative women with a Rh(D) positive baby. Prior to administration a maternal Kleihauer test should be attended to determine if fetal maternal haemorrhage has occurred. If no evidence of fetal maternal haemorrhage (result is less than 6mL of packed fetal red cells) administer 625 International Units via intramuscular injection.
Dose Frequency*	**Antenatal** Dose at 28 and 34 weeks of pregnancy is 625 international units/mL **Postnatal** Following birth of a Rh D positive baby – see Dose and Route above
Monitoring requirements*	A red cell antibody screen should be performed for: 1. All pregnant women in the first trimester 2. All Rh (D) negative pregnant women before administration of Rh (D) prophylaxis at 28 weeks A Kleihauer test should be performed to determine the magnitude of the feto-maternal haemorrhage, and thus the appropriate dose of Rh (D) Immunoglobulin for all Rh (D) negative women who: 1. Have a sensitising event after the first trimester 2. Deliver an Rh (D) positive baby
Health Professional Accreditation Requirements	Midwives must: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit the delivery of clinical services directly to patients • Maintain continuing professional development related to their skills and competencies required for the delivery of medicines • Hold a current Basic Life Support Certificate and provide documentary evidence of the qualification when required.
Documentation	In the NT the completion of a formal written informed consent form is required for all blood products except for some plasma-derived products (Albumex and Rh (D) Immunoglobulin-VF). With these exceptions an explanation of the treatment plan including the indication for the administration of Anti-D and its risks and benefits will be documented in the patient's notes. This will be considered an informed consent for not just the administration of the Anti-D product but the treatment plan as a whole. The Rh (D) Immunoglobulin batch number must be recorded in the patient's history in accordance with legal statutory requirements.

	Women who receive Rh D immunoglobulin must have this documented in their eMMa record or paper medication chart.		
Related Documents	Rh (D) Immunoglobulin (Anti-D) Procedure		
Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2025/80723	Adj Prof Christine Connors	28/03/2025
Period of effect	This SSTP remains in force until 28/03/2027 unless revoked earlier		

References:

* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.

Scheduled Substance Treatment Protocol (SSTP)

Benzylpenicillin Sodium For Treatment of Group B Streptococcus (GBS) in Labour and Birth SSTP

Areas Applicable	Maternity services in NT Public Hospitals
Health Professionals authorised by this SSTP	Registered Midwives working in maternity services in NT Public Hospitals.
Scheduled Substance(s)	Benzylpenicillin Sodium
Indication	Intrapartum prophylactic antibiotics should be given to pregnant women at term (greater than 37 weeks) with: • A lower vaginal and rectal swab positive for GBS culture • Symptomatic or asymptomatic GBS bacteriuria (positive urine sample of any count) during pregnancy • A history of a previous neonate with early onset GBS disease regardless of the present culture result. Rescreening is not required in the current pregnancy • GBS positive with ruptured membranes before caesarean section. Medical consultation and prescribing of antibiotics will occur for women who fall outside the above indication i.e. preterm and ROM greater than 18hrs.
Contraindications, and/or Exclusions (including relevant drug interactions)*	This protocol cannot be used in women with severe hypersensitivity to penicillins, carbapenems and cephalosporin antibiotics. For patients with Penicillin allergy with non-life threatening reaction - consider cephazolin (Medical Officer to prescribe). For patients with Penicillin allergy with severe (life threatening) reaction - consider Clindamycin (Medical Officer to prescribe).
Dose and Route*	Loading Dose: Benzylpenicillin Sodium 3g via intravenous infusion. Recurrent dose until birth: 1.8 grams (via intravenous infusion or slow injection) every 4 hours until birth. Adequate GBS Prophylaxis is considered to have been achieved if at least one dose of antibiotics is given 4 hours before birth.
Dose Frequency*	Give Benzylpenicillin Sodium intravenous injection 3 grams stat followed by 1.8 grams 4 hourly until birth.
Monitoring requirements*	Monitor for adverse events including allergic reactions (e.g. sweating, pallor, urticaria, pruritus, SOB, increasing anxiety) nausea and vomiting.

NORTHERN TERRITORY GOVERNMENT

<table>
<tr><td></td><td colspan="3">If anaphalaxysis occurs within the home setting:
• Ambulance must be called for transfer to the nearest emergency department
• Administer adrenaline as per anaphylaxis guideline
• Maintain airway and give 100% oxygen by face-mask at a high flow rate
• If breathing stops begin cardio-pulmonary resuscitation
• Start an intravenous infusion of normal saline, if possible.</td></tr>
<tr><td>Health Professional Accreditation Requirements</td><td colspan="3">Midwives must:
• Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit the delivery of clinical services directly to patients
• Maintain continuing professional development related to their skills and competencies required for the delivery of medicines
• Hold a current Basic Life Support Certificate and provide documentary evidence of the qualification when required.</td></tr>
<tr><td>Documentation</td><td colspan="3">Women who receive Benzylpenicillin Sodium for GBS must have this the dose and frequency documented in the medication section of the woman's eMMa or paper medication chart as well as in the progress notes. Indicate that benzylpenicillin sodium has been administered as per the Benzylpenicillin Sodium For Treatment of Group B Streptococcus (GBS) in Labour and Birth SSTP</td></tr>
<tr><td>Related Documents</td><td colspan="3">Preterm Pre-labour Rupture of Membranes (PPROM) NT Health Guideline
Prelabour Rupture of Membranes (PROM) greater than 37 weeks NT Health Guideline
Antibiotics in the Peripartum Period NT Health Guideline (under development)</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/80712</td><td>Adj Prof Christine Connors</td><td>28/03/2025</td></tr>
<tr><td>Period of effect</td><td colspan="3">This SSTP remains in force until 28/03/2027 unless revoked earlier</td></tr>
<tr><td colspan="4">References:
* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</td></tr>
</table>

Scheduled Substance Treatment Protocol (SSTP)

Diclofenac Sodium 100mg Suppository for Management of Pain Post Perineal Repair SSTP

Areas Applicable	Maternity Services in NT Public Hospitals
Health Professionals authorised by this SSTP	Registered Midwives working in NT Public Hospital Maternity Services
Scheduled Substance(s)	Diclofenac Sodium 100mg suppository
Indication	Management of perineal pain post repair. Administration per rectum should occur immediately after repair is attended.
Contraindications, and/or Exclusions (including relevant drug interactions)*	Contraindicated in women with: • Known allergy or hypersensitivity to diclofenac • Suspected heart disease including heart failure • Peptic ulcers or GI bleeding • Severe liver impairment • Pre-existing renal impairment or disease • Not to be used in pregnancy Use with caution (consult medical officer) in women with: • Thrombocytopaenia • History of Asthma Known drug interactions include: lithium, digoxin, diuretics, antihypertensives, anticoagulants, antiplatelet agents, selective serotonin reuptake inhibitors (SSRI), antidiabetic agents, methotrexate, cyclosporin, and phenytoin.
Dose and Route*	Diclofenac Sodium 100mg suppository per rectal with lubrication post perineal repair.
Dose Frequency*	Single dose immediately post perineal repair.

NORTHERN TERRITORY GOVERNMENT

Monitoring requirements*	Standard monitoring and midwifery care post birth including pain levels.		
Health Professional Accreditation Requirements	Midwives must: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit the delivery of clinical services directly to patients • Maintain continuing professional development related to their skills and competencies required for the delivery of medicines • Hold a current Basic Life Support Certificate and provide documentary evidence of the qualification when required • Have completed the relevant perineal repair training and package and is approved to attend repairs including management of pain by the Clinical Midwifery Educator / Clinical Midwifery Manager.		
Documentation	Women who receive diclofenac sodium 100mg PR must have this documented in the medication section of their eMMa record or on a paper medication chart. Administration also needs to be documented with the perineal repair notes.		
Related Documents	Perineal Care and Repair Guideline Perineal Repair (Midwives and RMOs) – Initial Competency Assessment and Ongoing Practice RDPH Perineal Repair (Midwives and RMOs) – Initial Competency Assessment and Ongoing Practice ASH guideline		
Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2025/80713	Adj Prof Christine Connors	28/03/2025
Period of effect	This SSTP remains in force until 28/03/2027 unless revoked earlier		

* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.

Scheduled Substance Treatment Protocol (SSTP)

Ergometrine-Oxytocin For Prevention and 1st Line Treatment of Post Partum Haemorrhage (PPH) due to Uterine Atony SSTP

Areas Applicable	Maternity Services in NT Public Hospitals
Health Professionals authorised by this SSTP	Registered Midwives working in Maternity Services in all NT Public Hospitals
Scheduled Substance(s)	Ergometrine 500mcg/ml with Oxytocin 5 IU/ml (Syntometrine ®)
Indication	Use of ergometrine-oxytocin (Syntometrine ®) for the prevention and treatment of post-partum haemorrhage (PPH) due to uterine atony.
Contraindications, and/or Exclusions (including relevant drug interactions)*	Syntometrine should not be used in women: • with any degree of hypertension (mild, mod, severe) for any reason (Pre-eclampsia, eclampsia or hypertension) • if there is any possibility of an undiagnosed multiple pregnancy, i.e. can only be given after delivery of all fetuses in the case of multiple pregnancy. • With an allergy to oxytocin or carbetocin or ergometrine Use with caution in women with: • Hepatic impairment • Ischaemic heart disease, peripheral vascular disease, Rheumatic heart disease — may be exacerbated by vasoconstriction. • If patient history of above contraindications are unknown Rapid intravenous bolus injection of oxytocin at high doses should be avoided.
Dose and Route*	1mL by intramuscular injection

NORTHERN TERRITORY GOVERNMENT

Dose Frequency*	**Active management of third stage of labour** Single dose given immediately after the birth of the baby. **First line drug management of PPH** Single dose given in response to blood loss in excess of 500mls.		
Monitoring requirements*	Blood pressure and pulse rate every 15 minutes for the first hour after birth and then hourly until 4 hours post birth Uterine response and vaginal blood loss Contact medical officer immediately if PPH occurs and refer to local PPH guidelines		
Health Professional Accreditation Requirements	Midwives must: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit the delivery of clinical serviced directly to patients • Maintain continuing professional development related to their skills and competencies required for the delivery of medicines • Hold a current Basic Life Support Certificate and provide documentary evidence of the qualification when required.		
Documentation	Women who receive Ergometrine-Oxytocin (Syntometrine ®) must have this documented in the medication section of the woman's eMMa record or a paper medication chart. If given in response to PPH document on PPH pathway.		
Related Documents	Postpartum Haemorrhage (PPH) Guideline PPH Documentation ASH Form		
Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2025/80715	Adj Prof Christine Connors	28/03/2025
Period of effect	This SSTP remains in force until 28/03/2027 unless revoked earlier		

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Lidocaine (Lignocaine) for use with Etonogesterel Implant Removal and Insertion, Episiotomy and Perineal Repair SSTP

Areas Applicable	Maternity Services in NT Public Hospitals
Health Professionals authorised by this SSTP	Registered Midwives working in Maternity Services in all NT Public Hospitals
Scheduled Substance(s)	Lidocaine 1%, 10mg/mL Lidocaine 2%, 20mg/mL
Indication	1. Infiltration of the perineum for local anaesthetic prior to episiotomy and/or perineal repair. 2. Infiltration into the subdermal layer of the inner, upper arm prior to etonogesterel implant insertion or removal.
Contraindications, and/or Exclusions (including relevant drug interactions)*	Known allergy or hypersensitivity to lidocaine
Dose and Route*	**Episiotomy or perineal repair** Maximum of 3mg/kg slowly infiltrated into perineal body. Administer into subcutaneous and muscle tissue to achieve adequate anaesthesia for episiotomy and/or perineal repair. Aspirate prior to infiltration to avoid accidental injection in to a blood vessel. Lidocaine 1%: Maximum dose of 20mL. Lidocaine 2%: Maximum dose of 10mL.

	Pre-etonogesterel implant removal Injected into the subdermal tissue of inner, upper arm. Lidocaine 1%: Maximum of 1mL. Lidocaine 2%: Maximum of 0.5mL. **Pre-etonogesterel implant insertion** Injected into the subdermal tissue of inner, upper arm. Lidocaine 1%: Maximum of 4mL. Lidocaine 2%: Maximum of 2mL. Onset of action is 1 to 5 minutes after infiltration; length of action is generally 1 to 3 hours.
Dose Frequency*	**Episiotomy or perineal repair** Single maximum dose of up to 3mg/kg Lidocaine 1%: Maximum dose of 20mL. Lidocaine 2%: Maximum dose of 10mL. **Pre-etonogesterel implant removal** Lidocaine 1%: Single maximum dose up to 1mL. Lidocaine 2%: Single maximum dose up to 0.5mL. **Pre-etonogesterel implant insertion** Lidocaine 1%: Maximum of 4mL (consider giving an initial dose of 2mL, with a second dose of 2mL if needed).

	Lidocaine 2%: Maximum of 2mL (consider giving an initial dose of 1mL, with a second dose of 1mL if needed).
Monitoring requirements*	**Episiotomy or Perineal Repair** Monitor blood pressure, pulse, respiratory rate as per standard practice post normal vaginal birth. If signs of lidocaine toxicity initiate emergency procedures and call Code Blue. Signs include agitation, confusion, dizziness, drowsiness, dysphoria, auditory changes, tinnitus, perioral numbness, metallic taste, and dysarthria. If suspected toxicity occurs at home call ambulance and prepare for immediate transfer.
Health Professional Accreditation Requirements	Midwives must: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit the delivery of clinical services directly to patients • Maintain continuing professional development related to their skills and competencies required for the delivery of medicines • Hold a current Basic Life Support Certificate and provide documentary evidence of the qualification when required <u>Additional requirements apply depending on the indication:</u> **Lidocaine pre-perineal repair** Midwives must have completed the relevant perineal repair training package and be approved to attend repairs including management of pain as per hospital guideline. **Lidocaine pre-**etonogesterel implant **insertion and removal** Registered Midwives must have completed training requirements for etonogesterel implant insertion as per hospital policy.
Documentation	Women who receive Lidocaine for etonogesterel implant insertion, episiotomy or perineal repair must have this documented in the medication section of the woman's eMMa record or on a paper medication chart. Lidocaine dose also needs to be recorded as part of documentation detailing etonogesterel implant insertion or perineal repair.
Related Documents	Perineal Care and Repair Guideline. Management of Local Anaesthetic Systemic Toxicity Guideline Insertion and Removal Implanon NXT Authorisation Policy Progestogen-only Contraceptive Implant Insertion and Removal NT Health Procedure Perineal Repair (Midwives and Junior Medical Officers) – Initial Competency Assessment and Ongoing Practice ASH

	Perineal Repair (Midwives and Junior Medical Officers) – Initial Competency Assessment and Ongoing Practice RDH		
Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2025/80716	Adj Prof Christine Connors	28/03/2025
Period of effect	This SSTP remains in force until 28/03/2027 unless revoked earlier		

* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.

Ondansetron For Treatment of Nausea and Vomiting During Labour and Birth Scheduled Substance Treatment Protocol (SSTP)

Areas Applicable	Maternity services in NT public hospitals
Health Professionals authorised by this SSTP	Registered Midwives working in maternity services in NT Public Hospitals
Scheduled Substance(s)	Ondansetron hydrochloride 4mg wafer (oral disintegrating tablets) Ondansetron hydrochloride ampoule 2mg/mL injection
Indication	Treatment of nausea and vomiting in labour and childbirth
Contraindications and/or Exclusions*	Allergy to Ondansetron Concomitant administration with apomorphine
Dose and Route*	4mg Oral OR 4mg (2mL) intramuscular injection (IM) OR 4 mg (2mL) intravenous injection (IV)
Administration	Per Oral: Ondansetron wafer (oral disintegrating tablets) - patient to place the tablet on top of tongue for rapid dispersion and then can be swallowed. Intramuscular injection: Inject into a large muscle as per standard midwifery practice Intravenous injection: Ondansetron ampoule - inject slowly (over 2-5 minutes)
Dose Frequency*	Single dose
Drug Interactions*	Do not administer if patient is on apomorphine
Monitoring requirements*	Monitor for adverse events including allergic reactions

<table>
<tr><td></td><td colspan="3">If anaphylaxis occurs within the home setting:
Ambulance must be called for transfer to the nearest emergency department.
Administer Adrenaline
Maintain airway and give 100% oxygen by face-mask at a high flow rate.
If breathing stops or the carotid pulse is not palpable begin cardio-pulmonary resuscitation.
Start an intravenous infusion of saline, if possible.</td></tr>
<tr><td>Health Professional Accreditation Requirements</td><td colspan="3">Midwives must:
Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit the delivery of clinical services directly to patients

Maintain continuing professional development related to their skills and competencies required for the delivery of medicines

Hold a current Basic Life Support Certificate and provide documentary evidence of the qualification when required.</td></tr>
<tr><td>Documentation (including necessary information to the patient)</td><td colspan="3">Patients who receive Ondansetron must have this documented in the medication section of the woman’s eMMa or paper medication chart as well as the partogram.</td></tr>
<tr><td>Related Documents</td><td colspan="3"></td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/80718</td><td>Adj Prof Christine Connors</td><td>28/03/2025</td></tr>
<tr><td>Period of effect</td><td colspan="3">This SSTP remains in force until 28/03/2027 unless revoked earlier</td></tr>
<tr><td colspan="4">* The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer’s product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration</td></tr>
</table>

Scheduled Substance Treatment Protocol (SSTP)

Oxytocin For Active Management of the Third Stage of Labour and Treatment of Postpartum Haemorrhage SSTP

Areas Applicable	Maternity services in NT Public Hospitals
Health Professionals authorised by this SSTP	Registered midwives working in maternity services in NT Public Hospitals
Scheduled Substance(s)	Oxytocin
Indication	1. The administration of oxytocin as standard practice in the Active Management of the Third Stage of Labour to prevent postpartum haemorrhage (PPH) due to uterine atony. 2. The administration of oxytocin as 1st line medication therapy for a PPH (blood loss greater than 500mLs) if oxytocin/ergometrine given in 3rd stage.
Contraindications, and/or Exclusions (including relevant drug interactions)*	**Contraindications:** • Hypersensitivity to oxytocin or carbetocin **Precautions:** • Rapid intravenous bolus injection of oxytocin at high doses should be avoided, as it can lead to hypotension • In case of Rheumatic Heart Disease or Cardiac disease - must be given in • consultation with Obstetrician • In case of multiple pregnancy oxytocin (3rd Stage dose) must only be given after the delivery of all fetuses.
Dose and Route*	Intramuscular injection: oxytocin 10 International Units
Dose Frequency*	**Active Management of Third Stage of Labour (AMTSL)** Single dose administered after the birth of the newborn. **1st line medication therapy for a PPH** Single dose if oxytocin/ergometrine given in 3rd stage.
Monitoring requirements*	• Blood pressure and pulse rate (especially in pregnancy induced hypertension or if any history of cardiac disease) as per local PPH guidelines • Uterine response and vaginal blood loss as per local PPH guidelines.

NORTHERN TERRITORY GOVERNMENT

<table>
<tr><td></td><td colspan="3">• Contact medical officer immediately if PPH occurs and refer to local PPH Guidelines.</td></tr>
<tr><td>Health Professional Accreditation Requirements</td><td colspan="3">Midwives must:
• Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit the delivery of clinical serviced directly to patients
• Maintain continuing professional development related to their skills and competencies required for the delivery of medicines
• Hold a current Basic Life Support Certificate and provide documentary evidence of the qualification when required.</td></tr>
<tr><td>Documentation</td><td colspan="3">Women who receive oxytocin must have this documented in the medication section of the woman's eMMa record or a paper medication chart. If given in response to PPH document on PPH pathway.</td></tr>
<tr><td>Related Documents</td><td colspan="3">NT Postpartum Haemorrhage (PPH) Guideline.
PPH Documentation ASH Form.</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/80719</td><td>Adj Prof Christine Connors</td><td>28/03/2025</td></tr>
<tr><td>Period of effect</td><td colspan="3">This SSTP remains in force until 28/03/2027 unless revoked earlier</td></tr>
<tr><td colspan="4">* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</td></tr>
</table>

Scheduled Substance Treatment Protocol (SSTP)

Temazepam For Management of Insomnia Related to Latent Phase of Term Labour SSTP

Areas Applicable	Maternity Services in NT Public Hospitals
Health Professionals authorised by this SSTP	Team Leader (Registered Midwife) or Midwifery Group Practice Midwife working in the Delivery Suite, Birth Centre or Maternity Ward in a maternity unit within a NT Public Hospital.
Scheduled Substance(s)	Temazepam
Indication	For management of insomnia related to early or spurious term labour (37-42 weeks).
Contraindications, and/or Exclusions (including relevant drug interactions)*	Temazepam is not be administered in the community setting (clients home or community clinic) under this protocol. This protocol cannot be used in: • Women with known hypersensitivity to benzodiazepines • Women with known respiratory disease includng COPD or acute asthma • Women with sleep apnoea • Women with myasthenia gravis • Women with known alcoholism • Women in the active phase of labour. Temazepam cannot be prescribed under this SSTP for women in the antenatal or postnatal period. Drug interactions include: CNS depressants (barbituates, alcohol, sedatives, anti-psychotics, antihistamines, non-selective monoamine oxidase inhibitors (MAOI's), skeletal muscle relaxants or narcotic analgesics, anticonvulsants, and theophylline.
Dose and Route*	Temazepam 10-20mg tablet per oral - 30 minutes prior to woman going to bed.
Dose Frequency*	Single dose
Monitoring requirements*	Prior to administration the Midwife must attend a full set of maternal observations including fetal heart rate. Temazepam should not be used for women in established or active labour.

NORTHERN TERRITORY GOVERNMENT

<table>
<tr><td></td><td colspan="3">The woman needs to be advised that she cannot drive whilst using this medication.</td></tr>
<tr><td>Health Professional Accreditation Requirements</td><td colspan="3">Midwives must:
Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit the delivery of clinical serviced directly to patients
Maintain continuing professional development related to their skills and competencies required for the delivery of medicines
Hold a current Basic Life Support Certificate and provide documentary evidence of the qualification when required.</td></tr>
<tr><td>Documentation</td><td colspan="3">Women who are administered temazepam must have this documented in the medication section of the woman's eMMa or paper medication chart as well as on their Pregnancy Care Record.</td></tr>
<tr><td>Related Documents</td><td colspan="3">Nil</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/80720</td><td>Adj Prof Christine Connors</td><td>28/03/2025</td></tr>
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<tr><td colspan="4">* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</td></tr>
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