## 5 INTRAPARTUM CARE

### 5.22 PROTOCOLS FOR MEDICATION

**ADMINISTRATION FOR LABOUR AND BIRTH BY MIDWIVES WORKING IN THE FAMILY BIRTH**

<table>
<thead>
<tr>
<th>INSTRUCTION</th>
<th>CRITERIA</th>
<th>ROLE OF THE MIDWIFE</th>
</tr>
</thead>
</table>
| Midwives working in the Family Birth Centre (FBC) who have demonstrated clinical competence in the suturing of an episiotomy / genital laceration may administer Lignocaine 0.5% or 1% for perineal infiltration prior to suturing an episiotomy or genital laceration. | Women who following birth have an  
- An episiotomy.  
- A first degree genital laceration i.e. perineal lacerations, rupture or tear involving the fourchette, labia, skin or vulva  
- A second degree genital laceration i.e. injury to the perineum involving the perineal muscles, but not involving the anal sphincter. | 1. Ensure the women’s past medical and obstetric history is available to enable the decision regarding the use of Lignocaine  
2. Ensure the woman is informed and counselled appropriately as to the reason for the administration and the possible consequences of not receiving the Lignocaine  
3. Verbal consent shall be obtained from the woman prior to administering the Lignocaine  
4. Follow the Clinical Guideline B 5.9.3.1 Infiltration of the Perineum and the cutting of an episiotomy  
5. Document the administration of the Lignocaine on the MR810. |