

Proposed Formulary Rule Amendments, secondary to passage of H639:

Last edited: May 5, 2026

24.26.01.200 USE OF FORMULARY DRUGS

01. **Protocols.** A licensed midwife ~~may use the drugs described in the midwifery formulary according to the following protocol describing the indication for use, dosage, route of administration and duration of treatment:~~ is authorized to obtain and administer prescription drugs used during maternal and neonatal care in accordance with Idaho Code § 54-5504A.

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Oxygen	Maternal/Fetal Distress	10-12 L/min. 10 L/min.	Bag and mask Mask	Until maternal/fetal stabilization is achieved or transfer to hospital is complete.
	Neonatal Resuscitation	10-12 L/min. 10 L/min.	Bag and mask Mask	
Oxytocin (Pitocin)	Postpartum hemorrhage only	10 Units/ml	Intramuscularly only	1-2 doses Transport to hospital required if more than 2 doses required.
Lidocaine HCl 2%	Local anesthetic for use during postpartum repair of lacerations or episiotomy	Maximum 50 ml	Percutaneous infiltration only	Completion of repair
Penicillin G (recommended)	Group B Strep Prophylaxis	5 million units initial dose, then 2.5 million units every 4 hours until birth	IV in ≥ 100 ml LR, NS or D5LR	Birth of baby
Methergine (Methylergonovine)	Postpartum hemorrhage only	0.2mg/ml	Intramuscularly only 1 dose	Transport to hospital required if single dose does not stop hemorrhage
Ampicillin Sodium (Alternative)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 4 hours until birth	IV in ≥ 100 ml NS or LR	Birth of baby
Cefazolin Sodium (drug of choice for penicillin allergy with low risk for anaphylaxis)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 8 hours	IV in ≥ 100 ml LR, NS or D5LR	Birth of baby
Clindamycin Phosphate (drug of choice for penicillin allergy with high risk for anaphylaxis)	Group B Strep Prophylaxis	900 mg every 8 hours	IV in ≥ 100 ml NS (not LR)	Birth of baby
Epinephrine HCl 1:1000	Treatment or post-exposure prevention of severe allergic reactions	0.3 ml	Subcutaneously or intramuscularly	Every 20 minutes or until emergency medical services arrive Administer first dose then immediately request emergency services
Lactated Ringer's (LR) 5% Dextrose in Lactated Ringer's solution (D5LR) 0.9% Sodium Chloride (NS)	To achieve maternal stabilization Reconstitution of antibiotic powder	1-2 liter bags First liter run in at a wide open rate, the second liter titrated to client's condition As directed	Intravenously with ≥18 gauge catheter As directed	Until maternal stabilization is achieved or transfer to a hospital is complete Birth of Baby

Sterile Water				
Cytotec (Misoprostol)	Postpartum hemorrhage only	800 meg	Rectally is the preferred method Orally is allowed	1-2 doses Transport to hospital required if more than one dose is administered
Rho(d) Immune Globulin	Prevention of Rho (d) sensitization in Rho (d) negative women	300 meg	Intramuscularly	Single dose at any gestation for Rho (d) negative, antibody negative women within 72 hours of spontaneous bleeding or abdominal trauma. Single dose at 26-28 weeks gestation for Rho (d) negative, antibody negative women Single dose for Rho (d) negative, antibody negative women within 72 hours of delivery of Rho (d) positive infant, or infant with unknown blood type
Phytonadione	Prophylaxis for Vitamin K Deficiency Bleeding	1 mg	Intramuscularly	1 dose
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye	Topical	1 dose

02. Possession. Licensed midwives may obtain prescription medication for which they have the requisite education, training, and experience to competently administer.

03. Treatment. For the purpose of this rule, formulary means the medication dosage, route of administration, and duration of therapy that conforms to the Food and Drug Administration approved indication and the acceptable midwifery standard of care. Evidence-based off-label use is permitted for any drug, provided it falls within the acceptable standard of care.

04. Prohibitions. Licensed midwives acting beyond the acceptable standard of care by obtaining or administering non-formulary medications to patients, unless authorized by Idaho law, are subject to discipline or other legal action.

201. OBTAINING, STORING, AND DISPOSING OF FORMULARY DRUGS.

A licensed midwife must adhere to the requirements in Title 54 Chapter 17 Idaho Code and IDAPA 24.36.01 Rules of the Idaho State Board of Pharmacy provide adequate measures to ensure proper storage, transportation, and disposal of prescription medications within their possession and in accordance with Title 54, Chapter 17, Idaho Code. ~~for obtaining, storing, and disposing of formulary drugs during the practice of midwifery.~~