Nursing & Midwifery Council

Practising as a midwife in the UK

An overview of midwifery regulation



Contents

The Nursing and Midwifery Council	1
Introduction	2
Section 1: Education	5
Section 2: Joining the Register and maintaining registration	12
Section 3: Standards and guidance	17
Section 4: The law in relation to midwives and medicines	21
Section 5: Fitness to Practise	26
Annexe A: List of midwives' exemptions	28
Further Reading	31

This document was first published in March 2017.
Last updated: November 2026.

The Nursing and Midwifery Council

Our vision is for safe and effective nursing and midwifery practice across the four countries of the UK – regulated and supported by the NMC – a fit for the future organisation, with fairness and equity at the heart of everything we do.

Our role is to protect the public and maintain confidence in the nursing and midwifery professions. As the largest independent regulator in Europe of more than 867,000 nursing and midwifery professionals, we have a crucial role in making this a reality.

We do this by setting and promoting high education and professional standards for all future and registered nurses and midwives in the UK and nursing associates in England.

We also ensure every nurse, midwife and nursing associate on our Register meets clear standards of conduct and practice, which protects the public and the reputation of our professions.

We have a duty to investigate concerns and to take steps to protect the public in the relatively rare instances where we need to limit or restrict a nurse, midwife or nursing associate's right to practise.

We are building a new NMC with integrity, fairness, respect, equity and effectiveness at its core.

We are determined to improve and modernise our culture and ways of working. This will ensure that the public and professionals feel confident in our work.

Introduction

Midwifery is a distinct profession, with its own standards of proficiency and its own part of the NMC's Register. Midwives are accountable as the lead professional and have a unique relationship with the women, newborn infants, partners and families they care for and support.

Midwifery is also a global profession. Childbearing women, newborn infants and families share similar needs wherever they live, and midwives make a vital contribution to their survival, health and wellbeing across the world. The World Health Organization has stated that 'strengthening midwifery education is a key step to improving quality of care and reducing maternal and newborn mortality and morbidity'.[1]

The International Confederation of Midwives' (ICM) definition of the midwife:

"A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery."



[1]World Health Organization. Maternal Health Unit: Midwifery. Available: https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/midwifery. Last accessed 4 November 2026.

The role and scope of the midwife in the 21st century

The role of the midwife is to provide skilled, knowledgeable, respectful and compassionate care for all women, newborn infants and their families. Midwives work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' lives. This includes women's future reproductive health, wellbeing and decisions, and promoting very early child development and the parents' transition to parenthood. Midwives respect and enable the human rights of women and children, and their priority is to ensure that care always focuses on the needs, views, preferences, and decisions of the woman and the needs of the newborn infant.

Midwives are fully accountable as the lead professional for the care and support of women, newborn infants, partners and families. They provide care based on the best available evidence and keep up to date with current knowledge and skills, thereby helping to ensure that their care is responsive to emerging evidence and future developments. They work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities.

Midwives optimise normal physiological processes, and support safe physical, psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

Midwives make a vital contribution to the quality and safety of maternity care. They combine clinical knowledge, understanding and skills, with interpersonal and cultural competence. They make an important contribution to population health and understand social and health inequalities, and how to work to mitigate them through good midwifery care. They provide health education, health promotion and health protection to promote psychological and physical health and wellbeing, and prevent complications. Evidence shows the positive contribution midwives make to the short and long-term health and wellbeing of women, newborn infants, and families. Midwives provide and evaluate care in partnership with women, and their partners and families if appropriate, referring to and collaborating with other health and social care professionals as needed.

Midwives are ideally placed to anticipate and to recognise any changes that may lead to complications and additional care needs; these may be physical, psychological, social, cultural, or spiritual, and include perinatal loss and end of life care. When such situations arise, the midwife is responsible for recognising these and for immediate response, management and escalation, involving, collaborating with and referring to interdisciplinary and multi-agency colleagues. In such circumstances, the midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the multidisciplinary team, and acting as an advocate to ensure that care always focuses on the needs, views, preferences, and decisions of the woman and the needs of the newborn infant.

Protected title and protected function

Midwifery is regulated as a distinct profession. The title of 'midwife' is protected in law and there is a protected legal function associated with this title. It is an offence[2] for someone to practise as a midwife while not registered, to falsely claim to have a midwifery qualification, or to use the title 'midwife' when not entitled to do so. **Article 44(5) of the Nursing and Midwifery Order** states: "A person guilty of an offence under this article shall be liable on summary conviction to a fine not exceeding level 5 on the standard scale". Level 5 on the standard scale is now unlimited. Only those recorded on the NMC's Register as holding a qualification in midwifery may therefore use the protected title of 'midwife'.

Only the following people may attend a woman in childbirth[3]:

- A midwife
- A registered medical practitioner
- A student undergoing training with a view to becoming a midwife or a medical practitioner, as part of an approved course of practical instruction.

The exception to this is in a case of 'sudden or urgent necessity'.

Scope of practice

The term 'scope of practice' is frequently used in relation to professions such as midwifery, but UK health professionals tend not to be regulated with reference to a specified 'scope of practice'. A midwife's 'scope of practice' might be taken to mean 'the range of things that the midwife has the skills, knowledge and proficiency to do' and it should not be confused with 'protected function' which means 'something that only midwives can legally do' (see above).

The standards of proficiency and the Code are important factors in thinking about scope of practice. A midwife's scope of practice may change depending on the nature of their role and the learning they have undertaken. The Code requires midwives not to practise outside of their skills, knowledge or competence. It is important that providers of maternity services are mindful of this professional duty when they deploy midwives.

The NMC's functions, objectives and regulatory powers are set out in legislation. Midwives must uphold the Code to remain on the Register and practise as a midwife in the UK. The Code requires midwives to uphold the relevant laws of the country in which they practise.

[2]The Nursing and Midwifery Order 2001. UK Statutory Instruments 2002 no 253, Part IX, Article 44. Available: https://www.legislation.gov.uk/uksi/2002/253/article/44

[3]The Nursing and Midwifery Order 2001. UK Statutory Instruments 2002 No. 253 PART IX Article 45. Available: https://www.legislation.gov.uk/uksi/2002/253/article/45

Section 1:

Education

Education standards

The NMC sets standards for programmes leading to the award of midwifery qualifications.

The NMC also sets proficiency standards for registered midwives known as the Standards of proficiency for midwives. These set out the standards that midwives must meet when they qualify, and maintain after registration where relevant to their scope of practice. To stay on the Register, midwives must keep their knowledge and skills up to date.

The Lead Midwife for Education

The Lead Midwife for Education (LME) is responsible for midwifery education in the relevant approved education institution (AEI) and is suitably qualified and experienced to lead and advise on matters relating to midwifery education.

The LME and their designated midwife substitute must be midwives registered with the NMC.

We require an AEI to do the following:

- Appoint an LME who is responsible for midwifery education
- Inform the NMC Council of the name of the LME.

The requirements of the LME are set out in **Rule 6 (1)(a)(ii)** and **Rule 6 (3) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (SI 2004/1767)**.

The LME will:

- Be responsible for midwifery education in the AEI
- Be accountable for signing the supporting declarations of health and character for applicants applying for admission to the Register after completing a pre-registration midwifery programme, or for applicants applying for readmission to the Register following a return to practice programme
- Be accountable for signing the supporting declarations of health and character for applicants who have successfully completed an adaptation programme in the UK.

If the LME (or their designated midwife substitute) cannot be assured of a student's health and character they must not sign the supporting declaration. The student therefore cannot be recommended for admission to the midwives' part of the Register.

In the case of a student who is already registered with the NMC, action should be taken in accordance with the NMC Guidance on health and character.

In conjunction with Part 3: Standards for prescribing programmes and Return to practice standards, the LME should work with the programme leader and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes and return to practice programmes.

AEIs in partnership with practice learning partners and/or work-based learning partners have overall responsibility for the quality of their education programmes. AEIs may assign the responsibilities they determine appropriate to the lead midwife for education in order to enable them to carry out their role.

This may include, but is not limited to, advising on academic standards and quality in midwifery education, contributing to the development, delivery, quality assurance and evaluation of their programmes and providing input at strategic and operational levels within the AEIs on matters relating to midwifery education.



Anti-racism principles

The development of our Principles to support anti-racism in midwifery and nursing education and practice was driven by the Black maternal health crisis, which leads to Black, Asian and ethnic minority women and their children being more likely to die, or suffer harm during pregnancy, childbirth or after birth. The document also addresses the bias and discrimination faced by racially minoritised people in nursing and midwifery.

The NMC recognises that racist and inequitable care can occur across both the midwifery and nursing sectors. The principles set out some of the ways educators, organisations, registrants and employers can address the growing concerns around inequities in care and racism across health and social care practice, education, and regulation.

Anti-racism is fundamental to patient safety and public protection. Inequities are directly linked to worse clinical outcomes, including higher mortality, greater disease burden, delays in care, and reduced patient safety. For example:

- Black women are 2.3 times as likely to die from pregnancy-related causes during childbirth or within six months postpartum as White women; Asian women are 1.3 times as likely
- Black babies are more than twice as likely to be stillborn as White babies; Asian babies are around one and a half times as likely
- Racist stereotypes – such as the false belief that Black women 'do not feel pain' or have a 'higher pain threshold,' or that sickle cell patients seeking pain relief are 'drug-seeking' – continue to shape clinical decisions and cause avoidable harm
- People from racially minoritised groups with learning disabilities face a 190% increased risk of premature death compared to their White counterparts
- There is a higher prevalence of racially minoritised service users being sectioned under the Mental Health Act.

Racism and other forms of discrimination not only affect people receiving care, but also many midwifery and nursing professionals who provide it.

Spotlight, the NMC's annual insight report, showed in 2025 that 40% of nursing and midwifery professionals who responded to a survey said they had experienced discrimination in the previous year, most often on grounds of ethnicity or age.

The new anti-racism principles are designed to strengthen cultural safety, curiosity and respect in practice and education – and to explicitly advance meaningful, sustained anti-racist, bias-aware practice. They are organised around four areas.

1. Culture, equity and inclusion

This pillar establishes anti-racism as fundamental to patient safety and public protection – not an optional add-on or a values exercise. It calls on individuals and organisations to take steps including recognising anti-racism as a legal requirement, and embedding anti-racist practice, bias awareness, cultural safety, curiosity and respect across all areas of education and practice.

2. Learning, education and workforce development

This pillar focuses on what future and current professionals are taught, how they are assessed, and the environments in which they learn. It includes expectations to equip midwifery and nursing educators, practice supervisors, and assessors to deliver inclusive, evidence-based teaching and fair, unbiased assessment including the ability to recognise and respond to intersectional bias.

3. Community and person-centred practice

This pillar puts service users, families and communities at the centre of how care is designed and delivered. It encourages everyone in and around midwifery and nursing education and practice to proactively challenge racist stereotypes – and to be aware of intersectional factors that exacerbate inequitable outcomes, including deprivation, domestic abuse, and being LGBTQ+.

4. Assurance, accountability and sector improvement

This pillar makes anti-racism measurable and reportable – embedding anti-racism within governance, decision-making, and performance frameworks across organisations. It sets the expectation that accountability for equitable, anti-racist practice applies to individuals, providers and AEIs – requiring documentation, and active responses to discrimination, support and reflective learning.

An ongoing commitment

The anti-racism principles are intended to drive real change – ahead of the introduction of an updated NMC Code in 2027, which will expressly set the expectations of all nursing and midwifery professionals to recognise, challenge and disrupt racism.

In the meantime, the principles will help to strengthen anti-racism, bias awareness, cultural safety, curiosity and respect, and equitable care in midwifery and nursing education and practice.

They will be judged by whether the actions taken improve safety, belonging, fairness, equity, accountability, and trust for service users, students, and the midwifery and nursing workforce.

The principles in full have been published on a dedicated hub on the NMC website.



Student midwives

Student midwives work towards achieving the NMC's standards of proficiency by the time they complete their education programmes. The AEI where the student midwife is studying is responsible for monitoring their achievement of proficiencies, offering support as required and deciding whether the student is making sufficient progress.

AEIs are required to have policies in place to address issues such as conduct and health that may affect a student's fitness to practise as a midwife. AEIs will use the Code and this document as a reference point. The NMC checks that AEIs do this effectively through the quality assurance of midwifery programmes.

Student midwives, particularly on practice placements, may witness or become aware of something that gives them cause for concern. Where this is the case, they can raise that concern locally in the first instance to seek its resolution. Please read Raising concerns: Guidance for nurses, midwives and nursing associates.



Section 2:

Joining the Register and maintaining registration

The midwifery part of the Register and further entries in the Register

Midwifery is recognised in the law as a distinct profession and has its own separate part of the Register. The Register holds a range of information, for example certain post-registration qualifications can be recorded. Not all the information held on the Register is publicly available.

Joining the Register

There are several different ways for qualified midwives to join the NMC Register. All must meet the NMC's statutory requirements of holding an approved qualification, being capable of safe and effective practice (including meeting the Council's requirements relating to health and character), holding an appropriate indemnity arrangement, having the necessary knowledge of English, and paying a registration fee.

Those who have graduated from approved midwifery education programmes will be uploaded by their AEI onto the NMC's registration database. The AEI will also make a declaration in relation to health and character. Once this has taken place the graduate will make an application to join the Register.

Midwives educated outside the UK can apply for registration with the NMC.

Once registered, midwives must meet the NMC's revalidation requirements every three years to maintain their registration.

Midwives whose registration lapses will need to apply to rejoin the Register if they wish to return to practice in the UK. They may need to complete a return to practice (RtP) programme or take a test of competence in order to demonstrate that they meet the requirements of registration at the point of re-entry.

Preceptorship

Preceptorship is the structured start for newly registered nurses, midwives and nursing associates. The main aim of preceptorship is to welcome and integrate newly registered professionals into their new team and place of work. While these principles are advisory, we strongly encourage professionals and employers to use them to help these professionals translate their knowledge into everyday practice, grow in confidence and understand how to apply the Code in their day-to-day work.

Preceptorship is not designed to replace appraisals, be a substitute for a formal induction and mandatory training, or be a way to retest or repeat any knowledge and skills that a professional needs to join the NMC Register.

Annual registration fee and revalidation

Every year midwives must pay an annual registration fee. A failure to pay could lead to a lapse in registration and prevent midwives from practising.

Revalidation is the process that all midwives in the UK need to undergo every three years to maintain their registration. Revalidation contributes to assurance that midwives on the Register remain capable of safe and effective practice.

The NMC sets the requirements for practice hours, continuing professional development, feedback and reflective learning, health and character declarations, and appropriate professional indemnity arrangements. Revalidation is not an assessment of a midwife's fitness to practise, nor is it an alternative route for raising concerns.

Indemnity insurance

To hold registration, midwives must declare that they have an indemnity arrangement appropriate for their role and the risks associated with their practice. The cover must be relevant to their scope of practice, so that it is sufficient if a claim is made against them.[4]

It is a midwife's responsibility to ensure that they have an appropriate indemnity arrangement in place.

The NHS/Health and Social Care indemnifies its employees for work carried out on its behalf. If a midwife is employed in private healthcare (for example, at a private hospital or birthing centre) it is likely that their employer will have an appropriate indemnity arrangement for them. However, arrangements may vary between employers so midwives should always check to be sure.

If a midwife is self-employed, works as a consultant or through an agency, they will probably be required to have their own indemnity arrangement in place.

Professional bodies may offer professional indemnity insurance, or midwives can arrange their own cover directly through a commercial provider. It is important that midwives understand the terms of their policy.

It is very important for midwives to understand that by signing the self-declaration they have specifically declared that they have an appropriate indemnity arrangement for all care given to a woman.

There is only one level of involvement as a midwife in childbirth itself, as this is a protected function under **Article 45 of the Nursing and Midwifery Order 2001**. This means that it is an offence for any person who is not a registered midwife or a registered medical practitioner to attend a woman in childbirth, except in an emergency or as part of approved training for those professions.

A midwife involved in any professional capacity in attending a woman in childbirth must have an appropriate indemnity arrangement which covers the full nature and extent of the associated risks.

If we find out that a midwife is practising without an appropriate indemnity arrangement, we will remove them from the Register. Removal from the Register means that they will no longer be able to practise as a midwife.

[4] Article 12A of the Nursing and Midwifery Order 2001.

Caring for a family member/close friend

The requirement for indemnity would not prevent a midwife from supporting a family member or close friend during childbirth in a non-professional capacity; for example, as a birth partner, as long as they did not provide any midwifery services.

‘Good Samaritan’ acts

‘Good Samaritan’ acts, where someone provides first aid or other emergency assistance to an individual where there is no legal obligation to do so, are not professional practice for which an indemnity arrangement is required. This exception would not cover situations where a midwife had an existing professional relationship or agreement to provide any type of midwifery service.

Voluntary work

Midwives doing voluntary work need to be registered with us and have an appropriate indemnity arrangement. Indemnity cover for voluntary work may be provided by some voluntary organisations or by the midwife’s own indemnity arrangement. If the midwife is unsure, they should ask the organisation they are volunteering for, or raise the issue with the provider of their indemnity arrangement.

A midwife acting as a doula

Where a registered midwife has established a professional relationship with a woman antenatally they cannot subsequently avoid their obligations to hold appropriate indemnity cover by attending the labour and birth as a doula/birthing partner.

A registered midwife cannot, in any circumstances, avoid the requirement to hold appropriate indemnity cover by attending a birth in a ‘non-midwife’ capacity such as a doula.

A midwife who is on the NMC Register but then acts as a doula to a woman in labour can face professional and ethical dilemmas, particularly if an emergency arises. A situation may arise where care needs to be provided and this blurs the boundaries of the role of a doula with that of a midwife. Therefore, it is advisable that midwives do not attend a woman in labour and birth as a doula.

Section 3:

Standards and guidance

The NMC's expectations about how midwives will practise their profession are set out in its standards, including the Code.

The Code

The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates sets out the professional standards that midwives must uphold in order to remain registered, and therefore to be able to practise in the UK. It is central to the NMC's statutory duty to protect the public.

The Code is structured around four themes:

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust.

The Code also sits at the heart of the NMC's revalidation requirements along with the Standards of proficiency for midwives.



The professional duty of candour

Midwives must be open and honest with women and their families in the event that something goes wrong with their care, or where that care causes (or has the potential to cause) harm or distress. Midwives must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. They should support and encourage nurses, other midwives and nursing associates to be open and honest, and must not attempt to prevent someone from raising concerns.

The NMC has jointly produced guidance with the General Medical Council on the professional duty of candour. This guidance supports the Code's requirement to preserve safety.

Raising and escalating concerns

The NMC has developed guidance for midwives on raising and escalating concerns about poor care and poor practice. It sets out broad principles that will help midwives to think through the issues and take appropriate action in the public interest.

It includes details about the laws that protect whistleblowers and also contains information on organisations that midwives can go to for further advice.

Record keeping

Record keeping is covered by the Code in paragraph 10.

Midwives should also be aware of and comply with the provisions in the law that cover the creation, handling, storage, retention and sharing of service users' personal information such as those set out in the relevant data protection legislation. Most midwives will need to meet the requirements of an employer or service provider. Midwives working outside such a structure may wish to take advice about their legal obligations.

Midwives should ensure the records they complete, and that are retained, are of a high standard, so if they are needed at a later date they provide an account of the care provided to women and babies. Midwives employed by the NHS (or its equivalents across the UK) or in private practice will usually create, maintain and store records in accordance with their employer's or healthcare provider's formal policy. Midwives working outside of such a structure should ensure that they take appropriate advice and comply with their legal obligations.

Principles for supporting women's choices in maternity care

Following collaboration with maternity service users and stakeholders across the four nations of the UK, we coproduced Principles for supporting women's choices in maternity care. The principles have been developed in response to a changing maternity landscape, with more women seeking personalised care and, in some cases, making choices outside standard care pathways.

Grounded in real-world practice, these evidence-based principles provide supportive information for midwives and employers navigating complex care scenarios. This will help ensure that professionals can support women's individual choices while delivering safe, high-quality, person-centred care in line with the NMC Code and standards.

Principles for advanced practice

Published in 2025, the Principles for advanced practice aim to bring clarity and consistency to advanced nursing and midwifery practice across the UK. The principles distinguish between experienced practice and advanced practice – emphasising that advanced practice is not about the title, but a level of expertise achieved through additional, often specialised, education and experience after initial registration.

The principles are relevant to all workplace settings and complement, and are aligned to, the advanced practice frameworks of each of the four nations of the UK.

Guidance on using social media responsibly

The NMC has published Guidance on using social media responsibly. This supports the Code.

Delegation and accountability

Section 11 in the Code is about being accountable for decisions to delegate tasks and duties to other people.

There is additional information on delegation and accountability published on the NMC website. This is supplemented by a series of bite-sized video clips about key aspects of being a midwifery professional called 'Caring with Confidence' and how the Code can be supportive. The animations include accountability.

Section 4:

The law in relation to midwives and medicines

The Human Medicines Regulations 2012 (and subsequently amended) ("the Regulations")[5] consolidated many of the pre-existing pieces of legislation related to the administration, sale and supply of medicinal products for human use. To access up-to-date legislation midwives should always use the current Medicines Act online.

The Regulations govern the ways that medicines can be lawfully sold and supplied in the UK. The Regulations set out the rules for supply and administration of medicines by midwives with reference to midwives' exemptions.

Midwives' exemptions are intended to cover the medicines that midwives supply and administer in their practice as a midwife without the need for every medicine to be prescribed by a prescriber. Therefore, midwives' exemptions include general sale list (GSL), pharmacy (P) and specified prescription only medicines (POMs).

Midwives can supply general sale list medicines (GSL) and pharmacy (P) medicines in accordance with their scope of practice[6] and can also supply and administer a specified, limited list of POMs.

Medicines not covered by midwives' exemptions (that is, outside a midwife's scope of practice) require a prescription, a patient-specific direction (PSD) or a patient-group direction (PGD).

The Regulations cover midwives' exemptions in Part 12, Chapter 2 (Sale and supply of medicines), Chapter 3 (Exemptions relating to supply in specific circumstances) and Schedule 17 (Exemption for sale, supply or administration by certain persons).

Schedule 17 is specifically about POMs, midwives and student midwives. An up-to-date version of the relevant parts of schedule 17, Parts 1, 2 and 3 is attached at Annexe A.

The Secretary of State for Health and Social Care can amend the list of medicines in the midwife's exemptions through legislative change. This work is led by the Department of Health and Social Care (DHSC) with the Chief Midwifery Officer for England's team, specialist pharmacy services and stakeholders such as the NMC and the Royal College of Midwives.

[5]Regulation 7 Misuse of Drugs Regulations. The Misuse of Drugs Regulations 2001 (legislation.gov.uk). https://www.legislation.gov.uk/uksi/2001/3998/contents

[6]The Human Medicines Regulations 2012 (legislation.gov.uk) Part 12, Chapter 3; 223 Exemptions for doctors and dentists etc. 223(4) and (5) and Schedule 17, Exemption for sale, supply or administration by certain persons; Parts 1 (1.4), Part 2 (2.12) and Part 3 (3.2). Last accessed 23 October 2026.

The relationship between the NMC and midwives' exemptions

The relevant sections in the Human Medicines Regulations describe the legislation for midwives and student midwives, and the current list of POMs midwives' exemption medicines. Under the Human Medicines Regulations 2012 Regulation 223 **registered midwives** can administer or supply any pharmacy only (P) or general sale list (GSL) medicines as part of their professional practice.

POMs require a prescription or PGD for administration or supply. The only exceptions are those medicines listed in the Schedule 17 of the HMR 2012 exemptions which permit **registered midwives** to administer/supply the listed POMs as part of their professional practice.

Note under Schedule 17 of the HMR 2012 exemptions Part 3 (2) **student midwives** may also administer the listed parenteral medicines when under the direct supervision of a registered midwife (not including diamorphine, morphine or pethidine).

It is important that every midwife reviews this information regularly as the list can change and it is important to keep this area of knowledge and competence up to date.

At the point of entry onto the Register midwives will have been deemed competent by the AEI to select, supply and safely administer a range of permitted drugs consistent with the Human Medicines Regulations 2012. They are applying their knowledge and skills to the situation, the medicines required and in accordance with their scope of practice as a midwife.[7]

Prescribing

The only midwives who can prescribe medicines (as opposed to midwives using midwives' exemptions), are midwives who have done a post-registration prescribing course and have their prescriber qualification recorded on our Register.[8]

Midwives' exemptions are distinct from prescribing, which requires the involvement of a pharmacist in the sale or supply of the medicine. Exemptions also differ from the arrangements for PGDs as the latter must comply with specific legal criteria, be signed by a doctor or dentist and a pharmacist and authorised by an appropriate body.

The work to update the current list of midwives' exemptions is being led by NHSE midwifery and pharmacy officers on behalf of the four UK countries with input from the NMC and other relevant stakeholders.

The NMC will continue to act in this consultative role, working closely with the DHSC, Medicines and Healthcare products Regulatory Agency (MHRA) and others regarding midwives' exemptions.

[7]The Human Medicines Regulations 2012 (legislation.gov.uk) Part 12, Chapter 3; 223 Exemptions for doctors and dentists etc. 223(4) and (5) and Schedule 17, Exemption for sale, supply or administration by certain persons; Parts 1 (1.4), Part 2 (2.12) and Part 3 (3.2). Last accessed 23 October 2026.

[8]NMC 2019. Standards of proficiency for midwives - The Nursing and Midwifery Council (nmc.org.uk)

Prescribing, supplying and administering medicines

Medicinal products fall into one of three categories, general sale list (GSL), pharmacy (P) medicines and prescription only medicines (POMs).

Midwives can supply GSL and P medicines in accordance with their scope of practice. In certain circumstances, using midwives' exemptions, midwives can lawfully supply and administer specified prescription only medicines (POMs) without a prescription, in accordance with their scope of practice.

We do not provide guidance on the dosage of medicines, including those covered under the midwives' exemptions list. To provide this information would be outside our scope as a professional regulator. Please refer to relevant sources such as the British National Formulary (BNF)[9] for key information on medicines.

Prescribing

Only midwives (including dual qualified nurses/midwives) who have completed the NMC-approved independent and supplementary prescribing qualification (V300)[10] and have had that qualification recorded on the NMC's Register, may prescribe medicines, within the limits of those qualifications.

Paragraph 18 of the Code requires all nurses and midwives who advise on, prescribe, supply, dispense or administer medicines to do so within the limits of their training and competence, the law, NMC guidance and other relevant policies, guidance and regulations.

POMs are those medicines which may only be sold or supplied by a midwife in accordance with a prescription from an appropriate prescribing practitioner (unless the medicine is included in the list of midwife exemptions).

More detail is available in the Code, the Royal Pharmaceutical Society A Competency Framework for all Prescribers which we have adopted as our new Standards of proficiency for nurse and midwife prescribers and our Standards for prescribing programmes.

[9] BNF (British National Formulary) | NICE. https://bnf.nice.org.uk/

[10] V300: Independent and supplementary prescribing

Supplying

In certain circumstances midwives can lawfully supply specified POMs without a prescription, using midwives' exemptions.

Part 1 and 2 of Schedule 17 of the Human Medicines Regulations 2012 outline the provisions in relation to midwives' exemptions from restrictions on the sale and supply of POMs.

A midwife should also refer to their local trust or health board policies and guidance on medicines about their ability to supply and dispense medicines. This includes medications which are not POMs, for example, paracetamol (a GSL/P medicine) and administration of nitrous oxide and oxygen (a P medicine) using entonox apparatus.

Administering

In certain circumstances midwives can lawfully administer pharmacy (P) and specified prescription only medicines (POMs).

Part 3 of Schedule 17 of the Human Medicines Regulations 2012 outlines the provisions in relation to midwives' exemptions from the restrictions on the administration of prescription only medicines.

Student midwives

All midwives who support, supervise and assess student midwives should ensure that they are familiar with the law in relation to the supply of medicines, including the midwives' exemptions, to safely support and supervise student midwives who may administer medicines to women in their care.

In accordance with Part 3 of Schedule 17 of the Regulations, student midwives can administer the drugs included within the midwives' exemptions (with the exception of controlled drugs) under the direct supervision of a midwife. Student midwives are not permitted to administer controlled drugs including Diamorphine, Morphine and Pethidine Hydrochloride using midwives' exemptions. They may participate in the checking and preparation of controlled drugs under the supervision of a midwife.[11]

Student midwives may administer prescribed drugs (including controlled drugs) parenterally[12] if prescribed by a doctor or an appropriate practitioner according to their directions for administration. This must be under the direct supervision of a midwife.

A registered adult nurse during their clinical placement on the shortened midwifery programme acts as a student midwife for the purposes of all drug administration.

---

[11] Section 2.1 Standards for supervision and assessment, NMC 17 May 2018

[12] Regulation 7 Misuse of Drugs Regulations 2001

Section 5:

Fitness to Practise

The NMC's overarching objective as an organisation is the protection of the public. It is important to note that in the NMC's new approach to Fitness to Practise our 12 principles for Fitness to Practise include taking a person-centred approach to Fitness to Practise and considering context.

Midwives can be referred to the NMC if concerns arise about their fitness to practise and those concerns cannot be managed by their employer, or are so serious that there is a need to take immediate action.

Referrals can be made by an employer, a colleague, a member of the public, or anyone else. Midwives have a duty to self-refer if they believe their own fitness to practise may be impaired.

The NMC has a statutory duty to consider each referral and where necessary take appropriate action. Fitness to Practise investigations will consider whether a midwife has breached the Code or other standards.

Allegations that a midwife's fitness to practise may be impaired include, for example, matters such as:

- **Misconduct** – behaviour that falls short of what can be reasonably expected of a midwife which could put women, babies and families at risk or undermine the public trust in midwives. Such cases may relate to conduct in work, or outside of work
- **Lack of competence** – evidence of a lack of knowledge, skills or professional judgment that raises a question as to whether the midwife is capable of meeting the required standards for safe and effective practice
- **Health** – a question as to a midwife's ability to provide safe care arising from a serious, long-term, untreated or unacknowledged health condition that cannot be managed with the support of the employer
- **Convictions or cautions** – where a midwife has received a criminal conviction or caution that calls into question their fitness to practise or has the potential to undermine the public trust in the midwifery profession
- **Not having the necessary knowledge of English** – evidence that a midwife does not have the necessary knowledge of English to practise safely and effectively in the UK
- **Determinations of other regulatory bodies** – where a midwife has had a finding of impairment made against them by another regulator of a health and social care profession, within the UK or by a licensing body elsewhere.

Annexe A:

List of midwives' exemptions

This unofficial consolidated version of the legislation relates to midwives' exemptions. This is accurate as of 30 December 2022.

Please consult The Human Medicines Regulations 2012 to identify if any further amendments have been made.

Please note this list only refers to prescription only medicines. Midwives are able to supply general sale list (GSL) and pharmacy (P) medicines in accordance with their scope of practice and subject to local policies.

Schedule 17 of the Human Medicines Regulations details the exemptions for sale, supply or administration of prescription only medicines (POMs) by certain persons.

Schedule 17, Part 1 makes the following provision in relation to midwives regarding the **sale and supply** of certain prescription only medicines (POMs):

Persons exempted	Prescription only medicine to which the exemptions apply	Conditions
4. Registered midwives	4. Prescription only medicines containing any of the following substances— (a) Diclofenac (b) Hydrocortisone Acetate (c) Miconazole (d) Nystatin (e) Phytomenadione.	4. The sale or supply shall be only in the course of their professional practice.

Schedule 17 of the Human Medicines Regulations Part 2 lists the exemptions on **supply** of prescription only medicines (POMs):

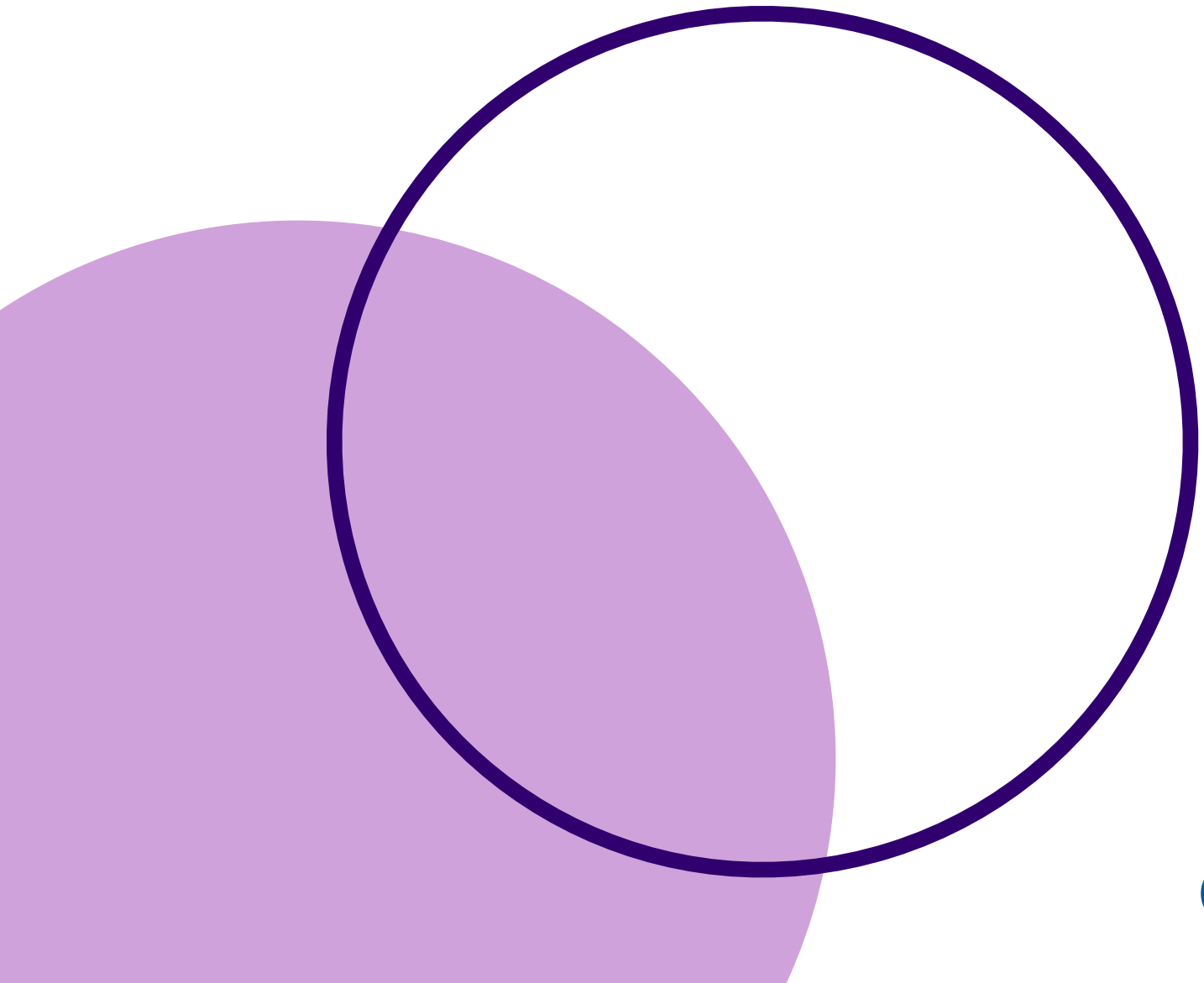
Persons exempted	Prescription only medicine to which the exemptions apply	Conditions
12. Registered midwives	12. Prescription only medicines for parenteral administration that contain— (a) Diamorphine (b) Morphine (c) Pethidine hydrochloride.	12. The supply shall be only in the course of their professional practice.

Schedule 17, Part 3 lists the exemptions from the restriction on administration of prescription only medicines (POMs). The following exemptions are listed:

Persons exempted	Prescription only medicine to which the exemptions apply	Conditions
2. Registered midwives and student midwives.	2. Prescription only medicines for parenteral administration containing any of the following substances but no other substance that is classified as a product available on prescription only— (a) Adrenaline (b) Anti-D immunoglobulin (c) Carboprost (d) Cyclizine lactate (e) Diamorphine (f) Ergometrine maleate (g) Gelofusine (h) Hartmann's solution (i) Hepatitis B vaccine (j) Hepatitis immunoglobulin (k) Lidocaine hydrochloride (l) Morphine (m) Naloxone hydrochloride (n) Oxytocins, natural and synthetic (o) Pethidine hydrochloride (p) Phytomenadione (q) Prochlorperazine (r) Sodium chloride 0.9%.	2. The medicine shall- (a) in the case of Lidocaine and Lidocaine hydrochloride, be administered only while attending on a woman in childbirth, and (b) where administration is- (i) by a registered midwife, be administered in the course of their professional practice; (ii) by a student midwife- (aa) be administered under the direct supervision of a registered midwife; and (bb) not include Diamorphine, Morphine or Pethidine hydrochloride.

Further Reading

- Article 12A of the Nursing and Midwifery Order 2001. The Nursing and Midwifery Order 2001 (legislation.gov.uk).
- NMC 17 May 2018. Page 7. Programme-standards-prescribing.pdf (nmc.org.uk).
- NMC 17 May 2018. Standards for supervision and assessment, Section 2.1.
- Regulation 7 Misuse of Drugs Regulations. The Misuse of Drugs Regulations 2001 (legislation.gov.uk).
- Regulation 214 The Human Medicines Regulations 2012: (3) (c), (d) and (4) The Human Medicines Regulations 2012 (legislation.gov.uk).



Nursing & Midwifery Council

23 Portland Place,
London W1B 1PZ
+44 20 7637 7181
www.nmc.org.uk
@nmcnews @nmuk The Nursing and Midwifery Council

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362).