



Eduardo J. Sanchez, M.D., M.P.H.
Commissioner of Health

1100 West 49th Street
Austin, Texas 78756-3199

<http://www.tdh.state.tx.us>
1-888-963-7111

Ben Delgado
Chief Operating Officer

Nick Curry, M.D., M.P.H.
Executive Deputy Commissioner

INFORMED CHOICE AND DISCLOSURE STATEMENT

According to Texas Law, Texas Occupations Code Ch. 203, the Midwife is required to disclose in oral and written form to a prospective client the limitations of the skills and practices of the midwife. The Informed Choice and Disclosure Statement meets these legal requirements. Each midwife may also expand the document into a more extensive information choice agreement reflecting details of her/his practice.

- A. In accordance with the Texas Midwifery Act, the midwife:
1. Assists only with normal childbirth except in an emergency situation that poses an immediate threat to the life of the mother or newborn.
 2. Encourages each client to seek prenatal, postpartum, and newborn care if not offered as part of the midwife's service.
 3. Advises each client to seek medical care if the client develops signs or symptoms of a complication related to pregnancy.
 4. Does not use forceps or surgical instruments for any procedure other than cutting the umbilical cord or providing emergency first aid during delivery.
 5. Does not remove the placenta by invasive techniques.
 6. Does not advance or retard labor or delivery by using medicines or mechanical devices.
 7. Does not administer a prescription drug except under the supervision of a physician licensed by the State of Texas, with the exception of oxygen and state approved prophylaxis to prevent blindness of the infant.
 8. Does not knowingly or intentionally falsify or make false statements on a birth certificate application. (This offense is prosecutable as a felony of the third degree).
 9. Does not use professional titles in combination with the term midwife (example: R.N., Doctor, or registered/certified midwife), unless certified by NARM as a Certified Professional Midwife (CPM).
 10. Has explained to the client all the other legal requirements which are applicable to the midwife's practice;
 - The newborn screening law requires every newborn to receive testing for certain diseases. A midwife is trained to do compulsory newborn screening, or has made arrangements for it to be done by an appropriate health care facility or physician.
 - A newborn baby must receive eye prophylaxis within two hours of birth to prevent possible blindness from infection.
 - A serology blood test for syphilis & hepatitis B is necessary during pregnancy and on admission for birth.
 - A serology blood test for HIV is necessary at the first prenatal visit and on admission for birth, unless the mother objects. The result of the test is confidential, not anonymous.
 - Communicable diseases must be reported.
 - Registration is necessary for both births and deaths.

- Compliance with provisions of the Dangerous Drug Act and the Controlled Substances Act is necessary, and other laws as applicable.

11. Has made this form available to the client in English and Spanish.
12. Has made the statistics specified by the Texas Midwifery Board available to each client (see below, under D. Midwifery Experience).

B. Should the client have a complaint about the care she receives from the midwife, she may contact the local law enforcement authority or notify the Midwifery Program, orally or in writing:

Texas Department of Health
Midwifery Program
Professional Licensing and Certification Division
1100 West 49th Street
Austin, Texas 78756
(512) 834-4523

C. The Midwife must also supply the client with the following information:

1. The expiration date of the midwife's license is _____.
2. The expiration date of the midwife's adult and infant Cardiopulmonary Resuscitation Certification (CPR) is _____ and Neonatal Resuscitation (parts 1-4) is _____. Current certificates are required as part of the licensing of all midwives.
3. My medical backup arrangements are: _____

4. I am in compliance with all education requirements approved by the Texas Midwifery Board. YES/NO

D. Midwifery Experience

1. I have practiced midwifery for _____ years.
2. Total numbers of birth attended _____.
3. Total number of births as a primary care giver _____.

All the above requirements and acts in sections A-D have been disclosed to me in detail in oral and written form and I understand them.

Signature of Client	Printed Name	Date
Signature of Midwife	Print Name	Date

TDH Publications Number F66-10717
Revised 1/04