



## MIDWIVES INFORMED CHOICE AND DISCLOSURE STATEMENT

According to Texas Law, Texas Occupations Code Ch. 203, the Licensed 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 other than licensed midwife or Certified Professional Midwife (CPM) if certified by NARM.
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 during the third trimester, 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 TDLR 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 Texas Department of Licensing and Regulation, orally or in writing:**

Texas Department of Licensing and Regulation (TDLR)  
P.O. Box 12057  
Austin, Texas 78711

Telephone: (512) 463-6599  
Toll-Free (in Texas): (800) 803-9202  
Fax: (512) 463-9468  
Relay Texas-TDD: (800) 735-2989

A copy of the complaint form is available on the TDLR website at:

<https://www.tdlr.texas.gov/midwives/midwives.htm/>

**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 license renewal process for all midwives.
3. My medical backup arrangements are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I am in compliance with all education requirements approved by TDLR. 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 oral and written form and I understand them.

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|---------------------|--------------|------|
| Signature of Client | Printed Name | Date |
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| Signature of Midwife | Printed Name | Date |
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