TEXAS MIDWIFERY BOARD

BASIC INFORMATION AND INSTRUCTOR MANUAL

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Recommended resources not included in this Manual:

DSHS Vital Statistics' Handbook on Birth Registration
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DSHS Vital Statistics' Handbook on Paternity
DSHS Communicable Disease Program's Reportable Conditions in Texas

I. How to Use this Manual

I.1 Purpose

The purpose of this manual is to provide midwives, students, and apprentices with information necessary for the practice of midwifery in Texas. It contains laws, rules and policies that may be useful to you in your practice. The Texas Midwifery Act, Occupations Code Chapter 203, and the Texas Midwifery Board Midwifery Rules, 22 Texas Administrative Code Section 831, are an integral part of this manual.

The Texas Midwifery Board Midwifery Rules implement the Texas Midwifery Act relating to the practice and regulation of direct entry midwifery in Texas.

- Subchapter B describes the requirements of initial licensure and license renewal.
- Subchapter C establishes an education committee; standards for mandatory basic midwifery education; standards for mandatory continuing midwifery education; procedures for midwifery education course approval, denial and revocation of approval; procedures for appeals of denials of course and comprehensive exam approval applications and revocations of approval; and procedures for investigation and disposition of complaints concerning education courses and comprehensive exams.
- Subchapter D, Practice of Midwifery. These sections outline the criteria for safe and competent care, including when referral or transfer of care is required. All of the rules are important, but failure to comply with the Midwifery Practice Standards and Principles can result in a complaint.
- Subchapter E Complaint Review. This section defines the procedures for reporting alleged violations of the Act and Rules. It further defines grounds for disciplinary action and procedures to be utilized by the Midwifery Program and Midwifery Board in processing, investigating and resolving complaints against midwives practicing in Texas.

Please note that the descriptions of Texas laws and rules do not contain the complete text of the statute or rules cited. If you are unsure as to whether there has been a change to a specific law or rule since the printing of this Manual, you may refer to the State of Texas web site at: http://www.texasonline.com.

The Handbooks produced by other DSHS programs, which are recommended reading, are not translated in conjunction with this Manual. Contact the appropriate DSHS program for any updates to these Handbooks.

The Texas Midwifery Board would like to encourage you to use this Manual and update it regularly.

I.2 Texas Midwifery Board

Members are appointed by the DSHS Commissioner for six year terms. The Board is composed of five licensed midwives with at least three years of experience in the practice of midwifery; one physician certified by a national professional organization of physicians that certifies obstetricians and gynecologists; one physician certified by a national professional organization of physicians that certifies family practitioners or pediatricians; and two public representatives who are not practicing or trained in a health care profession, one of whom must be a parent with at least one child born with the assistance of a midwife. A complete description of the roles and responsibilities of the Board may be found in the Texas Midwifery Act.

The Board meets at least two times each year, and the standing subcommittees of the Board, the Education Committee and the Complaint Review Committee, meet on an as-needed basis. Other temporary subcommittees may be appointed by the Board Chair as needed.

Mission Statement of the Texas Midwifery Board
(adopted September 1998)
Our mission is to preserve and support the right of parents to give birth where and with whom they choose; to regulate midwives fairly, professionally, and with respect so that clients are protected; and to advance the art and science of midwifery through appropriate education and standards of practice, thereby improving the care provided to mothers, babies and families throughout Texas.

I.3 Texas Department of State Health Services Midwifery Program

The DSHS Midwifery Program works with the Texas Midwifery Board to license midwives, administer the examinations required for licensure, approve basic midwifery education courses and resolve complaints against midwives. A Midwifery Program Director and administrative staff are employed by the Texas Department of State Health Services.

Mission Statement of the DSHS Midwifery Program
The mission of the Texas Department of State Health Services Midwifery Program is to work with the Texas Midwifery Board to promote and protect the health of families, women and children by improving the practice of licensed midwifery in Texas.

II. What is midwifery?

II.1 Definition of "Midwife", "Midwifery" and "Normal"

Sec. 203.002. DEFINITIONS of the Texas Midwifery Act defines these three terms:

(6) "Midwife" means a person who practices midwifery and has met the licensure requirements established by this chapter and midwifery board rules.

(7) "Midwifery" means the practice of:

(A) providing the necessary supervision, care, and advice to a woman during normal pregnancy, labor, and the postpartum period;

(B) conducting a normal delivery of a child; and

(C) providing normal newborn care.

(9) "Normal" means, as applied to pregnancy, labor, delivery, the postpartum period, and the newborn period, and as defined by midwifery board rule, circumstances under which a midwife has determined that a client is at a low risk of developing complications.

The Midwifery Practice Standards and Principles, 22 TAC 831, Subchapter D. Practice of Midwifery, provides specific guidance on whether a client is "at low risk for developing complications" as determined by the Texas Midwifery Board.

II.2 History of Midwifery in Texas

Prior to the modern era of specialization in medicine -- particularly in prenatal care -- there was always a woman in the village, the small town, or somewhere in the family that people went to for sore throats, who knew a lot about herbs and home remedies, and who was willing to assist in the birth of a baby. Parteras serving the Spanish speaking population and "granny ladies" in rural Texas are part of the traditional folklore and cultural legacy of Texas history, from the time of the Texas Republic and before. In 1925, more than 50 percent of the babies born in Texas were delivered by midwives. This reflected the rural and working poor population in Texas, among whom low income was a barrier to institutional medical care.

Historically, Acts of the legislature regarding such public health practices as eye care at birth, registration of birth, detection of sexually transmitted disease, and newborn screening for phenylketonuria or diabetes, have recognized midwives as practitioners. Yet prior to 1983, Texas did not regulate midwives. However, two cities along the Texas-Mexico border, where economic conditions and tradition made lay midwifery a widely accepted practice, adopted municipal ordinances requiring a permit to practice lay midwifery. In Banti v Texas, 1956, a midwife was accused of practicing medicine without a license (the baby was stillborn) and unlawfully treating the mother "for a disease and physical disorder". Mrs. Banti argued that childbirth is not a disease or a disorder, but nevertheless was convicted by the local court. However, on appeal, the court overturned the conviction because the state legislature had "not defined the practice of medicine so as to include the act of assisting women in parturition or childbirth".

In 1983, the Texas Legislature passed the Texas Midwifery Act (at the time known as the 'Lay Midwifery Act'), because of rising concern among legislators over the lack of regulation of direct entry midwives. The Texas Midwifery Act was codified in 1999 as Texas Occupations Code, Chapter 203 Midwives, and was most recently amended in 2013.

II.3 Core Competencies

The Midwives Alliance Core Competencies establish the essential knowledge, clinical skills and critical thinking necessary for entry-level practice for direct-entry midwifery in the United States. The Certified Professional Midwife (CPM) is based on the MANA Core Competencies. The MANA Core Competencies were written and adopted by the MANA Board of Directors on October 3, 1994, and revised and adopted on August 4, 2011.

Midwives Alliance Core Competencies
Introduction
The Midwives Alliance of North America Core Competencies establish the essential knowledge, clinical skills and critical thinking necessary for entry-level midwifery practice. An entry-level midwife is qualified to practice midwifery autonomously.
The Competencies inform practicing midwives, student midwives, midwifery education programs, consumers, accreditation and certification agencies, state and federal legislators, licensing authorities, health policy makers and other health care professionals concerning the practice of midwifery. Individual midwives are responsible to the licensing authority and regulations of the jurisdiction within which they practice.
Midwives provide care to parturient women and their newborn babies in a variety of settings in accordance with the Midwives Model of Care™, which is based on the principle that pregnancy and birth are normal life processes.
The Midwives Model of Care™ includes:

- monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- providing the mother with individualized education, counseling and prenatal care; continuous hands-on assistance during labor and delivery; and postpartum support;
- minimizing technological interventions;
- identifying and referring women who require obstetrical attention.

[http://cfmidwifery.org/mmoc/define.aspx; Copyright © 1996–2008, Midwifery Task Force, Inc., All Rights Reserved.]
The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma and cesarean section.
The scope of midwifery practice may be expanded beyond the Core Competencies outlined in this document to incorporate additional skills and procedures that improve care for women and their families.
The midwife provides care according to the following guiding principles of practice:

- Pregnancy and childbearing are natural physiologic life processes.
- Women have within themselves the innate biological wisdom to give birth.

- Physical, emotional, psychosocial and spiritual factors synergistically shape the health of individuals and affect the childbearing process.
- The childbearing experience and birth of a baby are personal, family and community events.
- The woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of a healthy pregnancy is the mother herself.
- The parameters of "normal" vary widely, and each pregnancy, birth and baby is unique.

In consideration thereof:

- Midwives work in partnership with women and their chosen support community throughout the caregiving relationship.
- Midwives respect and support the dignity, rights and responsibilities of the women they serve.
- Midwives are committed to addressing disparities in maternal and child health care status and outcomes.
- Midwives work as autonomous practitioners, although they collaborate with other health care and social service providers when necessary.
- Midwives work to optimize the well-being of mothers and their developing babies as the foundation of caregiving.
- Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informed decisions and take responsibility for their own and their baby's well-being.
- Midwives integrate clinical or hands-on evaluation, theoretical knowledge, intuitive assessment, spiritual awareness and informed consent and refusal as essential components of effective decision making.
- Midwives strive to ensure optimal birth for each woman and baby and provide guidance, education and support to facilitate the spontaneous processes of pregnancy, labor and birth, lactation and mother–baby attachment, using appropriate intervention as needed.
- Midwives value continuity of care throughout the childbearing cycle and strive to maintain such continuity.
- Midwives are committed to sharing their knowledge and experience through such avenues as peer review, preceptorship, mentoring and participation in MANA's statistics collection program.

MANA Core Competencies - available online at: http://www.mana.org/

Academic knowledge provides the theoretical foundation for understanding the scope of health during the childbearing year in order to distinguish deviations from healthy functioning.

Clinical skills refer to the hands-on assessment of the woman's physical health, observation of her psychosocial well-being and skilled listening. The midwife views health holistically, uses critical thinking to evaluate clinical findings, applies intuition as authoritative knowledge, maintains an integrated understanding of the whole picture and, with the woman, identifies and creates a plan of care based on conscious analysis of challenges and goals.

I. General Knowledge and Skills

The midwife's knowledge and skills include but are not limited to:

A. communication, counseling and education before pregnancy and during the childbearing year;

B. human anatomy and physiology, especially as relevant to childbearing;

C. human sexuality;

D. various therapeutic health care modalities for treating body, mind and spirit;

E. community health care, wellness and social service resources;

F. nutritional needs of the mother and baby during the childbearing year;

G. diversity awareness and competency as it relates to childbearing.

The midwife maintains professional standards of practice including but not limited to:

A. principles of informed consent and refusal and shared decision making;

B. critical evaluation of evidence-based research findings and application to best practices;

C. documentation of care throughout the childbearing cycle;

D. ethical considerations relevant to reproductive health;

E. cultural sensitivity and competency;

F. use of common medical terms;

G. implementation of individualized plans for woman-centered midwifery care that support the relationship between the mother, the baby and their larger support community;

H. judicious use of technology;

I. self-assessment and acknowledgement of personal and professional limitations.

II. Care During Pregnancy

The midwife provides care, support and information to women throughout pregnancy and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

A. identification, evaluation and support of mother and baby well-being throughout the process of pregnancy;

B. education and counseling during the childbearing cycle;

C. identification of pre-existing conditions and preventive or supportive measures to enhance client well-being during pregnancy;

D. nutritional requirements of pregnant women and methods of nutritional assessment and counseling;

E. emotional, psychosocial and sexual variations that may occur during pregnancy;

F. environmental and occupational hazards for pregnant women;

G. methods of diagnosing pregnancy;

H. the growth and development of the unborn baby;

I. genetic factors that may indicate the need for counseling, testing or referral;

J. indications for and risks and benefits of biotechnical screening methods and diagnostic tests used during pregnancy;

K. anatomy, physiology and evaluation of the soft and bony structures of the pelvis;

L. palpation skills for evaluation of the baby and the uterus;

M. the causes, assessment and treatment of the common discomforts of pregnancy;

N. identification, implications and appropriate treatment of various infections, disease conditions and other problems that may affect pregnancy;

O. management and care of the Rh-negative woman;

P. counseling to the woman and her family to plan for a safe, appropriate place for birth.

III. Care During Labor, Birth and Immediately Thereafter

The midwife provides care, support and information to women throughout labor, birth and the hours immediately thereafter. The midwife determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

A. the processes of labor and birth;

B. parameters and methods, including relevant health history, for evaluating the well-being of mother and baby during labor, birth and immediately thereafter;

C. assessment of the birthing environment to assure that it is clean, safe and supportive and that appropriate equipment and supplies are on hand;

D. maternal emotional responses and their impact during labor, birth and immediately thereafter;

E. comfort and support measures during labor, birth and immediately thereafter;

F. fetal and maternal anatomy and their interrelationship as relevant to assessing the baby's position and the progress of labor;

G. techniques to assist and support the spontaneous vaginal birth of the baby and placenta;

H. fluid and nutritional requirements during labor, birth and immediately thereafter;

I. maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter;

J. treatment for variations that can occur during the course of labor, birth and immediately thereafter, including prevention and treatment of maternal hemorrhage;

K. emergency measures and transport for critical problems arising during labor, birth or immediately thereafter;

L. appropriate support for the newborn's natural physiologic transition during the first minutes and hours following birth, including practices to enhance mother–baby attachment and family bonding;

M. current biotechnical interventions and technologies that may be commonly used in a medical setting;

N. care and repair of the perineum and surrounding tissues;

O. third-stage management, including assessment of the placenta, membranes and umbilical cord;

P. breastfeeding and lactation;

Q. identification of pre-existing conditions and implementation of preventive or supportive measures to enhance client well-being during labor, birth, the immediate postpartum and breastfeeding.

IV. Postpartum Care

The midwife provides care, support and information to women throughout the postpartum period and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

A. anatomy and physiology of the mother;

B. lactation support and appropriate breast care including treatments for problems with nursing;

C. support of maternal well-being and mother–baby attachment;

D. treatment for maternal discomforts;

E. emotional, psychosocial, mental and sexual variations;

F. maternal nutritional needs during the postpartum period and lactation;

G. current treatments for problems such as postpartum depression and mental illness;

H. grief counseling and support when necessary;

I. family-planning methods, as the individual woman desires.

V. Newborn Care

The midwife provides care to the newborn during the postpartum period, as well as support and information to parents regarding newborn care and informed decision making, and determines the need for consultation, referral or transfer of care as appropriate. The midwife's assessment, care and shared information include but are not limited to:

A. anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life;

B. newborn wellness, including relevant historical data and gestational age;

C. nutritional needs of the newborn;

D. benefits of breastfeeding and lactation support;

E. laws and regulations regarding prophylactic biotechnical treatments and screening tests commonly used during the neonatal period;

F. neonatal problems and abnormalities, including referral as appropriate;

G. newborn growth, development, behavior, nutrition, feeding and care;

H. immunizations, circumcision and safety needs of the newborn.

VI. Women's Health Care and Family Planning

The midwife provides care, support and information to women regarding their reproductive health and determines the need for consultation or referral by using a foundation of knowledge and skills that include but are not limited to:

A. reproductive health care across the lifespan;

B. evaluation of the woman's well-being, including relevant health history;

C. anatomy and physiology of the female reproductive system and breasts;

D. family planning and methods of contraception;

E. decision making regarding timing of pregnancies and resources for counseling and referral;

F. preconception and interconceptual care;

G. well-woman gynecology as authorized by jurisdictional regulations.

VII. Professional, Legal and Other Aspects of Midwifery Care

The midwife assumes responsibility for practicing in accordance with the principles and competencies outlined in this document. The midwife uses a foundation of theoretical knowledge, clinical assessment, critical-thinking skills and shared decision making that are based on:

A. MANA's Essential Documents concerning the art and practice of midwifery,

B. the purpose and goals of MANA and local (state or provincial) midwifery associations,

C. principles and practice of data collection as relevant to midwifery practice,

D. ongoing education,

E. critical review of evidence-based research findings in midwifery practice and application as appropriate,

F. jurisdictional laws and regulations governing the practice of midwifery,

G. basic knowledge of community maternal and child health care delivery systems,

H. skills in entrepreneurship and midwifery business management.

I.4 Midwifery Model of Care

The Texas Midwifery Board endorses the Midwifery Task Force's 'Midwives Model of Care'.

The Midwives Model of Care is based on the fact that pregnancy and birth are normal life events.

The Midwifery Model of Care includes:
monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle:

providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support;
minimizing technological interventions;
identifying and referring women who require obstetrical attention.

The application of this woman-centered model has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

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III. Frequently Asked Questions

What is the difference between laws and rules?

Laws and rules differ only in how they are written and adopted. Both can be used in a legal setting, such as a hearing, to take disciplinary action against an individual.

Laws in Texas, such as the Texas Midwifery Act, are passed by the Texas Legislature. Federal laws, such as CLIA, are passed by Congress. Laws are usually somewhat general, to allow for interpretation by rule or policy. Laws may be passed only through specific processes established by the legislature or Congress, which allow for public input. Laws may be amended (changed) or codified (reorganized into a Code for clarity); laws may also be repealed (permanently removed). Laws generally provide specific guidance on who has the duty to enforce the provisions of the law.

Rules are adopted by various governmental entities, such as the Texas Midwifery Board, to implement existing or new laws. Rules adopted under a particular law may not exceed the scope permitted by that law - e.g. the Texas Midwifery Act authorizes the Texas Midwifery Board, with the approval of the Executive Commissioner of HHSC, to adopt rules related to midwifery, but not to medicine or nursing. Rule making follows a specific policy, which requires public notice of proposed rules through publication in the Texas Register with a minimum 30 day public comment period before final rules can be adopted. Rules can be amended or repealed and replaced with new rules through this process. Often rules define how to comply with a specific requirement of law.

Laws and rules are also subject to judicial (court) interpretation. The legal opinion rendered by an individual judge or the Supreme Court may change how a law or rule is interpreted or enforced. If a law or rule is unclear, an opinion may be requested from the Office of the Attorney General.

Who is approved to provide continuing education for midwives?

The Education rules specifically list who may approve continuing education that is acceptable for the licensed midwives. The list of approved accrediting bodies is found in rule and currently includes:

(i) a professional midwifery association, nursing, social work, or medicine;
(ii) an approved midwifery school, a college or university;
(iii) a nursing, medical, or health care organization;
(iv) a state board of nursing or medicine;
(v) a department of health; or
(vi) a hospital.

A professional midwifery association may be a national, state or local midwifery association. The continuing education must relate to the practice of midwifery.

How do I become an apprentice in Texas?

If you are enrolled as a student in an approved basic midwifery education course, contact your course supervisor. If you wish to serve as an apprentice to a licensed midwife while not enrolled in a course, you may contact the Midwifery Program for a list of midwives currently licensed in Texas, and then make individual arrangements to work under the supervision of a particular midwife. If you intend to apply for licensure, you might wish to contact the North American Registry of Midwives (NARM) for information on becoming a Certified Professional Midwife (CPM). You will then be better prepared to provide evidence of your training and experience acceptable to NARM.

The Midwifery Board has adopted an Apprentice/Student Policy concerning issues related to the training and supervision of midwifery students/apprentices whether or not they are enrolled in approved basic midwifery education courses. Please see the Policy and the Forms.

How do I become licensed for the first time?

1. Successfully complete a course on midwifery (either on-site or correspondence course) approved by the Texas Midwifery Board AND successfully pass the state approved comprehensive written exam;
OR
2. Successfully complete a MEAC-accredited course on midwifery AND successfully pass the state approved comprehensive written exam AND successfully complete a continuing education course on the current Texas Midwifery Basic Information and Instructor Manual;
OR
3. Qualify for certification by NARM and complete the NARM certification process, thereby becoming a Certified Professional Midwife (CPM) AND successfully complete a continuing education course on the current Texas Midwifery Basic Information and Instructor Manual.

You would then send proof of successful completion of one of the three alternatives listed above, along with

- an application for a midwife license in Texas;
- a copy of a current CPR card (both sides) as proof of current certification for health care providers by the American Heart Association; professional rescuer from the Red Cross; or healthcare and professional rescuer from the National Safety Council;
- a copy of a current Neonatal Resuscitation training card (both sides) issued by the American Academy of Pediatrics;
- either a Newborn Screening Plan, or evidence of approved training in Newborn Screening;
- copy of Jurisprudence Examination certificate; and
- an application fee of $280.

In addition, you must familiarize yourself with Texas law and rules governing the practice of midwifery.

How do I renew my license?

Once licensed, you renew your license every two years, paying a $562 fee and providing any other information required under current rules. The requirement for continuing education is presently 20 hours/two-year renewal.

- an application for renewal;
- a copy of a current CPR card (both sides) as proof of current certification for health care providers by the American Heart Association; professional rescuer from the Red Cross; or healthcare and professional rescuer from the National Safety Council;
- a copy of a current Neonatal Resuscitation training card (both sides) issued by the American Academy of Pediatrics;
- proof of completion of 20 hours of acceptable continuing education;
- copy of Jurisprudence Examination certificate if due - you must take the Jurisprudence exam once every four years (every other renewal); and
- A renewal fee of $562.

How do I renew after a lapse in licensure?

Midwives have up to one year after their license expires to renew late. Otherwise, they must reapply for licensure and meet the current requirements.

What if a complaint is filed against me?

One of the functions of the Texas Midwifery Board is to evaluate complaints filed against licensed midwives. If you have received a notification of a complaint, there are a few important things that you should know. Carefully read all letters mailed to you by the Midwifery Program regarding the complaint, and call if you have any questions. Be aware that the goal of the Complaint Review process is to protect the health and safety of the people of Texas by ensuring that midwifery is practiced in accordance with the law and rules. Any person may file a complaint with the Midwifery Program by filling out a complaint form. The complainant is permitted to remain anonymous, so you may never know who complained about the midwifery care you provided.

The complaint will first be presented to the Complaint Review Committee. You are invited and encouraged to attend. Bring your original midwifery records and any other information you believe might be helpful in explaining the events in question. This is an opportunity to share the events of the complaint from your perspective. Welcoming the Complaint Review Committee into your thought process is an important part of helping the Committee to understand what happened.

The Complaint Review Committee has the responsibility of evaluating all of the information presented to them and deciding how the complaint should be handled based on the laws and rules

that govern midwifery in the state of Texas. The Committee may close the case with no violation, they may recommend a disciplinary action to the Midwifery Board and they may make suggestions to the midwife as to how to improve her practice.

Once the case is heard before the Committee, you will receive either a letter stating that the Board has closed the complaint, or a letter informing you of your options, including your right to request a hearing and/or a settlement conference. It is imperative that you respond to this letter in a timely fashion. The final decision about your complaint is made by the Texas Midwifery Board.

Disciplinary action may only be taken against you in accordance with the Administrative Procedure Act (APA). Remember that you always have the right to consult with other midwives or an attorney regarding the care you provided. Peer review reports may also be submitted to the Complaint Review Committee, if available.

For more information, please read the Complaint Review rules, 22 TAC §831 Subchapter E. In addition to the rules, the Midwifery Board has approved specific information on the complaint review process. It may be found on the Board's website.

IV. Texas Midwifery Act:
http://www.dshs.state.tx.us/midwife/mw_laws.shtm

V. Texas Midwifery Board Rules for Midwifery Practice:
http://www.dshs.state.tx.us/midwife/mw_rules.shtm

VI. Other Laws and Rules Relevant to the Practice of Midwifery in Texas

VI. Summary of Topics Covered

The practice of midwifery in Texas requires that midwives and apprentices familiarize themselves with a variety of federal and state laws, rules and policies related to the provision of health care. These are the primary topics:

Health Related Laws and Rules

- **Newborn Screening**
- **HIV/STD/Hepatitis B Testing**
- **Eye Prophylaxis**
- **Communicable Diseases**
- **Standard Precautions**
- **Newborn Hearing Screening**
- **Use of Oxygen**

Administrative Laws and Rules

- **Birth and Death Certificates**
- **Birthing Center Licensing**
- **Acknowledgment of Paternity**
- **Birth Registrar Certification**
- **Medicaid**
- **NPI Numbers**

Required Provision of Informational Materials

- **Postpartum Depression Resource List**
- **SIDS**
- **Shaken Baby**
- **Vaccine Schedule**
- **Pertussis**
- **Cord Blood Registry**

Other

- **Family Violence, Child Abuse and Mandatory Reporting Laws**
- **Clinical Laboratory Improvement Act (CLIA)**
- **Other Health Related Professions**
- **HIPAA**
- **Standing Orders**

VI.1 Health Related Laws and Rules

Newborn Screening

Summary: Midwives are required to either perform the two required newborn screening tests; to refer the infant for screening; or to document the client's refusal to permit screening in midwifery records.

The Texas Department of State Health Services (DSHS) Newborn Screening Program consists of testing, follow-up and clinical care coordination. All babies born in Texas are required to have two rounds of screening tests for certain inheritable and other disorders. The Newborn Screening Program identifies those infants who have an abnormal screen at birth or shortly after birth. An abnormal laboratory result triggers follow-up and case management to ensure that the baby receives confirmatory testing and treatment, if needed. Early treatment can prevent serious complications such as growth problems, developmental delays, deafness or blindness, mental retardation, seizures or even early death.

The specimens are submitted to the DSHS laboratory. An active follow-up system is maintained by the DSHS Newborn Screening (NBS) Staff on all abnormal reports. Health care providers are contacted by mail or telephone with instructions for further testing. Public health nurses and social workers are often utilized to help locate families and assist with follow-up procedures.

Literature and patient education materials are available online from the Texas Department of State Health Services at: http://www.dshs.state.tx.us/newborn/ .

With the initial application for licensure, midwives are required to submit one of two forms to the Midwifery Program - either the *Midwife Training Certification Form Newborn Screening Specimen Collection* or the *Newborn Screening Agreement for Newborn Babies of Midwife Clients.* These forms may be found on the board's website and in the Forms section of this Manual.

A copy of the *Newborn Screening Test Objection Form* approved by the Midwifery Board is located in the Forms section of this manual. Please retain this document in your midwifery records if your client refuses to permit the newborn screening tests.

Midwives should also refer to the Midwifery Rules on Newborn Screening, 22 Texas Administrative Code §831.121, for guidance on performing these tests.

The law on the requirement for testing, the parent's right to refuse the test, and the parent’s right to require that the child’s genetic material obtained for the test be destroyed after testing, is Health and Safety Code, Chapter 33.

HIV/STD/Hepatitis B Testing

Summary: Midwives are required to comply with applicable state laws on communicable diseases, including those which require testing for HIV, syphilis, and Hepatitis B, both at the first prenatal visit and at birth. Depending on individual circumstances, a midwife may perform the tests; refer the client for testing; or document refusal of the test(s) in midwifery records.

Health and Safety Code Sec. 81.090 requires the midwife to draw the mother's blood to perform testing for syphilis, Hepatitis B and HIV both during pregnancy, at 36 weeks and upon admittance for delivery. The law also requires the midwife to provide the mother with DSHS printed materials about HIV, AIDS, hepatitis B, and syphilis; to explain the difference between confidential and anonymous testing, and to chart that the materials were provided.

A mother can object to the HIV test, which is confidential and not anonymous. A confidential test means that the mother's real name is associated with the results. Anonymous testing means that the mother does not have to provide her real name to be tested for HIV. If the mother objects to the HIV test, the midwife should not perform the test, but instead is required by law to provide the mother with information on anonymous testing sites or methods.

DSHS information for distribution to clients is available in English and Spanish online at: http://www.dshs.state.tx.us/hivstd/ .

A positive test result may require referral or transfer of the client to another health care provider. It must also be reported in accordance with the Communicable Disease Prevention and Control Act (see Communicable Diseases in this section of the Manual).

The rule which implements the law is 25 Texas Administrative Code §97.135.

Eye Prophylaxis

Summary: Midwives are required to administer eye prophylaxis approved by the department to all newborns, or cause it to be administered, unless the parent refuses medical treatment for religious reasons, or the newborn is immediately transferred to a hospital. Possession of eye prophylaxis by a midwife is not a violation of the Health and Safety Code, Chapter 483. Dangerous Drugs.

Midwives are required by state law to administer eye prophylaxis to newborns unless the infant is immediately transported to hospital. Midwives may obtain, carry and administer eye prophylaxis without a standing delegation order from a physician. Midwives should also refer to the Midwifery Rules on Eye Prophylaxis, 22 TAC §831.111.

The Texas law which requires eye prophylaxis is the Communicable Disease Prevention and Control Act, Health and Safety Code Section 813.091. A midwife has prescriptive authority for eye prophylaxis granted by the Dangerous Drug Act, Health and Safety Code Sections 483.001(13) and 483.041(c)(9).

Communicable Diseases
Summary: Midwives are required by the Communicable Disease Prevention and Control Act to report suspected cases of any reportable communicable disease, if not already being reported by a physician or laboratory.

For the protection of the public, certain diseases and health conditions must be reported to the Texas Department of State Health Services and/or local health departments. A midwife must report each client he or she examines who has or is suspected of having any reportable disease or health condition, or any outbreak, exotic disease, or unusual group expression of illness of any kind whether or not the disease is known to be communicable or reportable.

For more information on reporting requirements, please contact the DSHS Infectious Disease Control Unit through the DSHS website at: http://www.dshs.state.tx.us/idcu/

25 Texas Administrative Code §97.2 includes legal requirements related to Communicable Diseases and 25 Texas Administrative Code §97.132 describes who is mandated to report Sexually Transmitted Diseases.

Standard Precautions (formerly Universal Precautions)
Summary: Midwives must comply with both federal and state laws, rules and policies related to preventing the transmission of pathogens.

A number of laws, rules and policies, including federal regulations, address the issue of preventing the transmission of various pathogens, including HIV and Hepatitis B. Occupational Safety and Health Administration (OSHA) rules are particularly concerned with health risks faced by employees who may be exposed in the course of employment to potentially infectious materials.

The Midwifery Practice Standards and Principles, 22 TAC §831.51(f)(2) requires that midwives follow accepted infection control procedures regarding equipment, examinations and procedures, and be familiar with and practice standard precautions established by OSHA guidelines.

For the latest information and/or guidelines, please contact your local OSHA office, the appropriate DSHS Program, or the Centers for Disease Control and Prevention (CDC) at (800) 311-3435.

Newborn Hearing Screening
Summary: Texas law requires hospitals and large birthing centers to provide newborn hearing screening. Midwives practicing in small birthing centers or the home birth setting may wish to refer their clients for this service.

An average of two babies with hearing loss are born each day in Texas. In fact, the annual number of infants with hearing loss is more than twice that of all the genetic and metabolic disorders identified by blood screens. Early detection of hearing loss enables clients to be referred for further evaluation as needed and early intervention services. Infants who are hard of hearing or deaf and receive intervention before 6 months of age maintain language development almost equal to their cognitive abilities through age 5.

The DSHS Texas Early Hearing Detection and Intervention (TEHDI) Program is the State's universal newborn hearing screening, tracking and intervention program.

Texas law requires that certain birth facilities offer newborn hearing screening (NBHS) to all families of newborns during the birth admission. Facilities that must offer NBHS are:

(a) Hospitals licensed under Chapter 241 that offer obstetrical services and are located in counties with populations greater than 50,000, and
(b) Birthing Centers licensed under Chapter 244 that are located in counties with populations greater than 50,000 and that have 100 or more births per year.

Facilities that are legislatively mandated to offer NBHS are certified by DSHS. You may contact the DSHS Texas Early Hearing Detection and Intervention (TEHDI) Program at 1-800-252-8023 to locate a facility to which your clients can be referred for newborn hearing screening, and for information on hearing loss and resources available to assist your clients.

Use of Oxygen

Midwives are authorized to purchase and possess oxygen in the state of Texas only for the purpose of administering it to mothers and babies in accordance with board rules, located at 22 TAC § 831.101 Administration of Oxygen. These rules do not require midwives to use oxygen.

State law and rules also authorize midwives to purchase and possess oxygen and the supplies necessary to administer it.

Health and Safety Code Chapter 483.001(a) authorizes a midwife to write a "prescription", and 483.041(9) specifies that the only dangerous drugs for which a midwife may write a prescription are eye prophylaxis and oxygen.

Midwifery Board rules at 22 TAC § 831.101 (d) states that "Midwives are authorized to purchase equipment and supplies listed in the American Heart Association Cardiopulmonary Resuscitation Guidelines and the American Academy of Pediatrics Neonatal Resuscitation Guidelines for the administration of oxygen."

VI.II Administrative Laws and Rules

Birth and Death Certificates
Summary: Midwives file birth and death certificates in accordance with the requirements established by the Texas Department of State Health Services Health Information & Vital Statistics Section.

Midwives file birth and death certificates in accordance with the rules of the DSHS Vital Statistics Unit. Local registrars in each Texas county are responsible for ensuring that the birth certificates they accept and send on to the DSHS Vital Statistics Unit office in Austin are accurate and complete. Birth certificates should be obtained from the registrar with whom the certificate will be filed; or births may be filed electronically through the TER system.

Birth certificates should be filed within five (5) days of the birth.

Information on filling out and filing birth certificates in Texas, and access to the TER system, may be obtained from the DSHS Vital Statistics Unit at: http://www.dshs.state.tx.us/vs/field/ . Obtaining and reviewing a copy of the Handbook on Birth Registration is recommended.

The law related to birth certificates is Health and Safety Code §192.003 and §192.004. A list of local registrars is posted at: http://www.dshs.state.tx.us/vs/field/localremotedistrict.shtm .

Birthing Center Licensing

Summary: Midwives who wish to establish a birthing center must apply for a license. Midwives owning or working in a licensed birthing center are required by the Texas Midwifery Act to comply with birthing center rules.

Health and Safety Code Chapter 244 requires birthing centers to be licensed by the Texas Department of State Health Services. A "Birthing Center" means a place, facility, or institution at which a woman is scheduled to give birth following a normal, uncomplicated pregnancy, but does not include a hospital or the residence of the woman giving birth. It does include the personal residence of the midwife.

The staff of the Facility Licensing Group is responsible for licensing birthing centers. The Group develops rules adopted by the Executive Commissioner of HHSC which establish minimum standards for birthing center licensing procedures, for inspections; for the conditions of a license; for denying, suspending, and revoking a license; for operational standards; for clinical standards; for license fees; and for access to records.

Midwives owning or working in birthing centers are required to comply both with the Texas Midwifery Board rules governing midwifery practice, and with the Texas Department of State Health Services rules governing licensed birthing centers.

The Texas Department of State Health Services may suspend, revoke or deny a birthing center license for violating the Birthing Center Licensing Act or the rules adopted by the department. In addition, if the birthing center has violations which create an immediate threat to the health and safety of its patients, a temporary restraining order may be imposed, a civil penalty may be assessed, and/or injunctive relief may be granted by a district court. Compliance with applicable statutes and rules is monitored by means of surveys.

There are approximately 60 licensed birthing centers in Texas.
Licensure Fees: Initial / Renewal . . . . . $2,000 / 2 years

Applications for licensure may be obtained by writing to:

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT - FACILITY LICENSING GROUP
DELIVERY CODE 2835
P.O. BOX 149347, MC 2003
AUSTIN, TEXAS 78714-9347

Obtaining and reviewing a copy of the Birthing Center Licensing Rules (25 TAC §§137.1 - 137.55) is recommended.

Acknowledgment of Paternity (AOP)
Summary: Midwives filing birth certificates must be prepared to file the appropriate forms, and to appropriately inform men wishing to acknowledge paternity regarding their rights and responsibilities under the state laws implementing federal welfare reform legislation.

As a part of welfare reform legislation, federal law (42 United States Code §666(a)(5)) and federal regulations (45 Code of Federal Regulations §302.70(a)(5)(iii) and §303.5(g)) require that states adopt regulations related to the establishment of paternity. The Texas Office of the Attorney General and the DSHS Vital Statistics Unit are collaborating to ensure that all persons filling out birth certificates provide appropriate guidance to parents who may be required to file an Acknowledgment of Paternity (AOP) form in order to establish paternity. Trainings are provided throughout the state to midwives, registrars, hospital personnel, and other interested parties. After completing the mandatory training, each individual will be given a number for use in completing the AOP.

A person who is certified to complete an AOP must attend an annual training to remain certified.

In general, an AOP is required before a father's name may be listed on the birth certificate if: the parents are not married; if the woman is married to someone other than the person wishing to be listed as the father on the birth certificate; or if the woman was previously divorced or widowed within 12 months prior to the birth.

More information, including information on required training, may be obtained from the Texas Office of the Attorney General at https://www.oag.state.tx.us/cs/aop/aop_train.shtml .

Birth Registrar Certification
Texas Birth Registrar Certification (effective August 11, 2013) was created to improve birth registration in Texas by standardizing the data collection and data entry practices of birth registrars. Requiring certification ensures that birth registrars in Texas attend training in relevant areas including data collection, TER, security and fraud, and customer service. In order to file birth certificates, midwives need to become certified birth registrars.

Each Birth Registrar will need to complete an online Birth Registrar Application in order to become certified. Before completing the application the Birth Registrar must have completed the following:

- Currently registered in the TER system – must have a unique TER User ID and password.
- Currently AOP certified.
- Completed the TER-Birth online training.
- Signed the Oath of Confidentiality / Non-disclosure statement.

Midwives will need to be currently licensed to become certified. Each Birth Registrar will need to be re-certified every two years based on the date of the initial certification. Eight (8) hours of continuing education is required for each renewal.

More information is available from Texas Vital Statistics at: http://www.dshs.state.tx.us/vs/

Medicaid
Beginning January 1, 2013, licensed midwife (LM) providers can enroll in Texas Medicaid. The online Provider Enrollment on the Portal (PEP) and the paper Texas Medicaid Provider Enrollment Application have been updated to allow for the enrollment of LMs.

The updated paper Texas Medicaid Provider Enrollment Application is version XXII. A checkbox for the LM provider type and the Physician's Letter of Agreement form, which will be required for LMs and certified nurse midwives, will also be added to this version of the paper application. For more information or for assistance with completing the application, call the TMHP Contact Center at 1-800-925-9126.

NPI Numbers
The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique **National Provider Identifier (NPI)**. Information is available online at:
https://nppes.cms.hhs.gov/NPPES/Welcome.do

VI.III Required Provision of Informational Materials

Postpartum Depression Resource List
Summary: State law requires midwives to provide a reference list on pregnancy, parenting and depression prepared by the Department of State Health Services to all clients.

The Texas Legislature passed HB 341, Parenting and Postpartum Counseling Information, in the 78th Regular Legislative Session (2003). This law, effective Sept. 1, 2003, requires physicians, midwives, hospitals and birthing centers who provide prenatal care to a pregnant woman during gestation or at delivery to provide the woman with a current resource list of professional organizations that provide postpartum counseling and assistance to parents.

The list, the "Pregnancy, Parenting and Depression Resource List", is maintained by the Texas Department of State Health Services (DSHS). In addition, it must be documented in the client's chart that she received this information and the documentation must be retained for a minimum of three years. It is recommended that the information be given twice, once at the first prenatal visit and again after delivery.

This list contains the names and addresses of professional organizations that can help pregnant and postpartum women find a local resource that meets their needs. There are also some toll-free assistance phone lines. The list is updated regularly.

To view and print an updated resource list, you should visit the DSHS website at: http://www.dshs.state.tx.us/mch/depression.shtm. The list is available in English and in Spanish.

SIDS

During the 2005 regular legislative session, legislators passed SB 316, which requires hospitals, birthing centers, physicians, nurse-midwives, and midwives who provide prenatal care to pregnant women during gestation or at delivery to provide the woman and the father of the infant or other adult caregiver for the infant with a resource pamphlet that includes information on postpartum depression, shaken baby syndrome, immunizations and newborn screening. Providers must document in the client's chart that she received this information and the documentation must be retained for a minimum of five years. It is recommended that the information be given twice, once at the first prenatal visit and again after delivery. Additional details of the law can be located in the Texas Health and Safety Code Section 161.501. During the 2011 legislative session, an amendment was made requiring the addition of pertussis information to the pamphlet distributed by providers. DSHS has added the required pertussis information to the Information for Parents of Newborns pamphlet. The related bill is HB3336.

More information is available at: http://www.dshs.state.tx.us/mch/Parents_of_newborn.shtm

Shaken Baby

During the 2005 regular legislative session, legislators passed SB 316, which requires hospitals, birthing centers, physicians, nurse-midwives, and midwives who provide prenatal care to pregnant women during gestation or at delivery to provide the woman and the father of the infant or other adult caregiver for the infant with a resource pamphlet that includes information on postpartum depression, shaken baby syndrome, immunizations and newborn screening. Providers must document in the client's chart that she received this information and the documentation must be retained for a minimum of five years. It is recommended that the information be given twice, once at the first prenatal visit and again after delivery. Additional details of the law can be located in the Texas Health and Safety Code Section 161.501. During the 2011 legislative session, an amendment was made requiring the addition of pertussis information to the pamphlet distributed by providers. DSHS has added the required pertussis information to the Information for Parents of Newborns pamphlet. The related bill is HB3336.

More information is available at: http://www.dshs.state.tx.us/mch/Parents_of_newborn.shtm

Vaccine Schedule

During the 2005 regular legislative session, legislators passed SB 316, which requires hospitals, birthing centers, physicians, nurse-midwives, and midwives who provide prenatal care to pregnant women during gestation or at delivery to provide the woman and the father of the infant or other adult caregiver for the infant with a resource pamphlet that includes information on postpartum depression, shaken baby syndrome, immunizations and newborn screening. Providers must document in the client's chart that she received this information and the documentation must be retained for a minimum of five years. It is recommended that the information be given twice, once at the first prenatal visit and again after delivery. Additional details of the law can be located in the Texas Health and Safety Code Section 161.501. During the 2011 legislative session, an amendment was made requiring the addition of pertussis

information to the pamphlet distributed by providers. DSHS has added the required pertussis information to the Information for Parents of Newborns pamphlet. The related bill is HB3336.

More information is available at: http://www.dshs.state.tx.us/mch/Parents_of_newborn.shtm

Pertussis
During the 2005 regular legislative session, legislators passed SB 316, which requires hospitals, birthing centers, physicians, nurse-midwives, and midwives who provide prenatal care to pregnant women during gestation or at delivery to provide the woman and the father of the infant or other adult caregiver for the infant with a resource pamphlet that includes information on postpartum depression, shaken baby syndrome, immunizations and newborn screening. Providers must document in the client's chart that she received this information and the documentation must be retained for a minimum of five years. It is recommended that the information be given twice, once at the first prenatal visit and again after delivery. Additional details of the law can be located in the Texas Health and Safety Code Section 161.501. During the 2011 legislative session, an amendment was made requiring the addition of pertussis information to the pamphlet distributed by providers. DSHS has added the required pertussis information to the Information for Parents of Newborns pamphlet. The related bill is HB3336.

More information is available at: http://www.dshs.state.tx.us/mch/Parents_of_newborn.shtm

Cord Blood Registry
The Texas Cord Blood Bank (TCBB) allows families the opportunity to donate their infant's cord blood, regardless of socioeconomic status, to ensure that all patients needing a bone marrow/stem cell transplant are given this opportunity. The Texas Cord Blood Bank is a nonprofit organization housed in the South Texas Blood & Tissue. More information, including training information on collecting cord blood, is available at:
http://www.southtexasblood.org/Home/TexasCordBloodBank.aspx

VI.IV Other

Family Violence, Child Abuse and Mandatory Reporting Laws
Summary: Midwives must report abuse or neglect which affects a child.

Family violence and sexual abuse bring up many threatening and uncomfortable issues for health care professionals. Screening for abuse history is not a common practice during pre-natal care, and yet statistics indicate that abuse is more common than placenta previa or gestational diabetes and has potentially as negative a result for mother and child. In fact, abuse during pregnancy is indicative of a relationship prone to more severe and possibly life threatening abuse throughout. Intrauterine bruising, fetal bone fractures and joint dislocations secondary to abuse have been reported as well as the more common incidence of miscarriage and low birth weight associated with battering during pregnancy. Such consequences could be and most certainly should be described as prenatal child abuse.

A report of child abuse can be made to your local child protection agency or to state or local law enforcement. If the minor was abused by a person not responsible for the child's care, custody or welfare, then the report cannot be taken by the Department of Protective and Regulatory Services

or their local agencies. Those reports should be made to the local law enforcement. The identity of the individual making the report is confidential and cannot be disclosed except to law enforcement or by order of the court.

Abuse is also defined as sexual conduct harmful to a child's mental, emotional or physical welfare. A child is defined as an unmarried person under the age of 18 who has not been emancipated. (If the patient who discloses abuse is an adult or an emancipated child, you are not required to report the abuse but you are required by another state law to thoroughly document and refer.) For more information, definitions of terms, reporting requirements, and penalties for offenses, refer to Texas Family Code, Section 261, and Texas Penal Code, Section 21.11.

A person who knowingly fails to report has committed an offense classified as a Class B misdemeanor. The 1996 Texas Family Code, Title 5, subtitle E, Section 261.101, Subchapter B, Subsections a, b, and c, states that a professional who has cause to believe that a child has been or may be abused or neglected is required to report the abuse within 48 hours. Section 261 defines abuse as (among other things) physical injury that results in substantial harm to a child, or the genuine threat of substantial harm from physical injury.

CLIA Certificate of Waiver
Summary: This federal legislation requires that all types of lab testing be performed in accordance with federal standards.

Midwives who perform specific tests, including urine dipsticks, which are listed at the lowest category of complexity called waived tests, must register and apply for a Certificate of Waiver. The information required, including application and correct office to which to send the paperwork (Texas is divided into zones), can be obtained from the Health Facility Licensing Group, Texas Department of State Health Services, http://www.dshs.state.tx.us/hfp/clia.shtm.

Other Health Related Professions
Summary: The laws which govern the regulation of health professions (including medicine, nursing, etc.) in Texas can now be found in the Occupations Code. Each regulatory board then establishes rules to implement its enabling statute.
The Texas Occupations Code contains laws related to the licensing, regulation and scope of practice of many health professionals. Each of these professions may have standards or requirements that restrict the use of certain professional titles, or the types of activities that may be provided by unlicensed persons.

HIPAA
Summary: This federal law, the Health Insurance Portability and Accountability Act, imposes specific requirements on covered health care providers. DSHS has links and guidance available at: http://www.dshs.state.tx.us/hipaa/.

What is HIPAA?

HIPAA is the acronym of the Health Insurance Portability and Accountability Act of 1996. The main purpose of this federal statute was to help consumers maintain their insurance coverage, but

it also includes a separate set of provisions called **Administrative Simplification**, which include:

- Standardized electronic transmission of common administrative and financial transactions (such as billing and payments)
- Unique health identifiers for individuals, employers, health plans, and heath care providers
- Privacy and security standards to protect the confidentiality and integrity of individually identifiable health information

Penalties for Failure to Comply with HIPAA

The legislation carries heavy civil and criminal penalties for failure to comply. US DHHS Office for Civil Rights will enforce civil penalties that may include penalties from $100 per violation to $25,000 per calendar year. US Department of Justice will enforce criminal penalties which may include up to 10 years imprisonment and a $250,000 fine.

Can I release midwifery records to DSHS under HIPAA?

You can continue to provide protected health information to DSHS investigators, inspectors, and licensing and enforcement divisions under this exception in the HIPAA Privacy Standards:

Section 164.512(d) permits covered entities to disclose private health information to a health oversight agency for oversight activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for the oversight of the health-care system, government benefit programs, compliance with governmental regulation or compliance with civil rights laws.

Standing Orders

Summary: Midwives with standing orders are subject to board rules.
Midwives who administer medications under standing orders from a physician must ensure that those orders are current (reviewed at least annually) and comply with the rules of the Texas Medical Board. Midwives have the responsibility not to follow an outdated order.

In addition, the Texas Midwifery Act TOC 203.401 specifically prohibits using a medicine to advance or retard labor or delivery.

Rules of the Texas Medical Board: 22 TAC Chapter 193 Standing Delegation Orders.

VII. Standard Forms - http://www.dshs.state.tx.us/midwife/mw_forms.shtm

- Application for Licensure
- Informed Choice
- Newborn Screening Agreement
- Newborn Screening Training Certification

- Newborn Screening Test Objection Form

VIII. Other Information

- List of Midwifery Board Members
  http://www.dshs.state.tx.us/midwife/mw_members.shtm
- List of Approved Basic Midwifery Education Courses
  http://www.dshs.state.tx.us/midwife/mw_schools.shtm
- List of Licensed Midwives in Texas
  http://www.dshs.state.tx.us/midwife/mw_roster.shtm
- Midwifery Board Information on the Complaint Review Process
  http://www.dshs.state.tx.us/midwife/mw_forms.shtm
- Board Policies
  http://www.dshs.state.tx.us/midwife/mw_policies.shtm