



INFORMED CHOICE AND DISCLOSURE STATEMENT

I _____ am required to provide **and explain** this form to you.
(Midwife)

My Texas license number is _____. My license expires on _____.

My Cardiopulmonary Resuscitation Certification (CPR) expires on _____.

My Neonatal Resuscitation Certificate expires on _____.

I am required to take at least 20 contact hours of continuing education every 2 years.

___ I am in compliance with these requirements. ___ I am not in compliance with these requirements.

I have practiced Midwifery for ___ years. I first received my Texas license on _____ date.

I have attended _____ births and was the primary caregiver in _____.

I have been licensed in another state.

I have not been licensed in another state.

If so, the state and my license number(s) are/were: _____

I am required to:

- Ensure all births and deaths are registered
- Comply with the Dangerous Drug and Controlled Substances Acts
- Comply with State laws regarding communicable diseases, including testing for HIV, Hepatitis B, and syphilis
- Put eye prophylaxis (ointment) on your newborn's eyes within 2 hours of birth
- Perform a blood test on your newborn to screen for heritable diseases and hypothyroidism.

_____ I am approved to collect blood specimens to perform these tests

_____ I am not approved to collect the blood specimens. I will be referring you to:

_____ for the collection of the specimens.

I may **not**:

- use a medicine or mechanical device to help slow down labor or speed up delivery
- administer a prescription drug unless I am under the supervision of a licensed Texas physician, you need oxygen, or I am administering eye prophylaxis
- use forceps or surgical instruments unless cutting the umbilical cord or providing emergency first aid during delivery
- remove the placenta by invasive techniques
- make a false statement or record on a birth certificate
- make a false statement in an advertisement or when listing my credentials

I do not have malpractice insurance. _____ (client initials)

I do have malpractice insurance through _____.

- **If there is an emergency before, during, or after delivery, anyone can call 911.**
- If there is an emergency before, during, or after delivery, I **must** initiate an immediate transfer of care either by private vehicle or by calling 911.

In the event of an emergency and you are not transported by an ambulance:

You will go to, and the exact address is:

or

_____	_____
_____	_____
_____	_____
_____	_____

Note: Additional hospitals may be attached to this form.

▪ My non-transport medical backup arrangements are _____

Midwives are regulated by:

Texas Department of Licensing and Regulation (TDLR)
P.O. Box 12157, Austin, Texas 78711
1-800-803-9202 * 512-463-6599 * 512-539-5698 (fax)

To file a complaint, go to www.tdlr.texas.gov and select "File a Complaint" in the toolbar, or call the numbers above. The statutes and rules midwives are required to follow can be found at the website listed above.

Signature of Client

Date

Signature of Midwife

Date