

§831.60 Prenatal Care

(a) The midwife shall collect, assess, and document maternal care data through a detailed obstetric, gynecologic, medical, social, and family history and a complete prenatal physical exam and appropriate laboratory testing; develop and implement a plan of care; thereafter evaluate the client's condition on an ongoing basis; and modify the plan of care as necessary. Health education/counseling shall be provided by the midwife as appropriate.

(b) If on initial or subsequent assessment, one of the following conditions exists, the midwife shall recommend referral as defined in §831.52 of this title (relating to Inter-Professional Care) and document that recommendation in the midwifery record:

- (1) infection requiring antimicrobial therapy;
- (2) Hepatitis;
- (3) non-insulin dependent diabetes;
- (4) thyroid disease;
- (5) current drug or alcohol abuse;
- (6) asthma;
- (7) abnormal pap smear (consistent with malignancy or pre-malignancy) during the current pregnancy;
- (8) seizure disorder;
- (9) prior cesarean section (except for prior classical or vertical incision, which will require transfer in accordance with subsection (c)(8) of this section);
- (10) multiple gestation;
- (11) history of prior antepartum or neonatal death;
- (12) history of prior infant with a genetic disorder;
- (13) significant vaginal bleeding;
- (14) maternal age less than 15 at EDC;
- (15) cancer or history of cancer;
- (16) psychiatric illness; or
- (17) any other condition or symptom which could adversely affect the mother or fetus, as assessed by a midwife exercising ordinary and reasonable skill and knowledge.

(c) If on initial or subsequent assessment, one of the following conditions exists, the midwife shall recommend transfer in accordance with §831.52 of this title and document that recommendation in the midwifery record:

- (1) placenta previa in the third trimester;
- (2) Human Immunodeficiency Virus (HIV) positive or Acquired Immunodeficiency Syndrome (AIDS);
- (3) cardio vascular disease, including hypertension, with the exception of varicosities;
- (4) severe psychiatric illness;
- (5) history of cervical incompetence with surgical therapy;
- (6) pre-term labor (less than 36 weeks);
- (7) Rh or other blood group isoimmunization;
- (8) any previous cesarean section with a vertical or classical incision, or any previous uterine surgery which required an incision in the uterine fundus;
- (9) preeclampsia/eclampsia;
- (10) documented oligo-hydramnios or poly-hydramnios;
- (11) any known fetal malformation;
- (12) preterm premature rupture of membranes (PPROM);
- (13) intrauterine growth restriction;
- (14) insulin dependent diabetes; or
- (15) any other condition or symptom which could threaten the life of the mother or fetus, as assessed by a midwife exercising ordinary skill and education.

(d) In lieu of referral or transfer, the midwife may manage the client in collaboration with an appropriate health care professional as defined in §831.52 of this title.

§831.52 Inter-professional Care

The following definitions regarding inter-professional care of women within a midwifery model of care apply to this chapter.

(1) Consultation is the process by which a midwife, who maintains primary management responsibility for the woman's care, seeks the advice of another health care professional or member of the health care team.

(2) Collaboration is the process in which a midwife and a health care practitioner of a different profession jointly manage the care of a woman or newborn who needs joint care, such as one who has become medically complicated. The scope of collaboration may encompass the physical care of the client, including delivery, by the midwife, according to a mutually agreed-upon plan of care. If a physician must assume a dominant role in the care of the client due to increased risk status, the midwife may continue to participate in physical care, counseling, guidance, teaching, and support. Effective communication between the midwife and the health care professional is essential to ongoing collaborative management.

(3) Referral is the process by which a midwife directs the client to a health care professional who has current obstetric or pediatric knowledge and is either a physician licensed in the United States; or working in association with a licensed physician. The client and the physician (or associate) shall determine whether subsequent care shall be provided by the physician or associate, the midwife, or through collaboration between the physician or associate and midwife. **The client may elect not to accept a referral or a physician or associate's advice, and if such is documented in writing, the midwife may continue to care for the client according to his/her own policies and protocols.**

(4) Transfer is the process by which a midwife relinquishes care of the client for pregnancy, labor, delivery, or postpartum care or care of the newborn to another health care professional who has current obstetric or pediatric knowledge and is either a physician licensed in the United States; or working in association with a licensed physician. If a client elects not to accept a transfer, the midwife shall terminate the midwife-client relationship according to §831.57 of this title (relating to Termination of the Midwife-Client Relationship). If the transfer recommendation occurs during labor, delivery, or the immediate postpartum period, and the client refuses transfer; the midwife shall call 911 and provide further care as indicated by the situation. If the midwife is unable to transfer to a health care professional, the client will be transferred to the nearest appropriate health care facility. The midwife shall attempt to contact the facility and continue to provide care as indicated by the situation.

(5) Standing orders from a physician licensed in Texas must be obtained if a midwife provides any prescription medication to a client or her newborn other than oxygen and eye prophylaxis. The orders must be current (renewed annually) and must comply with the rules of the Texas Medical Board. Midwives have the responsibility not to comply with an outdated order.

Source Note: The provisions of this §831.52 adopted to be effective April 24, 2003, 28 TexReg 3327; amended to be effective September 2, 2007, 32 TexReg 5371