I.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 screening 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: https://www.dshs.texas.gov/newborn/default.shtm .

What happens to the blood spot cards after testing?

Dried blood spots remaining after newborn screening is completed are an essential part of the Newborn Screening Program. The cards are stored in a secure place and may be used until the Texas Department of State Health Services (DSHS) is required to destroy them.

Permissible uses include:

- To ensure DSHS newborn screening tests, equipment and supplies are working
- Developing new tests for newborn screening
- Study diseases that affect public health when approved by the Institutional Review Board

Did you know?

More than 850 babies are diagnosed annually with a serious but treatable disorder identified through newborn screening in Texas. For more data on the Newborn Screening Annual Report visit dshs.texas.gov/lab/NBS/NBS-Annual-Report/NBS-Annual-Report.pdf.

Publication number: 14-14057
January 2022

Contact Information and Resources

Newborn Screening Unit
Clinical Care Coordination

- Phone: 512-776-3957
- Fax: 512-776-7450
- newborn@dshs.texas.gov

Result Reports and Remote Data Systems

- Phone: 512-776-7578
- Fax: 512-776-7533
- labinfo@dshs.Texas.gov
- dshs.texas.gov/lab/remotedata.shtm

Newborn Screening Laboratory Educators

- Phone: 512-776-7585
- Fax: 512-776-7157

Newborn Screening Education Resources

- dshs.texas.gov/newborn/pubs.shtm

Sign up for Email List Service Announcements

- bit.ly/3tSbrPR

Contact Newborn Screening Laboratory

Department of State Health Services
Laboratory Services Section
Mail Code: 1947
PO BOX 149347
Austin, TX 78714-9347

Toll Free: 888-963-7111 x 7333
Phone: 512-776-7333

NewbornScreeningLab@dshs.texas.gov
dshs.texas.gov/lab/newbornscreening.shtm

Texas Newborn Screening Laboratory

Newborn screening is a simple blood test to help identify babies that may be at risk of having one or more of the disorders on the Texas Newborn Screening Panel.

Most children appear healthy at birth and are from healthy families. Early detection of disorders allows early treatment that can prevent serious complications such as growth problems, developmental delays, seizures and death.

Newborn Screening Overview

Each baby born in Texas is required by law to be tested for over 50 disorders or medical conditions.

- Collect the first screen when the baby is 24-48 hours of age
- Collect the second screen when the baby is age 7-14 days
- DSHS screens more than 350,000 babies each year
- DSHS tests more than 700,000 specimens each year
- The laboratory receives 2,000-3,000 specimens a day and processes specimens six days a week

Testing

- Small dots are punched from dried blood spots to start the testing
- Initial results are reviewed and re-tested as necessary
- DSHS Laboratory reports out-of-range results to NBS Clinical Care Coordination staff who begin follow-up protocols
- Results are reported to the submitting provider within three-to-four business days (Monday- Saturday)

Information About Some Newborn Screening Disorders

Name of Disorder	What is the problem?	What is the treatment?	What happens without treatment?
Amino Acid Disorders	Body can't break down certain proteins	May include low protein diet, special medical foods and formula, and medication	Muscle weakness, seizures, intellectual disability, or death
Fatty Acid Oxidation Disorders	Body can't break down certain fats and is unable to change some fats into energy	May include low fat diet, frequent food intake, supplementation with L-Carnitine and medium-chain triglycerides	Breathing problems, seizures, coma, or death
Organic Acid Disorders	Body can't break down certain proteins and fats	Restricting protein in diet and vitamin supplements	Muscle weakness, breathing problems, seizures, intellectual disability, or death
Congenital Adrenal Hyperplasia	Body unable to produce certain hormones including cortisol which helps regulate response to stress and blood sugar levels	Lifelong hormone replacement therapy	Dehydration, diarrhea, vomiting, slow growth, and development; death, if untreated
Congenital Hypothyroidism	Body unable to produce enough thyroid hormone	Thyroid hormone replacement therapy	Intellectual and growth disabilities
Hemoglobin Disorders	Red blood cells can't efficiently carry oxygen throughout the body	Daily penicillin	Illness, infections, or death
Biotinidase Deficiency	Body is unable to reuse and recycle the vitamin biotin	Daily dose of biotin	Hearing and vision problems, seizures, delay in development, death in severe cases
Cystic Fibrosis	Body produces excess mucus that is thick and sticky	May include breathing treatments, physical therapy, medications, proper diet	Breathing and digestive problems, early death
Galactosemia	Body can't digest galactose, a sugar found in milk and milk products	Special diet with no milk or dairy products, including breast milk	Seizures, blood infections, liver disease, eye problems, or death
Severe Combined Immunodeficiency	Body can't fight off serious and life-threatening infections, parts of immune system do not work properly	May include bone marrow transplant, medication, appropriate diet	Difficulty fighting infections, and early death
X-linked Adrenoleukodystrophy	Body can't break down certain fats called very long chain fatty acids	May include stem cell transplant, medications, physical therapy, gene therapy, or experimental dietary therapies	Hearing and vision problems, seizures, loss of developmental abilities, and death
Spinal Muscular Atrophy	Body is unable to maintain certain nerve cells that control muscle movement	May include medication or gene therapy	Difficulty with activities such as crawling, walking, sitting up, and breathing in severe cases

For more information about Texas Newborn Screening visit: dshs.texas.gov/lab/newbornscreening.shtm

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TEXAS NEWBORN SCREENING PANEL

BLOODSPOT TESTING (conducted at DSHS Laboratory)

Amino Acid Disorders	
Core Conditions	**Secondary Conditions**
• Argininosuccinic Aciduria (ASA) • Citrullinemia, Type I (CIT) • Homocystinuria (HCY) • Maple Syrup Urine Disease (MSUD) • Classic Phenylketonuria (PKU) • Tyrosinemia, Type I (TYR I)	• Argininemia (ARG) • Benign Hyperphenylalaninemia (H-PHE) • Biopterin defect in cofactor biosynthesis (BIOPT BS) • Biopterin defect in cofactor regeneration (BIOPT REG) • Citrullinemia, Type II (CIT II) • Hypermethioninemia (MET) • Tyrosinemia, Type II (TYR II) • Tyrosinemia, Type III (TYR III)
Fatty Acid Disorders	
Core Conditions	**Secondary Conditions**
• Carnitine Uptake Defect (CUD) • Long Chain L-3-Hydroxyacyl-CoA Dehydrogenase Deficiency (LCHAD) • Medium-Chain Acyl-CoA Dehydrogenase Deficiency (MCAD) • Trifunctional Protein Deficiency (TFP) • Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (VLCAD)	• 2,4 Dienoyl-CoA Reductase Deficiency (DE RED) • Carnitine Acylcarnitine Translocase Deficiency (CACT) • Carnitine Palmitoyltransferase Type I Deficiency (CPT I) • Carnitine Palmitoyltransferase Type II Deficiency (CPT II) • Glutaric Acidemia Type II (GA2) • Medium-Chain Ketoacyl-CoA Thiolase Deficiency (MCKAT) • Medium/Short Chain L-3-Hydroxyacyl-CoA Dehydrogenase Deficiency (M/SCHAD) • Short-Chain Acyl-CoA Dehydrogenase Deficiency (SCAD)
Organic Acid Disorders	
Core Conditions	**Secondary Conditions**
• 3-Methylcrotonyl-CoA Carboxylase Deficiency (3-MCC) • 3-Hydroxy-3-Methylglutaric Aciduria (HMG) • Beta-Ketothiolase Deficiency (BKT) • Glutaric Acidemia Type I (GA1) • Isovaleric Acidemia (IVA) • Methylmalonic Acidemia (Cobalamin disorders- Cbl A,B) • Methylmalonic Acidemia (Methylmalonic-CoA mutase) • Holocarboxylase Synthase Deficiency (Multiple Carboxylase Deficiency-MCD) • Propionic Acidemia (PROP)	• 2 Methylbutyrylglycinuria (2MBG) • 2-Methyl-3-Hydroxybutyric Aciduria (2M3HBA) • 3-Methylglutaconic Aciduria (3MGA) • Isobutyrylglycinuria (IBG) • Methylmalonic Acidemia with Homocystinuria (Cbl C, D) • Malonic Acidemia (MAL)
Endocrine Disorders	
Core Conditions	**Secondary Conditions**
• Congenital Adrenal Hyperplasia (CAH) • Primary Congenital Hypothyroidism (CH)	N/A
Hemoglobin Disorders	
Core Conditions	**Secondary Conditions**
• S,S (Sickle Cell Anemia) • S,C Disease • S Beta-Thalassemia	• Various other hemoglobinopathies
Other Disorders	
Core Conditions	**Secondary Conditions**
• Severe Combined Immunodeficiencies (SCID) • Biotinidase Deficiency (BIOT) • Classic Galactosemia (GALT) • Cystic Fibrosis (CF) • X-linked Adrenoleukodystrophy (X-ALD) • Spinal Muscular Atrophy due to homozygous deletion of exon 7 in SMN1 (SMA)	• T-cell related lymphocyte deficiencies

Note: Although the primary mission of NBS is to identify newborns at highest risk for the core conditions, secondary conditions may also be detected during screening for core conditions. Additional testing may be needed to determine whether it is the core condition or a secondary condition.

POINT-OF-SERVICE SCREENING (conducted at birthing facility)

- Hearing
- Critical Congenital Heart Disease

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Scan to view a Newborn Screening video.

Instructions to Complete Newborn Screen Blood Test Refusal Form

- Explain the importance of newborn screening to the parent or guardian.
  - Share a newborn screening video:
    - Scan the QR code at the top right of the refusal form, or
    - View on YouTube here: https://www.youtube.com/watch?v=2KUMQogLgQ4
  - Provide FREE education/information found here: https://www.dshs.state.tx.us/newborn/pubs.shtm
  - Answer any questions the parent or guardian have.
- If the parent still chooses to decline the newborn screen, request the parent or guardian read the Newborn Screen Blood Test Refusal Form.
- Ask a parent or guardian to check the acknowledgement statements, sign, date, and print name on the form.
- Have staff reviewing information with the parent or guardian sign, date, and print name on the form.
- Complete the bottom part of the form with submitter information (or use a DSHS provided submitter label).
- Make a copy of the form and give to the parent or guardian.
- Detach bottom part of the form and return to DSHS with other NBS specimen shipments.
- Keep original form in the patient's medical record.

For more information or questions:

- Visit: https://www.dshs.texas.gov/lab/nbsHCRes.shtm
- Call toll free: (888) 963-7111 ext. 7333
- Email: NewbornScreeningLab@dshs.texas.gov

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Scan to view a Newborn Screening video.

Newborn Screen Blood Test Refusal Form

- Your child may look well for weeks or months with certain serious illnesses the newborn screening test finds.
- Treatment for disorders found by newborn screening can prevent your child from dying or having disabilities.
- Texas Law requires the test for your baby. You can only refuse the blood test if it is against the teachings or practices of your church.
  (Health and Safety Code, Section 33).
- For more information:
  - Visit: www.dshs.texas.gov/lab/nbsParentRes.shtm
  - Call toll free: (888) 963-7111 ext. 7333.

☐ I have heard the benefits of the newborn screening blood test.

☐ I know I can only refuse this test if it is against the teachings or practices of my church.

☐ I do not want my baby tested now. I will take a copy of this form to show to my baby's doctor.

Medical Record Number of Baby: _____

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent or Guardian: _____

Signature of Staff: _____ Date: _____

Printed Name of Staff: _____

Give one copy of this form to the family and put one in the medical record.

✂----------

Complete and Send* the Bottom Portion to DSHS

Submitter Name: _____
(or use DSHS provided submitter label)

NBS Submitter ID#: _____

City/State/Zip: _____

Date: _____

* Return this portion to DSHS with other NBS specimens.

Affix DSHS Provided Submitter Label Here

DSHS Use Only:

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Parent Decision Form for Storage and Use of Newborn Screening Blood Spot Cards

What happens to the blood spot card after testing?

- DSHS keeps the blood spot cards in a secure place for up to two years. By Texas law (Health & Safety Code Sec. 33.018(b)-(c)), the blood spots may be used during that time. Uses include:
  - DSHS and external quality assurance to make sure tests, equipment, and supplies are working right
  - Developing new tests; and/or
  - DSHS studies of diseases that affect public health.
- If you give your OK, your baby's blood spot cards will be stored for up to 25 years, and they may be used for public health research outside of DSHS.

Please read below. Then you can decide what you would like DSHS to do with your baby's blood spot card when the Newborn Screening tests are finished.

- **If you check the 'OK' box AND sign this form:**
  - All of your baby's blood spot cards will be kept safe and secure for up to 25 years.
  - The blood spot cards may be used for public health research. The research may take place outside of DSHS. This research would study public health problems like cancer, birth defects, or other diseases.
  - You can change your mind at any time. Call DSHS (see number below) for details.
- **If you check the 'NO' box OR do not sign OR do not fill out OR do not return this form:**
  - The Newborn Screening tests will still be done as required by Texas law.
  - Your baby's blood spot cards will be kept safe and secure. They will be destroyed within two years.
  - The blood spot cards will NOT be used for public health research outside DSHS.

Can information about me or my child be released without my OK? No matter your choice on this form, no information that identifies you or your child can be released outside DSHS without your additional written OK. There are a few exceptions, as provided by law.

I have already sent this decision form. Do I need to send it again? NO. One form applies to all of your baby's newborn screening blood spot cards.

More information: Call 1(888) 963-7111 ext. 7333 or visit the web site: www.dshs.state.tx.us/lab/newbornscreening.shtm

PARENT: Please read this form. Select an option. Sign and return.

1. FILL OUT the form below.

Specimen Form Serial Number (if available): _____ Baby's Date of Birth: _____

Baby's First and Last Name:_____

Mother's First and Last Name: _____

Parent Phone Number: _____

2. CHECK one box only and SIGN below.

☐ 'OK' I give my **OK** for my baby's blood spot cards to be kept by DSHS after the Newborn Screen tests are complete. The de-identified blood spots may be used for public health research outside of DSHS.

☐ 'NO' I do **NOT** want my baby's blood spot cards to be used for any research outside of DSHS. I understand the blood spot cards will be destroyed within 2 years.

_____ _____

(Parent Signature) *(Date)*

3. RETURN this form to hospital or doctor's office staff. They will send it in with the blood spot cards. Or, you may **MAIL** it to:

Texas Department of State Health Services (DSHS)
Newborn Screening Laboratory, MC 1947
PO Box 149341 Austin, Texas 78714-9341

Critical Congenital Heart Disease (CCHD) Reporting

Beginning September 1, 2014, Reporting of Critical Congenital Heart Disease (CCHD) is mandatory in Texas. House Bill 740, 83rd Legislature Regular Session, 2013, added CCHD to the required Texas newborn screening panel. The Department of State Health Services (DSHS) has developed Texas Administrative Code rules for CCHD screening located in Chapter 37 §37.75 – 37.79.

Birthing facilities, hospitals, and physicians can utilize the CCHD toolkit (see link below) to assist with implementing CCHD screening. The toolkit was developed through the Texas Pulse Oximetry Project with support from DSHS. It provides educational and technical information on screening for CCHD, including the screening algorithm, brochures, and other information for physicians and nurses.

DSHS information on CCHD, including the CCHD toolkit, is available at: https://www.dshs.texas.gov/newborn/cchdtoolkit/ .

Screening for Heart Disease in Newborns

Texas Pulse Oximetry Project

A Joint Educational Initiative of The University of Texas Health Science Center at San Antonio/Department of Pediatrics, Baylor College of Medicine/Department of Pediatrics and Texas Department of State Health Services

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What is Newborn Heart Disease?

Serious newborn heart disease happens in about 2 in 1,000 babies. It is called critical congenital heart disease (CCHD). Babies with CCHD need to be found and treated soon after birth.

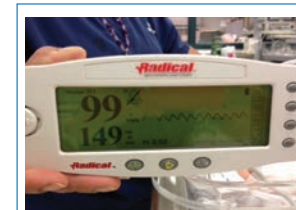
Screening for Heart Disease in Newborns

There is a simple and pain-free screening test that measures how much oxygen is in your baby's blood. It can help find out if your baby's heart and lungs are working well. Screening may help find if your baby has serious newborn heart disease. All babies should have this screening test. It can save lives.

How is Screening Done?

The screening test is done any time after 24 hours of age but before leaving the hospital. A narrow tape with a tiny sensor is placed on the outside of your baby's right hand and foot.

The sensor connects to a machine that checks the oxygen level. The result on the machine is read and recorded by the nurse.



The screening test is not painful. It only takes a few minutes. The test is done when your baby is quiet and warm.

Test Results

- A negative (normal) result means the oxygen in the baby's blood was at a normal level.
- A positive result means that the oxygen in the baby's blood was low. This may be a sign of serious newborn heart disease. Your baby's doctor will check your baby.

A specialist for newborn heart problems may be called to check your baby and determine the type of care needed.

Is it possible for a baby with heart disease to have a passing result?

The oxygen level screening may not find all types of problems in your baby's heart. Your baby should continue to have regular visits with the doctor to monitor your baby's health.

Where can I get more information?

Ask your doctor or a nurse who is caring for your baby about oxygen level screening (called pulse ox).

Information in English and Spanish from the Centers for Disease Control and Prevention can be found at www.cdc.gov (under the search term-CCHD).

Important Signs & Symptoms

If your baby has any of these problems:

- Tires out when feeding
- Breathing fast or not breathing well
- Seems hard to wake,

bring your baby back to the hospital right away.

If your baby looks gray or blue color in/about the face, call 911 first for help or instructions.

Prueba para Detectar Enfermedad Cardiaca en los Recién Nacidos

Proyecto Texano de Pulso Oximétrico

Una Iniciativa Educativa Conjunta del The University of Texas Health Science Center en San Antonio/Departamento de Pediatría, Baylor College of Medicine/Departamento de Pediatría y el Departamento Estatal de Servicios de Salud de Texas.

texas pulse oximetry project txpop

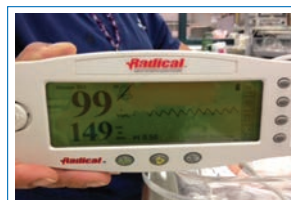
¿Qué es la Enfermedad Cardiaca de los Recién Nacidos?

La enfermedad cardiaca del recién nacido ocurre en aproximadamente 2 de cada 1,000 bebés. Se conoce como enfermedad cardiaca crítica congénita (o CCHD, por sus siglas en inglés). Es importante identificar y tratar a los bebés con CCHD poco después de nacer.

Evaluación para Detectar Enfermedad Cardiaca en los Recién Nacidos

Existe un examen de evaluación, sencillo y sin dolor, que mide la cantidad de oxígeno en la sangre de su bebé. Esto puede ayudar a determinar si el corazón y los pulmones de su bebé están funcionando bien. La evaluación puede ayudar a determinar si su bebé tiene una enfermedad grave del corazón. A todos los bebés se les debe hacer esta prueba de evaluación. Puede salvar vidas.

¿Cómo se hace la Prueba?



La prueba de evaluación se hace en cualquier momento después de que el bebé cumpla las 24 horas de nacido, pero antes de que salga del hospital.

Una cinta angosta con un pequeño sensor se coloca en la parte exterior de la mano y el pie derecho de su bebé.

El sensor se conecta a una máquina que mide el nivel de oxígeno. La enfermera lee y documenta el resultado de la máquina.

La prueba no causa dolor. Sólo toma unos minutos. La prueba se hace cuando su bebé tiene una temperatura apropiada y está tranquilo.

Los Resultados de la Prueba

- Un resultado negativo (normal) significa que el oxígeno en la sangre del bebé esta a un nivel normal.
- Un resultado positivo significa que el oxígeno en la sangre del bebé esta a un nivel bajo. Esto puede indicar enfermedad cardiaca grave de recién nacido. El doctor de su bebé lo examinará.

Es posible que se comuniquen con un especialista de problemas cardiacos en los recién nacidos para que revise a su bebé y determine el tipo de cuidado que se requiere.

¿Es posible que un bebé con enfermedad cardiaca tenga resultados negativos?

La prueba del nivel de oxígeno no necesariamente detectará todos los tipos de problemas en el corazón de su bebé. Su bebé debe seguir teniendo consultas regulares con su doctor para monitorear su estado de salud.

¿Dónde puedo obtener información adicional?

Pregúntele a su doctor o a la enfermera que cuida a su bebé sobre la prueba del nivel de oxígeno (conocido como pulso ox).

Puede obtener información, en inglés y en español, de los Centros de Control y Prevención de Enfermedades en www.cdc.gov (busque bajo - CCHD).

Señales y Síntomas Importantes

Si su bebé tiene alguno de estos problemas:

- Se cansa cuando come
- Respiración rápida o dificultades respiratorias
- Parece difícil de despertar,

vuelva al hospital con su bebé inmediatamente.

Si su bebé parece de color gris o azul en/sobre la cara, llame al 911 primero por ayuda o instrucciones.

HIV/STD/Hepatitis B/Syphilis 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 take the client's blood or refer for testing for Syphilis, HIV and HEP B at the initial prenatal. It also requires that the midwife take the client's blood or refer for testing for HIV and Syphilis in the 3rd trimester. If this test is not done in the 3rd trimester, then the midwife should take the client's blood or refer for testing on admission for birth. If this test is not done by delivery, the test must be done on the baby within 2 hours of the birth, receiving results within 6 hours. The midwife must also test or refer for testing for HEP B at delivery.

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: https://www.dshs.texas.gov/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.

Syphilis, HIV, and Hepatitis B Testing and Pregnancy: State Requirements for Texas Clinicians

Texas Health and Safety Code §81.090 requires physicians and others permitted by law who attend a woman during pregnancy or at delivery to test her for syphilis, human immunodeficiency virus (HIV), and hepatitis B virus (HBV). The tables below show required testing for pregnant women and additional testing recommendations based on risk. Texas Health and Safety Code §81.090 defines expedited testing for HIV as the tests results are available to the provider less than six hours after the specimen is sent to the lab for testing. Infant tests for HIV and syphilis are considered expedited when specimens are collected within two hours of birth and testing results are returned within six hours of collection.

Time of Test	Prenatal and Perinatal Tests Required by Texas Law
First Prenatal Visit	• Syphilis, HIV, and HBV tests required
Third Trimester	• Syphilis test required no earlier than 28 weeks gestation[1] • HIV test required
Delivery	• Syphilis test required • Expedited HIV test required if no third trimester result available • HBV test required
Newborn Tests	• Expedited HIV and syphilis tests required if no record of third trimester or delivery result

Pregnancy Stage	Additional Recommended Prenatal Tests and Newborn Precautions[2]
First Prenatal Visit	• Chlamydia and gonorrhea screening for women • Retest three months after treatment if testing is positive at the first prenatal visit
Second Trimester	• Syphilis test for women who have a fetal death after 20 weeks gestation
Third Trimester	• Chlamydia and gonorrhea retests for women at increased risk[3]
Newborn Vaccinations and Precautions	• First of three HBV vaccinations is given • Required prophylaxis of erythromycin to prevent ophthalmia neonatorum (conjunctivitis sometimes caused by gonorrhea or chlamydia bacteria) • All infants born to women with reactive syphilis serology should have a quantitative nontreponemal serological test performed and receive an evaluation in accordance with the appropriate and recommended guidelines

Why Test Pregnant Women?

Timely testing and treatment during pregnancy decreases rates of congenital syphilis (CS), perinatal HIV, and HBV. An untested and untreated mother with HIV has a 25 percent chance of transmitting HIV to her unborn child. When pregnant women with HIV receive appropriate care and treatment, including treatment for newborns, HIV transmission rates reduce to one percent or less. Even if doctors do not start treatment until labor and delivery, appropriate care reduces the transmission rate to 10 percent. Therapy includes antiretroviral medicine as well as cesarean delivery for women with high HIV viral loads (>1,000 copies/ml).

In 2022, Texas reported 922 CS cases, with 40 stillbirths. Not all infants with a CS diagnosis are symptomatic at birth, which makes screening, evaluation, and treatment of infants valuable methods in preventing long-term complications like bone and tooth abnormalities, hearing loss, blindness, and developmental delays. Providing appropriate post-exposure prophylaxis (PEP) within 12 hours of birth can prevent the transmission of HBV to high-risk babies by 85 to 95 percent.

Consent and Information Distribution

Before testing a patient for HIV, providers must inform patients they have the right to either consent or object. Patients may accept with general consent or

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verbal notification. Most pregnant patients consent to testing. If a patient objects, the clinician should refer her to an anonymous HIV testing site. In addition to the referral, the clinician can discuss testing with the patient, and provide information about risk factors, advantages of testing, ease of testing, and HIV-related resources if the result is positive. Medical records should show the clinician explained the test to the patient and the patient consented.

Women, regardless of consent, must receive printed materials about HIV, syphilis, and HBV. Materials must include information about the diagnosis, disease transmission and prevention, and treatment(s). Medical records should show the patient received printed materials.

When possible, clinicians provide materials in the appropriate languages and literacy levels for patient understanding. Materials are available in English and Spanish from the Texas Department of State Health Services (DSHS).

Positive Test Results

If a patient receives a preliminary positive HIV result from an expedited test at labor and delivery, the CDC and American College of Obstetricians and Gynecology (ACOG) recommend immediate prophylaxis for the patient and her infant. When a pregnant woman tests positive for syphilis, HIV, or HBV, the clinician must provide her with appropriate and understandable treatment information. The clinician may refer the patient to another clinic for appropriate treatment.

Clinicians must provide the opportunity for individual, face-to-face counseling for pregnant women with positive HIV tests immediately upon receiving results[4].

Post-test STD counseling must include the following:

- Meaning of the test result;
- Possible need for additional testing;
- HIV/STD prevention measures;
- Benefits of partner notification;
- Availability of confidential partner notification services through local health departments; and
- Availability of health care services, including mental health, social, and support services, in the area where the patient lives.

Post-test HIV counseling should:

- Enhance comprehension of the diagnosis;
- Clarify the necessity for additional testing to confirm the diagnosis;
- Guide on modifying behaviors to halt the spread of the virus;
- Motivate the individual to pursue suitable healthcare; and
- Advise the individual to utilize partner notification services offered by local health departments and to inform their sexual or needle-sharing partners.

For more information, additional resources, and a list of free patient education materials, please visit dshs.texas.gov/hivstd/info/edmat.shtm.

Notes

1 CDC recommends syphilis testing at 28 weeks gestation. Treatment must be initiated 30 days prior to delivery to reduce adverse pregnancy outcomes due to CS.

2 Recommendations from the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecology (ACOG).

3 Examples of increased risk include prior history of sexually transmitted disease (STD), new or multiple sex partners, sex partners with concurrent partners, or sex partners who have an STD.

4 The Texas Health and Safety Code (HSC) §81.051 https://statutes.capitol.texas.gov/Docs/HS/htm/HS.85.htm

Perinatal HIV Hotline
Call 888-448-8765 for a free 24-hour clinical consultation and advice on treating HIV-infected pregnant persons and their infants, as well as indications and interpretations of rapid and standard HIV testing in pregnancy..

Visit texas.gov/hivstd/testing/
to find an HIV or STD testing site or find an HIV service provider near you.

VIsit yourtexasbenefits.com/Learn/Home
to find other Texas benefits and resources.

Texas HIV Medication Program
Refer patients unable to pay for HIV medications to (800) 255-1090.
dshs.texas.gov/hivstd/meds/

Congenital Syphilis Information
dshs.texas.gov/hivstd/info/syphilis/congenitalsyphilis

DSHS HIV/STD Program

737-255-4300
dshs.texas.gov/hivstd/

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** All 2022 data are provisional.*

TEXAS Health and Human Services | Texas Department of State Health Services

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, 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, 16 TAC §115.119.

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.texas.gov/idcu/default.shtm .

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, 16 TAC §115.100(b)(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 to receive 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. Their website is: http://www.dshs.texas.gov/tehdi/default.aspx.

NEWBORN HEARING SCREENING: INFORMATION FOR PARENTS

TEHDI
Texas Early Hearing
Detection and Intervention

FREQUENTLY ASKED QUESTIONS

What is Texas Early Hearing Detection and Intervention?

The Texas Department of State Health Services (DSHS) has a statewide newborn hearing screening program named Texas Early Hearing Detection and Intervention (TEHDI). The program assists in identifying newborns who are deaf or hard of hearing, and guides families to appropriate services the infant will need to develop essential communication skills. The goals of TEHDI are:

- to screen babies for hearing by 1 month of age,
- to identify babies as deaf or hard hearing by 3 months of age, and
- to connect babies and their families to appropriate services by 6 months of age.

TEHDI collects information about your baby's hearing screen to assist you and your baby in getting the services you may need.

When will my baby have the hearing screening?

Most birthing facilities provide the screening before your baby goes home. You should receive a copy of the testing results.

What if I will have (or had) my baby at home?

If you choose to have your baby at home or in a birthing center that does not participate in hearing screening, they will refer you to a certified program to schedule your baby's hearing screening.

Why should your baby have a hearing screening?

Two to three out of every 1,000 infants are found to be deaf or hard of hearing. About half of those babies will have no known signs or risk factors. Some babies may develop hearing loss later in life from repeated ear infections, meningitis, head injury, or other medical conditions.

How is your baby's hearing screened?

The hearing screening is painless and takes only a few minutes, usually while your baby sleeps. Your baby's hearing is tested one of two ways. Soft sounds are played through earphones, then:

- probes inserted into the ear measure the echoes made by the inner ear called Otoacoustic Emissions (OAE) or
- electrodes placed on the baby's head measure the brain's response using Automated Auditory Brainstem Response (AABR).

You will receive the results of the screening before you leave the hospital or doctor's office.

What does a "Pass" result mean?

A "Pass" result in a hearing screen means the baby's hearing is normal at the time of screening. Babies with a family history of childhood hearing loss, chronic illness, or recurring ear infections are at risk for developing hearing loss after birth. After a "Pass" result, the baby's hearing should be continually monitored by the doctor.

What does a "Did Not Pass" or "Referral" result mean?

A "Did Not Pass" or "Referral" result means the baby needs another hearing screen. This result does not mean the baby is deaf or hard of hearing.

A follow-up hearing screen appointment should be completed within the first month of the baby's life. If the baby does not pass the follow-up hearing screen, then further diagnostic testing will need to be done by a pediatric audiologist.

Who pays for the hearing screening?

Public and most private insurance cover the hearing screening and any necessary diagnostic follow-up care until the infant is 24 months of age. For more information, contact your health insurance provider.

To learn more about public assistance, including eligibility requirements and enrollment instructions call:

- Medicaid at 1-800-252-8263 or
- TexCare (Children's Medicaid/CHIP) at 1-800-647-6558. Use relay option of your choice to call if needed.

Where can I go for more information?

TEHDI is here to help throughout the process. If you have questions, please call us toll free at **1-800-252-8023, ext. 7726**. Use relay option of your choice to call if needed.

Email: **tehdi@dshs.texas.gov**
Website: **www.dshs.texas.gov/tehdi**

TEXAS Health and Human Services | Texas Department of State Health Services

#1-325
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PRUEBA DE AUDICIÓN PARA RECIÉN NACIDOS: INFORMACIÓN PARA LOS PADRES

TEHDI
Texas Early Hearing Detection and Intervention

PREGUNTAS MÁS FRECUENTES

¿Qué es Detección e Intervención Auditiva Temprana de Texas?

El Departamento Estatal de Servicios de Salud de Texas (DSHS) tiene un programa estatal que examina la audición de los recién nacidos, llamado Detección e Intervención Auditiva Temprana de Texas (TEHDI). Este programa ayuda a identificar a los recién nacidos sordos o con problemas de la audición, y orienta a las familias hacia los servicios apropiados que el bebé necesitará para desarrollar las habilidades esenciales para la comunicación. Las metas del TEHDI son las siguientes:

- hacerles la prueba de audición a los bebés en el primer mes de edad,
- identificar a bebés que son sordos o con problemas de audición antes de los 3 meses de edad, y
- conectar a esos bebés y sus familias con los servicios apropiados antes de los 6 meses de edad.

TEHDI reúne información sobre la prueba de audición de su bebé para ayudarle a usted y a su bebé a recibir los servicios que pudieran necesitar.

¿Cuándo tendrá mi bebé la prueba de audición?

La mayoría de las instalaciones de parto proporcionan la prueba antes que su bebé se va a casa. Usted debe recibir una copia de los resultados de la prueba.

¿Qué pasa si voy a tener (o tuve) a mi bebé en casa?

Si decide tener a su bebé en casa o en un centro de parto que no participe en la prueba de audición, le referirá a un programa certificado para programar la prueba auditiva de tu bebé.

¿Por qué debería recibir su bebé una evaluación auditiva?

En 2 a 3 de cada 1,000 bebés se detecta que son sordos o que tienen problemas de audición. Aproximadamente la mitad de esos bebés no tienen signos ni factores de riesgo.

Algunos bebés podrían desarrollar pérdida auditiva más tarde en la vida causada por repetidas infecciones del oído, meningitis, lesiones en la cabeza u otros problemas médicos.

¿Cómo le hacen la prueba de audición a su bebé?

La prueba de audición no duele y toma sólo unos minutos, generalmente mientras su bebé duerme. La prueba de audición de su bebé se hace de una de dos maneras. Tocan sonidos suaves a través de audífonos, y luego:

- unas sondas insertadas en la oreja miden los ecos producidos por el oído interno, llamados emisiones otoacústicas (OAE) o
- colocan electrodos en la cabeza del bebé, que miden la respuesta del cerebro usando la respuesta auditiva automatizada del tronco cerebral (AABR).

Le darán los resultados de la prueba antes de que se vaya del hospital o el consultorio médico.

¿Qué significa el resultado de “Pasó”?

El resultado de “Pasó” en una prueba auditiva significa que la audición del bebé es normal al momento del examen. Los bebés con historial familiar de pérdida auditiva infantil, de enfermedades crónicas o de infecciones del oído recurrentes están en riesgo de desarrollar pérdida auditiva después del nacimiento. Después de recibir un resultado de “Pasó” el doctor debe examinar continuamente la audición del bebé.

¿Qué significa el resultado de “No pasó” o ”Derivación”?

El resultado de “No pasó” o “Derivación” significa que su bebé necesita otra prueba de audición. El resultado no quiere decir que su bebé es sordo o tenga problemas de audición.

Se debe completar una consulta de seguimiento de prueba de audición dentro del primer mes de vida del bebé. Si el bebé no pasa la prueba de audición de seguimiento, entonces un audiólogo pediátrico tendrá que hacer más pruebas diagnósticas.

¿Quién paga por las pruebas auditivas?

El seguro público y la mayoría de seguros privados cubren la prueba de audición y cualquier atención de seguimiento diagnóstico necesaria hasta que el bebé tiene 24 meses de edad. Para más información, póngase en contacto con el proveedor de su seguro médico.

Para obtener más información sobre la asistencia pública, incluidos los requisitos de elegibilidad e instrucciones de inscripción, llame:

- Medicaid al 1-800-252-8263 o
- TexCare (Medicaid para Niños/CHIP) al 1-800-647-6558. Use la opción de retransmisión de su preferencia para llamar si es necesario.

¿Dónde puedo informarme más?

TEHDI está aquí para ayudarle durante el proceso. Si tiene preguntas, llámenos gratis al **1-800-252-8023, ext. 7726.** Use la opción de retransmisión de su preferencia para llamar si es necesario.

Correo electrónico: **tehdi@dshs.texas.gov**
Sitio web: **www.dshs.texas.gov/tehdi**
(contenido en inglés)

TEXAS Health and Human Services | Texas Department of State Health Services

#1-325
Revisado 3/2019

Removal of Placenta

House Bill 1670 (2015) requires birthing centers (not all licensed midwives) to allow their client or spouse who is free of infectious disease to remove the placenta unless pathological examination of the placenta is required.

A Consent to Release Placenta for birthing centers is available at: https://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/educational/Consent-ReleasePlacenta.pdf.

TEXAS Department of State Health Services

Important Health Information about Taking Home Your Placenta

The Texas Department of State Health Services wants to provide you with information about how to safely handle your placenta, if you choose to take it home after birth for personal use.

Blood-borne diseases: What you should know

- Diseases that are spread through the blood are known as blood-borne diseases, and the placenta contains blood. If the mother is infected, her placenta may be able to transmit blood-borne diseases to other people, including:
  - HIV, the virus that causes AIDS
  - Hepatitis B and Hepatitis C viruses, which can cause liver disease
- The placenta is exposed to other possibly infectious germs (including bacteria and viruses) in the birth canal and after delivery, especially if certain birth complications occur.
- Texas law requires that mothers be tested for certain infectious diseases. By law, you will not be allowed to take your placenta home with you if your test results show that you may have any of these diseases.

Handling the placenta: What you should know

- If you decide to take your placenta home with you after birth, it is important to handle it safely. The placenta will grow germs which means it must be handled with care, both in the hospital or birthing center and at your home.
  - Following the procedures of your hospital or birthing center, the placenta should be sealed in a container and labeled, then taken home as soon as possible after birth. If possible, keep it cool or refrigerated before taking it home. This will reduce but not eliminate or kill the germs.
  - The placenta contains your blood, and for the safety of others in the hospital or birthing center, keep the placenta completely sealed once it is packaged until you get home.
- When you take the placenta home, keep it refrigerated and sealed, and keep it away from food.
  - Wash your hands thoroughly both before and after touching the placenta.
- If you plan to consume the placenta in any way, be sure to handle it as you would raw meat and cook it thoroughly to avoid consuming germs that may have grown in the placenta since birth.
  - Wash cooking utensils, pots, and surfaces with warm soapy water after preparing the placenta.
  - Dispose of any unused portion of the placenta; check local regulations for disposal requirements.

Formalin: What you should know

- Depending on the procedures used at the hospital or birthing center where you are giving birth, it is possible that your placenta could be placed in a type of preservative liquid called formalin.
- Do not consume the placenta if formalin has been used to preserve it.
  - Formalin is unsafe to eat, drink, or inhale; consuming even a very small amount of formalin can cause damage to your stomach and other organs, and possibly death.
- Consult with the medical staff at your hospital or birthing center to ask if the placenta has come into contact with formalin.

TEXAS Department of State Health Services

Consent to Release Placenta from a Hospital or Birthing Center for Personal Use

Mother's name: _____
Name of mother's spouse: _____
(*if mother is incapacitated or deceased*)

Hospital or birthing center at which the mother gave birth on _____ date:
Facility name: _____
Address: _____
_____
_____

I, _____, request and acknowledge the release of the above named mother's placenta from the above named healthcare facility. I understand and acknowledge that:

- I have received educational material from the hospital or birthing center, provided by the Texas Department of State Health Services, regarding infectious disease and other risks associated with taking the placenta home;
- The above named hospital or birthing center is not responsible for the use, storage, or disposal of the placenta after delivery to the mother;
- No test can completely ensure the absence of infectious diseases in the placenta, and I accept any risk of infection to myself and others who handle this placenta; and
- I am taking the placenta for personal use only, and I cannot sell the placenta.

According to the Texas Health and Safety Code Chapter 172, the mother or mother's spouse may not have the placenta released to them under certain circumstances, including: evidence of the mother's infection with certain diseases and the need to perform pathological examination of the placenta necessary according to a physician or healthcare facility.

Further detail regarding acceptable packaging, procedures, and policies to release the placenta are to be determined by the hospital or birthing center named above.

Mother or spouse name (print): _____
Mother or spouse signature: _____
Date: _____ Time: _____

Witness name (print): _____
Witness signature: _____
Date: _____ Time: _____

VI.II 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 an updated resource list, you should visit the DSHS website at:
http://www.dshs.texas.gov/mch/depression.shtm.

Depression Resources
Mental Health TX
Mental Health Texas provides information and resources to help with depression. This includes a treatment services locator. Visit their website mentalhealthtx.org for more information.
Toll-Free Telephone Assistance Lines:
Texas Department of State Health Services
Family Health Services, Information & Referral Line
1-800-422-2956
2-1-1- Texas
2-1-1 Texas, formerly First Call for Help, is a service for the entire community. 2-1-1 is the new abbreviated dialing code for free, bilingual information and referrals to health and human services and community organizations. 2-1-1 serves as the number to call for information about community organizations, and it links individuals and families to critical health and human services provided by nonprofit organizations and government agencies in their own community. 2-1-1 Texas is currently available statewide:
On-line Assistance
Texas 2-1-1 Information & Referral Networks
SAFETY ALERT: If you feel out of touch with reality (you see or hear things that other people don't), or if family/friends are worried about your safety or that you might hurt others, get help now.

Options for getting help now include:
- Go to the local emergency room

- Call 9-1-1
- Call, text, or visit the 988 Suicide & Crisis Lifeline for free and confidential emotional support. If you are hard of hearing, you can chat with a Lifeline counselor 24/7 by online chat – Lifeline Chat : Lifeline (988lifeline.org) or, for TTY Users: Use your preferred relay service or dial 711 then 988.

Pregnancy, Parenting and Depression Resource List

This list contains the names and addresses of **Resources by County A-Z** professional organizations that can help you find a local resource that meets your needs. There are also some toll-free assistance phone lines. The list will be updated regularly. If you do not see an organization on this list that you feel comfortable contacting, we encourage you to check with your health care provider or a clergy member as he or she may be able to give you some ideas as well.

Center for Parent Education, University of North Texas
Contact: 888-662-7457 **Email:** parenting@unt.edu

FROM: TEXAS MIDWIFERY BASIC INFORMATION AND INSTRUCTOR MANUAL

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.texas.gov/mch/parents_of_newborn.shtm?terms=parents%20of%20newborn%20children.

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.texas.gov/mch/parents_of_newborn.shtm?terms=parents%20of%20newborn%20children.

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

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More information is available at:
http://www.dshs.texas.gov/mch/parents_of_newborn.shtm?terms=parents%20of%20newborn%20children.

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.texas.gov/mch/parents_of_newborn.shtm?terms=parents%20of%20newborn%20children.

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. More information, including training information on collecting cord blood, is available at:
https://parentsguidecordblood.org/en/banks/texas-cord-blood-bank.

Dangers of Heatstroke
House Bill 2574 (2015) requires that licensed midwives include information on the dangers of heatstroke in a child left unattended in a motor vehicle. The resource pamphlet should be giving to the client during prenatal care, and/or at delivery to the mother, father or caregiver.

More information is available at:
http://www.dshs.texas.gov/mch/parents_of_newborn.shtm?terms=parents%20of%20newborn%20children.

Information on Down's Syndrome
House Bill (2015) requires that healthcare providers give information on Down's Syndrome to expectant parents when administering a test or diagnosing Down's Syndrome.

More information is available at: http://www.dshs.texas.gov/birthdefects/downsyndrome/ .

Information on Cytomegalovirus

House Bill (2015) requires licensed midwives who provide prenatal care to give a resource pamphlet on the incidence of a cytomegalovirus (CMV), birth defects caused by congenital CMV and available resources for the family of an infant born with CMV.

More information is available at: http://www.dshs.texas.gov/mch/parents_of_newborn.shtm?terms=parents%20of%20newborn%20children.

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.texas.gov/hipaa/default.shtm.

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.