

Parent's Worksheet for Child's Birth Certificate

FOR HOSPITAL USE ONLY:

MOTHER MR# _____ NEWBORN MR# _____
MEDICAID # _____ DELIVERING DR _____ RM # _____

The information you provide on this worksheet is used to create your child's birth certificate. The birth certificate is a legal document used to prove your child's age, citizenship and parentage. Your child will use the birth certificate throughout his/her life. The State of Texas safeguards against the unauthorized release of identifying information from birth certificates to protect the confidentiality of parents and their child.

Please **PRINT** your responses carefully and accurately as errors are difficult and expensive to correct.

CHILD'S PLACE OF BIRTH

Name of Hospital or Location Address State

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County City Zip Code

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CHILD'S INFORMATION

Time of Birth Date of Birth Plurality (please circle one)

	Am / Pm		Single / Twin / Triplets / Quadruplets / Quintuplets
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Birth Order (please circle one) Number of Infants Born Alive at this Birth? (please circle one)

First / Second / Third / Fourth / Fifth	One / Two / Three / Four / Five
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PARENT 1 - CURRENT LEGAL NAME

Mother Father Parent

First Name Middle Name Last Name Suffix

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CHILD'S LEGAL NAME

First Name Middle Name Last Name Suffix

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PARENT 1 - RESIDENCE ADDRESS

Residence Address Apartment Number State/Foreign Country County

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City/Town/Location Zip Code / Extension Inside City Limits?

		<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

PARENT 1 - MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK)

Mailing Address

Apartment Number

State/Foreign Country

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City/Town/Location

Zip Code / Extension

Inside City Limits?

		<input type="checkbox"/> Yes <input type="checkbox"/> No
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PARENT 1 - INFORMATION

Date of Birth

Place of Birth (State/Foreign Country/Territory)

Social Security

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Apply for Baby's Social Security?

Did Parent 1 Give up Rights to the Child?

Date Rights Given Up?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Occupation

Type of Business

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Parent 1's Education

- 8th grade or less
- 9th – 12th grade, no diploma
- High School graduate or GED completed
- Some College credit, but no degree
- Associate degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Is Parent 1 of Hispanic Origin?

- No, not Spanish / Hispanic / Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish / Hispanic / Latina Specify _____

What is Parent 1's Race?

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other Asian _____ |
| <input type="checkbox"/> American Indian/Alaska Native
<small>(Name of the enrolled or principal tribe)</small> | <input type="checkbox"/> Native Hawaiian |
| _____ | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | Specify _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |

PARENT 1 - HEALTH INFORMATION

Did you receive WIC for this Birth?

Height

Weight Before Pregnancy

Weight At Delivery

<input type="checkbox"/> Yes <input type="checkbox"/> No			
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How many cigarettes did you smoke before and during pregnancy?

Three Months Before	Cigs/Day: _____	Packs/Day: _____	First Three Months	Cigs/Day: _____	Packs/Day: _____
Second Three Months	Cigs/Day: _____	Packs/Day: _____	Third Trimester	Cigs/Day: _____	Packs/Day: _____

PARENT 1 - NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT 1 - MARITAL STATUS (Please read carefully)

Were you married at the time you conceived this child, at the time of birth, or within 300 days prior to the birth of your child?

Yes (Please skip over the AOP section below and complete Parent 2 sections).

Yes, but I refuse to provide my spouse's name as the parent of my child.

Would you like to complete an AOP? (See AOP section below)

No, I can provide legal documentation: court order, gestational agreement, or surrogacy (Complete Surrogacy Worksheet on Page 5)

Yes, but the spouse is not the biological parent of my child. (Please complete AOP section).

No- if you are not married, the other parent's name may be listed on the birth certificate only if both parents complete an Acknowledgement of Paternity. (Please complete AOP section)

ACKNOWLEDGEMENT OF PATERNITY (AOP) (An AOP can only be signed by the bio mom/dad or presumed father)

Do you want to complete an Acknowledgement of Paternity?

Yes - If you are or have been married to someone other than the biological parent of this child, or within 300 days before this child's birth, the AOP must include a Denial of Paternity from the husband or former husband to allow the biological parent's information to be listed on the birth certificate. (Please complete Parent 2 Section, which starts on Page 3).

No - Information about the other parent cannot be included on the birth certificate. (Please continue on to Page 4 and finish Parent 1 & IMMTRAC information.)

PARENT 2 - CURRENT LEGAL NAME/INFORMATION

Mother Father Parent

Legal First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth (State/Foreign Country/Territory)	Social Security	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Occupation	Type of Business	
<input type="text"/>	<input type="text"/>	
<p>Parent 2's Education</p> <p><input type="checkbox"/> 8th grade or less</p> <p><input type="checkbox"/> 9th – 12th grade, no diploma</p> <p><input type="checkbox"/> High School graduate or GED completed</p> <p><input type="checkbox"/> Some College credit, but no degree</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)</p>	<p>Is Parent 2 of Hispanic Origin?</p> <p><input type="checkbox"/> No, not Spanish / Hispanic / Latino</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish / Hispanic / Latino Specify _____</p>	<p>What is Parent 2's Race?</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> American Indian/Alaska Native (Name of the enrolled or principal tribe) _____</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander Specify _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Unknown</p>

Has Paternity – Genetic Testing Been Done? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent 2's Mailing Address	Apartment Number
State/Foreign Country/Territory	City/Town/Location	Zip Code / Extension

PARENT 2 - NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix
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PRESUMED FATHER INFORMATION (Complete ONLY if applicable)

Date of Birth	Social Security		
First Name	Middle Name	Last Name	Suffix
Mailing Address	Apartment Number	State/Foreign Country/Territory	
City/Town/Location	Zip Code Extension		

PARENT 1 - MEDICAID INFORMATION (Complete ONLY if applicable)

Parent 1's Medicaid Name	Parent 1's Medicaid Number
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IMMTRAC REGISTRY

Do you consent for your baby's immunization information to be included in the statewide Immunization Registry and to share the immunization information with registered providers? <input type="checkbox"/> Yes <input type="checkbox"/> No

SURROGACY WORKSHEET ADDENDUM

INTENDED PARENT 1

Mother Father Parent

First Name	Middle Name	Last Name	Suffix

INTENDED PARENT 1'S NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

Intended Parent 1's Medicaid Name	Intended Parent 1's Medicaid Number

Intended Parent 1's Marital Status

Never Married Widowed Widowed Divorces Currently Married Married Refuse Info Unknown

INTENDED PARENT 1'S RESIDENCE ADDRESS

Residence Address	Apartment Number	State/Foreign Country	County

City/Town/Location	Zip Code / Extension	Inside City Limits?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

INTENDED PARENT 1'S MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK)

Mailing Address	Apartment Number	State/Foreign Country

City/Town/Location	Zip Code / Extension	Inside City Limits?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

INTENDED PARENT 2'S NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

INTENDED PARENT 2

First Name	Middle Name	Last Name	Suffix

Date of Birth	Age	State, Territory, or Foreign Country of Birth	Social Security

Congratulations on the birth of your new Little Texan!

Texas Vital Statistics would like to take this opportunity to answer some most commonly asked questions about birth certificates in Texas. . .

“How do I get a copy of my baby’s birth certificate?”

You can request and purchase a certified copy of your child’s birth certificate from the local registrar’s office located in the city or county where the birth occurred, or from the Texas Vital Statistics office located in Austin, Texas.

A *Certified Birth Certificate* is a permanent legal document filed in the State of Texas that establishes your child’s identity and is used to apply for medical or government services, passports, school admission, etc.

“When will I receive my baby’s social security card?”

If you answered “Yes” to the question, “Apply for baby’s social security number?”, the birth information will be forwarded to the Social Security Administration as soon as the Texas Vital Statistics office receives the data from the hospital. The Social Security Administration then requires 2-3 weeks to process the information. A social security card will be mailed to the Parent 1’s mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.

“When will I receive my baby’s Medicaid number?”



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.



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: _____



(Please print clearly)

Grid for Child's Last Name

Child's Last Name

Grid for Child's First Name

Child's First Name

Grid for Child's Date of Birth

Child's Date of Birth

*Newborns only.

Grid for Mother's First Name

Mother's First Name

Grid for Mother's Street Address

Mother's Street Address

Grid for City

City

Grid for Child's Middle Name

Child's Middle Name

Child's Gender: Male Female

Grid for Mother's Maiden Name

Mother's Maiden Name

Grid for Apartment #

Apartment #

Grid for Telephone

Telephone

Grid for State

State

Grid for Zip Code

Zip Code

Grid for County

County

ImmTrac, the Texas immunization registry, is a free service of the Texas Department of State Health Services (DSHS). The immunization registry is a secure and confidential service that consolidates and stores your child's (younger than 18 years of age) immunization records. With your consent, your child's immunization information will be included in ImmTrac. Doctors, public health departments, schools, and other authorized professionals can access your child's immunization history to ensure important vaccines are not missed.

The Texas Department of State Health Services (DSHS) encourages your voluntary participation in the Texas immunization registry.

Consent for Registration of Child and Release of Immunization Records to Authorized Entities

I understand that, by granting the consent below, I am authorizing release of the child's immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac"). Once in ImmTrac, the child's immunization information may by law be accessed by:

- a public health district or local health department for public health purposes within their areas of jurisdiction;
• a physician or other health-care provider legally authorized to administer vaccines for treating the child as a patient;
• a state agency having legal custody of the child;
• a Texas school or child-care facility in which the child is enrolled;
• a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child.

I understand that I may withdraw this consent to include information on my child in the ImmTrac Registry and my consent to release information from the Registry at any time by written communication to the Texas Department of State Health Services, ImmTrac Group - MC 1946, P. O. Box 149347, Austin, Texas 78714 - 9347.

Please mark the appropriate box with a [X] to indicate your choice.

- [] I GRANT consent for registration. I wish to INCLUDE my child's information in the Texas immunization registry.
[] I DENY consent for registration. I wish to EXCLUDE my child's information from the Texas immunization registry.

Parent, legal guardian, or managing conservator: Printed Name:

Date: Signature:

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Upon completion, please fax or mail form to the DSHS ImmTrac2 Group or a registered Health-care provider.

Questions? (800) 348-9158 • (512) 776-7284 • www.ImmTrac.com • ImmTrac2 NB-2

Texas Department of State Health Services • ImmTrac2 Group – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

BIRTH REGISTRARS

Please enter newborn client information in the Texas Electronic Registrar and affirm that consent has been granted. DO NOT fax to DSHS. Retain this form in the client's birth record.



ImmTrac2 Immunization Registry (RECIÉN NACIDO) FORMULARIO DE REGISTRO

(Favor de escribir claramente con letra de molde)

Grid for last name

Apellido del Niño(a)

Grid for first name

Nombre del Niño(a)

Grid for birth date

Fecha de Nacimiento del Niño(a)

*Solo recién nacidos.

Género: Masculino Femenino

Grid for mother's name

Nombre de la Madre

Grid for second name

Segundo Nombre del Niño(a)

Grid for mother's last name

Apellido de Soltera de la Madre

Grid for mother's address

Dirección de la Madre, Calle

Grid for apartment and phone

Apartamento # Teléfono

Grid for city

Ciudad

Grid for state, zip, and county

Estado Código Postal Condado

El registro de inmunización (ImmTrac) de Texas, es un servicio gratis que proporciona el Departamento Estatal de Servicios de Salud (DSHS). El registro de inmunización es un servicio seguro y confidencial que consolida y guarda el récord de inmunizaciones de su niño(a) (menores de 18 años de edad). Con su consentimiento, la información de la inmunización de su niño(a) será incluida en ImmTrac2. Los doctores, departamentos de salud pública, escuelas y otros profesionales autorizados pueden tener acceso al historial de inmunización de su niño(a) para asegurar que las vacunas importantes no le falten. El Departamento Estatal de Servicios de Salud de Texas (DSHS) le anima a que participe voluntariamente en el registro de inmunización de Texas.

Consentimiento Para Registrar al Menor y Dar a Conocer los Documentos de Inmunización a las Entidades Autorizadas. Entiendo que, con mi consentimiento a continuación, autorizo que se dé a conocer la información de inmunización del menor al DSHS, y además entiendo que el DSHS incluirá esta información en el registro central de inmunización del estado ("ImmTrac2"). Una vez que la información del menor esté en ImmTrac2, por ley la puede acceder: el distrito de salud pública o el departamento de salud local, para propósitos de salud pública dentro de sus áreas de jurisdicción; el médico, o algún otro proveedor de atención de salud legalmente autorizado para administrar vacunas, en el tratamiento del menor como paciente; la agencia estatal que tenga la custodia legal del menor; la escuela o la guardería de Texas en que el menor esté inscrito; el pagador, actualmente autorizado por el Departamento del Seguro de Texas para operar en Texas, con respecto a la cobertura del menor. Entiendo que puedo retirar este consentimiento para incluir información sobre el menor en el Registro de ImmTrac2 y mi consentimiento para dar a conocer la información del registro en cualquier momento mediante comunicación escrita a Texas Department of State Health Services, ImmTrac Group – MC 1946, P. O. Box 149347, Austin, Texas 78714 - 9347.

Favor de marcar la caja [X] indicando la selección de su preferencia. [] YO AUTORIZO el consentimiento para registrarlo. Deseo INCLUIR la información de mi niño(a) en el registro de inmunización de Texas. [] YO NIEGO el consentimiento para registrarlo. Deseo EXCLUIR la información de mi niño(a) del registro de inmunización de Texas. Alguno de los padres, tutor legal o administrador de bienes: Escriba con letra de molde Fecha: Firma:

Notificación Sobre Privacidad: Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a http://www.dshs.texas.gov para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 552.021, 552.023, 559.003 y 559.004)

Al rellenarlo, mándelo por fax o correo postal al Grupo ImmTrac2 del DSHS o a un proveedor de salud inscrito. ¿Tiene preguntas? (800) 348-9158 • (512) 776-7284 • www.ImmTrac.com • ImmTrac2 NB-2 Texas Department of State Health Services • ImmTrac2 Group – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

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Routine Testing and Treatments for the Newborn,
Disposition of the Placenta, & Statistical Consent

1. Pitocin Administration for the Prevention of Postpartum Hemorrhage

Postpartum Hemorrhage (PPH) is defined as greater than 1000ml of blood loss within 24hrs after birth and affects 11% of births worldwide. Uterotonic medications can be administered following birth to prevent uterine atony which is the leading cause of hemorrhage.

The administration of 10 units of Oxytocin via muscular injection after birth is evidence-based to reduce the incidence of postpartum hemorrhage. We give you the option to accept or decline this medication to prevent excessive blood loss after birth. While most of our mothers who do not receive preventative Oxytocin recover without complication, this is an evidence-based option that we offer to protect against hemorrhage.

This consent is exclusively for prophylaxis and does not apply to necessary emergency administration.

- Please administer 10 units of Oxytocin after birth to prevent postpartum hemorrhage.
- I decline 10 units of oxytocin after birth to prevent postpartum hemorrhage.

Mother's Initials

Partner's Initials

2. Disposition of Placenta

When your baby is growing inside you, the placenta helps nourish your baby and filter your baby's blood. It is a life-giving organ! The placenta is also considered hazardous waste, as any blood borne pathogens (diseases) that the mother may have can be transmitted through the placenta. There are many varied cultural customs related to the placenta. You have the option of keeping your baby's placenta, or of having Natural Beginning Birth Center dispose of your baby's placenta with other hazardous waste.

- I authorize the Natural Beginning Birth Center to dispose of the placenta.
- I will be fully responsible for making other disposition arrangements for my baby's placenta. If I do not remove the placenta after two days, I authorize Natural Beginning Birth Center to dispose of the placenta.

Mother's Initials

Partner's Initials

3. Erythromycin Ophthalmic Ointment

Texas law requires administration of an antibiotic ointment in the baby's eyes shortly after birth. The ointment is to prevent eye infections that could be picked up from the vagina during birth. The primary concern is the baby being exposed to gonorrhea, which can cause blindness and eye infections in newborns.

The usual side effect of Erythromycin ointment is temporary blurred vision until the ointment dissolves, which is about 30 minutes. Irritation from the ointment is rare.

I am aware that preventative treatment with Erythromycin Ophthalmic ointment is required by Texas law.

- Please administer Erythromycin ointment to my newborn after birth.
- I refuse eye treatment for my newborn.

Mother's Initials

Partner's Initials

4. Vitamin K injection

Vitamin K assists with blood clotting and is recommended for all newborns as an injection within two hours of birth. It is not required by law but is **recommended by the American Academy of Pediatrics** for all newborns.

Vitamin K is produced by intestinal bacteria and newborns normally have low levels of this vitamin until about two weeks of age. Receiving this medication can prevent a serious bleeding problem called Hemorrhagic Disease of the Newborn. The injection is given in the upper thigh and will be momentarily painful to the baby, but it does not cause long term discomfort or problems.

The incidence of Hemorrhagic Disease of the Newborn is 0.25-1.7%. Hemorrhage in the brain can cause permanent brain injury and death. Abnormal bleeding of the newborn is more common in premature babies or following a birth injury, significant bruising, broken bones or circumcision.

Oral administration is not recommended by the American Academy of Pediatrics because it is not as effective as the one-time injection. Repeat doses of oral Vitamin K are required.

If you are choosing to have your baby circumcised at this practice, the Vitamin K injection at birth is required.

- Please administer Vitamin K to my newborn after birth.
- I refuse Vitamin K for my newborn.

Mother's Initials

Partner's Initials

5. Newborn Metabolic Screen

Texas law requires Newborn Metabolic Screening on all babies. This blood test screens for 29 primary metabolic conditions and 24 secondary conditions, which if left untreated, could cause mental retardation or early death.

The State of Texas requires two Metabolic Screens from each child during the first two weeks of life. Drops of blood are collected from a heel stick and submitted to the state lab. Results generally take 7-10 days. Approximately 90% of disorders are detected on the first screen collected between 24-48 hours of age. Ten percent are detected on the second, collected one to two weeks later. Some of the disorders are related to processing milk, so omitting a second screen may result in these diseases being undetected.

Metabolic disorders are rare but collectively have an incidence of approximately 1 in every 1,000 to 3,000 births, nationally. Approximately 600 disorders are detected in Texas each year. An explanation of each of the metabolic disorders is available from your midwife or on the Texas Department of Health website: http://www.dshs.state.tx.us/newborn/screened_disorders.shtm

- I plan to have the Newborn Metabolic Screen collected at 24-48 hrs of life.
- I refuse the Newborn Metabolic Screen for my baby at 24-48 hours of life.

Mother's Initials

Partner's Initials

6. Hepatitis B Vaccine

The American Academy of Pediatrics and the Centers for Disease Control have recommended vaccination against Hepatitis B for all newborns. Viral hepatitis is an infection of the liver with no cure. Most Hepatitis B in the United States is acquired through contact with infected blood or sexual contact and may be passed to the baby during birth if the mother has Hepatitis B. Approximately 20,000 babies a year are born in our country to women who have Hepatitis B and more than a million people in the United States have the chronic form of this disease. The Center for Disease Control recommends vaccination of all newborns as a part of a nationwide plan to eliminate Hepatitis B.

Hepatitis B vaccination consists of a series of three injections. The first may be given in the first hours of life but the series may be initiated at any age. All three injections are required for greatest effectiveness of 95%. Vaccination is required for admission to public school in Texas unless a waiver is signed and filed with the Department of Health.

- I am aware that Hepatitis B vaccination is recommended for all newborns. This vaccine is not provided by Natural Beginning Birth Center but is available with my pediatric care provider or with the Department of Health.

Mother's Initials

Partner's Initials

7. Hepatitis B Virus and Syphilis screening of mother

Syphilis is a sexually transmitted infection that can easily be treated with antibiotics if identified early. It occurs in about 1 in 100,000 women and can cross the placenta, causing infection in a

newborn. About 50% of pregnant women with untreated early syphilis pass the infection on to their baby. Syphilis can cause miscarriage, stillbirth, or soon after birth the baby may develop severe neurological problems potentially leading to death.

Hepatitis B is a liver disease that is usually spread through contact with blood, semen, or another body fluid from a person infected with the Hepatitis B virus (HBV). The incidence of Hepatitis B is 1.5 per 100,000 people in the United States. The virus can be passed from an infected mother to her baby at birth. Nearly all cases of transmission to a newborn can be prevented by identifying infection in the mother and treating the newborn within twelve hours of birth. Approximately 40% of infants born to HBV infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease.

All mothers at OBGYN North are screened for both Hepatitis B and Syphilis at the first prenatal visit. Texas law requires re-screening of mother's blood at the time of labor/birth, or documented declination of re-screening. Identification of infection in the mother allows for immediate treatment of the newborn to nearly eliminate the risk of transmission or infection.

- I decline Syphilis and Hepatitis B re-screening at the time of birth.
- I request to be re-tested for Hepatitis B and Syphilis just after my baby's birth.

Mother's Initials

Partner's Initials

8. Texas Early Hearing Detection and Intervention (TEHDI)

Texas law mandates that every newborn will have access to hearing screening. The TEHDI program assists in identifying babies with hearing loss, and guides families to appropriate services the baby will need to develop essential communication skills. Natural Beginning routinely provides hearing screening at 3-4 days of life. This is included in the cost of the birth center. The test is non-invasive and does not bother or harm babies. Insurance companies including Medicaid are required by law to cover the cost of screening **and of follow up**. If your baby is identified as potentially having hearing loss, your baby's information (with consent) will be reported to TEHDI to ensure that your baby has appropriate follow up care.

- I consent to the newborn hearing screen, including sharing information with TEHDI if my baby has suspected hearing loss.
- I decline routine hearing testing and follow up.

Mother's Initials

Partner's Initials

9. Critical Congenital Heart Disease (CCHD) Screening

Serious newborn heart disease happens in about 2 in 1,000 babies. A simple and pain-free screening test can detect critical heart problems. Your midwife or nurse does this screening test when you and your baby come in for your 3-4 day visit. A small sensor is briefly placed on your baby's right hand and right foot. The sensor tells us how much oxygen is your baby's blood. If your baby's oxygen level is concerning, we will refer you to a specialist for newborn heart problems. This simple screen may not detect all newborn heart problems, but it is non-invasive and poses no risk to the baby.

- I consent to routine CCHD screening for my newborn.
- I decline routine CCHD screening.

Mother's Initials

Partner's Initials

10. Collection of Statistics

Natural Beginning Birth Center participates in collection of birth statistics and we ask permission to include yours, with no identifying data, in a national registry. The registry, developed by American Association of Birth Centers (AABC), records the outcomes of Birth Center and Midwifery care. The large data set from the registry helps us evaluate and improve midwifery care for families. We use this information when talking to insurers, legislators, regulators and the general public to promote access to midwifery care.

No names, social security numbers or other identify personal information are included in the registry. The majority of the information requested is the same as the data collected by the state of Texas on the birth certificate work sheet.

- Yes, include my pregnancy and birth statistics in AABC's national data registry.
- No, please do not include my information in AABC's national data registry.

Mother's Initials

Partner's Initials

11. Selection of Pediatrician

Natural Beginning Birth Center requires all of our clients to select a pediatrician for their baby prior to the birth. We recommend meeting your pediatrician prior to you 37th week of pregnancy. Our nurses and midwives will provide early newborn care and treatment as detailed above. We can provide all normal newborn care within the first week of life for babies born at Natural Beginning. Your pediatrician will discuss with you when s/he would like to see your baby for your baby's first appointment after birth.

Our baby's pediatrician will be _____

Pediatrician's phone number _____

Pediatrician's fax number _____

12. Prenatal Expectations and Education:

Please tell us more about your hopes for this labor and birth. A reminder of your preferences and values will help us work together to respect your birth goals. We will keep this information in your records so we can best provide for you during your labor and birth experience.

What has attracted you to the midwifery model? Why did you choose our birth center over the hospital?

What are your expectations of what birth may look like?

Describe your ideal birth experience.

What fears do you have?

Do you have a doula? If so, what is her name?

What childbirth Classes did you attend?

I have had an opportunity to discuss all of the information above.

Mother's Printed Name

Mother's Signature

Date

Partner's Printed Name

Partner's Signature

Date

Witness Name

Witness Signature

Date