

**From:** [Sunset Advisory Commission](#)  
**To:** [Janet Wood](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Monday, June 30, 2014 8:43:19 AM

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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Sunday, June 29, 2014 11:52 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Sunday, June 29, 2014 - 23:52

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Susan

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Title:

Organization you are affiliated with:

City: Austin

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed: It is my understanding that the Texas Midwifery Board, which is not due to be before the Texas Sunset Advisory Commission until the 2016-2017 review, has come up as part of the current review for the Department of State Health Services. While revisions to the Texas Midwifery Board should be tabled until their scheduled 2016-2017 session, my attention has been drawn to a part of the DSHS review that seeks to move the Texas Midwifery Board out from under the Department of State Health Services to the Texas Department of Licensing and Regulation. I find this most disturbing. I believe that the Texas Midwifery Board, which oversees the provision of the professional health services provided by licensed and certified midwives, has been appropriately placed under the Department of State Health Services, and that to move it from this Department which deals in health services to one which oversees services that are nonmedical in nature would be an error. The Department of Licensing and Regulation is not adequately equipped to regulate the Midwifery Board, whereas the Department of State Health Services is. It is crucial for the good and viable health of midwifery in Texas that the members of the Texas Midwifery Board retain the ability they have under the Department of State Health Services to use their expertise and professional experience to make the best and most appropriate decisions for the midwifery providers they oversee. Moving the Midwifery Board to the Department of Licensing and Regulation, or turning over the power of the board to such entities as the Medical Board or the Board of Nursing, would damage the specific decisions that the licensed midwives and certified physicians on the Midwifery Board have worked for years to establish. The Texas Midwifery Board should be able to retain this sensible ability, which they have been given under the Department of State Health Services. The board of midwives is already appropriately placed for optimal functionality within the Department of State Health Services and should not be moved to the Department of Licensing and Regulation, where its efficacy would be limited.

Any Alternative or New Recommendations on This Agency:

I understand that the American Congress of Obstetricians and Gynecologists and the Texas Congress of

Obstetricians and Gynecologists have suggested that the distribution of the Midwifery Board appointments constitutes a conflict of interest since midwives hold the majority membership on the board. I would ask, who then, if not licensed midwives, should hold the majority on the board that governs the practice of midwifery? Licensed midwives are the exact healthcare professionals who are most qualified to have majority on the Texas Midwifery Board. First, we see that precedent has already been set for the membership of boards governing other professional healthcare providers. The Medical Board and the Board of Nursing both give majority membership on their boards to the providers who practice the specific professions. Second, a Licensed Midwife in Texas has undergone several years of extensive training in areas, situations, and techniques, in which most nurses and physicians have not been as extensively trained. It is for this reason that I believe it would not be beneficial to have nurses or physicians hold majority on the board. Under the Association of Texas Midwives' Midwifery Training Program, a midwifery student must complete a minimum of three years didactic coursework. This coursework includes extensive study on topics such as basic midwifery skills, anatomy and physiology, the antepartum, intrapartum, and postpartum periods of normal birth, complications of birth, the newborn period, and advanced midwifery skills. In addition to this thorough coursework, a student midwife must complete a minimum of two years and 1,350 hours in an active apprenticeship with a licensed midwife. In this apprenticeship, a student midwife spends her time learning and practicing her competency skills with her preceptor with real clients. Each hour the student spends in her apprenticeship is overseen by her preceptor, learning about and practicing the exact skills that a midwife uses when attending births or providing pre or postnatal care. The skills of midwives are specifically designed for the facilitation and safety of natural births conducted in a variety of setting, including out of hospital settings. This is where the midwife trains, and this is where the midwife practices. In contrast, the education and subsequent skills of an obstetrician, while incredibly valuable and necessary, are not in the areas of facilitating natural, drug and intervention free deliveries in various settings. The obstetrical residency program at the University of Texas at Southwestern Medical Center requires courses in suturing, skills for several types of surgery, and forcep and vacuum-assisted vaginal delivery training. Residency students also spend time learning chemotherapy and terminal care for gynecologic oncology patients, practicing intra-uterine insemination and uterine and vaginal reconstructive surgery, and conducting surgical therapy on geriatric patients. In their second year, doctors spend two days each week performing pelvic reconstructive surgery and anti-incontinence procedures, and two half-days each week dissecting cadavers. Given this sample of how obstetrical training can differ from the training of a midwife, it seems absurd that any other medical professional but midwives themselves should hold majority on the board that determines the rules that govern midwifery care. The Texas Midwifery Board already contains the combined knowledge, experience, and expertise of two nationally certified physicians along with five licensed midwives and two public consumers; I believe this group is comprised of the best-suited individuals for regulating and overseeing the unique health profession of midwifery. I would strongly recommend against moving the Midwifery Board under the supervision of a different board designed to oversee different practices and different specializations.

Lastly, ACOG and TCOG seem to believe that the licensing standards for Texas licensed midwives, whose educational curriculum was described above, is not sufficient, and that all midwives should take the same licensing exam that is given for the certification of nurse-midwives who hold masters of nursing degrees. This would potentially nullify the licensure of over 200 Texas licensed midwives who are already certified by a national examination (given by NARM) that is accredited by the same commission that accredits the nurse-midwifery exam. This suggestion, in fact, contradicts the spirit of the 79th Texas Legislature's act 1535, which determined that Texas parents have a "responsibility and right to give birth where and with whom the parent chooses." The Legislature also states that birth is a "natural process of the human body and not a disease." Neither of these views seem to be shared by either the American or the Texas Congress of Obstetricians and Gynecologists since they seem to think parents should be precluded from choosing birth with any current licensed Texas midwives, despite the extensive training they undergo. I propose that no changes need to be made to the licensing standards for midwives, and that such a change would, with warrant, limit the freedom of Texas parents.

My Comment Will Be Made Public: I agree