

CHAPTER 89

AN ACT concerning postpartum care, pregnancy loss, stillbirth, and supplementing Title 26 of the Revised Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

C.26:18-30 Findings, declarations.

1. The Legislature finds and declares that:

a. Pregnancy is a significant health event in the lives of many women that presents unique physical, mental, and medical issues, many of which a woman will not encounter at any other point in her life.

b. Women experiencing pregnancy, particularly a first pregnancy, frequently lack information and guidance concerning many of the physical symptoms encountered during and after pregnancy. Because so many aspects of a woman's body change during pregnancy, it can be difficult to determine when a particular symptom is normal or may be a sign of an adverse complication that requires medical attention, particularly with regard to symptoms occurring during the postpartum period and after a pregnancy loss or stillbirth.

c. Maternal mortality and morbidity rates have increased over the last 20 years both in New Jersey and nationwide, which increased rates have disproportionately affected minority communities. In many cases, the common causes of maternal mortality, including excessive bleeding and infection, are preventable if diagnosed and treated in a timely manner. Moreover, postpartum, pregnancy loss, and stillbirth issues that are not typically fatal can seriously affect a woman's quality of life if left untreated.

d. Frequently, postpartum issues cannot be detected before the woman is discharged from the hospital. Many symptoms do not manifest until after the woman has returned home, and issues may occur up to one year after birth. It is estimated that between one-third and one-half of pregnancy-associated deaths occur during the postpartum period. All women are susceptible to postpartum complications, not just those identified as "high risk" for complications during pregnancy.

e. As many as 40 percent of women never seek out or receive postpartum care, which represents a missed opportunity to screen for postpartum issues and provide necessary medical care.

f. Although New Jersey has taken significant steps to improve the provision of maternity care in this State, more needs to be done to ensure that women have the information and resources necessary to enable them to identify and seek treatment for potentially fatal postpartum, pregnancy loss, and stillbirth issues.

g. Therefore, it is essential that women have the opportunity to develop an individualized postpartum treatment plan in the course of prenatal care and that they be provided with postpartum care, pregnancy loss, and stillbirth information prior to discharge, including information about normal and abnormal postpartum symptoms, to enable them to make informed observations about their postpartum, pregnancy loss, and stillbirth experiences and seek out medical care when needed.

C.26:18-31 Personalized postpartum care plans.

2. a. Health care professionals, including physicians, advanced practice nurses, certified nurse midwives, certified professional midwives, and certified midwives, who provide prenatal maternity care to a patient shall ensure that the patient has the opportunity to develop a comprehensive personalized postpartum care plan that is consistent with the patient's

anticipated postpartum needs and plans. To meet the requirements of this section, a personalized postpartum care plan shall include, at a minimum, all of the following:

- (1) the name, phone number, and office address of the patient's care team;
- (2) if applicable, the time, date, and location for the patient's postpartum visits and a phone number to call to schedule or reschedule appointments;
- (3) guidance regarding breastfeeding to allow the patient to make an informed feeding decision;
- (4) a reproductive life plan and appropriate contraception;
- (5) notes about any of the patient's pregnancy complications and recommended follow-ups or test results;
- (6) guidance regarding signs and symptoms of postpartum depression or anxiety;
- (7) management, including recommendations on how to manage anxiety, depression, or other psychiatric issues identified during pregnancy or in the postpartum period;
- (8) recommendations for the management of postpartum issues, such as, without limitation, pelvic floor exercise for stress, urinary incontinence, or water-based lubricant for dyspareunia; and
- (9) a treatment plan for ongoing physical and mental health conditions which identifies the care team member responsible for follow-up.

The health care professional shall take reasonable steps to ensure that the patient is offered the opportunity to participate in a postpartum planning session during the first trimester of pregnancy or, if holding the session during the first trimester is not feasible, at the earliest time thereafter. At a minimum, each plan shall include the designation of a medical home where the patient may access care and support during the period between the end of the pregnancy and the comprehensive postpartum visit. If the patient does not have a plan in place or affirmatively waives their right to develop a plan, the health care professional shall educate the patient about the risks of foregoing adequate postpartum care and offer to consult with the patient to develop a plan.

b. Each general hospital, ambulatory care facility, and birthing center licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that provides maternity care services shall ensure that, prior to discharge following the end of a pregnancy, pregnancy loss, or stillbirth, each patient receiving maternity care services is provided with postpartum care information based on best practices and guidance, as determined by the American College of Obstetricians and Gynecologists or other nationally recognized bodies.

c. As used in this section:

“Care team” means an interdisciplinary team comprised of health care professionals, the patient, and the patient's relatives and friends. Members of the care team may vary depending on a patient's needs.

“Medical home” means as a primary care provider or facility from which a patient can access primary and preventive care that maintains all of the patient's medical information.

3. This act shall take effect 180 days after the date of enactment.

Approved November 18, 2024.