

ASSEMBLY, No. 3055

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED FEBRUARY 20, 2020

Sponsored by:

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

SYNOPSIS

Establishes “Stillbirth Resource Center” and programs for the prevention and reduction of incidences of stillbirth; appropriates \$1 million.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT establishing the “Stillbirth Resource Center,”
2 supplementing Title 26 of the Revised Statutes, and making an
3 appropriation.
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7

8 1. The Legislature finds and declares that:

9 a. Stillbirth is defined as a fetal death which occurs after 20
10 completed weeks of pregnancy, excluding induced terminations of
11 pregnancies occurring after 20 weeks, or the unintended death of a
12 fetus weighing 350 grams or more when no prenatal obstetric dating
13 is available.

14 b. Stillbirths are not rare and are one of the most common
15 adverse pregnancy outcomes suffered by pregnant women. Every
16 year, approximately 25,000 babies are stillborn in the United States,
17 a rate which is higher than that of other developed countries, and
18 about 650 stillbirths occur every year in New Jersey.

19 c. As with most adverse health outcomes, there are
20 longstanding and persistent racial, ethnic, age, and educational
21 disparities for stillbirth in New Jersey. Statewide, African
22 American women experience stillbirth at more than three times the
23 rate of Caucasian women, and more than twice the rate among other
24 racial and ethnic groups.

25 d. Many factors, including genetics, environment, stress, social
26 issues, access to and quality of medical care, and behavior,
27 contribute to racial disparities in stillbirth. Research on stillbirth
28 has not been afforded the same attention as other areas of medical
29 research. As a result, the reasons for racial disparities in, and the
30 causes of, stillbirth remain unknown.

31 e. Stillbirth is a traumatic event and its impact on families, who
32 often need counseling and other support services after experiencing
33 a stillbirth, has not been adequately researched.

34 f. It is in the best interest of the State to establish a Stillbirth
35 Resource Center, in collaboration with the Department of Health, to
36 educate the public and health care professionals about stillbirths, to
37 promote research on treatments options to eliminate the preventable
38 causes of stillbirth, and provide supportive services to families
39 experiencing a stillbirth.
40

41 2. a. The Commissioner of Health, in consultation with the
42 “Stillbirth Resource Center” established pursuant to section 3 of
43 this act, shall develop a program to educate the public and health
44 care professionals about stillbirths and to promote research on
45 treatments options to eliminate the preventable causes of stillbirth.

46 The program shall:

47 (1) include a toll-free, peer support telephone helpline to
48 respond to calls from families experiencing a stillbirth, and refer

1 such families to, and provide informational resources on,
2 bereavement support and counseling services, including but not
3 limited to, information on national organizations that advocate for
4 and provide support to families experiencing a stillbirth, funeral
5 homes, photographers, and other businesses and organizations that
6 provide financial assistance to families throughout the bereavement
7 process;

8 (2) study common trends associated with, and conduct research
9 studies focusing on, the risk factors and causes of stillbirth;

10 (3) identify and promote the use of evidence based best
11 practices and standards in providing prenatal care to pregnant
12 women in improving fetal and maternal outcome; and

13 (4) establish and administer an education and training program,
14 including the preparation and dissemination of literature on
15 techniques to prevent and reduce the incidences of stillbirth,
16 targeted to specific groups of persons who interact with families
17 experiencing a stillbirth, including, but not limited to, public health
18 nurses, emergency room physicians and nurses, emergency medical
19 services personnel, forensic pathologists, hospital pathologists,
20 obstetricians, gynecologists, neonatologists, registered nurses,
21 practical nurses, advance practice nurses, family physicians,
22 midwives, maternal health experts, and social workers.

23 b. The program shall include:

24 (a) training on the nature and causes of stillbirth, how to
25 respond to families experiencing a stillbirth, including during the
26 bereavement process, the protocols used by hospitals and health
27 care professionals during labor, delivery, postpartum, and
28 postmortem when a stillbirth occurs, the importance of autopsy
29 records, placental and postmortem evaluations, and best practices in
30 providing care to families prior to and during subsequent
31 pregnancies after a stillbirth; and

32 (b) a risk reduction and prevention education component to
33 inform the public on the causes, and ways to prevent and reduce the
34 incidences of stillbirth, and to provide pregnant women and women
35 who may become pregnant with educational material and other
36 resources on how to improve fetal and maternal outcomes after a
37 stillbirth.

38

39 3. a. The Commissioner of Health shall establish a “Stillbirth
40 Resource Center” within a State medical school. The Stillbirth
41 Resource Center shall, in coordination with the Department of
42 Health, serve as a technical advisory center, administer the program
43 educating the public and health care professionals about stillbirths
44 developed pursuant to section 2 of this act, and offer other
45 supportive services that may be necessary to assist families who
46 have experienced a stillbirth. The commissioner shall forward
47 information collected under the fetal death evaluation protocol
48 established pursuant to section 3 of P.L.2013, c.217 (C.26:8-40.29),

1 on a bi-monthly basis, to the center so that the center may provide
2 bereavement support services and conduct research on stillbirth
3 pursuant to the provisions of this act.

4 b. The center shall:

5 (1) develop a voluntary stillbirth reporting process, pursuant to
6 which the mother or family who has experienced a stillbirth, or the
7 mother's designee will be permitted, but not required, to report to
8 the center on individual cases of stillbirth. At a minimum, the
9 process developed pursuant to this paragraph shall require the
10 center to:

11 (a) ask the department to post on its Internet website a
12 hyperlink, a toll-free telephone number, and an email address, each
13 which may be used for the voluntary submission of public reports of
14 stillbirths; and

15 (b) publicize the availability of these resources to professional
16 organizations, community organizations, social service agencies,
17 health care facilities, and members of the public;

18 (2) develop a process, in consultation with the Department of
19 Health, pursuant to which the center will contact each family of a
20 stillborn child, if consent is obtained from the family, to offer
21 information on the bereavement support services it provides
22 pursuant to paragraph (4) of this subsection;

23 (3) maintain a list of bereavement support groups, bereavement
24 therapists, and counseling services, by location and county, and
25 make the list available to the public through the Department of
26 Health's Internet website; and

27 (4) provide bereavement support services to families who have
28 experienced a stillbirth. The support services shall include, but not
29 be limited to:

30 (a) the development of an informational pamphlet to be given to
31 a family experiencing a stillbirth that includes information about the
32 toll-free telephone helpline established pursuant to subsection a. of
33 section 1 of this act and the list maintained by the center pursuant to
34 paragraph (3) of this subsection;

35 (b) a peer to peer support program led by parents who have
36 experienced a stillbirth, are familiar with the psychosocial needs of
37 a family experiencing a stillbirth, and can provide support
38 immediately after a stillbirth and guidance during the bereavement
39 process; and

40 (c) the organization of events and activities that provide support
41 to families who have experienced a stillbirth.

42 c. The center shall keep a record of all reports of stillbirths that
43 are forwarded by the department pursuant to subsection a. of this
44 section or submitted thereto through the reporting process
45 established by the center pursuant to paragraph (1) of subsection b.
46 of this section, so that the center may:

47 (1) provide bereavement support services pursuant to paragraph
48 (4) of subsection b. of this section;

1 (2) conduct research on stillbirth and its effects on families; and
2 (3) propose and assist in the implementation of policies and
3 procedures to improve the delivery of health care and other support
4 services to women experiencing stillbirth and their families.

5 d. The center may access information from certificates of fetal
6 death and certificates of birth resulting in stillbirth contained in the
7 New Jersey Vital Information Platform for the purpose of research
8 on, and to identify current trends in the incidence of, stillbirth.

9 e. The center shall apply for, receive, and accept, from any
10 federal, State, or other public or private source, grants, loans, or
11 other moneys that are made available for, or in aid of, the center's
12 authorized purposes, or that are made available to assist the center
13 in carrying out its duties and responsibilities under this act.

14

15 4. There is appropriated annually \$1,000,000 from the General
16 Fund to the Department of Health to effectuate the purposes of this
17 act.

18

19 5. The Commissioner of Health shall adopt rules and
20 regulations necessary to effectuate the purposes of this act.

21

22 6. This act shall take effect on the first day of the sixth month
23 next following the date of enactment, except that the Commissioner
24 of Health may take any anticipatory administrative action in
25 advance as shall be necessary for the implementation of this act.

26

27

28 STATEMENT

29

30 This bill requires the Department of Health (DOH), in
31 consultation with the "Stillbirth Resource Center," established
32 under the act, to develop a program to educate the public and health
33 care professionals about stillbirths and to promote research on
34 treatments options to eliminate the preventable causes of stillbirth.

35 Under the bill's provisions, the program would: include a toll-
36 free, peer support telephone helpline to respond to calls from
37 families experiencing a stillbirth and refer such families to, and
38 provide informational resources on, bereavement support and
39 counseling services; study the risk factors and causes associated
40 with stillbirth; identify and promote the effectiveness of evidence
41 based best practice and standards in providing prenatal care to
42 pregnant women in improving fetal and maternal outcome; and
43 establish and administer a stillbirth education and training program,
44 including the preparation and dissemination of literature on
45 techniques to prevent and reduce the incidences of stillbirth.

46 The training and education program would be targeted to specific
47 groups of persons who interact with families experiencing a
48 stillbirth, including certain health care professionals, as outlined in

1 the bill, midwives, maternal health experts, and social workers, and
2 would include: training on the nature and causes of stillbirth; how
3 to respond to families experiencing a stillbirth; the protocols used
4 by hospitals and health care professionals during labor, delivery,
5 postpartum, and postmortem when a stillbirth occurs; the
6 importance of autopsy records and placental and postmortem
7 evaluations; best practices in providing care to families prior to and
8 during subsequent pregnancies after a stillbirth; and a risk reduction
9 and prevention education component to inform the public and
10 pregnant women on the causes and ways to prevent and reduce the
11 incidences of stillbirth and how to improve fetal and maternal
12 outcomes after a stillbirth.

13 The bill also mandates the Commissioner of Health to establish
14 the “Stillbirth Resource Center” in a State medical school selected
15 by the commissioner. The center would, in coordination with DOH,
16 serve as a technical advisory center, administer the program
17 educating the public and health care professionals about stillbirths
18 established pursuant to the bill, and offer other supportive services
19 that may be necessary to assist families who have experienced a
20 stillbirth.

21 The commissioner is required to forward to the center the
22 information collected under the fetal death evaluation protocol
23 established pursuant to section 3 of P.L.2013, c.217 (C.26:8-40.29)
24 on a bi-monthly basis so the center could provide bereavement
25 support services and conduct research pursuant to the bill.

26 The provisions of the bill stipulate that the center would: develop
27 a voluntary stillbirth reporting process that would allow a mother,
28 family member, or the mother’s designee, to report on individual
29 cases of stillbirth; take appropriate action to ensure that any
30 certificate of fetal death is prepared in accordance with, and
31 contains information that satisfies the provisions of P.L.2013, c.217
32 (C.26:8-40.27 et seq.); ask the DOH to post on its Internet website a
33 hyperlink, a toll-free telephone number, and an email address, each
34 which would be used for the voluntary submission of public reports
35 of stillbirths; and publicize the availability of these resources to
36 professional organizations, community organizations, social service
37 agencies, health care facilities, and members of the public; develop
38 a process, in consultation with DOH, allowing the center to contact
39 families who have experienced a stillbirth to offer information on
40 the bereavement support services provided by the center; maintain a
41 list of bereavement support groups and counseling services, by
42 location and county, and make the information available to the
43 public; and provide bereavement support services to families who
44 have experienced a stillbirth.

45 The center is required to keep a record of all reports of stillbirths
46 that are forwarded by the department or submitted through the
47 reporting process established by the center, so that it can: provide
48 bereavement support services, conduct research on stillbirth and its

1 effects on families, and propose and assist in the implementation of
2 policies and procedures to improve the delivery of health care and
3 other support services to women experiencing stillbirth and their
4 families.

5 The center could access information from certificates of fetal
6 death and certificates of birth resulting in stillbirth contained in the
7 New Jersey Vital Information Platform for the purpose of research
8 on, and to identify current trends in the incidence of, stillbirth.

9 The center would apply for, receive, and accept, from any
10 federal, State, or other public or private source, grants, loans, or
11 other moneys that are made available for, or in aid of, the center's
12 authorized purposes, or that are made available to assist the center
13 in carrying out its duties and responsibilities

14 The bill also provides for an annual appropriation of \$1,000,000,
15 from the General Fund to the Department of Health to effectuate the
16 purposes of the bill.