

SENATE, No. 2078

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED MARCH 5, 2020

Sponsored by:

Senator LORETTA WEINBERG

District 37 (Bergen)

Senator DAWN MARIE ADDIEGO

District 8 (Atlantic, Burlington and Camden)

Co-Sponsored by:

Senators Corrado and Ruiz

SYNOPSIS

Establishes “Stillbirth Resource Center” and programs for the prevention and reduction of incidences of stillbirth; expands list of professionals authorized to provide stillbirth-related care ; appropriates \$2.5 million.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/18/2021)

1 AN ACT establishing the “Stillbirth Resource Center,” amending
2 P.L.2013, c.217, supplementing Title 26 of the Revised Statutes,
3 and making an appropriation.
4

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

8 1. Section 1 of P.L.2013, c.217 (C.26:8-40.27) is amended to
9 read as follows:

10 1. The Legislature finds and declares that:

11 a. Stillbirths are unintended fetal deaths and are traditionally
12 identified as those which occur after 20 completed weeks of
13 pregnancy, excluding induced terminations of pregnancies
14 occurring after 20 weeks, or involve the unintended death of fetuses
15 weighing 350 or more grams when no prenatal obstetric dating is
16 available;

17 b. Stillbirths are not rare and are one of the most common
18 adverse pregnancy outcomes experienced by pregnant women.
19 **【Approximately】** Every year, roughly 25,000 babies are stillborn in
20 the United States, and approximately one in every 160 pregnancies
21 in the United States ends in stillbirth each year, a rate which is high
22 compared with other developed countries;

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

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

35 e. Stillbirth is a traumatic event and its impact on families, who
36 often need counseling and other support services after experiencing
37 a stillbirth, has not be adequately researched;

38 **【c.】** f. Families experiencing a stillbirth suffer severe anguish,
39 and many health care facilities in the State do not adequately ensure
40 that grieving families are treated with sensitivity and are informed
41 about what to expect when a stillbirth occurs, nor are families who
42 have experienced a stillbirth always advised of the importance of an
43 autopsy and thorough evaluation of the stillborn **【child】** baby ;

44 **【d.】** g While studies have identified many factors that may
45 cause stillbirths, researchers still do not know the causes of a

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 majority of stillbirths, in part due to a lack of uniform protocols for
2 evaluating and classifying stillbirths, and to decreasing autopsy
3 rates;

4 **【e.】** h. The State currently collects some data related to fetal
5 deaths, but full autopsy and laboratory data related to stillbirths
6 could be more consistently collected and more effectively used to
7 better understand the risk factors and causes of stillbirths, and thus
8 more effectively inform strategies for their prevention; and

9 **【f.】** i. It is in the public interest to establish mandatory
10 protocols for health care facilities in the State, so that each **【child】**
11 baby who is stillborn and each family experiencing a stillbirth in the
12 State is treated with dignity, each family experiencing a stillbirth
13 receives appropriate follow-up care provided in a sensitive manner,
14 and comprehensive data related to stillbirths are consistently
15 collected by the State and made available to researchers seeking to
16 prevent and reduce the incidence of stillbirths. It is also in the
17 public interest to establish a Stillbirth Resource Center, in
18 collaboration with the Department of Health, to educate the public
19 and health care professionals about stillbirths, to promote research
20 on treatments options to eliminate the preventable causes of
21 stillbirth, and provide supportive services to families experiencing a
22 stillbirth.

23 (cf: P.L.2013, c.217, s.1)
24

25 2. Section 2 of P.L.2013, c.217 (C.26:8-40.28) is amended to
26 read as follows:

27 2. a. The Commissioner of Health, in consultation with the
28 State Board of Medical Examiners, the New Jersey Board of
29 Nursing, the State Board of Psychological Examiners, and the State
30 Board of Social Work Examiners, shall develop and prescribe by
31 regulation comprehensive policies and procedures to be followed by
32 health care facilities that provide birthing and newborn care
33 services in the State when a stillbirth occurs.

34 b. The Commissioner of Health shall require as a condition of
35 licensure that each health care facility in the State that provides
36 birthing and newborn care services adhere to the policies and
37 procedures prescribed in this section. The policies and procedures
38 shall include, at a minimum:

39 (1) protocols for assigning primary responsibility to one
40 physician or certified nurse midwife, per shift, who shall
41 communicate the condition of the fetus to the mother and family,
42 and inform and coordinate staff to assist with labor, delivery,
43 postpartum, and postmortem procedures; provided that primary
44 responsibility may be transferred to another licensed or certified
45 health care professional, if the transfer is necessary to ensure that
46 labor, delivery, postpartum, and postmortem care services are
47 provided to the mother and family in a timely and compassionate
48 manner;

- 1 (2) guidelines to assess a family's level of awareness and
2 knowledge regarding the stillbirth;
- 3 (3) the establishment of a bereavement checklist, and an
4 informational pamphlet to be given to a family experiencing a
5 stillbirth that includes information about funeral and cremation
6 options;
- 7 (4) provision of one-on-one nursing care for the duration of the
8 mother's stay at the facility;
- 9 (5) training of physicians, nurses, psychologists, and social
10 workers to ensure that information is provided to the mother and
11 family experiencing a stillbirth in a sensitive manner, including
12 information about what to expect, the availability of grief
13 counseling, the opportunity to develop a plan of care that meets the
14 family's social, religious, and cultural needs, and the importance of
15 an autopsy and thorough evaluation of the stillborn **[child]** baby;
- 16 (6) best practices to provide psychological and emotional
17 support to the mother and family following a stillbirth, including
18 referring to the stillborn **[child]** baby by name, and offering the
19 family the opportunity to cut the umbilical cord, hold the stillborn
20 **[child]** baby with privacy and without time restrictions, and
21 prepare a memory box with keepsakes, such as a handprint,
22 footprint, blanket, bracelet, lock of hair, and photographs, and
23 provisions for retaining the keepsakes for one year if the family
24 chooses not to take them at discharge;
- 25 (7) protocols to ensure that the physician or certified nurse
26 midwife, per shift, assigned primary responsibility for
27 communicating with the family, or, if primary responsibility is
28 transferred to another health care professional pursuant to paragraph
29 (1) of this subsection, the health care professional to whom primary
30 responsibility is transferred, discusses the importance of an autopsy
31 for the family, including the significance of autopsy findings on
32 future pregnancies and the significance that data from the autopsy
33 may have for other families;
- 34 (8) protocols to ensure coordinated visits to the family by a
35 hospital staff member who is trained to address the psychosocial
36 needs of a family experiencing a stillbirth, provide guidance in the
37 bereavement process, assist with completing any forms required in
38 connection with the stillbirth and autopsy, and offer the family the
39 opportunity to meet with the hospital chaplain or other individual
40 from the family's religious community; and
- 41 (9) guidelines for educating health care professionals and
42 hospital staff on caring for families after stillbirth.
- 43 c. The State Board of Medical Examiners and the New Jersey
44 Board of Nursing shall require physicians and nurses, respectively,
45 to adhere to the policies and procedures prescribed in subsection a.
46 of this section.
- 47 (cf: P.L.2013, c.217, s.2)

1 3. (New section) The Commissioner of Health, in
2 consultation with the “Stillbirth Resource Center” established
3 pursuant to section 4 of P.L. , c. (C.) (pending before the
4 Legislature as this bill), shall develop a program, no later than 180
5 days after the effective date of this act, to educate the public and
6 health care professionals about stillbirths and to promote research
7 on treatment options to eliminate the preventable causes of
8 stillbirth. The program shall:

9 a. include a toll-free, peer support telephone helpline to
10 respond to calls from families experiencing a stillbirth, and refer
11 such families to, and provide informational resources on,
12 bereavement support and counseling services, including, but not
13 limited to, information on national organizations that advocate for
14 and provide support to families experiencing a stillbirth, funeral
15 homes, photographers, and other businesses and organizations that
16 provide financial assistance to families throughout the bereavement
17 process;

18 b. study common trends associated with, and conduct research
19 studies focusing on, the risk factors and causes of stillbirth;

20 c. identify and promote the use of evidence-based best
21 practices and standards in providing prenatal care to pregnant
22 women to improve fetal and maternal outcomes; and

23 d. establish and administer an education and training program,
24 which shall include the preparation and dissemination of literature
25 on techniques to prevent and reduce the incidence of stillbirth,
26 targeted to specific groups of persons who interact with families
27 experiencing a stillbirth, including, but not limited to, public health
28 nurses, emergency room physicians and nurses, emergency medical
29 services personnel, forensic pathologists, hospital pathologists,
30 obstetricians, gynecologists, neonatologists, registered nurses,
31 practical nurses, advanced practice nurses, family physicians,
32 midwives, maternal health experts, and social workers. The
33 education and training program shall include:

34 (1) training on the nature and causes of stillbirth, how to
35 respond to families experiencing a stillbirth, including during the
36 bereavement process; the protocols used by hospitals and health
37 care professionals during labor, delivery, postpartum, and
38 postmortem when a stillbirth occurs; the importance of autopsy
39 records and placental and postmortem evaluations; and best
40 practices in providing care to families prior to and during
41 subsequent pregnancies after a stillbirth; and

42 (2) a risk reduction and prevention education component to
43 inform the public on the causes, and ways to prevent and reduce the
44 incidence of, stillbirth, and to provide pregnant women and women
45 who may become pregnant with educational material and other
46 resources on how to improve fetal and maternal outcomes after a
47 stillbirth.

1 4. (New section) a. The Commissioner of Health shall
2 establish a “Stillbirth Resource Center” within a State medical
3 school no later than 180 days after the effective date of this act.
4 The Stillbirth Resource Center shall, in coordination with the
5 Department of Health, serve as a technical advisory center,
6 administer the program educating the public and health care
7 professionals about stillbirths developed pursuant to section 3 of
8 P.L. , c. (C.) (pending before the Legislature as this bill),
9 and offer other supportive services that may be necessary to assist
10 families who have experienced a stillbirth. The commissioner shall
11 forward information collected under the fetal death evaluation
12 protocol established pursuant to section 3 of P.L.2013, c.217
13 (C.26:8-40.29) to the center, on a bi-monthly basis, so that the
14 center may provide bereavement support services and conduct
15 research on stillbirth pursuant to the provisions of this act.

16 b. The center shall:

17 (1) develop a voluntary stillbirth reporting process, pursuant to
18 which the mother or family who has experienced a stillbirth, or the
19 mother’s designee, will be permitted, but not required, to report to
20 the center on individual cases of stillbirth. At a minimum, the
21 process developed pursuant to this paragraph shall require the
22 center to:

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

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

30 (2) develop a process, in consultation with the Department of
31 Health, pursuant to which the center will contact the family of a
32 stillborn baby, if consent is obtained from the family, to offer
33 information on the bereavement support services it provides
34 pursuant to paragraph (4) of this subsection;

35 (3) maintain a list of bereavement support groups, bereavement
36 therapists, and counseling services, by location and county, and
37 make the list available to the public through the Department of
38 Health’s Internet website; and

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

42 (a) the development of an informational pamphlet to be given to
43 a family experiencing a stillbirth that includes information about the
44 toll-free telephone helpline established pursuant to subsection a. of
45 section 3 of P.L. , c. (C.) (pending before this Legislature

1 as this bill) and the list maintained by the center pursuant to
2 paragraph (3) of this subsection;

3 (b) a peer-to-peer support program led by parents who have
4 experienced a stillbirth, are familiar with the psychosocial needs of
5 a family experiencing a stillbirth, and can provide support
6 immediately after a stillbirth and guidance during the bereavement
7 process; and

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

10 c. The center shall maintain a record of all reports of stillbirths
11 that are forwarded by the department pursuant to subsection a. of
12 this section or that are submitted thereto through the reporting
13 process established by the center pursuant to paragraph (1) of
14 subsection b. of this section, so that the center may:

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

17 (2) conduct research on stillbirth and its effects on families; and

18 (3) propose and assist in the implementation of policies and
19 procedures to improve the delivery of health care and other support
20 services to women experiencing stillbirth and their families.

21 d. The center may access information from certificates of fetal
22 death and certificates of birth resulting in stillbirth contained in the
23 New Jersey Vital Information Platform maintained by the
24 Department of Health, for the purpose of research on, and to
25 identify current trends in the incidence of, stillbirth.

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

31

32 5. There is appropriated annually \$2,500,000 from the General
33 Fund to the Department of Health to support the creation of the
34 center and fund the database established or updated pursuant to the
35 provisions of section 4 of P.L.2013, c217 (C.26:8-40.30).

36

37 6. The Commissioner of Health shall adopt, pursuant to the
38 provisions of the "Administrative Procedure Act," P.L.1968, c.410
39 (C.52:14B-1 et seq.), rules and regulations necessary to effectuate
40 the purposes of this act.

41

42 7. This act shall take effect on the first day of the sixth month
43 next following the date of enactment, except that the Commissioner
44 of Health may take any anticipatory administrative action in
45 advance as shall be necessary for the implementation of this act.

STATEMENT

This bill amends the “Autumn Joy Stillbirth Research and Dignity Act,” P.L.2013, c.217 (C.26:8-40.27 et seq.), to expand the list of health care professionals who may be assigned primary responsibility for communicating with a mother and family concerning the status of a fetus when a stillbirth occurs, as well as primary responsibility for informing and coordinating staff to assist with labor, delivery, and postpartum procedures.

Current law requires that a physician be assigned primary responsibility to provide these services and carry out these duties. This bill provides that a certified nurse midwife may also be assigned this primary responsibility, and that the physician or nurse midwife may transfer these responsibilities to another licensed or certified health care professional, if the transfer is necessary to ensure that labor, delivery, postpartum, and postmortem care services are provided to the mother and family in a timely and compassionate manner.

The bill also amends the “Autumn Joy Stillbirth Research and Dignity Act,” to require the Department of Health (DOH), in consultation with the “Stillbirth Resource Center” established under the bill, to develop a program to educate the public and health care professionals about stillbirths and to promote research on treatment options to eliminate the preventable causes of stillbirth. The program would be developed no later than 180 after the effective date of the bill.

Under the bill’s provisions, the program would: include a toll-free, peer support telephone helpline to respond to calls from families experiencing a stillbirth and refer such families to, and provide informational resources on, bereavement support and counseling services; study the risk factors and causes associated with stillbirth; identify and promote the effectiveness of evidence-based best practices and standards in providing prenatal care to pregnant women to improve fetal and maternal outcome; and establish and administer a stillbirth education and training program, including the preparation and dissemination of literature on techniques to prevent and reduce the incidence of stillbirth.

The training and education program would be targeted to specific groups of persons who interact with families experiencing a stillbirth, including certain health care professionals, as outlined in the bill, midwives, maternal health experts, and social workers, and would include: training on the nature and causes of stillbirth; how to respond to families experiencing a stillbirth; the protocols used by hospitals and health care professionals during labor, delivery, postpartum, and postmortem when a stillbirth occurs; the importance of autopsy records and placental and postmortem

1 evaluations; best practices in providing care to families prior to and
2 during subsequent pregnancies after a stillbirth; and a risk reduction
3 and prevention education component to inform the public and
4 pregnant women on the causes, and ways to prevent and reduce the
5 incidence, of stillbirth, and how to improve fetal and maternal
6 outcomes after a stillbirth.

7 The bill also requires the Commissioner of Health to establish
8 the “Stillbirth Resource Center” in a State medical school selected
9 by the commissioner no later than 180 days after the effective date
10 of the bill. The center would, in coordination with DOH, serve as a
11 technical advisory center, administer the program established under
12 the bill to educate the public and health care professionals about
13 stillbirths, and offer other supportive services that may be necessary
14 to assist families who have experienced a stillbirth.

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

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

39 The center is required to keep a record of all reports of stillbirths
40 that are forwarded by DOH or submitted through the reporting
41 process established by the center, so that it can: provide
42 bereavement support services; conduct research on stillbirth and its
43 effects on families; and propose and assist in the implementation of
44 policies and procedures to improve the delivery of health care and
45 other support services to women experiencing stillbirth and their
46 families.

1 The center will be authorized to access information from
2 certificates of fetal death and certificates of birth resulting in
3 stillbirth contained in the DOH's New Jersey Vital Information
4 Platform for the purpose of research on, and to identify current
5 trends in the incidence of, stillbirth.

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

11 The bill also provides for an annual appropriation of \$2,500,000,
12 from the General Fund to DOH to support the creation of the center
13 and fund the database established or updated pursuant to the
14 provisions of section 4 of P.L.2013, c217 (C.26:8-40.30).