

SENATE, No. 2843

STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED JUNE 3, 2013

Sponsored by:

Senator LORETTA WEINBERG

District 37 (Bergen)

Senator DAWN MARIE ADDIEGO

District 8 (Atlantic, Burlington and Camden)

SYNOPSIS

“Autumn Joy Stillbirth Research and Dignity Act”; requires DOH to establish protocols for stillbirths, establishes stillbirth research database.

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning stillbirths and supplementing Title 26 of the
2 Revised Statutes, and designated the “Autumn Joy Stillbirth
3 Research and Dignity Act.”
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
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8 1. The Legislature finds and declares that:

9 a. Stillbirths are unintended fetal deaths and are traditionally
10 identified as those which occur after 20 weeks of pregnancy or
11 involve the unintended death of fetuses weighing 350 or more
12 grams;

13 b. Approximately one in every 160 pregnancies in the United
14 States ends in stillbirth each year, a rate which is high compared
15 with other developed countries;

16 c. Families experiencing a stillbirth suffer severe anguish, and
17 many health care facilities in the State do not adequately ensure that
18 grieving families are treated with sensitivity and informed about
19 what to expect when a stillbirth occurs, nor are families who have
20 experienced a stillbirth always advised of the importance of an
21 autopsy and thorough evaluation of the fetus;

22 d. While studies have identified many factors that may cause
23 stillbirths, researchers still do not know the causes of a majority of
24 stillbirths, in part due to a lack of uniform protocols for evaluating
25 and classifying stillbirths, and to decreasing autopsy rates;

26 e. The State currently collects some data related to fetal deaths,
27 but full autopsy and laboratory data related to stillbirths could be
28 more consistently collected and more effectively used to better
29 understand risk factors and causes of stillbirths, and thus more
30 effectively inform strategies for their prevention; and

31 f. It is in the public interest to establish mandatory protocols for
32 health care facilities in the State, so that each child who is stillborn
33 and each family experiencing a stillbirth in the State is treated with
34 dignity, each family experiencing a stillbirth receives appropriate
35 follow-up care provided in a sensitive manner, and comprehensive
36 data related to stillbirths are consistently collected by the State and
37 made available to researchers seeking to prevent and reduce the
38 incidence of stillbirths.
39

40 2. a. The Commissioner of Health, in consultation with the
41 State Board of Medical Examiners, the New Jersey Board of
42 Nursing, the State Board of Psychological Examiners, and the State
43 Board of Social Work Examiners, shall develop and prescribe by
44 regulation comprehensive policies and procedures to be followed by
45 health care facilities that provide birthing and newborn care
46 services in the State when a stillbirth occurs.

47 b. The Commissioner of Health shall require as a condition of
48 licensure that each health care facility in the State that provides

1 birthing and newborn care services adhere to the policies and
2 procedures prescribed in this section. The policies and procedures
3 shall include, at a minimum:

4 (1) protocols for assigning primary responsibility to one
5 physician, who shall communicate the condition of the fetus to the
6 mother and family, and inform and coordinate staff to assist with
7 labor, delivery, and postmortem procedures;

8 (2) guidelines to assess a family's level of awareness and
9 knowledge regarding the stillbirth;

10 (3) the establishment of a bereavement checklist, and an
11 informational pamphlet to be given to a family experiencing a
12 stillbirth that includes information about funeral and cremation
13 options;

14 (4) provision of one-on-one nursing care for the duration of the
15 mother's stay at the facility;

16 (5) training of physicians, nurses, psychologists, and social
17 workers to ensure that information is provided to the mother and
18 family experiencing a stillbirth in a sensitive manner, including
19 information about what to expect, the availability of grief
20 counseling, the opportunity to develop a plan of care that meets the
21 family's social, religious, and cultural needs, and the importance of
22 an autopsy and thorough evaluation of the fetus;

23 (6) best practices to provide psychological and emotional
24 support to the mother and family following a stillbirth, including
25 referring to the fetus by name, and offering the family the
26 opportunity to cut the umbilical cord, hold the baby with privacy
27 and without time restrictions, and prepare a memory box with
28 keepsakes, such as a handprint, footprint, blanket, bracelet, lock of
29 hair, and photographs, and provisions for retaining the keepsakes
30 for one year if the family chooses not to take them at discharge;

31 (7) protocols to ensure that the physician assigned primary
32 responsibility for communicating with the family discusses the
33 importance of an autopsy for the family, including the significance
34 of autopsy findings on future pregnancies and the significance that
35 data from the autopsy may have for other families;

36 (8) protocols to ensure coordinated visits to the family by a
37 hospital staff trained to address the psychosocial needs of a family
38 experiencing a stillbirth, provide guidance in the bereavement
39 process, assist with completing any forms required in connection
40 with the stillbirth and autopsy, and offer the family the opportunity
41 to meet with the hospital chaplain or other individual from the
42 family's religious community; and

43 (9) guidelines for educating health care professionals and
44 hospital staff on caring for families after stillbirth.

45

46 3. The Department of Health shall establish a fetal death
47 evaluation protocol, which a hospital licensed pursuant to P.L.1971,
48 c.136 (C.26:2H-1 et seq.) shall follow in collecting data relevant to

1 each stillbirth. The information required to be collected shall
2 include, but not be limited to:

3 a. the race, age of the mother, maternal and paternal family
4 history, comorbidities, prenatal care history, antepartum findings,
5 history of past obstetric complications, exposure to viral infections,
6 smoking, drug and alcohol use, fetal growth restriction, placental
7 abruption, chromosomal and genetic abnormalities obtained pre-
8 delivery, infection in premature fetus, cord accident, including
9 evidence of obstruction or circulatory compromise, history of
10 thromboembolism, and whether the mother gave birth before; and

11 b. documentation of the evaluation of a stillborn fetus, placenta,
12 and cytologic specimen that conform to the standards established by
13 the American College of Obstetricians and Gynecologists and meet
14 any other requirements deemed by the Commissioner of Health as
15 necessary, including, but not limited to, the following components:

16 (1) if the parents consent to a complete autopsy: the weight of
17 the fetus and placenta, head circumference, length of fetus, foot
18 length if stillbirth occurred before 23 weeks of gestation, and
19 notation of any dysmorphic feature; photograph of the whole body,
20 frontal and profile of face, extremities and palms, close-up of any
21 specific abnormalities; examination of the placenta and umbilical
22 cord; and gross and microscopic examination of membranes and
23 umbilical cord; or

24 (2) if the parents do not consent to a complete autopsy, an
25 evaluation of a fetus as set forth in paragraph (1) of this subsection,
26 and appropriate alternatives to a complete autopsy, including a
27 placental examination, external examination, selected biopsies, X-
28 rays, MRI, and ultrasound.

29

30 4. a. The Department of Health shall establish and maintain a
31 database that contains a confidential record of all data obtained
32 pursuant to section 3 of this act.

33 b. The data shall be made available to the public through the
34 department website, except that no data shall identify any person to
35 whom the data relate.

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37 5 a. The Department of Health shall evaluate the data obtained
38 pursuant to section 3 of this act for purposes of identifying the
39 causes of, and ways to prevent, stillbirths, and may contract with a
40 third party, including, but not limited to, a public institution of
41 higher education in the State or a foundation, to undertake the
42 evaluation.

43 b. No later than five years after the effective date of this act, the
44 Commissioner of Health shall report to the Governor, and to the
45 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),
46 on the findings of the evaluation required pursuant to this section,
47 and shall include in the report any recommendations for legislative
48 action that the commissioner deems appropriate.

S2843 WEINBERG, ADDIEGO

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- 1 commissioner deems appropriate.
- 2 The bill would take effect one year after the date of enactment.