

[Second Reprint]

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)

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblywoman BETTYLOU DECROCE

District 26 (Essex, Morris and Passaic)

Assemblywoman GABRIELA M. MOSQUERA

District 4 (Camden and Gloucester)

Assemblywoman CAROLINE CASAGRANDE

District 11 (Monmouth)

Co-Sponsored by:

**Senators Allen, Beck, Gordon, Assemblywomen McHose, Vainieri Huttie,
Jasey and Senator Greenstein**

SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Assembly Women and Children Committee on December 16, 2013, with amendments.

(Sponsorship Updated As Of: 1/14/2014)

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:
7

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 ¹**【fetus】** stillborn child¹;

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

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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted June 13, 2013.

²Assembly AWC committee amendments adopted December 16, 2013.

1 regulation comprehensive policies and procedures to be followed by
2 health care facilities that provide birthing and newborn care
3 services in the State when a stillbirth occurs.

4 b. The Commissioner of Health shall require as a condition of
5 licensure that each health care facility in the State that provides
6 birthing and newborn care services adhere to the policies and
7 procedures prescribed in this section. The policies and procedures
8 shall include, at a minimum:

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

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

15 (3) the establishment of a bereavement checklist, and an
16 informational pamphlet to be given to a family experiencing a
17 stillbirth that includes information about funeral and cremation
18 options;

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

21 (5) training of physicians, nurses, psychologists, and social
22 workers to ensure that information is provided to the mother and
23 family experiencing a stillbirth in a sensitive manner, including
24 information about what to expect, the availability of grief
25 counseling, the opportunity to develop a plan of care that meets the
26 family's social, religious, and cultural needs, and the importance of
27 an autopsy and thorough evaluation of the ¹**['fetus'] stillborn child¹**;

28 (6) best practices to provide psychological and emotional support
29 to the mother and family following a stillbirth, including referring
30 to the ¹**['fetus'] stillborn child¹** by name, and offering the family the
31 opportunity to cut the umbilical cord, hold the ¹**['baby'] stillborn**
32 **child¹** with privacy and without time restrictions, and prepare a
33 memory box with keepsakes, such as a handprint, footprint, blanket,
34 bracelet, lock of hair, and photographs, and provisions for retaining
35 the keepsakes for one year if the family chooses not to take them at
36 discharge;

37 (7) protocols to ensure that the physician assigned primary
38 responsibility for communicating with the family discusses the
39 importance of an autopsy for the family, including the significance
40 of autopsy findings on future pregnancies and the significance that
41 data from the autopsy may have for other families;

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

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

²c. The State Board of Medical Examiners and the New Jersey Board of Nursing shall require physicians and nurses, respectively, to adhere to the policies and procedures prescribed in subsection a. of this section.²

3. The Department of Health shall establish a fetal death evaluation protocol, which a hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall follow in collecting data relevant to each stillbirth. The information required to be collected shall include, but not be limited to:

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

b. documentation of the evaluation of a stillborn ¹**['fetus']** child¹, placenta, and cytologic specimen that conform to the standards established by the American College of Obstetricians and Gynecologists and meet any other requirements deemed by the Commissioner of Health as necessary, including, but not limited to, the following components:

(1) if the parents consent to a complete autopsy: the weight of the ¹**['fetus']** stillborn child¹ and placenta, head circumference, length of ¹**['fetus']** stillborn child¹, foot length if stillbirth occurred before 23 weeks of gestation, and notation of any dysmorphic feature; photograph of the whole body, frontal and profile of face, extremities and palms, close-up of any specific abnormalities; examination of the placenta and umbilical cord; and gross and microscopic examination of membranes and umbilical cord; or

(2) if the parents do not consent to a complete autopsy, an evaluation of a ¹**['fetus']** stillborn child¹ as set forth in paragraph (1) of this subsection, and appropriate alternatives to a complete autopsy, including a placental examination, external examination¹**['']**¹, selected biopsies, X-rays, MRI, and ultrasound.

4. a. ²**['The']** Within two years after the effective date of this act, the² Department of Health shall establish and maintain a ²new² database², or update an existing database,² that contains a confidential record of all data obtained pursuant to section 3 of this act ², except that if the department develops the technical capability, the department shall establish and maintain the new, or

1 update the existing, database prior to the two years after the
2 effective date of this act².

3 b. The data shall be made available to the public through the
4 department website, except that no data shall identify any person to
5 whom the data relate.

6
7 5 a. The Department of Health shall evaluate the data
8 obtained pursuant to section 3 of this act for purposes of identifying
9 the causes of, and ways to prevent, stillbirths, and may contract
10 with a third party, including, but not limited to, a public institution
11 of higher education in the State or a foundation, to undertake the
12 evaluation.

13 b. No later than five years after the effective date of this ²**[act]**
14 section², the Commissioner of Health shall report to the Governor,
15 and to the Legislature pursuant to section 2 of P.L.1991, c.164
16 (C.52:14-19.1), on the findings of the evaluation required pursuant
17 to this section, and shall include in the report any recommendations
18 for legislative action that the commissioner deems appropriate.

19
20 6. The Commissioner of Health, pursuant to the
21 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
22 seq.), shall adopt such rules and regulations as the commissioner
23 determines necessary to effectuate the purposes of this act.

24
25 7. This act shall take effect one year after the date of
26 enactment, but the Commissioner of Health may take such
27 anticipatory administrative action in advance thereof as shall be
28 necessary for the implementation of this act.