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SYNOPSIS
Expands list of health care professionals authorized to provide certain services and supports in connection with stillbirth.

CURRENT VERSION OF TEXT
As introduced.

(Sponsorship Updated As Of: 8/26/2019)
AN ACT concerning the provision of services to families following stillbirth and amending P.L.2013, c.217.

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

1. Section 2 of P.L.2013, c.217 (C.26:8A-40.28) is amended to read as follows:
   2. a. The Commissioner of Health, in consultation with the State Board of Medical Examiners, the New Jersey Board of Nursing, the State Board of Psychological Examiners, and the State Board of Social Work Examiners, shall develop and prescribe by regulation comprehensive policies and procedures to be followed by health care facilities that provide birthing and newborn care services in the State when a stillbirth occurs.
   b. The Commissioner of Health shall require as a condition of licensure that each health care facility in the State that provides birthing and newborn care services adhere to the policies and procedures prescribed in this section. The policies and procedures shall include, at a minimum:
      (1) protocols for assigning primary responsibility to one physician or certified nurse midwife, who shall communicate the condition of the fetus to the mother and family, and inform and coordinate staff to assist with labor, delivery, postpartum, and postmortem procedures; provided that primary responsibility may be transferred 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;
      (2) guidelines to assess a family's level of awareness and knowledge regarding the stillbirth;
      (3) the establishment of a bereavement checklist, and an informational pamphlet to be given to a family experiencing a stillbirth that includes information about funeral and cremation options;
      (4) provision of one-on-one nursing care for the duration of the mother's stay at the facility;
      (5) training of physicians, nurses, psychologists, and social workers to ensure that information is provided to the mother and family experiencing a stillbirth in a sensitive manner, including information about what to expect, the availability of grief counseling, the opportunity to develop a plan of care that meets the family's social, religious, and cultural needs, and the importance of an autopsy and thorough evaluation of the stillborn child;

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

(7) protocols to ensure that the physician or certified nurse midwife assigned primary responsibility for communicating with the family, or, if primary responsibility is transferred to another health care professional pursuant to paragraph (1) of this subsection, the health care professional to whom primary responsibility is transferred, discusses the importance of an autopsy for the family, including the significance of autopsy findings on future pregnancies and the significance that data from the autopsy may have for other families;

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

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

c. 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.

(cf: P.L.2013, c.217, s.2)

2. This act shall take effect immediately.

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.
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.

It is the sponsor’s belief that expanding the list of health care professionals who are authorized to provide these services and carry out these duties in connection with a stillbirth is essential to ensuring that each affected family receives the full measure of available care and support.