

**ASSEMBLY, No. 2655**

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**STATE OF NEW JERSEY**

**220th LEGISLATURE**

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INTRODUCED FEBRUARY 14, 2022

**Sponsored by:**

**Assemblywoman GABRIELA M. MOSQUERA**

**District 4 (Camden and Gloucester)**

**Assemblywoman LISA SWAIN**

**District 38 (Bergen and Passaic)**

**Assemblywoman CAROL A. MURPHY**

**District 7 (Burlington)**

**Co-Sponsored by:**

**Assemblywomen Jaffer, Dunn, McKnight, Speight, Assemblymen Stanley and Conaway**

**SYNOPSIS**

Establishes requirements concerning provision of postpartum care information and development of individualized postpartum care plans.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 11/20/2023)**

1 AN ACT concerning postpartum care and supplementing Title 26 of  
2 the Revised Statutes.

3  
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
5 *of New Jersey:*

6  
7 1. The Legislature finds and declares that:

8 a. Pregnancy is a significant health event in the lives of many  
9 women that presents unique physical, mental, and medical issues,  
10 many of which a woman will not encounter at any other point in her  
11 life.

12 b. Women experiencing pregnancy, particularly a first  
13 pregnancy, frequently lack information and guidance concerning  
14 many of the physical symptoms encountered during and after  
15 pregnancy. Because so many aspects of a woman's body change  
16 during pregnancy, it can be difficult to determine when a particular  
17 symptom is normal or may be a sign of an adverse complication that  
18 requires medical attention, particularly with regard to symptoms  
19 occurring during the postpartum period.

20 c. Maternal mortality and morbidity rates have increased over  
21 the last 20 years both in New Jersey and nationwide, which  
22 increased rates have disproportionately affected minority  
23 communities. In many cases, the common causes of maternal  
24 mortality, including high blood pressure, excessive bleeding, and  
25 infection, are preventable if diagnosed and treated in a timely  
26 manner. Moreover, postpartum issues that are not typically fatal,  
27 such as postpartum depression, can seriously affect a woman's  
28 quality of life if left untreated.

29 d. Frequently, postpartum issues cannot be detected before the  
30 woman is discharged from the hospital. Many symptoms do not  
31 manifest until after the woman has returned home, and issues may  
32 occur up to one year after birth. It is estimated that between one-  
33 third and one-half of pregnancy-associated deaths occur during the  
34 postpartum period. All women are susceptible to postpartum  
35 complications, not just those identified as "high risk" for  
36 complications during pregnancy.

37 e. As many as 40 percent of women never seek out or receive  
38 postpartum care, which represents a missed opportunity to screen  
39 for postpartum issues and provide necessary medical care.

40 f. Although New Jersey has taken significant steps to improve  
41 the provision of maternity care in this State, more needs to be done  
42 to ensure that women have the information and resources necessary  
43 to enable them to identify and seek treatment for potentially fatal  
44 postpartum issues.

45 g. Therefore, it is essential that women have the opportunity to  
46 develop an individualized postpartum treatment plan in the course  
47 of prenatal care and that they be provided with postpartum care  
48 information prior to discharge, including information about normal

1 and abnormal postpartum symptoms, to enable them to make  
2 informed observations about their postpartum experiences and seek  
3 out medical care when needed.

4  
5 2. a. Health care professionals, including physicians,  
6 advanced practice nurses, certified nurse midwives, and midwives,  
7 who provide prenatal maternity care to a woman shall ensure that  
8 the woman has the opportunity to develop a comprehensive  
9 personalized postpartum care plan that is consistent with her  
10 anticipated postpartum needs and plans. At a minimum, each plan  
11 shall include the designation of a medical home where the woman  
12 may access care and support during the period between the end of  
13 the pregnancy and the comprehensive postpartum visit. If the  
14 woman does not have a plan in place, the health care professional  
15 shall offer to consult with the woman to develop a plan.

16 b. Each general hospital, ambulatory care facility, and birthing  
17 center licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that  
18 provides maternity care services shall ensure that, prior to discharge  
19 following the end of a pregnancy, each woman receiving maternity  
20 care services is provided with postpartum care information,  
21 including information concerning the potential health issues that  
22 may occur during the postpartum period and a description of the  
23 risks, warning signs, and symptoms of medically-significant  
24 complications that may occur during the postpartum period,  
25 including severe bleeding, high blood pressure, infection, and  
26 depression. For the purposes of providing postpartum care  
27 information pursuant to this subsection, hospitals, ambulatory care  
28 facilities, and birthing centers that provide maternity care services  
29 shall adopt uniform policies, procedures, and protocols, including  
30 standardized educational modules and training materials, that are  
31 consistent with best practices and national standards for postpartum  
32 care and the recognition and prevention of postpartum  
33 complications.

34  
35 3. This act shall take effect 180 days after the date of  
36 enactment.

#### 37 38 39 STATEMENT

40  
41 This bill requires health care professionals providing prenatal  
42 care to ensure that each pregnant woman has the opportunity to  
43 develop a comprehensive personalized postpartum care plan that is  
44 consistent with her anticipated postpartum needs and plans. At a  
45 minimum, the plan is to include the designation of a medical home  
46 where the woman may access care and support during the period  
47 between the end of the pregnancy and the comprehensive  
48 postpartum visit. If the woman does not have a plan in place, the

1 health care professional will be required to offer to consult with the  
2 woman to develop a plan.

3 The bill additionally requires facilities providing maternity care  
4 services, including general hospitals, ambulatory care facilities, and  
5 birthing centers, to ensure that, prior to discharge following the end  
6 of a pregnancy, all women receiving maternity care services are  
7 provided with postpartum care information, including information  
8 concerning the potential health issues that may occur during the  
9 postpartum period and details as to the specific signs and symptoms  
10 to watch for. For the purposes of providing postpartum care  
11 information, the facilities will be required to adopt uniform policies,  
12 procedures, and protocols, including standardized educational  
13 modules and training materials, that are consistent with best  
14 practices and national standards for postpartum care and the  
15 recognition and prevention of postpartum complications.

16 Pregnancy is a unique event in a woman's life that involves  
17 significant bodily changes that often do not occur at any other time  
18 in life. Because so much of what a woman experiences during and  
19 after a pregnancy is new and different, it can be difficult for women  
20 to identify when a particular symptom is normal or if it requires a  
21 follow-up visit with a health care professional. Maternal mortality  
22 rates have increased over the past 20 years, which increase may be  
23 attributed in part to treatable postpartum complications, including  
24 high blood pressure, excessive bleeding, and infection. It is the  
25 sponsor's belief that ensuring that women have the tools necessary  
26 to identify when they are experiencing a potentially serious  
27 complication following a pregnancy will help improve the quality  
28 of maternity care in New Jersey and reduce the number of  
29 preventable pregnancy-related deaths across all populations.