

[First Reprint]

ASSEMBLY, No. 2655

STATE OF NEW JERSEY

220th LEGISLATURE

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:

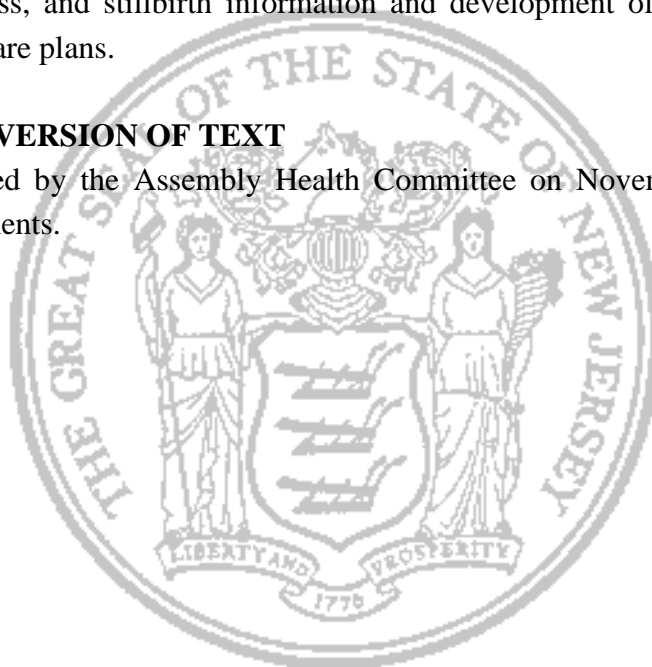
Assemblywomen Jaffer, Dunn, McKnight, Speight, Assemblymen Stanley and Conaway

SYNOPSIS

Establishes requirements concerning provision of postpartum care, pregnancy loss, and stillbirth information and development of individualized postpartum care plans.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on November 20, 2023, with amendments.



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

1 AN ACT concerning postpartum care ¹, pregnancy loss, stillbirth,¹
 2 and supplementing Title 26 of 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 ¹and after a pregnancy loss
 20 or stillbirth¹.

21 c. Maternal mortality and morbidity rates have increased over
 22 the last 20 years both in New Jersey and nationwide, which
 23 increased rates have disproportionately affected minority
 24 communities. In many cases, the common causes of maternal
 25 mortality, including ¹**[high blood pressure,]**¹ excessive
 26 bleeding¹**[,]**¹ and infection, are preventable if diagnosed and
 27 treated in a timely manner. Moreover, postpartum ¹, pregnancy
 28 loss, and stillbirth¹ issues that are not typically fatal ¹**[,]**, such as
 29 postpartum depression,¹**[** can seriously affect a woman's quality of
 30 life if left untreated.

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

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

42 f. Although New Jersey has taken significant steps to improve
 43 the provision of maternity care in this State, more needs to be done
 44 to ensure that women have the information and resources necessary

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:

¹Assembly AHE committee amendments adopted November 20, 2023.

1 to enable them to identify and seek treatment for potentially fatal
2 postpartum ¹, pregnancy loss, and stillbirth¹ issues.

3 g. Therefore, it is essential that women have the opportunity to
4 develop an individualized postpartum treatment plan in the course
5 of prenatal care and that they be provided with postpartum care¹,
6 pregnancy loss, and stillbirth¹ information prior to discharge,
7 including information about normal and abnormal postpartum
8 symptoms, to enable them to make informed observations about
9 their postpartum ¹, pregnancy loss, and stillbirth¹ experiences and
10 seek out medical care when needed.

11

12 2. a. Health care professionals, including physicians,
13 advanced practice nurses, certified nurse midwives, and midwives,
14 who provide prenatal maternity care to a woman shall ensure that
15 the woman has the opportunity to develop a comprehensive
16 personalized postpartum care plan that is consistent with her
17 anticipated postpartum needs and plans. ¹【At a minimum, each
18 plan shall include the designation of a medical home where the
19 woman may access care and support during the period between the
20 end of the pregnancy and the comprehensive postpartum visit.】¹ If
21 the woman does not have a ¹postpartum assessment and
22 individualized care¹ plan ¹【in place】¹, the health care professional
23 shall offer to consult with the woman to develop a plan. ¹The
24 Department of Health shall develop a standard postpartum
25 assessment and individualized care plan and distribute such plan to
26 healthcare professionals who provide prenatal maternity care.¹

27 b. Each general hospital, ambulatory care facility, and birthing
28 center licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that
29 provides maternity care services shall ensure that, prior to discharge
30 following the end of a pregnancy ¹, pregnancy loss, or stillbirth¹,
31 each woman receiving maternity care services is provided with
32 postpartum care information, including information concerning the
33 potential health issues that may occur during the postpartum period
34 ¹, or after a pregnancy loss or stillbirth.¹ and a description of the
35 risks, warning signs, and symptoms of medically-significant
36 complications that may occur during the postpartum period, ¹, or
37 after a pregnancy loss or stillbirth.¹ including ¹, but not limited to,
38 worsening of mental health or substance use disorders, postpartum
39 pre-eclampsia, seizures, blood clots,¹ severe bleeding, ¹【high blood
40 pressure,】 and¹ infection ¹【, and depression】¹. For the purposes of
41 providing postpartum care information pursuant to this subsection,
42 hospitals, ambulatory care facilities, and birthing centers that
43 provide maternity care services ¹, in consultation with and
44 following the guidance of the Department of Health and the
45 Maternal Care Quality Collaborative,¹ shall adopt uniform policies,
46 procedures, and protocols, including standardized educational

1 modules and training materials, that are consistent with best
2 practices and national standards for postpartum care and the
3 recognition and prevention of postpartum complications.

4

5 3. This act shall take effect 180 days after the date of
6 enactment.