

[First Reprint]

**SENATE, No. 834**

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**STATE OF NEW JERSEY**  
**220th LEGISLATURE**

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INTRODUCED JANUARY 18, 2022

**Sponsored by:**

**Senator KRISTIN M. CORRADO**

**District 40 (Bergen, Essex, Morris and Passaic)**

**Senator M. TERESA RUIZ**

**District 29 (Essex)**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As reported by the Senate Health, Human Services and Senior Citizens Committee on January 4, 2024, with amendments.



**(Sponsorship Updated As Of: 11/30/2023)**

1 AN ACT concerning postpartum care <sup>1</sup>, pregnancy loss, stillbirth,<sup>1</sup>  
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 <sup>1</sup>and after a pregnancy loss  
20 or stillbirth<sup>1</sup>.

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 <sup>1</sup>**[high blood pressure,]**<sup>1</sup> excessive bleeding  
26 <sup>1</sup>**[,]**<sup>1</sup> and infection, are preventable if diagnosed and treated in a  
27 timely manner. Moreover, postpartum <sup>1</sup>, pregnancy loss, and  
28 stillbirth<sup>1</sup> issues that are not typically fatal <sup>1</sup>**[,]**<sup>1</sup> such as postpartum  
29 depression,<sup>1</sup> can seriously affect a woman's quality of life if left  
30 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:

<sup>1</sup>Senate SHH committee amendments adopted January 4, 2024.

1 to enable them to identify and seek treatment for potentially fatal  
2 postpartum <sup>1</sup>, pregnancy loss, and stillbirth<sup>1</sup> 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 care<sup>1</sup>,  
6 pregnancy loss, and stillbirth<sup>1</sup> 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 <sup>1</sup>, pregnancy loss, and stillbirth<sup>1</sup> 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, <sup>1</sup>certified  
14 professional midwives,<sup>1</sup> and <sup>1</sup>certified<sup>1</sup> midwives, who provide  
15 prenatal maternity care to a <sup>1</sup>["woman"] patient<sup>1</sup> shall ensure that the  
16 <sup>1</sup>["woman"] patient<sup>1</sup> has the opportunity to develop a comprehensive  
17 personalized postpartum care plan that is consistent with <sup>1</sup>["her"] the  
18 patient's<sup>1</sup> anticipated postpartum needs and plans. <sup>1</sup>["At a  
19 minimum, each plan shall include the designation of a medical  
20 home where the woman may access care and support during the  
21 period between the end of the pregnancy and the comprehensive  
22 postpartum visit.】 To meet the requirements of this section, a  
23 personalized postpartum care plan shall include, at a minimum, all  
24 of the following:

25 (1) the name, phone number, and office address of the patient's  
26 care team;

27 (2) the time, date, and location for the patient's postpartum  
28 visits and a phone number to call to schedule or reschedule  
29 appointments;

30 (3) guidance regarding breastfeeding to allow the patient to  
31 make an informed feeding decision;

32 (4) a reproductive life plan and appropriate contraception;

33 (5) notes about any of the patient's pregnancy complications and  
34 recommended follow-ups or test results;

35 (6) guidance regarding signs and symptoms of postpartum  
36 depression or anxiety; management, including recommendations on  
37 how to manage anxiety, depression, or other psychiatric issues  
38 identified during pregnancy or in the postpartum period;

39 (7) recommendations for the management of postpartum issues,  
40 such as without limitation pelvic floor exercise for stress, urinary  
41 incontinence, or water-based lubricant for dyspareunia; and

42 (8) a treatment plan for ongoing physical and mental health  
43 conditions which identifies the care team member responsible for  
44 follow-up.

45 The health care professional shall take reasonable steps to ensure  
46 that the patient is offered the opportunity to participate in a  
47 postpartum planning session during the first trimester of pregnancy

1 or, if holding the session during the first trimester is not feasible, at  
2 the earliest time thereafter. At a minimum, each plan shall include  
3 the designation of a medical home where the patient may access  
4 care and support during the period between the end of the  
5 pregnancy and the comprehensive postpartum visit.<sup>1</sup> If the  
6 <sup>1</sup>["woman"] patient<sup>1</sup> does not have a plan in place <sup>1</sup>or affirmatively  
7 waives their right to develop a plan<sup>1</sup>, the health care professional  
8 shall <sup>1</sup>educate the patient about the risks of foregoing adequate  
9 postpartum care and<sup>1</sup> offer to consult with the <sup>1</sup>["woman"] patient<sup>1</sup> to  
10 develop a plan. <sup>1</sup>The failure of a health care professional providing  
11 prenatal maternity care to a patient to comply with these  
12 requirements may be deemed professional misconduct and may  
13 subject the health care professional to disciplinary action pursuant  
14 to the provisions of P.L.1978, c.73 (C.45:1-14 et seq.).<sup>1</sup>

15 b. Each general hospital, ambulatory care facility, and birthing  
16 center licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that  
17 provides maternity care services shall ensure that, prior to discharge  
18 following the end of a pregnancy <sup>1</sup>, pregnancy loss, or stillbirth<sup>1</sup>,  
19 each <sup>1</sup>["woman"] patient<sup>1</sup> receiving maternity care services is  
20 provided with postpartum care information <sup>1</sup>["], including  
21 information concerning the potential health issues that may occur  
22 during the postpartum period and a description of the risks, warning  
23 signs, and symptoms of medically-significant complications that  
24 may occur during the postpartum period, including severe bleeding,  
25 high blood pressure, infection, and depression. For the purposes of  
26 providing postpartum care information pursuant to this subsection,  
27 hospitals, ambulatory care facilities, and birthing centers that  
28 provide maternity care services shall adopt uniform policies,  
29 procedures, and protocols, including standardized educational  
30 modules and training materials, that are consistent with best  
31 practices and national standards for postpartum care and the  
32 recognition and prevention of postpartum complications<sup>1</sup> based on  
33 best practices and guidance, as determined by the American College  
34 of Obstetricians and Gynecologists or another nationally recognized  
35 body as may be designated by the Commissioner of Health.

36 c. As used in this section:

37 "Care team" means an interdisciplinary team comprised of health  
38 care professionals, the patient and the patient's relatives and  
39 friends. Members of the care team may vary depending on a  
40 patient's needs.

41 "Medical home" means as a primary care provider or facility  
42 from which a patient can access primary and preventive care that  
43 maintains all of the patient's medical information<sup>1</sup>.

44  
45 3. This act shall take effect 180 days after the date of  
46 enactment.