

[First Reprint]

SENATE, No. 912

STATE OF NEW JERSEY
221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

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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 29, 2024, with amendments.

(Sponsorship Updated As Of: 9/26/2024)

1 AN ACT concerning postpartum care ¹, pregnancy loss, stillbirth,¹ and
2 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, many
10 of which a woman will not encounter at any other point in her life.

11 b. Women experiencing pregnancy, particularly a first pregnancy,
12 frequently lack information and guidance concerning many of the
13 physical symptoms encountered during and after pregnancy. Because
14 so many aspects of a woman’s body change during pregnancy, it can be
15 difficult to determine when a particular symptom is normal or may be a
16 sign of an adverse complication that requires medical attention,
17 particularly with regard to symptoms occurring during the postpartum
18 period ¹and after a pregnancy loss or stillbirth¹.

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

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

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

38 f. Although New Jersey has taken significant steps to improve the
39 provision of maternity care in this State, more needs to be done to ensure
40 that women have the information and resources necessary to enable
41 them to identify and seek treatment for potentially fatal postpartum ¹,
42 pregnancy loss, and stillbirth¹ issues.

43 g. Therefore, it is essential that women have the opportunity to
44 develop an individualized postpartum treatment plan in the course of

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 January 29, 2024.

1 prenatal care and that they be provided with postpartum care¹,
2 pregnancy loss, and stillbirth¹ information prior to discharge, including
3 information about normal and abnormal postpartum symptoms, to
4 enable them to make informed observations about their postpartum ¹,
5 pregnancy loss, and stillbirth¹ experiences and seek out medical care
6 when needed.

7
8 2. a. Health care professionals, including physicians, advanced
9 practice nurses, certified nurse midwives, ¹certified professional
10 midwives,¹ and ¹certified¹ midwives, who provide prenatal maternity
11 care to a ¹["woman"] patient¹ shall ensure that the ¹["woman"] patient¹
12 has the opportunity to develop a comprehensive personalized
13 postpartum care plan that is consistent with ¹["her"] the patient's¹
14 anticipated postpartum needs and plans. ¹["At a minimum, each plan
15 shall include the designation of a medical home where the woman may
16 access care and support during the period between the end of the
17 pregnancy and the comprehensive postpartum visit.】 To meet the
18 requirements of this section, a personalized postpartum care plan shall
19 include, at a minimum, all of the following:

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

22 (2) if applicable, the time, date, and location for the patient's
23 postpartum visits and a phone number to call to schedule or reschedule
24 appointments;

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

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

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

30 (6) guidance regarding signs and symptoms of postpartum
31 depression or anxiety; management, including recommendations on
32 how to manage anxiety, depression, or other psychiatric issues
33 identified during pregnancy or in the postpartum period;

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

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

40 The health care professional shall take reasonable steps to ensure
41 that the patient is offered the opportunity to participate in a postpartum
42 planning session during the first trimester of pregnancy or, if holding
43 the session during the first trimester is not feasible, at the earliest time
44 thereafter. At a minimum, each plan shall include the designation of a
45 medical home where the patient may access care and support during the
46 period between the end of the pregnancy and the comprehensive
47 postpartum visit.¹ If the ¹["woman"] patient¹ does not have a plan in

1 place or affirmatively waives their right to develop a plan¹, the health
2 care professional shall educate the patient about the risks of foregoing
3 adequate postpartum care and¹ offer to consult with the **1[woman]**
4 patient¹ to develop a plan.

5 b. Each general hospital, ambulatory care facility, and birthing
6 center licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that
7 provides maternity care services shall ensure that, prior to discharge
8 following the end of a pregnancy ¹, pregnancy loss, or stillbirth¹, each
9 **1[woman]** patient¹ receiving maternity care services is provided with
10 postpartum care information **1**, including information concerning the
11 potential health issues that may occur during the postpartum period and
12 a description of the risks, warning signs, and symptoms of medically-
13 significant complications that may occur during the postpartum period,
14 including severe bleeding, high blood pressure, infection, and
15 depression. For the purposes of providing postpartum care information
16 pursuant to this subsection, hospitals, ambulatory care facilities, and
17 birthing centers that provide maternity care services shall adopt uniform
18 policies, procedures, and protocols, including standardized educational
19 modules and training materials, that are consistent with best practices
20 and national standards for postpartum care and the recognition and
21 prevention of postpartum complications **1** based on best practices and
22 guidance, as determined by the American College of Obstetricians and
23 Gynecologists or other nationally recognized bodies.

24 c. As used in this section:

25 “Care team” means an interdisciplinary team comprised of health
26 care professionals, the patient and the patient’s relatives and friends.
27 Members of the care team may vary depending on a patient’s needs.

28 “Medical home” means as a primary care provider or facility from
29 which a patient can access primary and preventive care that maintains
30 all of the patient’s medical information¹ .

31

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