

[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 <sup>1</sup>, pregnancy loss, stillbirth,<sup>1</sup> 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 <sup>1</sup>and after a pregnancy loss or stillbirth<sup>1</sup>.

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 <sup>1</sup>[high blood  
23 pressure,]<sup>1</sup> excessive bleeding <sup>1</sup>[,]<sup>1</sup> and infection, are preventable if  
24 diagnosed and treated in a timely manner. Moreover, postpartum <sup>1</sup>,  
25 pregnancy loss, and stillbirth<sup>1</sup> issues that are not typically fatal <sup>1</sup>[, such  
26 as postpartum depression,]<sup>1</sup> 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 <sup>1</sup>,  
42 pregnancy loss, and stillbirth<sup>1</sup> 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:

<sup>1</sup>Senate SHH committee amendments adopted January 29, 2024.

1 prenatal care and that they be provided with postpartum care<sup>1</sup>,  
2 pregnancy loss, and stillbirth<sup>1</sup> information prior to discharge, including  
3 information about normal and abnormal postpartum symptoms, to  
4 enable them to make informed observations about their postpartum <sup>1</sup>,  
5 pregnancy loss, and stillbirth<sup>1</sup> 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, <sup>1</sup>certified professional  
10 midwives,<sup>1</sup> and <sup>1</sup>certified<sup>1</sup> midwives, who provide prenatal maternity  
11 care to a <sup>1</sup>["woman"] patient<sup>1</sup> shall ensure that the <sup>1</sup>["woman"] patient<sup>1</sup>  
12 has the opportunity to develop a comprehensive personalized  
13 postpartum care plan that is consistent with <sup>1</sup>["her"] the patient's<sup>1</sup>  
14 anticipated postpartum needs and plans. <sup>1</sup>["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.<sup>1</sup> If the <sup>1</sup>["woman"] patient<sup>1</sup> does not have a plan in

1 place or affirmatively waives their right to develop a plan<sup>1</sup>, the health  
2 care professional shall educate the patient about the risks of foregoing  
3 adequate postpartum care and<sup>1</sup> offer to consult with the **1[woman]**  
4 patient<sup>1</sup> 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 <sup>1</sup>, pregnancy loss, or stillbirth<sup>1</sup>, each  
9 **1[woman]** patient<sup>1</sup> 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**]** 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 information<sup>1</sup> .

31

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