

STATE OF NEW YORK

1334

2017-2018 Regular Sessions

IN SENATE

January 9, 2017

Introduced by Sens. COMRIE, ADDABBO, PARKER -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to establishing protocols for stillbirths and establishing a stillbirth research database

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 206 of the public health law is amended by adding a
2 new subdivision 31 to read as follows:

3 31. (a) The commissioner, in consultation with the state board of
4 medical examiners, the New York board of nursing, the state board for
5 psychology, and the state board for social work, shall develop and
6 prescribe by regulation comprehensive policies and procedures to be
7 followed by health care facilities that provide birthing and newborn
8 care services in the state when a stillbirth occurs.

9 (b) The commissioner shall require as a condition of licensure that
10 each health care facility in the state that provides birthing and
11 newborn care services adhere to the policies and procedures prescribed
12 in this subdivision. The policies and procedures shall include, at a
13 minimum:

14 (i) protocols for assigning primary responsibility to one physician,
15 who shall communicate the condition of the fetus to the mother and fami-
16 ly, and inform and coordinate staff to assist with labor, delivery, and
17 postmortem procedures;

18 (ii) guidelines to assess a family's level of awareness and knowledge
19 regarding the stillbirth;

20 (iii) the establishment of a bereavement checklist, and an informa-
21 tional pamphlet to be given to a family experiencing a stillbirth that
22 includes information about funeral and cremation options;

23 (iv) provision of one-on-one nursing care for the duration of the
24 mother's stay at the facility;

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 (v) training of physicians, nurses, psychologists, and social workers
2 to ensure that information is provided to the mother and family experi-
3 encing a stillbirth in a sensitive manner, including information about
4 what to expect, the availability of grief counseling, the opportunity to
5 develop a plan of care that meets the family's social, religious, and
6 cultural needs, and the importance of an autopsy and thorough evaluation
7 of the fetus;

8 (vi) best practices to provide psychological and emotional support to
9 the mother and family following a stillbirth, including referring to the
10 fetus by name, and offering the family the opportunity to cut the umbil-
11 ical cord, hold the baby with privacy and without time restrictions, and
12 prepare a memory box with keepsakes, such as a handprint, footprint,
13 blanket, bracelet, lock of hair, and photographs, and provisions for
14 retaining the keepsakes for one year if the family chooses not to take
15 them at discharge;

16 (vii) protocols to ensure that the physician assigned primary respon-
17 sibility for communicating with the family discusses the importance of
18 an autopsy for the family, including the significance of autopsy find-
19 ings on future pregnancies and the significance that data from the
20 autopsy may have for other families;

21 (viii) protocols to ensure coordinated visits to the family by a
22 hospital staff trained to address the psychosocial needs of a family
23 experiencing a stillbirth, provide guidance in the bereavement process,
24 assist with completing any forms required in connection with the still-
25 birth and autopsy, and offer the family the opportunity to meet with the
26 hospital chaplain or other individual from the family's religious commu-
27 nity; and

28 (ix) guidelines for educating health care professionals and hospital
29 staff on caring for families after stillbirth.

30 § 2. Subdivision 1 of section 201 of the public health law is amended
31 by adding three new paragraphs (w), (x) and (y) to read as follows:

32 (w) establish a fetal death evaluation protocol, which a hospital
33 licensed shall follow in collecting data relevant to each stillbirth.
34 The information required to be collected shall include, but not be
35 limited to:

36 (i) the race, age of the mother, maternal and paternal family history,
37 comorbidities, prenatal care history, antepartum findings, history of
38 past obstetric complications, exposure to viral infections, smoking,
39 drug and alcohol use, fetal growth restriction, placental abruption,
40 chromosomal and genetic abnormalities obtained pre-delivery, infection
41 in premature fetus, cord accident, including evidence of obstruction or
42 circulatory compromise, history of thromboembolism, and whether the
43 mother gave birth before; and

44 (ii) documentation of the evaluation of a stillborn fetus, placenta,
45 and cytologic specimen that conform to the standards established by the
46 American College of Obstetricians and Gynecologists and meet any other
47 requirements deemed by the commissioner as necessary, including, but not
48 limited to, the following components:

49 (A) if the parents consent to a complete autopsy: the weight of the
50 fetus and placenta, head circumference, length of fetus, foot length if
51 stillbirth occurred before twenty-three weeks of gestation, and notation
52 of any dysmorphic feature; photograph of the whole body, frontal and
53 profile of face, extremities and palms, close-up of any specific abnor-
54 malities; examination of the placenta and umbilical cord; and gross and
55 microscopic examination of membranes and umbilical cord; or

1 (B) if the parents do not consent to a complete autopsy, an evaluation
2 of a fetus as set forth in clause (A) of this subparagraph, and appro-
3 priate alternatives to a complete autopsy, including a placental exam-
4 ination, external examination, selected biopsies, X-rays, MRI, and
5 ultrasound.

6 (x) shall establish and maintain a database that contains a confiden-
7 tial record of all data obtained pursuant to paragraph (w) of this
8 subdivision. The data shall be made available to the public through the
9 department website, except that no data shall identify any person to
10 whom the data relate.

11 (y) shall evaluate the data obtained pursuant to paragraph (w) of this
12 subdivision for purposes of identifying the causes of, and ways to
13 prevent, stillbirths, and may contract with a third party, including,
14 but not limited to, a public institution of higher education in the
15 state or a foundation, to undertake the evaluation.

16 § 3. This act shall take effect sixty days after it shall have become
17 a law; provided, however, that no later than five years after the effec-
18 tive date of this act, the commissioner of health shall report to the
19 governor, and to the legislature, on the findings of the evaluation
20 required pursuant to section two of this act, and shall include in the
21 report any recommendations for legislative action that the commissioner
22 deems appropriate. Such commissioner shall also adopt rules and regu-
23 lations as he or she determines necessary to effectuate the purposes of
24 this act.