

STATE OF NEW YORK

3375

2019-2020 Regular Sessions

IN ASSEMBLY

January 29, 2019

Introduced by M. of A. BICHOTTE, WALKER, JAFFEE, FINCH, RICHARDSON --
Multi-Sponsored by -- M. of A. COOK -- read once and referred to the
Committee on Health

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

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

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

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

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

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

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

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

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

LBD00372-01-9

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

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

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

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

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

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

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

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

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

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

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

malities; examination of the placenta and umbilical cord; and gross and microscopic examination of membranes and umbilical cord; or

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

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

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

§ 3. This act shall take effect sixty days after it shall have become a law; provided, however, that no later than five years after the effective date of this act, the commissioner of health shall report to the governor, and to the legislature, on the findings of the evaluation required pursuant to section two of this act, and shall include in the report any recommendations for legislative action that the commissioner deems appropriate. Effective immediately the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made on or before such date.