STATE OF NEW YORK

2810

2019-2020 Regular Sessions

IN SENATE

January 29, 2019

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 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 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
б	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	<u>minimum:</u>
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
2.4	mother's stay at the facility:

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

LBD00372-01-9

S. 2810

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

S. 2810

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(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

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 effective date of this act, the commissioner of health shall report to the 18 governor, and to the legislature, on the findings of the evaluation 19 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. Effective immediately the addition, amendment and/or 23 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 24 25 such date.