

COMMITTEE STATEMENT: **ASSEMBLY:** Yes
SENATE: No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, **may possibly** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Available Upon Request

Jackie Roman - For The Star-Ledger, 'Pregnant patients to get postpartum playbook Individual treatment plan must now be part of prenatal care.', *Star-Ledger, The* (online), 19 Nov 2024
003<<https://infoweb.newsbank.com/apps/news/document-view?p=NewsBank&docref=news/19CF1848506DF690>>

CL/MM

§§1,2
C.26:18-30
and 26:18-31
and
Note to
C.26:2-176
and 26:18-10
§3
Note

P.L. 2024, CHAPTER 89, *approved November 18, 2024*
Senate, No. 912 (*First Reprint*)

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

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 period. All women are susceptible to postpartum complications, not just
2 those identified as “high risk” for complications during pregnancy.

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

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

11 g. Therefore, it is essential that women have the opportunity to
12 develop an individualized postpartum treatment plan in the course of
13 prenatal care and that they be provided with postpartum care¹,
14 pregnancy loss, and stillbirth¹ information prior to discharge, including
15 information about normal and abnormal postpartum symptoms, to
16 enable them to make informed observations about their postpartum ¹,
17 pregnancy loss, and stillbirth¹ experiences and seek out medical care
18 when needed.

19

20 2. a. Health care professionals, including physicians, advanced
21 practice nurses, certified nurse midwives, ¹certified professional
22 midwives¹ and ¹certified¹ midwives, who provide prenatal maternity
23 care to a ¹[woman] patient¹ shall ensure that the ¹[woman] patient¹
24 has the opportunity to develop a comprehensive personalized
25 postpartum care plan that is consistent with ¹[her] the patient’s¹
26 anticipated postpartum needs and plans. ¹[At a minimum, each plan
27 shall include the designation of a medical home where the woman may
28 access care and support during the period between the end of the
29 pregnancy and the comprehensive postpartum visit.] To meet the
30 requirements of this section, a personalized postpartum care plan shall
31 include, at a minimum, all of the following:

32 (1) the name, phone number, and office address of the patient’s care
33 team;

34 (2) if applicable, the time, date, and location for the patient’s
35 postpartum visits and a phone number to call to schedule or reschedule
36 appointments;

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

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

40 (5) notes about any of the patient’s pregnancy complications and
41 recommended follow-ups or test results;

42 (6) guidance regarding signs and symptoms of postpartum
43 depression or anxiety; management, including recommendations on
44 how to manage anxiety, depression, or other psychiatric issues
45 identified during pregnancy or in the postpartum period;

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

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

7 The health care professional shall take reasonable steps to ensure
8 that the patient is offered the opportunity to participate in a postpartum
9 planning session during the first trimester of pregnancy or, if holding
10 the session during the first trimester is not feasible, at the earliest time
11 thereafter. At a minimum, each plan shall include the designation of a
12 medical home where the patient may access care and support during the
13 period between the end of the pregnancy and the comprehensive
14 postpartum visit.¹ If the **‘[woman] patient**¹ does not have a plan in
15 place ¹or affirmatively waives their right to develop a plan¹, the health
16 care professional shall ¹educate the patient about the risks of foregoing
17 adequate postpartum care and¹ offer to consult with the **‘[woman]**
18 **patient**¹ to develop a plan.

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

38 c. As used in this section:

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

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

S912 [1R]

4

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

2

3

4

5

6 Establishes requirements concerning provision of postpartum
7 care, pregnancy loss, and stillbirth information and development of
8 personalized postpartum care plans.

CHAPTER 89

AN ACT concerning postpartum care, pregnancy loss, stillbirth, and supplementing Title 26 of the Revised Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

C.26:18-30 Findings, declarations.

1. The Legislature finds and declares that:

a. Pregnancy is a significant health event in the lives of many women that presents unique physical, mental, and medical issues, many of which a woman will not encounter at any other point in her life.

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

c. Maternal mortality and morbidity rates have increased over the last 20 years both in New Jersey and nationwide, which increased rates have disproportionately affected minority communities. In many cases, the common causes of maternal mortality, including excessive bleeding and infection, are preventable if diagnosed and treated in a timely manner. Moreover, postpartum, pregnancy loss, and stillbirth issues that are not typically fatal can seriously affect a woman's quality of life if left untreated.

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

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

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

g. Therefore, it is essential that women have the opportunity to develop an individualized postpartum treatment plan in the course of prenatal care and that they be provided with postpartum care, pregnancy loss, and stillbirth information prior to discharge, including information about normal and abnormal postpartum symptoms, to enable them to make informed observations about their postpartum, pregnancy loss, and stillbirth experiences and seek out medical care when needed.

C.26:18-31 Personalized postpartum care plans.

2. a. Health care professionals, including physicians, advanced practice nurses, certified nurse midwives, certified professional midwives, and certified midwives, who provide prenatal maternity care to a patient shall ensure that the patient has the opportunity to develop a comprehensive personalized postpartum care plan that is consistent with the patient's

anticipated postpartum needs and plans. To meet the requirements of this section, a personalized postpartum care plan shall include, at a minimum, all of the following:

- (1) the name, phone number, and office address of the patient's care team;
- (2) if applicable, the time, date, and location for the patient's postpartum visits and a phone number to call to schedule or reschedule appointments;
- (3) guidance regarding breastfeeding to allow the patient to make an informed feeding decision;
- (4) a reproductive life plan and appropriate contraception;
- (5) notes about any of the patient's pregnancy complications and recommended follow-ups or test results;
- (6) guidance regarding signs and symptoms of postpartum depression or anxiety;
- (7) management, including recommendations on how to manage anxiety, depression, or other psychiatric issues identified during pregnancy or in the postpartum period;
- (8) recommendations for the management of postpartum issues, such as, without limitation, pelvic floor exercise for stress, urinary incontinence, or water-based lubricant for dyspareunia; and
- (9) a treatment plan for ongoing physical and mental health conditions which identifies the care team member responsible for follow-up.

The health care professional shall take reasonable steps to ensure that the patient is offered the opportunity to participate in a postpartum planning session during the first trimester of pregnancy or, if holding the session during the first trimester is not feasible, at the earliest time thereafter. At a minimum, each plan shall include the designation of a medical home where the patient may access care and support during the period between the end of the pregnancy and the comprehensive postpartum visit. If the patient does not have a plan in place or affirmatively waives their right to develop a plan, the health care professional shall educate the patient about the risks of foregoing adequate postpartum care and offer to consult with the patient to develop a plan.

b. Each general hospital, ambulatory care facility, and birthing center licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that provides maternity care services shall ensure that, prior to discharge following the end of a pregnancy, pregnancy loss, or stillbirth, each patient receiving maternity care services is provided with postpartum care information based on best practices and guidance, as determined by the American College of Obstetricians and Gynecologists or other nationally recognized bodies.

c. As used in this section:

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

“Medical home” means as a primary care provider or facility from which a patient can access primary and preventive care that maintains all of the patient's medical information.

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

Approved November 18, 2024.

SENATE, No. 912

STATE OF NEW JERSEY 221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

Sponsored by:

Senator KRISTIN M. CORRADO

District 40 (Bergen, Essex and Passaic)

Senator M. TERESA RUIZ

District 29 (Essex and Hudson)

Co-Sponsored by:

Senator McKnight

SYNOPSIS

Establishes requirements concerning provision of postpartum care information and development of individualized postpartum care plans.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 1/29/2024)

1 AN ACT concerning postpartum care and supplementing Title 26 of
2 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,
10 many of which a woman will not encounter at any other point in her
11 life.

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

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

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

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

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

45 g. Therefore, it is essential that women have the opportunity to
46 develop an individualized postpartum treatment plan in the course
47 of prenatal care and that they be provided with postpartum care
48 information prior to discharge, including information about normal

1 and abnormal postpartum symptoms, to enable them to make
2 informed observations about their postpartum experiences and seek
3 out medical care when needed.

4
5 2. a. Health care professionals, including physicians, advanced
6 practice nurses, certified nurse midwives, and midwives, who
7 provide prenatal maternity care to a woman shall ensure that the
8 woman has the opportunity to develop a comprehensive
9 personalized postpartum care plan that is consistent with her
10 anticipated postpartum needs and plans. At a minimum, each plan
11 shall include the designation of a medical home where the woman
12 may access care and support during the period between the end of
13 the pregnancy and the comprehensive postpartum visit. If the
14 woman does not have a plan in place, the health care professional
15 shall offer to consult with the woman to develop a plan.

16 b. Each general hospital, ambulatory care facility, and birthing
17 center licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that
18 provides maternity care services shall ensure that, prior to discharge
19 following the end of a pregnancy, each woman receiving maternity
20 care services is provided with postpartum care information,
21 including information concerning the potential health issues that
22 may occur during the postpartum period and a description of the
23 risks, warning signs, and symptoms of medically significant
24 complications that may occur during the postpartum period,
25 including severe bleeding, high blood pressure, infection, and
26 depression. For the purposes of providing postpartum care
27 information pursuant to this subsection, hospitals, ambulatory care
28 facilities, and birthing centers that provide maternity care services
29 shall adopt uniform policies, procedures, and protocols, including
30 standardized educational modules and training materials, that are
31 consistent with best practices and national standards for postpartum
32 care and the recognition and prevention of postpartum
33 complications.

34
35 3. This act shall take effect 180 days after the date of
36 enactment.

37
38
39 STATEMENT

40
41 This bill requires health care professionals providing prenatal
42 care to ensure that each pregnant woman has the opportunity to
43 develop a comprehensive personalized postpartum care plan that is
44 consistent with her anticipated postpartum needs and plans. At a
45 minimum, the plan is to include the designation of a medical home
46 where the woman may access care and support during the period
47 between the end of the pregnancy and the comprehensive
48 postpartum visit. If the woman does not have a plan in place, the

1 health care professional will be required to offer to consult with the
2 woman to develop a plan.

3 The bill additionally requires facilities providing maternity care
4 services, including general hospitals, ambulatory care facilities, and
5 birthing centers, to ensure that, prior to discharge following the end
6 of a pregnancy, all women receiving maternity care services are
7 provided with postpartum care information, including information
8 concerning the potential health issues that may occur during the
9 postpartum period and details as to the specific signs and symptoms
10 to watch for. For the purposes of providing postpartum care
11 information, the facilities will be required to adopt uniform policies,
12 procedures, and protocols, including standardized educational
13 modules and training materials, that are consistent with best
14 practices and national standards for postpartum care and the
15 recognition and prevention of postpartum complications.

16 Pregnancy is a unique event in a woman's life that involves
17 significant bodily changes that often do not occur at any other time
18 in life. Because so much of what a woman experiences during and
19 after a pregnancy is new and different, it can be difficult for women
20 to identify when a particular symptom is normal or if it requires a
21 follow-up visit with a health care professional. Maternal mortality
22 rates have increased over the past 20 years, which increase may be
23 attributed in part to treatable postpartum complications, including
24 high blood pressure, excessive bleeding, and infection. It is the
25 sponsor's belief that ensuring that women have the tools necessary
26 to identify when they are experiencing a potentially serious
27 complication following a pregnancy will help improve the quality
28 of maternity care in New Jersey and reduce the number of
29 preventable pregnancy-related deaths across all populations.

[First Reprint]

SENATE, No. 912

STATE OF NEW JERSEY
221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

Sponsored by:

Senator KRISTIN M. CORRADO

District 40 (Bergen, Essex and Passaic)

Senator M. TERESA RUIZ

District 29 (Essex and Hudson)

Assemblywoman LISA SWAIN

District 38 (Bergen)

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

Co-Sponsored by:

Senators McKnight, Pou, Assemblymen Venezia, Barlas, Assemblywomen Hall, Peterpaul, Katz, Collazos-Gill, Donlon, Assemblyman Sampson, Assemblywomen Speight, Lampitt, Ramirez and Park

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.

ASSEMBLY COMMUNITY DEVELOPMENT AND WOMEN'S
AFFAIRS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 912

STATE OF NEW JERSEY

DATED: MAY 13, 2024

The Assembly Community Development and Women's Affairs Committee reports favorably Senate Bill No. 912 (1R).

This bill requires health care professionals providing prenatal care to ensure that each pregnant patient has the opportunity to develop a comprehensive personalized postpartum care plan that is consistent with the patient's anticipated postpartum needs and plans. The personalized postpartum care plan is required to meet certain minimum requirements enumerated in the bill. If the patient does not have a plan in place or affirmatively waives their right to develop a plan, the health care professional is to educate the patient about the risks of foregoing adequate postpartum care and offer to consult with the patient to develop a plan. The bill additionally requires facilities providing maternity care services, including general hospitals, ambulatory care facilities, and birthing centers, to ensure that, prior to discharge following the end of a pregnancy, pregnancy loss, or stillbirth, each patient receiving maternity care services is provided with postpartum care information, based on best practices and guidance, as determined by the American College of Obstetricians and Gynecologists or other nationally recognized bodies.

As reported by the committee, Senate Bill No. 912 (1R) is identical to Assembly Bill No. 3887 (1R), which was amended and reported by the committee on this date.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 912

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 29, 2024

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 912.

As amended, this bill requires health care professionals providing prenatal care to ensure that each pregnant patient has the opportunity to develop a comprehensive personalized postpartum care plan that is consistent with the patient's anticipated postpartum needs and plans. The personalized postpartum care plan is required to meet certain minimum requirements enumerated in the bill. If the patient does not have a plan in place or affirmatively waives their right to develop a plan, the health care professional is to educate the patient about the risks of foregoing adequate postpartum care and offer to consult with the patient to develop a plan.

The bill additionally requires facilities providing maternity care services, including general hospitals, ambulatory care facilities, and birthing centers, to ensure that, prior to discharge following the end of a pregnancy, pregnancy loss, or stillbirth, each patient receiving maternity care services is provided with postpartum care information, based on best practices and guidance, as determined by the American College of Obstetricians and Gynecologists or other nationally recognized bodies.

This bill was prefiled for introduction in the 2024-2025 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

- 1) place the conditions of "pregnancy loss" and "stillbirth" alongside the postpartum period for the purposes of the bill;
- 2) require facilities providing maternity care to provide information based on best practices and guidance to patients receiving maternity care services, rather than information on specific health issues that may occur during the postpartum period, as required in the bill as introduced;

- 3) include definitions for “care team” and “medical home”;
- 4) stipulate that the provisions of the bill regarding the development of a comprehensive personalized postpartum care plan apply to certified professional midwives and certified midwives, in addition to certified nurse midwives;
- 5) stipulate certain minimum requirements for a personalized postpartum care plan; and
- 6) update the title and synopsis of the bill to reflect these changes.

ASSEMBLY, No. 3887

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED FEBRUARY 27, 2024

Sponsored by:

Assemblywoman LISA SWAIN

District 38 (Bergen)

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

Co-Sponsored by:

Assemblymen Venezia and Barlas

SYNOPSIS

Establishes requirements concerning provision of postpartum care information and development of individualized postpartum care plans.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/10/2024)

1 AN ACT concerning postpartum care and supplementing Title 26 of
2 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,
10 many of which a woman will not encounter at any other point in her
11 life.

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

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

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

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

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

45 g. Therefore, it is essential that women have the opportunity to
46 develop an individualized postpartum treatment plan in the course
47 of prenatal care and that they be provided with postpartum care
48 information prior to discharge, including information about normal

1 and abnormal postpartum symptoms, to enable them to make
2 informed observations about their postpartum experiences and seek
3 out medical care when needed.

4
5 2. a. Health care professionals, including physicians, advanced
6 practice nurses, certified nurse midwives, and midwives, who
7 provide prenatal maternity care to a woman shall ensure that the
8 woman has the opportunity to develop a comprehensive
9 personalized postpartum care plan that is consistent with her
10 anticipated postpartum needs and plans. At a minimum, each plan
11 shall include the designation of a medical home where the woman
12 may access care and support during the period between the end of
13 the pregnancy and the comprehensive postpartum visit. If the
14 woman does not have a plan in place, the health care professional
15 shall offer to consult with the woman to develop a plan.

16 b. Each general hospital, ambulatory care facility, and birthing
17 center licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that
18 provides maternity care services shall ensure that, prior to discharge
19 following the end of a pregnancy, each woman receiving maternity
20 care services is provided with postpartum care information,
21 including information concerning the potential health issues that
22 may occur during the postpartum period and a description of the
23 risks, warning signs, and symptoms of medically significant
24 complications that may occur during the postpartum period,
25 including severe bleeding, high blood pressure, infection, and
26 depression. For the purposes of providing postpartum care
27 information pursuant to this subsection, hospitals, ambulatory care
28 facilities, and birthing centers that provide maternity care services
29 shall adopt uniform policies, procedures, and protocols, including
30 standardized educational modules and training materials, that are
31 consistent with best practices and national standards for postpartum
32 care and the recognition and prevention of postpartum
33 complications.

34
35 3. This act shall take effect 180 days after the date of
36 enactment.

37
38
39 STATEMENT

40
41 This bill requires health care professionals providing prenatal
42 care to ensure that each pregnant woman has the opportunity to
43 develop a comprehensive personalized postpartum care plan that is
44 consistent with her anticipated postpartum needs and plans. At a
45 minimum, the plan is to include the designation of a medical home
46 where the woman may access care and support during the period
47 between the end of the pregnancy and the comprehensive
48 postpartum visit. If the woman does not have a plan in place, the

1 health care professional will be required to offer to consult with the
2 woman to develop a plan.

3 The bill additionally requires facilities providing maternity care
4 services, including general hospitals, ambulatory care facilities, and
5 birthing centers, to ensure that, prior to discharge following the end
6 of a pregnancy, all women receiving maternity care services are
7 provided with postpartum care information, including information
8 concerning the potential health issues that may occur during the
9 postpartum period and details as to the specific signs and symptoms
10 to watch for. For the purposes of providing postpartum care
11 information, the facilities will be required to adopt uniform policies,
12 procedures, and protocols, including standardized educational
13 modules and training materials, that are consistent with best
14 practices and national standards for postpartum care and the
15 recognition and prevention of postpartum complications.

16 Pregnancy is a unique event in a woman's life that involves
17 significant bodily changes that often do not occur at any other time
18 in life. Because so much of what a woman experiences during and
19 after a pregnancy is new and different, it can be difficult for women
20 to identify when a particular symptom is normal or if it requires a
21 follow-up visit with a health care professional. Maternal mortality
22 rates have increased over the past 20 years, which increase may be
23 attributed in part to treatable postpartum complications, including
24 high blood pressure, excessive bleeding, and infection. It is the
25 sponsor's belief that ensuring that women have the tools necessary
26 to identify when they are experiencing a potentially serious
27 complication following a pregnancy will help improve the quality
28 of maternity care in New Jersey and reduce the number of
29 preventable pregnancy-related deaths across all populations.

[First Reprint]

ASSEMBLY, No. 3887

STATE OF NEW JERSEY
221st LEGISLATURE

INTRODUCED FEBRUARY 27, 2024

Sponsored by:

Assemblywoman LISA SWAIN

District 38 (Bergen)

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

Co-Sponsored by:

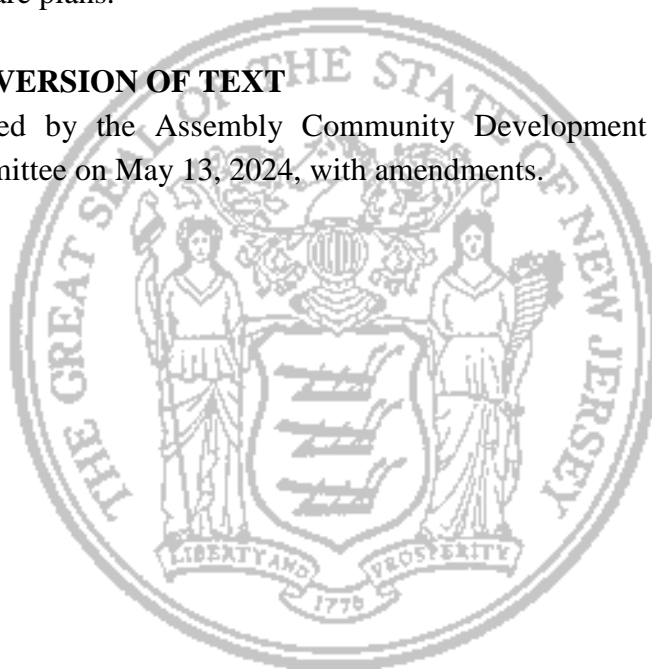
Assemblymen Venezia, Barlas, Assemblywomen Hall, Peterpaul, Katz, Collazos-Gill, Donlon, Assemblyman Sampson, Assemblywomen Speight, Lampitt, Ramirez, and Park

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 Assembly Community Development and Women's Affairs Committee on May 13, 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,
10 many of which a woman will not encounter at any other point in her
11 life.

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

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

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

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

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

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:

¹Assembly ACW committee amendments adopted May 13, 2024.

1 g. Therefore, it is essential that women have the opportunity to
2 develop an individualized postpartum treatment plan in the course of
3 prenatal care and that they be provided with postpartum care¹,
4 pregnancy loss, and stillbirth¹ information prior to discharge, including
5 information about normal and abnormal postpartum symptoms, to
6 enable them to make informed observations about their postpartum ¹,
7 pregnancy loss, and stillbirth¹ experiences and seek out medical care
8 when needed.

9
10 2. a. Health care professionals, including physicians, advanced
11 practice nurses, certified nurse midwives, ¹certified professional
12 midwives¹, and ¹certified¹ midwives, who provide prenatal maternity
13 care to a ¹["woman"] patient¹ shall ensure that the ¹["woman"] patient¹
14 has the opportunity to develop a comprehensive personalized
15 postpartum care plan that is consistent with ¹["her"] the patient's¹
16 anticipated postpartum needs and plans. ¹["At a minimum, each plan
17 shall include the designation of a medical home where the woman may
18 access care and support during the period between the end of the
19 pregnancy and the comprehensive postpartum visit.】 To meet the
20 requirements of this section, a personalized postpartum care plan shall
21 include, at a minimum, all of the following:

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

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

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

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

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

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

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

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

42 The health care professional shall take reasonable steps to ensure
43 that the patient is offered the opportunity to participate in a postpartum
44 planning session during the first trimester of pregnancy or, if holding
45 the session during the first trimester is not feasible, at the earliest time
46 thereafter. At a minimum, each plan shall include the designation of a
47 medical home where the patient may access care and support during

1 the period between the end of the pregnancy and the comprehensive
2 postpartum visit.¹ If the ¹**["woman"] patient**¹ does not have a plan in
3 place ¹or affirmatively waives their right to develop a plan¹, the health
4 care professional shall ¹educate the patient about the risks of foregoing
5 adequate postpartum care and¹ offer to consult with the ¹**["woman"]**
6 **patient**¹ to develop a plan.

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

27 c. As used in this section:

28 "Care team" means an interdisciplinary team comprised of health
29 care professionals, the patient and the patient's relatives and friends.
30 Members of the care team may vary depending on a patient's needs.

31 "Medical home" means as a primary care provider or facility from
32 which a patient can access primary and preventive care that maintains
33 all of the patient's medical information¹.

34
35 3. This act shall take effect 180 days after the date of
36 enactment.

ASSEMBLY COMMUNITY DEVELOPMENT AND WOMEN'S
AFFAIRS COMMITTEE

STATEMENT TO
ASSEMBLY, No. 3887

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 13, 2024

The Assembly Community Development and Women's Affairs Committee reports favorably and with committee amendments Assembly Bill No. 3887.

As amended, this bill requires health care professionals providing prenatal care to ensure that each pregnant patient has the opportunity to develop a comprehensive personalized postpartum care plan that is consistent with the patient's anticipated postpartum needs and plans. The personalized postpartum care plan is required to meet certain minimum requirements enumerated in the bill. If the patient does not have a plan in place or affirmatively waives their right to develop a plan, the health care professional is to educate the patient about the risks of foregoing adequate postpartum care and offer to consult with the patient to develop a plan. The bill additionally requires facilities providing maternity care services, including general hospitals, ambulatory care facilities, and birthing centers, to ensure that, prior to discharge following the end of a pregnancy, pregnancy loss, or stillbirth, each patient receiving maternity care services is provided with postpartum care information, based on best practices and guidance, as determined by the American College of Obstetricians and Gynecologists or other nationally recognized bodies.

As amended and reported by the committee, Assembly Bill No. 3887 is identical to Senate Bill No. 912 (1R), which was also reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

(1) place the conditions of "pregnancy loss" and "stillbirth" alongside the postpartum period for the purposes of the bill;

(2) require facilities providing maternity care to provide information based on best practices and guidance to patients receiving maternity care services, rather than information on specific health issues that may occur during the postpartum period, as required in the bill as introduced;

(3) include definitions for "care team" and "medical home";

(4) stipulate that the provisions of the bill regarding the development of a comprehensive personalized postpartum care plan apply to certified professional midwives and certified midwives, in addition to certified nurse midwives;

(5) stipulate certain minimum requirements for a personalized postpartum care plan; and

(6) update the title and synopsis of the bill to reflect these changes

Governor Murphy Signs Legislation Ensuring Pregnant Patients Receive Personalized Postpartum Care Plan

11/18/2024

TRENTON – Governor Phil Murphy today signed S912/A3887 into law, requiring health care professionals to ensure all patients have the opportunity to develop a comprehensive, personalized postpartum care plan consistent with their unique and anticipated needs. The bipartisan legislation requires health care professionals to offer pregnant patients a postpartum planning session as early as the first trimester of pregnancy. It also requires health care facilities providing maternity care services to ensure that postpartum care information is provided to all patients receiving maternity care services prior to being discharged at the end of a pregnancy, including for patients who have experienced a stillbirth or pregnancy loss.

The New Jersey Maternal Mortality Review Committee has [found](#) that most pregnancy-related deaths occur in the postpartum period. This law will help address preventable factors like care continuity and patient knowledge about risk indicators. This builds on existing efforts through Nurture NJ to enhance postpartum care, such as continuous NJ FamilyCare coverage for 365 days postpartum and the continued expansion of [Family Connects NJ](#), New Jersey's universal nurse home visitation program.

"New Jersey has made significant progress over the last seven years in our work to reduce maternal and infant mortality, and our efforts have shown how increased care continuity and access to information can improve outcomes for families across our state," **said Governor Murphy**. "Today's action will ensure our health professionals are empowering pregnant patients and new families with information and resources to stay healthy, identify postpartum risks, and reach care after the end of a pregnancy."

"There is no playbook one mysteriously inherits after delivering a baby and certainly not one that eases the physical challenges moms need to overcome while taking care of a newborn. As a society, we must uplift our families and ensure they have the care and support they need," **said First Lady Tammy Murphy**. "Through Nurture NJ, we are continuing to build a network of services to ensure that every family has all the resources to do just that: live and thrive. Today's bill signing not only targets the health of our moms postpartum but also prioritizes the best health for every family across New Jersey."

Under this law, a new parent's postpartum plan must at least include:

- the name, phone number, and office address of the patient's care team
- if applicable, the time, date, and location for the patient's postpartum visits and a phone number to call to schedule or reschedule appointments
- guidance regarding breastfeeding to allow the patient to make an informed feeding decision
- a reproductive life plan and appropriate contraception
- notes about any of the patient's pregnancy complications and recommended follow-ups or test results
- guidance regarding signs and symptoms of postpartum depression or anxiety; management, including recommendations on how to manage anxiety, depression, or other psychiatric issues identified during

pregnancy or in the postpartum period

- recommendations for the management of postpartum issues, such as without limitation pelvic floor exercise for stress, urinary incontinence, or water-based lubricant for dyspareunia; and
- a treatment plan for ongoing physical and mental health conditions which identifies the care team member responsible for follow-up.

This new law furthers the mission of Nurture NJ, a statewide program launched by First Lady Tammy Murphy to make New Jersey the safest, most equitable state in the nation to deliver and raise a baby. Since the inception of Nurture NJ in 2019, over 65 pieces of maternal and infant health legislation have been signed into law by Governor Murphy. The initiative has also developed and implemented groundbreaking programs and policies, such as Medicaid reimbursement for community doula care; New Jersey's universal home visitation program; Family Connects NJ, which ensures every new mother has access to a free visit at home within two weeks of delivery; and the establishment of the Maternal and Infant Health Innovation Authority, the first and only governmental authority in the nation focused on maternal health innovation.

"Having a plan and knowing how to seek medical advice following the end of a pregnancy is critical to ensuring healthy outcomes for both mothers and babies. Throughout the Murphy Administration, we have developed a targeted continuum of care designed to improve outcomes for all new families and we continue to explore all avenues to support expectant mothers during their pregnancies and throughout the early days of parenthood," **said Lisa Asare, President and Chief Executive Officer of the New Jersey Maternal and Infant Health Innovation Authority.** "Access to postpartum care for new mothers can mean a world of difference in combating serious complications. I commend the sponsors for advancing this legislation and the Governor for signing it into law, and I look forward to seeing its impact."

"The postpartum period is a critical time to ensure that families receive the care and support they need to thrive," **said Health Commissioner Kaitlan Baston, MD.** "This law will enhance postpartum care planning, empower patients with information tailored to their physical and emotional health needs, and best prepare their care team to support them."

"This law empowers patients, especially first-time mothers, with comprehensive knowledge about what to expect during the postpartum period," **said Attorney General Matthew J. Platkin.** "A personalized care plan enables patients and doctors to anticipate challenges, recognize complications, and protect maternal health, and I applaud Governor Murphy, the First Lady, and the Legislature for taking action on this issue."

"Today New Jersey takes another important step to address our maternal health crisis," **said Cari Fais, Director of the Division of Consumer Affairs.** "Complications in the postpartum period can go unrecognized and have serious, even fatal, consequences. This statute will require health care providers to partner with patients to make sure they have the information and resources needed to protect themselves."

The primary sponsors of [S912/A3887](#) are Senator Kristin Corrado, Senate Majority Leader M. Teresa Ruiz, Assemblywoman Lisa Swain, and Assemblywoman Verlina Reynolds-Jackson.

"The physical and emotional demands of childbirth and caring for a newborn can be significant and at times, overwhelming. Unfortunately, postpartum symptoms can be difficult to identify and lead to complications, or worse, if left untreated," **said Senator Kristin Corrado.** "By requiring health care professionals to provide information about personalized postpartum care plans, we are empowering mothers to prioritize their health and well-being during and after pregnancy. This new law will directly help reduce preventable pregnancy-related mortality and enhance women's healthcare overall."

"Ensuring women are explicitly prepared for the postpartum period is crucial to improving maternal health outcomes," said **Senate Majority Leader M. Teresa Ruiz**. "Pregnancy and the strain it puts on women's bodies does not end after giving birth. There are significant and confusing changes that can occur, and mothers should not experience this journey alone. They deserve to know the resources available to them, so that we can help prevent complications that are often preventable with proper medical care."

"Pregnancy and the postpartum period are times of profound change, and it can be difficult for women, particularly first-time mothers, to know if what they are experiencing is normal or a sign of a serious health issue," said **Assemblywoman Lisa Swain**. "As many as 40 percent of women never seek out or receive postpartum care. By proactively providing new parents with the resources needed to identify their post-partum needs, this legislation helps reduce the likelihood of postpartum complications early on, rather than allowing those symptoms to manifest."

"While New Jersey has taken significant steps toward improving maternity care in our state, disparities still remain, particularly in minority communities. We crafted this bill to help close that gap," said **Assemblywoman Verlina Reynolds-Jackson**. "This legislation will go a long way toward ensuring that every new mother receives necessary care after childbirth, with a postpartum plan that fits their particular needs. Today, and every day, we reaffirm our commitment to supporting families throughout the entire pregnancy journey, making sure they never feel alone."

"On behalf of the New Jersey Section of ACOG, we are pleased to support this important legislation that codifies best practices in obstetrical care into law. The postpartum period is a time of complex physiologic transitions with unique risks. Postpartum care should be ongoing and individualized; this new law will serve as a crucial step forward in continuing to improve the health outcomes for birthing people in NJ. We thank Senator Corrado and Assemblywoman Swain for their sponsorship and steadfast dedication to Women's Healthcare Issues. We also express gratitude to First Lady Tammy Murphy for her fearless dedication to saving lives, and to Governor Murphy for signing this key legislation," said **Lisa Gittens Williams, MD, Chair of the New Jersey Section of ACOG**.

"We are deeply grateful to Senator Corrado, Senator Ruiz, Assemblywoman Swain, and Assemblywoman Reynolds-Jackson for championing the bipartisan S-912/A-3887," said **Debbie Haine Vijayvergiya, stillbirth mom and Executive Director of the 2 Degrees Foundation**. "This critical bill addresses gaps in postpartum care by ensuring all women—whether welcoming a baby or navigating the heartbreak of stillbirth or pregnancy loss—receive the comprehensive support needed for physical, emotional, and mental recovery during one of the most vulnerable periods of their lives."

"Governor Murphy, First Lady Murphy, and the Legislature continue to make strides, implementing policies to improve maternal and infant health for all New Jerseyans. Signing this bill into law will help to address a gap in recommended care during the physical and emotional transitions following birth. The legislation will ensure that people have comprehensive, evidence-based information, enabling them to make informed decisions and access routine and emergent postpartum care," said **Julie Blumenfeld, DNP, CNM, FACNM, FAAN, President, New Jersey Affiliate of the American College of Nurse-Midwives**.

"Signing S912/A3887 into law is a monumental step forward in supporting New Jersey families during one of the most critical and vulnerable times in their lives. By ensuring access to personalized postpartum care plans and vital resources for those experiencing pregnancy loss or stillbirth, this legislation acknowledges the diverse needs of families and helps to promote both physical and mental health and well-being. It's a compassionate and necessary measure to ensure no parent or family navigates these challenges alone. Care Plus NJ, Inc. is proud to stand behind this effort to promote equitable, accessible, and compassionate care for all New Jersey families," said **Melissa J. Oparaku, MA, LPC, LCADC, ACS, PMH-C, Vice President of Outpatient Services, Care Plus NJ**.

"Improving maternal health outcomes in New Jersey is a priority to the New Jersey Hospital Association (NJHA). Our New Jersey Perinatal Quality Collaborative brings together the state's birthing hospitals to promote best practices in caring for mothers and babies through pregnancy, delivery and postpartum care. We applaud Gov. Murphy and the Legislature for their commitment to quality and equitable maternal care," **said Cathy Bennett, President & CEO, NJ Hospital Association.**

"The League of Women Voters of New Jersey applauds our state's dedication to improving infant and maternal health during and after pregnancy," **said Jennifer M. Howard, MD, MPH, president of the League of Women Voters of New Jersey.** "While we are making good progress, maternal mortality rates continue to be too high, particularly for people of color. This legislation requiring individualized postpartum care plans can help optimize the health of postpartum families, improve the care and support to these individuals and reduce preventable fatalities. The League of Women Voters is committed to continuing to work alongside the Legislature, Governor Murphy, First Lady Murphy, and partners to make New Jersey the safest place in the nation to give birth."