CHAPTER 104

AN ACT concerning fetal death certification and reporting, and amending R.S.26:6-11 and P.L.2013, c.217.

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

1. R.S.26:6-11 is amended to read as follows:

Certificate of fetal death.

26:6-11. A certificate of fetal death containing such items as shall be listed on fetal death certificate forms provided or approved by the department under the authority of subsection c. of R.S.26:8-24, and a burial or removal permit, shall be required for every fetal death; provided that 20 or more weeks of gestation have elapsed before the delivery.

No midwife shall sign a certificate for a fetal death; but any fetal death occurring without attendance of a physician or an advanced practice nurse shall be treated as a death without medical attendance, as provided in R.S.26:6-9.

The department shall take appropriate action to ensure that any certificate of fetal death required by this section is prepared in accordance with, and contains information that satisfies, the provisions of P.L.2013, c.217 (C.26:8-40.27 et seq.), designated as the "Autumn Joy Stillbirth Research and Dignity Act," and the current federal standards for fetal death certification and fetal death reporting, as adopted, amended, and supplemented by the federal Centers for Disease Control and Prevention.

2. Section 3 of P.L.2013, c.217 (C.26:8-40.29) is amended to read as follows:

C.26:8-40.29 Fetal death evaluation protocol.

3. The Department of Health shall establish a fetal death evaluation protocol, which a hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall follow in collecting data relevant to each stillbirth. The department shall take appropriate action to ensure that the fetal death evaluation protocol established under this section is consistent with the current federal standards for fetal death certification and fetal death reporting, as adopted, amended, and supplemented by the federal Centers for Disease Control and Prevention. The information to be collected under the fetal death evaluation protocol shall include, but not be limited to:

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

b. if consent is obtained from the parents of the stillborn child: documentation of the evaluation of a stillborn child, placenta, and cytologic specimen that conform to the standards established by the American College of Obstetricians and Gynecologists and meet any other requirements deemed by the Commissioner of Health as necessary, including, but not limited to, the following components:

(1) if the parents consent to a complete autopsy: the weight of the stillborn child and placenta, head circumference, length of stillborn child, foot length if stillbirth occurred before 23 weeks of gestation, and notation of any dysmorphic feature; photograph of the whole body, frontal and profile of face, extremities and palms, close-up of any specific

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

(2) if the parents do not consent to a complete autopsy as set forth in paragraph (1) of this subsection, but provide consent to an alternative, limited autopsy: a placental examination, external examination, selected biopsies, X-rays, MRI, and / or ultrasound consistent with the scope of the consent; and

c. any other relevant information, which is consistent with the current federal standards for fetal death certification and fetal death reporting, as adopted, amended, and supplemented by the federal Centers for Disease Control and Prevention.

3. This act shall take effect on the first day of the sixth month next following the date of enactment, except that the Commissioner of Health may take any anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act.

Approved July 13, 2017.