

HOUSE BILL No. 2324

By Committee on Health and Human Services

2-12

1 AN ACT enacting the Newell stillbirth research and dignity act.

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3 *Be it enacted by the Legislature of the State of Kansas:*

4 Section 1. Sections 1 through 8, and amendments thereto, shall be
5 known and may be cited as the Newell stillbirth research and dignity act.

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Sec. 2. As used in sections 1 through 8, and amendments thereto:

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(a) "Department" means the department of health and environment.

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(b) "General hospital" means the same as defined in K.S.A. 65-425,
9 and amendments thereto.

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(c) "Freestanding birthing center" means the same as defined in
11 K.S.A. 65-1,241, and amendments thereto.

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(d) "Secretary" means the secretary of health and environment.

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(e) "Stillbirth" means the same as defined in K.S.A. 65-2401, and
14 amendments thereto.

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Sec. 3. The legislature hereby finds and declares that:

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(a) Stillbirths are unintended fetal deaths and are traditionally
17 identified as those which

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occur after 20 weeks of pregnancy;

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(b) approximately one in every 160 pregnancies in the United States
20 ends in stillbirth each year, a rate which is high compared with other
21 developed countries;

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(c) families experiencing a stillbirth suffer severe mental anguish and
23 health care facilities in Kansas may not adequately ensure that grieving
24 families are treated with sensitivity and informed about what to expect
25 when a stillbirth occurs, nor are families who have experienced a stillbirth
26 always advised of the importance of an autopsy and thorough evaluation of
27 the stillborn child;

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(d) although studies have identified many factors that may cause
29 stillbirths, researchers still do not know the causes of a majority of
30 stillbirths, in part due to a lack of uniform protocols for evaluating and
31 classifying stillbirths and to decreasing autopsy rates;

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(e) the state currently collects some data related to fetal deaths, but
33 full autopsy and laboratory data related to stillbirths could be more
34 consistently collected and more effectively used to better understand risk
35 factors and causes of stillbirths and to inform strategies for their
36 prevention; and

1 (f) it is in the public interest to establish mandatory protocols for
2 health care facilities in the state, so that each child who is stillborn and
3 each family experiencing a stillbirth in the state is treated with dignity,
4 each family experiencing a stillbirth receives appropriate follow-up care
5 provided in a sensitive manner, and comprehensive data related to
6 stillbirths are consistently collected by the state and made available to
7 researchers seeking to prevent and reduce the incidence of stillbirths.

8 Sec. 4. (a) The secretary, in consultation with the state board of
9 healing arts, the board of nursing and the behavioral sciences regulatory
10 board, shall develop and prescribe by rules and regulations comprehensive
11 policies and procedures to be followed by general hospitals and
12 freestanding birthing centers in the state when a stillbirth occurs.

13 (b) The secretary shall require that each general hospital and
14 freestanding birthing center in the state adhere to the policies and
15 procedures prescribed in this section. Such policies and procedures shall
16 include, at a minimum:

17 (1) Protocols for assigning primary responsibility to one physician,
18 who shall communicate the condition of the fetus to the mother and family
19 and inform and coordinate staff to assist with labor, delivery and
20 postmortem procedures;

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

23 (3) the establishment of a bereavement checklist, and an
24 informational pamphlet to be given to a family experiencing a stillbirth
25 that includes information about funeral and cremation options;

26 (4) provision of one-on-one nursing care for the duration of the
27 mother's stay at the facility;

28 (5) training of physicians, nurses, psychologists and social workers to
29 ensure that information is provided in a sensitive manner to the mother and
30 family experiencing a stillbirth, including information about what to
31 expect, the availability of grief counseling, the opportunity to develop a
32 plan of care that meets the family's social, religious and cultural needs and
33 the importance of an autopsy and thorough evaluation of the stillborn
34 child;

35 (6) best practices to provide psychological and emotional support to
36 the mother and family following a stillbirth, including:

37 (A) Referring to the stillborn child by name;

38 (B) offering the family the opportunity to cut the umbilical cord and
39 hold the stillborn child with privacy and without time restrictions; and

40 (C) preparing a memory box with keepsakes such as a handprint,
41 footprint, blanket, bracelet, lock of hair and photographs and provisions
42 for retaining the keepsakes for one year if the family chooses not to take
43 them at discharge;

1 (7) protocols to ensure that the physician assigned primary
2 responsibility for communicating with the family discusses the importance
3 of an autopsy for the family, including the significance of autopsy findings
4 on future pregnancies and the significance that data from the autopsy may
5 have for other families;

6 (8) protocols to ensure coordinated visits to the family by general
7 hospital or freestanding birthing center staff trained to address the
8 psychosocial needs of a family experiencing a stillbirth, provide guidance
9 in the bereavement process, assist with completing any forms required in
10 connection with the stillbirth and autopsy and offer the family the
11 opportunity to meet with the hospital chaplain or other individual from the
12 family's religious community; and

13 (9) guidelines for educating health care professionals and general
14 hospital or freestanding birthing center staff on caring for families after a
15 stillbirth.

16 Sec. 5. The secretary shall establish a fetal death evaluation protocol,
17 which a general hospital or freestanding birthing center shall follow in
18 collecting data relevant to each stillbirth. The information required to be
19 collected shall include, but not be limited to:

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

28 (b) documentation of the evaluation of a stillborn child, placenta and
29 cytologic specimen that conform to the standards established by the
30 American college of obstetricians and gynecologists and meet any other
31 requirements deemed by the secretary as necessary, including, but not
32 limited to, the following components:

33 (1) If the parents consent to a complete autopsy: The weight of the
34 stillborn child and placenta; the head circumference and length of the
35 stillborn child; the foot length of the stillborn child, if stillbirth occurred
36 before 23 weeks of gestation; notation of any dysmorphic features;
37 photographs of the whole body, frontal and facial profile, extremities and
38 palms and close-ups of any specific abnormalities; examination of the
39 placenta and umbilical cord; and gross and microscopic examination of
40 membranes and umbilical cord; or

41 (2) if the parents do not consent to a complete autopsy: An evaluation
42 of a stillborn child as set forth in paragraph (1) and appropriate alternatives
43 to a complete autopsy, including a placental examination; external

1 examination; selected biopsies; x-rays; MRI and ultrasound.

2 Sec. 6. (a) The department shall establish and maintain a database
3 that contains a confidential record of all data obtained pursuant to section
4 5, and amendments thereto.

5 (b) The data obtained pursuant to section 5, and amendments thereto,
6 shall be made available to the public through the department's website,
7 except that no data shall identify any person to whom the data relates.

8 Sec. 7. (a) The department shall evaluate the data obtained pursuant
9 to section 5, and amendments thereto, for purposes of identifying the
10 causes of, and ways to prevent, stillbirths and may contract with a third
11 party, including, but not limited to, a public institution of higher education
12 in the state or a foundation, to undertake the evaluation.

13 (b) No later than five years after the effective date of this act, the
14 secretary shall report to the governor and to the legislature on the findings
15 of the evaluation required pursuant to subsection (a), and shall include in
16 the report any recommendations for legislative action that the secretary
17 deems appropriate.

18 Sec. 8. The secretary shall adopt such rules and regulations as the
19 secretary deems necessary to effectuate the purposes of this act pursuant to
20 the Kansas administrative procedure act, K.S.A. 77-501 et seq., and
21 amendments thereto.

22 Sec. 9. This act shall take effect and be in force from and after its
23 publication in the statute book.