

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

FILED SENATE
Apr 29, 2026
S.B. 909
PRINCIPAL CLERK

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SENATE BILL DRS55027-MGa-169A

Short Title: The BUMP Act.

(Public)

Sponsors: Senators Murdock, Salvador, and Chitlik (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT DIRECTING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO
3 PROVIDE FREE EDUCATIONAL INFORMATION AND TRAINING ON STILLBIRTH
4 PREVENTION; AND APPROPRIATING FUNDS TO THE DEPARTMENT OF HEALTH
5 AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, TO LAUNCH A
6 STATEWIDE "COUNT THE KICKS" PROGRAM.

7 The General Assembly of North Carolina enacts:

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9 **PART I. TITLE**

10 **SECTION 1.** This act shall be known and may be cited as "The Building
11 Understanding of Movement in Pregnancy Act" or "The BUMP Act."

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13 **PART II. STILLBIRTH PREVENTION EDUCATIONAL INFORMATION AND**
14 **TRAINING**

15 **SECTION 2.1.** Article 5 of Chapter 130A of the General Statutes is amended by
16 adding a new section to read:

17 **"§ 130A-128.10. Department to provide free educational information and training on**
18 **stillbirth prevention.**

19 (a) Definitions. – The following definitions apply in this section:

20 (1) Evidence-based stillbirth prevention education. – Education grounded in
21 current clinical guidance and peer-reviewed evidence regarding modifiable
22 stillbirth risk factors, including, but not limited to, fetal movement education,
23 infection screening, hypertensive disorders, diabetes, smoking and substance
24 exposure, placental insufficiency, and umbilical cord complications.

25 (2) Fetal movement education. – Standardized counseling beginning no later than
26 28 weeks of gestation on the importance of monitoring fetal movement and
27 the steps to take if movement decreases or changes, including same-day
28 clinical evaluation.

29 (3) High-disparity area. – Any county, region, or zip code identified by the
30 Department as having stillbirth rates above the statewide average, including
31 disproportionate impact on minority populations and other underrepresented
32 groups.

33 (4) Stillbirth or fetal death. – The death of a fetus at or after 20 weeks of gestation,
34 excluding an induced termination of pregnancy.

35 (b) Educational Materials for Pregnant Patients. – The Department shall provide all
36 pregnant patients in North Carolina with standardized, evidence-based educational materials on



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1 stillbirth prevention and urgent maternal and fetal warning signs during prenatal care. The
2 Department shall provide these educational materials statewide in English and Spanish, plus
3 other languages as community needs require. At a minimum, these educational materials shall
4 include all of the following:

- 5 (1) Guidance on fetal movement education and when to seek urgent evaluation
6 for decreased fetal movement.
- 7 (2) Information on maternal warning signs that require immediate care, including,
8 but not limited to, severe headache, vision changes, chest pain, shortness of
9 breath, heavy bleeding, fever, and severe abdominal pain.
- 10 (3) Information on stillbirth risk factors and prevention strategies, including the
11 role of infections, hypertension, diabetes, sleep position, smoking, and
12 substance exposure.
- 13 (4) Clear instructions for how to contact the prenatal care team after hours and
14 how to access urgent evaluation.
- 15 (5) Materials in English and Spanish statewide, with additional languages as
16 needed based on community need.

17 The Department may satisfy this requirement through contracts or partnerships with qualified
18 organizations, including community-based organizations, with demonstrated expertise in
19 conducting statewide stillbirth prevention education and multilingual outreach.

20 (c) Required Provider Training. – The Department shall develop or procure
21 evidence-based training for prenatal care providers on stillbirth prevention protocols. The
22 training shall include, at a minimum, all of the following:

- 23 (1) Standardized fetal movement education and documentation requirements
24 beginning no later than 28 weeks.
- 25 (2) Clinical response protocols for decreased fetal movement, including same-day
26 assessment and escalation pathways.
- 27 (3) Recognition and management of infection-related stillbirth risks, including
28 screening and treatment guidance for syphilis and other infections consistent
29 with clinical standards.
- 30 (4) Recognition of placental and umbilical cord-related risk factors and when to
31 increase surveillance in the third trimester.

32 The Department shall make this training available in both virtual and in-person formats and
33 may satisfy this requirement through contracts or partnerships with qualified organizations
34 capable of conducting statewide training that meets the requirements of this section."

35 **SECTION 2.2.** There is appropriated from the General Fund to the Department of
36 Health and Human Services, Division of Public Health, the sum of four hundred thousand dollars
37 (\$400,000) in recurring funds beginning in the 2026-2027 fiscal year to be allocated and used as
38 follows:

- 39 (1) Two hundred thousand dollars (\$200,000) to provide evidence-based
40 educational materials on stillbirth prevention and urgent maternal and fetal
41 warning signs to pregnant patients during prenatal care, as required by
42 G.S. 130A-128.10(b), as enacted by Section 2.1 of this act.
- 43 (2) Two hundred thousand dollars (\$200,000) to develop or procure
44 evidence-based training for prenatal care providers on stillbirth prevention
45 protocols, as required by G.S. 130A-128.10(c), as enacted by Section 2.1 of
46 this act.

47 **PART III. COUNT THE KICKS PROGRAM**

48 **SECTION 3.1.** There is appropriated from the General Fund to the Department of
49 Health and Human Services, Division of Public Health, the sum of two hundred thousand dollars
50 (\$200,000) in recurring funds beginning in the 2026-2027 fiscal year to launch a statewide
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1 "Count the Kicks" stillbirth prevention public awareness campaign. The purpose of this public
2 awareness campaign is to educate expectant parents, healthcare and social services providers,
3 and community-based organizations focused on caring for pregnant women about the importance
4 of tracking fetal movement during the third trimester of pregnancy. In conducting this public
5 awareness campaign, the Department shall prioritize outreach in high-disparity areas. In addition
6 to covering the costs of establishing and operating the program, these funds shall be used to do
7 all of the following:

8 (1) Provide training to healthcare providers, including obstetricians, obstetrical
9 nurses, visiting nurses, childbirth educators, doulas, and midwives; providers
10 of social services; and community-based organizations focused on caring for
11 pregnant women.

12 (2) Develop educational materials in both English and Spanish for expectant
13 parents on the importance of tracking fetal movements for stillbirth
14 prevention.
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16 **PART IV. EFFECTIVE DATE**

17 **SECTION 4.1.** This act becomes effective July 1, 2026.