

CHAPTER 2  
SB 189 - FINAL VERSION

03/27/2025 1389s

2026 SESSION

25-1136  
11/05

SENATE BILL

***189***

AN ACT relative to fetal death records.

SPONSORS: Sen. Prentiss, Dist 5; Sen. Watters, Dist 4; Sen. Long, Dist 20; Sen. Fenton, Dist 10

COMMITTEE: Executive Departments and Administration

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ANALYSIS

This bill changes and updates requirements and procedures for fetal death records.

This bill is at the request of the secretary of state.

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Explanation: Matter added to current law appears in ***bold italics***.  
Matter removed from current law appears [in brackets and struckthrough.]  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty-Six*

AN ACT relative to fetal death records.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1 2:1 Fetal Death Record; Reporting Required. RSA 5-C:74, I is repealed and reenacted to read as  
2 follows:

3 I. For every fetal death, as defined in RSA 5-C:1, XII, which occurs in the state of New  
4 Hampshire, a fetal death worksheet shall be prepared and a fetal death report filed within 5 days,  
5 pursuant to RSA 290:1-a and RSA 5-C:75.

6 (a) When a fetal death occurs in a New Hampshire facility that regularly prepares birth  
7 records, a fetal death report shall be filed electronically by the facility.

8 (b) When a fetal death occurs in a New Hampshire facility that does not prepare birth  
9 records, a paper fetal death worksheet shall be completed and forwarded to the division immediately by  
10 the person in charge of the hospital or institution where the fetal death occurred. The division shall file the  
11 fetal death report electronically.

12 (c) When a fetal death occurs in New Hampshire outside a hospital or institution, a paper  
13 fetal death worksheet shall be completed and forwarded to the division immediately by the physician,  
14 APRN, or physician assistant in attendance at or after delivery. The division will file the fetal death report  
15 electronically.

16 2:2 Death Report Forms. RSA 5-C:75 is repealed and reenacted to read as follows:

17 5-C:75 Reporting Fetal Deaths.

18 A completed fetal death report shall consist of the following:

19 I. Information regarding the fetus and delivery:

20 (a) The name of the fetus, if the parents choose to provide a name.

21 (b) If the parents do not choose to provide a name, the first name shall be listed as "baby  
22 girl," "baby boy," or "baby unknown."

23 (c) The name of the hospital or institution or the street and number of the location of delivery.

24 (d) The place where delivery occurred: hospital, freestanding birth center, home delivery and  
25 whether a home delivery was planned, clinic/doctor's office, or other location.

26 (e) The city, town, or location, county, and zip code, of delivery.

27 (f) The date and time of delivery.

28 (g) The sex of the fetus: male, female, or unknown.

29 II. Information regarding the mother, including her:

30 (a) Current full legal name.

31 (b) Full name prior to first marriage or civil union.

32 (c) Date of birth.

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- 1 (d) Birthplace.
- 2 (e) Residence.
- 3 III. If available, information regarding the father/parent including:
- 4 (a) Current full legal name.
- 5 (b) Full name prior to first marriage or civil union.
- 6 (c) Date of birth.
- 7 (d) Birthplace.
- 8 IV. Method of disposition: burial, cremation, hospital disposition, donation, removal from state, or
- 9 other.
- 10 (a) If a hospital disposition, the signature of the hospital administrator, or designee, and the
- 11 date signed.
- 12 (b) If not a hospital disposition, the name of the cemetery or crematory and location by city or
- 13 town and state. The name and address of the funeral home, next of kin, or designated agent and the
- 14 signature of the funeral director, next of kin, or designated agent, the license number of the funeral
- 15 director, if applicable, and the date signed.
- 16 V. Attendant and registration information.
- 17 (a) The delivery attendant's name and title.
- 18 (b) The name and title of the individual completing the report.
- 19 (c) Date report completed.
- 20 (d) Date report received by registrar, which will also be known as the date filed.
- 21 VI. Information regarding the fetal death, including:
- 22 (a) The fetal or maternal condition directly causing death.
- 23 (b) Any condition of which death was a consequence or to which it was due, either fetal or
- 24 maternal.
- 25 (c) The conditions giving rise to the immediate cause of death.
- 26 (d) Any other significant conditions of fetus or mother contributing to fetal death but not
- 27 related to immediate cause.
- 28 (e) The weight of the fetus, in grams.
- 29 (f) The clinical estimate of gestation, in weeks.
- 30 (g) Estimated time of fetal death: whether dead at time of first assessment, no labor ongoing;
- 31 dead at time of first assessment, labor ongoing; died during labor, after first assessment; or unknown.
- 32 (h) Whether an autopsy was performed.
- 33 (i) Whether a histological placental examination was performed.
- 34 (j) Whether autopsy findings or histological placental examination results were considered in
- 35 determining the cause of death.
- 36 VII. Statistical information regarding the mother and pregnancy, including:
- 37 (a) Mother's demographic information, including education, race, and if she is of Hispanic
- 38 origin.
- 39 (b) The number of live births of children now living and now dead.

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- 1 (c) The date of the last live birth by month and year.
- 2 (d) The number of other pregnancy outcomes, spontaneous or induced, at any time after
- 3 conception.
- 4 (e) The date of the last other pregnancy outcome by month and year.
- 5 (f) Whether the mother was married at the time of delivery, conception, or any time between.
- 6 (g) The mother's height in feet/inches.
- 7 (h) The date that the last normal menses began by month, day, and year.
- 8 (i) The date of first and last prenatal care visit.
- 9 (j) The total number of prenatal visits.
- 10 (k) Whether the fetus was single, twin, triplet, or more.
- 11 (l) The birth order, if not a single birth.
- 12 (m) Whether mother obtained WIC food for herself during this pregnancy.
- 13 (n) If the mother was transferred for maternal medical or fetal indications for delivery. If
- 14 transferred, the name of the facility transferred to.

15 VIII. Medical and health information regarding the pregnancy, including:

- 16 (a) Medical risk factors for the pregnancy.
- 17 (b) Infections present and/or treated during the pregnancy.
- 18 (c) Method of delivery, including obstetrical procedures employed.
- 19 (d) Complications associated with labor or delivery.
- 20 (e) Any congenital anomalies.

21 2:3 Paternity Affidavit Content. RSA 5-C:76 is repealed and reenacted to read as follows:

22 5-C:76 Fetal Death Paternity Affidavit.

23 The information and signature requirements for a fetal death paternity affidavit shall be as follows:

24 I. Information regarding the fetus and delivery:

- 25 (a) The name of the fetus as it appears on the report of fetal death.
- 26 (b) The date and place of delivery of the fetus.

27 II. Information regarding the father:

- 28 (a) Current full legal name.
- 29 (b) Full name prior to first marriage or civil union.
- 30 (c) Residence address, including street address, city or town, state, and zip code.
- 31 (d) Date of birth.
- 32 (e) State of birth.
- 33 (f) Father's signature and date signed, unless the natural father is a minor, in which case his

34 parent or guardian's signature and date signed shall be obtained.

35 III. Information regarding the mother:

- 36 (a) Current full legal name.
- 37 (b) Full name prior to first marriage or civil union.
- 38 (c) Residence address, including street address, city or town, state, and zip code.
- 39 (d) Date of birth.

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1 (e) State of birth.

2 (f) Mother's signature and date signed, unless the mother is a minor, in which case her  
3 parent or guardian's signature and date signed shall be obtained.

4 IV. Information regarding the mother's partner, when they agree that they are not a natural parent  
5 of the fetus:

6 (a) Current full legal name.

7 (b) Partner's signature and date signed, unless the partner is a minor, in which case their  
8 parent or guardian's signature and date signed shall be obtained.

9 V. The signatures of the natural father, mother, and, if applicable, partner shall be notarized.

10 2:4 Fetal Death Records; Paternity Affidavit Procedures. RSA 5-C:77 is repealed and reenacted to  
11 read as follows:

12 5-C:77 Procedures for Completion of the Fetal Death Paternity Affidavit.

13 In the case of an unwed mother, a fetal death paternity affidavit, as described in RSA 5-C:76, shall be  
14 required to add the father's name and information to the report of fetal death.

15 I. The hospital or institution's designated staff shall assist the parents in the preparation of the  
16 fetal death paternity affidavit.

17 II. When a report of fetal death is filed electronically by a New Hampshire facility and a fetal death  
18 paternity affidavit is executed, the father's information shall be entered electronically as part of the report  
19 of fetal death. The paper copy of the fetal death paternity affidavit shall be forwarded to the division.

20 III. When a report of fetal death is filed on paper, the fetal death affidavit shall be prepared and  
21 attached to the report of fetal death that is forwarded to the division. Upon receipt of the fetal death  
22 paternity affidavit, the information concerning the father shall be added by the division to the report of fetal  
23 death.

24 IV. The fetal death paternity affidavit form shall be retained by the division in accordance with the  
25 record retention schedule listed in RSA 5-C:96.

26 2:5 Burial Permit; Disposition of Remains. RSA 5-C:78 is repealed and reenacted to read as follows:

27 5-C:78 Burial Permit for Disposition of Fetal Remains. Other than hospital dispositions, disposition  
28 information for fetal deaths reported as directed in RSA 5-C:71, I(a) shall be filed electronically by a  
29 licensed New Hampshire funeral director or town or city clerk. The burial permit for the disposition of fetal  
30 remains shall be generated electronically upon the completed filing of a report of fetal death and will  
31 consist of the following information:

32 I. Information about the fetus, including the name; sex, if known; date of delivery; city, town, or  
33 location of delivery; county of delivery.

34 II. The manner of disposition; the date of disposition; the name of the cemetery or crematory; the  
35 name of the place where the cemetery or crematory is located.

36 III. Information about the funeral director, next of kin, or designated agent, including the name of  
37 the funeral home, complete address, and the NH license number of the funeral director.

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1           IV. If stored, the name of the storage vault; the date of storage; the location of the vault, by city or  
2 town and state; the signature of the cemetery sexton or person in charge of the storage vault or, if none,  
3 the funeral director; and the date that the body or cremains are released from the storage vault.

4           V. Upon disposition, the cemetery or crematory authority shall complete the following information:  
5 type of disposition; date of disposition; name and location of cemetery, crematory, or vault; section and  
6 grave number; signature of the cemetery sexton or person in charge of the cemetery or crematory or, if  
7 none, the funeral director.

8           2:6 Fetal Death Records: Disposition Procedure. Amend RSA 5-C:79 to read as follows:

9           5-C:79 Procedures for the Disposition of Fetal Death Remains. Prior to disposition, the funeral  
10 director, next of kin, or designated agent, hospital administrator or his or her designated representative, or  
11 whomever assumes responsibility for the disposition shall request a written authorization from the parent  
12 regarding the manner of disposition such as burial, cremation, temporary entombment, donation,  
13 mausoleum, or other. When disposition takes place outside the hospital or institution, a burial permit shall  
14 be completed as described in RSA 5-C:78. In the case where fetal death remains are to be cremated  
15 other than in a hospital, authorization shall first be obtained from the medical examiner pursuant to RSA  
16 611-B:11. The burial permit shall be submitted to the clerk of the town or city within 6 calendar days of the  
17 disposition *and retained in accordance with the record retention schedule set forth in RSA 5-C:96.*

          2:7 Effective Date. This act shall take effect 120 days after its passage.

Approved: February 06, 2026  
Effective Date: June 06, 2026