

119TH CONGRESS
1ST SESSION

H. R. 6765

To prioritize and fund life-affirming maternal and child health initiatives globally by equipping local health providers and community health workers to reduce the leading causes of maternal and child mortality, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 16, 2025

Mr. SMITH of New Jersey (for himself and Ms. SALAZAR) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To prioritize and fund life-affirming maternal and child health initiatives globally by equipping local health providers and community health workers to reduce the leading causes of maternal and child mortality, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Safe Passages Act of
5 2025”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Around the world, over 287,000 women die
2 each year from pregnancy-related complications—
3 most of which are preventable.

4 (2) In sub-Saharan Africa, the maternal mor-
5 tality rate in 2023 was 442 per 100,000 live births,
6 compared to 14 per 100,000 in developed countries.

7 (3) Sub-Saharan Africa accounts for approxi-
8 mately 70 percent of all global maternal deaths.

9 (4) These deaths are nearly all caused by treat-
10 able conditions including postpartum hemorrhage,
11 severe preeclampsia, infection, and obstructed labor,
12 reflecting a lack of access to skilled birth attendants
13 with the training, tools, and infrastructure needed to
14 provide life-affirming obstetrical care.

15 (5) Short of death and in the absence of skilled
16 pregnancy care and birth attendance, women may
17 also suffer severe complications during and after
18 childbirth including stillbirths, obstetric fistula, se-
19 vere anemia, infection, and cardiovascular damage,
20 all of which can cause lifelong complications.

21 (6) Maternal death, which is also associated
22 with a decline in the standard of living for children
23 in the bereaved family, is one of the leading causes
24 of fetal and newborn death.

1 (7) Infants whose mothers die during childbirth
2 face dramatically elevated risk with a least 20-fold
3 times risk of mortality in the first month of life.

4 (8) Even beyond the neonatal period, maternal
5 death is associated with 4–6 times greater mortality
6 risk for young children.

7 (9) These statistics reflect not merely public
8 health trends but the personal tragedies of women,
9 children, and families whose futures are forever al-
10 tered.

11 (10) The first 1,000 days of life—from concep-
12 tion to age 2—represent a critical window in which
13 appropriate maternal and infant health care can
14 dramatically reduce risk of child malnutrition, stunt-
15 ing, developmental delays, and early childhood illness
16 and help prevent and treat complications of preg-
17 nancy that can have short- and long-term impacts
18 on the health of mothers.

19 (11) Strengthening maternal and child health
20 preserves both mother and child, strengthens family
21 units, enhances a myriad of human development
22 goals, and upholds the dignity and worth of every
23 human life.

24 (12) The engagement and support of fathers
25 through financial, material, relational and emotional

1 support of the mother and child, is key to strength-
2 ening maternal and child health and promoting a
3 safe passage, and has been correlated with increased
4 prenatal care, enhanced skilled birth attendance, im-
5 proved maternal mental health and higher neonatal
6 survival.

7 (13) Programs such as Maternal Life Inter-
8 national’s “Safe Passages” model have proven suc-
9 cessful in training frontline providers, reducing mor-
10 tality, and delivering sustainable, culturally respect-
11 ful, life-affirming care in low-resource settings.

12 **SEC. 3. PURPOSE.**

13 The purpose of this Act is to advance and fund life-
14 affirming maternal and child health interventions that—

15 (1) equip local providers, including midwives,
16 physicians, physician assistants, nurse practitioners,
17 and community health workers, with life-affirming
18 training in how to prevent, recognize, and manage
19 the leading causes of maternal and perinatal death
20 and their complications;

21 (2) provide medical resources, training, and
22 emergency obstetric equipment to carry out the
23 above skilled life-affirming management of obstet-
24 rical and perinatal complications;

1 (3) provide education and support for health
2 care and nutrition during the first 1,000 days of life;

3 (4) provide education and support for fathers in
4 their support and responsibility for the well-being of
5 the mother and child;

6 (5) support a continuum of life-affirming care
7 for women and men inclusive of pre-conception
8 health, fertility health, fertility awareness, healthy
9 child spacing, natural family planning, safe birth
10 and postpartum mental health; and

11 (6) operate in full alignment with respect for
12 life at all stages from conception to natural death
13 and strengthening the family.

14 **SEC. 4. SAFE PASSAGES MATERNAL AND CHILD HEALTH**
15 **PROGRAM.**

16 (a) ESTABLISHMENT.—There is established a global
17 initiative to be known as the “Safe Passages Maternal and
18 Child Health Program” to help reduce maternal and child
19 mortality in low- and lower-middle-income countries with
20 high maternal and child mortality rates through fiscal year
21 2030, through faith-based health partnerships, commu-
22 nity-based care, collaboration with national health sys-
23 tems, and life-affirming health interventions.

1 (b) ELEMENTS.—Interventions supported by the pro-
2 gram established by subsection (a) are for life-affirming
3 training and resource assistance for the following:

4 (1) Prevention, recognition, diagnosis and treat-
5 ment of obstetrical hemorrhage, and its complica-
6 tions, including postpartum anemia.

7 (2) Prevention, recognition, diagnosis and man-
8 agement of preeclampsia and other hypertensive,
9 metabolic and cardiovascular disorders of pregnancy,
10 and their complications, up to 1-year postpartum.

11 (3) Prevention, recognition, diagnosis and treat-
12 ment of infections and their complications associated
13 with ectopic pregnancy, miscarriage, stillbirth, nor-
14 mal pregnancy, childbirth and the postpartum pe-
15 riod.

16 (4) Prevention, recognition, diagnosis and man-
17 agement of obstructed labor and its complications,
18 including uterine rupture, obstetric fistulas, and ad-
19 ditional related complications.

20 (5) Reduction of fetal, perinatal, neonatal and
21 infant mortality, including stillbirth, by preventing,
22 recognizing, diagnosing and treating fetal distress,
23 newborn asphyxia, birth trauma, intrauterine growth
24 restriction, premature birth, small size for gesta-
25 tional age, and neonatal infections and sepsis.

10 (8) Promote increasing fathers' support and in-
11 volvement for mothers and children.

21 SEC. 5. AMENDMENT TO EXISTING LAW AND AVAILABILITY
22 OF FUNDS.

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1 “(c) MATERNAL AND CHILD HEALTH AND NUTRI-
2 TION.—Assistance under this section shall prioritize ma-
3 ternal and child health interventions consistent with the
4 Safe Passages Maternal and Child Health Program estab-
5 lished by section 4 of the Safe Passages Act of 2025, in-
6 cluding prevention and treatment of obstetric complica-
7 tions, such as hemorrhage, hypertensive disorders, sepsis,
8 obstructed labor, and neonatal resuscitation; support for
9 maternal nutrition; health care for the child throughout
10 the first 1,000 days of life from conception to approxi-
11 mately 2 years of age; and support for fathers to care for
12 mothers and their children. Such assistance shall promote
13 natural methods of fertility awareness and shall not be
14 used for abortion or abortion-related services.”.

15 (b) AVAILABILITY.—Notwithstanding any other pro-
16 vision of law, the President, acting through the Secretary
17 of State, shall, from funds made available under the Glob-
18 al Health Programs account, make available not less than
19 \$400,000,000 annually to carry out section 4 of this Act
20 and subsection (c) of section 104 of the Foreign Assist-
21 ance Act of 1961, as amended by subsection (a), including
22 for life-affirming maternal and child health programs
23 that—

24 (1) focus on the prevention of maternal, fetal,
25 and neonatal deaths;

1 (2) promote natural methods of fertility aware-
2 ness and couple-centered care;

3 (3) provide training and emergency response to
4 the 5 leading causes of maternal mortality: hemor-
5 rhage, hypertensive disorders, sepsis and infections,
6 obstructed labor and uterine rupture, and mis-
7 carriage, to include surgical management of obstet-
8 rical emergencies and pregnancy complications (not
9 to include elective abortions);

10 (4) provide training and response for the lead-
11 ing causes of maternal late postpartum complica-
12 tions: severe anemia, neurological and cardiovascular
13 injury following hypertensive disorders, fistula, hem-
14 orrhage, infections, and postpartum mental health
15 conditions;

16 (5) provide training and emergency response to
17 the leading causes of infant mortality: premature
18 birth, birth complications (birth asphyxia/trauma),
19 intrauterine growth restriction, and neonatal sepsis
20 and infections;

21 (6) uphold life-affirming care for both mother
22 and child; and

23 (7) engage fathers in these life-affirming mater-
24 nal and child health programs as well as in the care
25 of the mothers and their children.

1 **SEC. 6. REPORTING AND OVERSIGHT.**

2 Not later than 2 years after the date of the enact-
3 ment of this Act, and biennially thereafter, the Secretary
4 of State shall submit to Congress a report detailing—

5 (1) the number of trainings offered, providers
6 and cadres trained, including midwives, physicians,
7 community health workers, nurses, physician assist-
8 ants, nurse practitioners, pharmacists, laboratory
9 technicians, and other birth attendants, and the con-
10 tent of the training curricula;

11 (2) the effectiveness of such trainings, meas-
12 ured rigorously and objectively, to determine im-
13 provements in knowledge and skills through pre- and
14 post-training assessments;

15 (3) initial and annual co-investments made by
16 private industry and foreign governments;

17 (4) sustainability plans and timelines for orga-
18 nizations and governments receiving assistance;

19 (5) the number of facilities receiving support
20 for facility upgrades (such as basic lab tests, blood
21 transfusion services, second-line uterotonics for
22 postpartum hemorrhage, broad spectrum antibiotics,
23 referral and transport systems for rural health-care
24 facilities, and ultrasound services for recognition and
25 management of high-risk pregnancies), and the na-
26 ture of the upgrades;

1 (6) any support provided for establishment of
2 revolving capital funds;

3 (7) community- and hospital-level data on ma-
4 ternal, fetal, neonatal and infant morbidity and mor-
5 tality, presented as a comparison between areas
6 served and not served;

7 (8) regions and facilities served;

8 (9) estimated maternal and child lives saved;
9 and

10 (10) compliance with United States foreign as-
11 sistance restrictions and goals of this Act.

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