

119TH CONGRESS
1ST SESSION

S. 2131

To require the Secretary of Health and Human Services to carry out a public awareness campaign to increase awareness of the importance of father inclusion and engagement in improving overall health outcomes during pregnancy, childbirth, and postpartum, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 18, 2025

Mr. WARNOCK (for himself, Mr. MARSHALL, and Mr. GALLEGGO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the Secretary of Health and Human Services to carry out a public awareness campaign to increase awareness of the importance of father inclusion and engagement in improving overall health outcomes during pregnancy, childbirth, and postpartum, 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 “Dads Matter Act of
5 2025”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Father engagement can play an important
4 role in improving maternal health care, addressing
5 maternal mortality and morbidity, and bettering the
6 development and long-term growth of the child.

7 (2) The participation of fathers during prenatal
8 care appointments provides the mother with addi-
9 tional support to recognize potential pregnancy-re-
10 lated complications that could lead to maternal mor-
11 tality and morbidity.

12 (3) When fathers are involved during pregnancy
13 appointments and milestones, mothers are 1.5 times
14 more likely to receive prenatal care in the first tri-
15 mester, which improves health outcomes for both the
16 mother and baby.

17 (4) Father support during pregnancy can help
18 promote behavioral health of the mother.

19 (5) Father engagement reduces the risks of
20 postpartum mood and anxiety disorders and contrib-
21 utes to a lower likelihood of preterm birth and a
22 healthier birthweight.

23 (6) Including fathers in conversations about
24 safe sleep guidelines and sharing guidance about in-
25 fant crying and the risks of shaken baby syndrome
26 can help reduce infant deaths.

1 (7) Active support of the father during
 2 breastfeeding greatly increases the chances of suc-
 3 cessful breastfeeding, which improves the physical
 4 and mental health of the baby and the mother.

5 (8) Physical contact between the father and the
 6 baby just after birth and in the months following
 7 birth has been shown to improve the health and de-
 8 velopment of the baby, improve the mental health of
 9 the father, and foster father-child bonding in the
 10 short-term and long-term.

11 **SEC. 3. INCREASING AWARENESS OF THE IMPORTANCE OF**
 12 **FATHER INCLUSION AND ENGAGEMENT IN**
 13 **THE PREGNANCY, BIRTH, AND POSTPARTUM**
 14 **PROCESS.**

15 (a) IN GENERAL.—Not later than 2 years after the
 16 date of enactment of this Act, the Secretary of Health and
 17 Human Services shall carry out a public awareness cam-
 18 paign to increase understanding of the importance of fa-
 19 ther inclusion and engagement in improving overall health
 20 outcomes during pregnancy, childbirth, and postpartum,
 21 for both the mother and baby.

22 (b) REQUIREMENTS.—The campaign under sub-
 23 section (a) shall include—

1 (1) messaging intended to provide information
2 to the public about the importance of a father’s role
3 in pregnancy and parenting;

4 (2) resources and information to counter pop-
5 ular narratives that minimize the importance of en-
6 gaged and involved fathers in pregnancy and par-
7 enting; and

8 (3) resources and information that promote
9 awareness about the impact of father inclusion on
10 maternal and infant outcomes, including—

11 (A) the importance of father-to-infant
12 skin-to-skin contact in improving the health and
13 development of a newborn and fostering father-
14 child bonding in the short- and long-term;

15 (B) the role of fathers in promoting the
16 behavioral health of the mother;

17 (C) the role of fathers in increasing the
18 number of prenatal and postpartum appoint-
19 ments a mother attends;

20 (D) the effects of father attendance during
21 prenatal and postnatal appointments;

22 (E) the effects of paternal postpartum de-
23 pression;

24 (F) the role of father support in improving
25 rates of successful breastfeeding; and

(G) the role of father involvement in providing the mother with additional support to recognize potential pregnancy-related complications, which could include—

(i) preeclampsia;

(ii) peripartum cardiomyopathy;

(iii) preterm labor;

(iv) perinatal mood and anxiety disorders;

(v) pregnancy loss or miscarriage;

(vi) stillbirth;

(vii) high blood pressure;

(viii) cervical infections;

(ix) gestational diabetes;

(x) placental abruption;

(xi) ectopic pregnancy; and

(xii) uterine rupture.

**SEC. 4. GUIDANCE TO STATES ON ENCOURAGING FATHER
INCLUSION AND ENGAGEMENT IN THE PREG-
NANCY, BIRTH, AND POSTPARTUM PROCESS.**

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall issue guidance to States that addresses how States can encourage and incentivize providers of maternity care, including hospitals, health care

1 systems, midwifery practices, freestanding birth centers,
 2 community health centers, and other maternity care pro-
 3 viders, and providers of health care coverage, including
 4 managed care entities, to provide training and education
 5 to health care practitioners, such as pediatricians, obste-
 6 tricians, and gynecologists, about the benefits of including
 7 and engaging fathers in the pregnancy, birth, and
 8 postpartum process.

9 (b) REQUIREMENTS.—The guidance under sub-
 10 section (a) shall—

11 (1) include information on how health care
 12 practitioners can—

13 (A) offer peer-to-peer, father-to-father en-
 14 couragement, support, and education in commu-
 15 nities that traditionally are not inclusive of fa-
 16 thers;

17 (B) provide fathers with information on—

18 (i) what to expect before, during, and
 19 after the birth process;

20 (ii) how to better—

21 (I) understand and support their
 22 partner throughout such process; and

23 (II) serve as an advocate in her
 24 care; and

1 (iii) recommendations and protocol re-
 2 lating to pregnancy, postpartum, and child
 3 care, including—

4 (I) maternal, infant, and routine
 5 childhood vaccines;

6 (II) maternal warning signs;

7 (III) the importance of fetal
 8 movement counting;

9 (IV) maternal mental health and
 10 postpartum recovery;

11 (V) breastfeeding practices;

12 (VI) health care appointments;

13 (VII) safe sleep practices;

14 (VIII) skin-to-skin contact;

15 (IX) baby care, including safe
 16 soothing of a crying baby;

17 (X) child bonding; and

18 (XI) early childhood development;

19 and

20 (C) screen fathers for depression and pro-
 21 vide referrals for treatment that may positively
 22 impact child development and reduce the risk of
 23 adverse childhood experiences;

24 (2) address cultural beliefs about fatherhood, a
 25 man's role in maternal health, and families; and

1 (3) reaffirm a father’s ability to play a positive
2 and valuable role during pregnancy, birth, and early
3 childhood development, regardless of race or eth-
4 nicity.

5 **SEC. 5. GAO STUDY AND REPORT.**

6 Not later than 6 years after the date of enactment
7 of this Act, the Comptroller General of the United States
8 shall conduct, and submit to the Committee on Health,
9 Education, Labor, and Pensions of the Senate and the
10 Committee on Energy and Commerce of the House of
11 Representatives a report describing the results of, a study
12 on the effectiveness of this Act.

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