

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.

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## IN THE SENATE OF THE UNITED STATES

JUNE 18, 2025

Mr. WARNOCK (for himself, Mr. MARSHALL, and Mr. GALLEG0) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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

1 (G) the role of father involvement in pro-  
2 viding the mother with additional support to  
3 recognize potential pregnancy-related complica-  
4 tions, which could include—

5 (i) preeclampsia;

6 (ii) peripartum cardiomyopathy;

7 (iii) preterm labor;

8 (iv) perinatal mood and anxiety dis-  
9 orders;

10 (v) pregnancy loss or miscarriage;

11 (vi) stillbirth;

12 (vii) high blood pressure;

13 (viii) cervical infections;

14 (ix) gestational diabetes;

15 (x) placental abruption;

16 (xi) ectopic pregnancy; and

17 (xii) uterine rupture.

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

21 (a) IN GENERAL.—Not later than 1 year after the  
22 date of enactment of this Act, the Secretary of Health and  
23 Human Services shall issue guidance to States that ad-  
24 dresses how States can encourage and incentivize pro-  
25 viders 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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