

118TH CONGRESS
1ST SESSION

H. RES. 522

Recognizing the role of father engagement in improving overall health outcomes during pregnancy, birth, and postpartum, for both the mother and baby.

IN THE HOUSE OF REPRESENTATIVES

JUNE 16, 2023

Mr. VEASEY (for himself, Mr. ALLRED, Mr. CORREA, Ms. CROCKETT, Mr. JACKSON of Illinois, Mr. PAYNE, Mr. HORSFORD, Ms. JACKSON LEE, Mr. THANEDAR, Ms. NORTON, Mr. ESPAILLAT, Mr. CARSON, Mr. BOWMAN, Mr. CARTER of Louisiana, Mr. DAVID SCOTT of Georgia, Ms. BROWN, and Mr. CLEAVER) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Recognizing the role of father engagement in improving overall health outcomes during pregnancy, birth, and postpartum, for both the mother and baby.

Whereas a father is a supporting partner in a child's development as well as during the preconception, pregnancy, birth, and postpartum periods;

Whereas we recognize the importance of supporting families regardless of sexual orientation or gender identity of either the supporting partner or birthing partner is key;

Whereas increased father engagement can play an important role in—

(1) improving maternal health and maternal mental health care; and

(2) addressing maternal and infant mortality and morbidity in the United States and globally;

Whereas racial disparities in maternal and infant health in the United States have persisted for decades despite continued advancements in health care;

Whereas the maternal mortality rate in the United States has for many years exceeded that of other high-income countries and continues to disproportionately affect minority women;

Whereas these disparities have lasting impacts on the lives of the fathers and children;

Whereas research has found that supporting families holistically, actively including and engaging fathers in all aspects of maternal health care, from preconception through pregnancy and the first year postpartum can positively impact short- and long-term health outcomes, improving—

(1) pregnancy and postpartum health—when fathers are involved and engaged, mothers are—

(A) more likely to receive early and regular prenatal care;

(B) at reduced risk of perinatal mood and anxiety disorders (PMAD);

(C) less likely to smoke, drink, or use drugs;

(D) more likely to eat well and take recommended vitamin/mineral supplements;

(E) more likely to follow physician's recommendations; less likely to experience complications during pregnancy and labor; and

(F) more likely to have a healthy, safe birth, and more likely to succeed at breastfeeding;

(2) a baby's health at birth including—

(A) a healthy birth weight;

(B) lowered risk of a birth defect;

(C) lowered risk of extended NICU care; and

(D) lowered risk of short- and long-term disability; and

(3) a child's short- and long-term health and well-being including—

(A) improving social, emotional, and cognitive development;

(B) improving outcomes in school;

(C) reducing rates of teen pregnancies;

(D) reducing risk of substance use; and

(E) improving future executive function and self-regulation;

Whereas a father's support during pregnancy can help promote cessation of smoking, drinking, and drug use in the mother, all of which can lead to low birth weight, preterm birth, birth defects, and an increased risk of sudden unexpected infant deaths (SUIDs);

Whereas father involvement during pregnancy has been linked with a 36-percent reduction in smoking in a mother;

Whereas a father's participation during prenatal care appointments provides the mother with additional support to recognize potential pregnancy-related complications that could lead to maternal morbidity and mortality, and complications could include—

(1) preeclampsia;

(2) peripartum cardiomyopathy;

- (3) preterm labor;
- (4) perinatal mood and anxiety disorders (PMAD);
- (5) pregnancy loss or miscarriage;
- (6) stillbirth;
- (7) high blood pressure;
- (8) cervical infections;
- (9) gestational diabetes;
- (10) placental abruption;
- (11) ectopic pregnancy; and
- (12) uterine rupture;

Whereas 1 in 5 women experience a PMAD, with suicide being the leading cause of preventable maternal deaths, and the added support of father engagement can help to reduce the risk of a PMAD;

Whereas evidence shows that when fathers are involved during pregnancy appointments and milestones, mothers are 1.5 times more likely to receive prenatal care in the first trimester, which improves health and outcome for both the mother and baby;

Whereas methods to empower fathers as advocates for both mother and baby include—

- (1) addressing cultural beliefs about fatherhood and men's role in maternal health and families, especially those that discourage father participation;
- (2) addressing discrimination many fathers face related to their culture and racial identities;
- (3) addressing racism and bias in the health care system and inequities in health care access;
- (4) addressing structural and systemic barriers that prevent fathers of color from being active in the health outcomes of mothers and children;

(5) peer-to-peer, father-to-father encouragement, support, and education in communities that traditionally aren't inclusive of fathers;

(6) involving fathers in prenatal and postpartum care;

(7) providing fathers with information about what to expect before, during, and after birth and how they can better understand and support their partner, as well as to help them bond together as a parenting team; and

(8) educating and engaging fathers in conversations and guidance about mental health, breastfeeding practices, health care appointments, safe sleep, skin-to-skin child bonding, and early childhood development;

Whereas increasing outreach for fathers to join group prenatal care models and attending prenatal and postnatal appointments can help in preparing both parents and creates opportunities for parents to view pregnancy and parenting as a team effort;

Whereas publicly available pregnancy and birth education help fathers access accurate and up-to-date information about childbirth and properly support pregnant people as birth partners;

Whereas a father's skin-to-skin contact just after birth and in the months following birth has been shown to support and improve the health and development of a newborn, improve a father's mental health, and foster father-child bonding in the short and long term;

Whereas fathers are biologically hard-wired to be nurturers, and experience a decline in testosterone and a surge in estrogen throughout the prenatal and postpartum periods;

Whereas studies show that engaging fathers in conversations about safe sleep guidelines can help increase safe sleep and reduce infant deaths;

Whereas providing fathers with guidance about infant crying and the risks of shaken baby syndrome can reduce infant deaths;

Whereas a father's active support of breastfeeding greatly increases the chances of successful breastfeeding, which improves the physical and mental health of babies and mothers, and reduces the risk of SUIDs;

Whereas removing barriers to father engagement can encourage greater involvement during pregnancy, delivery, and parenthood such as—

(1) removing obstacles related to employment and loss of income, such as lack of paid family leave;

(2) offering moderated father support groups and classes;

(3) changing messaging about societal perceptions about fathers' roles in pregnancy and parenting; and

(4) health care providers offering prenatal appointments outside of regular work hours, through telehealth or through take-home, father-focused resources;

Whereas intimate partner violence (IPV) is a leading cause of maternal death and fathers who are engaged in their partner's care and are invested in their baby's health and development are less likely to engage in IPV, and later, in child abuse;

Whereas 54 percent of pregnancy-associated suicide deaths involve IPV;

Whereas supporting paid paternal leave will guarantee both mothers and fathers time to bond with their baby during

the critical first months and a foundation for a stronger father-child relationship and a healthier, more successful life for a child; and

Whereas fathers who report close, nonviolent connections with their children have fewer mental and physical health problems, are less likely to abuse drugs, and are more likely to be involved in their neighborhoods and community: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) recognizes the important role of fathers in
3 increasing positive maternal outcomes;

4 (2) acknowledges the need to address structural
5 and systemic barriers that prevent fathers from
6 being fully engaged with the health of mothers and
7 children; and

8 (3) acknowledges that father engagement ef-
9 forts provide continuous physical and emotional sup-
10 port, which can contribute to healthier pregnancies,
11 safer deliveries, healthier babies, and successful
12 postpartum recoveries.

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