

119<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. RES. 236

Expressing support for the goals of a “NICU Baby’s Bill of Rights”.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 21, 2025

Mrs. HOUCHIN (for herself and Mr. MCGARVEY) submitted the following resolution; which was referred to the Committee on Energy and Commerce

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## RESOLUTION

Expressing support for the goals of a “NICU Baby’s Bill of Rights”.

Whereas the United States continues to experience high rates of infant prematurity, with over 380,000 babies born preterm each year and thousands more full-term medically complex babies admitted to the neonatal intensive care unit (NICU);

Whereas the preterm birth rate of Black babies is 50 percent higher than that of White babies in the United States;

Whereas preterm birth is the leading cause of death among children under the age of 1 year;

Whereas a baby born preterm or full-term with medical complications is a significant driver of comorbidities, including necrotizing enterocolitis, bronchopulmonary dysplasia, cerebral palsy, brain injury, and retinopathy of pre-

maturity, often resulting in lifelong complications or death;

Whereas babies born prematurely or with severe medical complications are most often cared for in neonatal intensive care units (referred to in this resolution as “NICUs”);

Whereas having a baby born preterm or full-term with medical complexities is a traumatic experience, and NICU families are often overwhelmed by their circumstances, leaving them at high risk for a variety of mental health concerns, including perinatal mood and anxiety disorders;

Whereas NICU parents are often separated from their critically ill babies, bonding is interrupted, and this may have significant negative impacts on the cognitive development of the baby and the emotional and mental well-being of the parents;

Whereas critically ill babies and their parents and family caregivers benefit from skin-to-skin contact in terms of increased breastfeeding rates, higher rates of emotional attachment, enhanced neurodevelopmental outcomes, and promotes confidence in caregiving;

Whereas, when NICU families are supported, outcomes improve for babies and their families;

Whereas all families deserve family-centered care that is developmentally appropriate and supportive;

Whereas all NICU families deserve access to the individualized support, education, and resources they need to thrive during and after their NICU stay;

Whereas NICU families are often not fully informed or consulted on questions of substance regarding their child’s care, including treatment plans, the true health status of their baby, and infant nutrition;

Whereas, although studies have shown that human milk-based nutrition is preferable, many families report being unaware of the nutrition options available to their babies including donor human milk and human milk-based nutrition; and

Whereas all NICU families have the right to informed consent regarding all aspects of their child's care: Now, therefore, be it

1       *Resolved*, That the House of Representatives—

2               (1) expresses support for the goals of a “NICU  
3       Baby’s Bill of Rights” supporting the needs of neo-  
4       natal intensive care unit families and their babies;

5               (2) calls on health providers and other stake-  
6       holders to promote a family-centered approach to  
7       neonatal intensive care unit care, including the  
8       needs of babies as well as families to make the deci-  
9       sions that are right for them, including encouraging  
10      parents to be integrated into the daily care of their  
11      babies as much as possible;

12              (3) understands that parents are a neonatal in-  
13      tensive care unit baby’s best advocate, and asks hos-  
14      pitals to establish clear policies that prioritize paren-  
15      tal or primary caregiver presence, integration, and  
16      collaboration, and involve family advocacy partners  
17      in the creation and development of such policies  
18      from the beginning of these discussions;

1           (4) encourages hospitals to embrace an in-  
2           formed consent model for important care decisions  
3           for all neonatal intensive care unit babies, including  
4           treatment care plans and infant nutrition for all  
5           neonatal intensive care unit babies, ensuring families  
6           are fully informed of the risks and benefits of all  
7           care options available, and empowering parents to  
8           make informed decisions on behalf of their child;

9           (5) emphasizes the importance of a comprehen-  
10          sive discharge planning process that includes family  
11          participation, ensuring the plan is tailored to the  
12          needs of each individual baby and family; and

13          (6) underscores the importance of mental  
14          health support for parents and family caregivers of  
15          neonatal intensive care unit babies, including con-  
16          necting them to peer-to-peer support programs, sup-  
17          port groups, and counseling, whether in person or  
18          virtual, to reduce the impact of perinatal mood and  
19          anxiety disorders.

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