



A just future begins with bold ideas

January 20, 2026

Centers for Disease Control and Prevention
Information Collection Review Office
Attn: Jeffrey M. Zirger
1600 Clifton Road NE MS H21-8
Atlanta, GA 30329

Submitted via regulations.gov.

Re: Proposed Data Collection Submitted for Public Comment and Recommendations—
Pregnancy Risk Assessment Monitoring System (Docket No. CDC-2025-0750)

Dear Mr. Zirger:

On behalf of the Institute for Women's Policy Research (IWPR), thank you for the opportunity to provide comments on the US Centers for Disease Control and Prevention (CDC) request for Office of Management and Budget (OMB) approval to extend data collection for the Pregnancy Risk Assessment Monitoring System (PRAMS).

IWPR is a nonpartisan, nonprofit organization that conducts and disseminates research to shape policies that close inequality gaps and improve the economic well-being of women and families from diverse backgrounds. To support women's health and reproductive freedom, we focus on understanding the economic impacts of health care restrictions, the nation's maternal health crisis, and the racial disparities blocking health care access for people of color. As a leading national think tank that routinely employs the highest standards of integrity and quality in our research, IWPR is uniquely positioned to comment on the necessity, practical utility, and quality of PRAMS data for improving the well-being of women and families. **IWPR strongly supports OMB approval of the proposed extension of PRAMS data collection.**

For more than 35 years, PRAMS has been an essential public health structure in the United States, providing critical data on women's experiences before, during, and shortly after pregnancy. It is the only national, population-based surveillance system that collects annual, state-specific data on maternal health indicators and outcomes, including prenatal and postpartum visits, stressful life events, maternal morbidities and warning signs, and maternal mental health. Clinicians, policymakers, and researchers routinely look to PRAMS data to identify high-risk groups, track disparities, allocate resources, and lifesaving, evidence-informed interventions. Currently, 46 states, the District of Columbia, New York City, the Northern Mariana Islands, and Puerto Rico participate in PRAMS, and the data represent 81 percent of all live births in the United States, making it one of the most

comprehensive data sources for comparing across states, monitoring trends, and evaluating public health programs and policies.¹

Vital Role of PRAMS in Addressing the US Maternal Health Crisis

The United States has the highest maternal mortality rate among wealthy nations. While CDC data show that maternal deaths decreased among White and Latina women in 2023, Black women continue to die from pregnancy-related causes at three times the rate of White women.² They also experience higher rates of severe maternal morbidities, including hypertensive disorders, cardiovascular conditions, and postpartum complications.³ The persistent Black maternal health crisis is largely due to decades of medical and structural racism. This perpetuates a health system in which Black women face systemic barriers to quality health care and threats to their economic well-being, both of which have lasting, intergenerational impacts. Understanding and addressing these inequities requires sustained, person-reported, and disaggregated data on the social determinants of health before, during, and after pregnancy. PRAMS fills critical data gaps by providing information on housing stability, self-reported experiences of discrimination, income, and food security, none of which are captured in birth certificates or administrative datasets.

PRAMS data has informed significant clinical and policy advancements for maternal health equity, including strengthened integration of midwives and doulas into the health care system, improved mental health screenings for new parents, and expansion of postpartum Medicaid coverage. Discontinuation of PRAMS data collection will undermine current policy efforts and compromise our ability to hold systems accountable for addressing the inequities that harm Black birthing people.

Critical Need for Centralized Coordination and Support of PRAMS

The quality, accessibility, and timely application of PRAMS data collection to pressing maternal health problems is not possible without CDC PRAMS program staff, who have historically provided essential technical assistance, data harmonization, and centralized coordination across states and jurisdictions, as well as among federal agencies. Following the disbanding of such program staff in April 2025, the release of the 2023 PRAMS dataset

¹ Centers for Disease Control and Prevention. *“Participating PRAMS Sites.”* CDC - Pregnancy Risk Assessment Monitoring System. Last modified May 15, 2024. <https://www.cdc.gov/prams/php/participating-states/index.html>.

² Centers for Disease Control and Prevention. *Health E-Stat 100: Maternal Mortality Rates in the United States, 2023.* National Center for Health Statistics. Last revised May 1, 2025.

<https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm>; Centers for Disease Control and Prevention. *“Working Together to Reduce Black Maternal Mortality.”* Women’s Health Features. Last modified April 8, 2024. <https://www.cdc.gov/womens-health/features/maternal-mortality.html>.

³ Clare C. Brown et al., “Associations Between Comorbidities and Severe Maternal Morbidity,” *Obstetrics and Gynecology* 136, no. 5 (2020): 892-901; Eugene Declercq and Laurie Zephyrin, “Severe Maternal Morbidity in the United States: A Primer,” Commonwealth Fund, (Oct. 2021), <https://doi.org/10.26099/r43h-vh76>.



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is indeterminately delayed, and data requests for previous years are not being reviewed. Additional prolonged gaps in the collection and availability of surveillance data will undermine the timeliness and comparability of data nationwide and, ultimately, the health, safety, and well-being of mothers and their families.

Such loss of federal support for PRAMS infrastructure has cascading negative effects on stakeholders who rely on PRAMS data to inform program and policy action. Without an accessible national dataset, researchers, practitioners, and policymakers must submit data requests to individual state and territorial program coordinators and clean and harmonize the data across states. This fractured, labor-intensive process is burdensome and inefficient for both the requester and provider of the data. States and other such individual jurisdictions lack the capacity to keep up with the volume of requests they now receive and, in some cases, are unable to process their own data without the support of the CDC, which undermines their ability to measure progress, identify emerging issues, and monitor threats to maternal health.

Conclusion

PRAMS is a public health and reproductive justice tool to advance maternal health in the United States. It enables states, the federal government, researchers, providers, and other key stakeholders to hear directly from mothers, identify gaps, and translate data into action that can save lives. Weakening or disrupting PRAMS would significantly impair such stakeholders' ability to plan, respond, and improve maternal health outcomes.

IWPR therefore strongly urges OMB approval of the proposed three-year extension of PRAMS data collection. The information collected is crucial for the successful strengthening of public health functions and policy decisions to help meet the needs of all mothers and families—including those whose maternal survival continues to be threatened by medical and structural racism across the country.

Thank you again for the opportunity to comment. IWPR remains committed to supporting PRAMS as a strong, reliable, and actionable surveillance system and will continue to pursue further disaggregation of demographic data, strengthened centralized coordination, and data transparency to advance maternal health.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamila K. Taylor".

Jamila K. Taylor, PhD
President and Chief Executive Officer