



A just future begins with bold ideas

March 16, 2026

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

Submitted via regulations.gov.

Re: The Maternal Mortality Review Information App (MMRIA) (OMB Control No. 0920-1294, Exp. 5/31/2026)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC); Docket No. CDC-2026-0005

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 continue data collection under the Maternal Mortality Review Information Application (MMRIA).

IWPR is a nonpartisan, nonprofit organization that conducts research and dissemination 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 MMRIA data for improving the well-being of women and families. **IWPR strongly supports OMB approval of continued MMRIA data collection to reduce racial disparities in pregnancy-related mortality and promote safe motherhood for all birthing people.**

MMRIA is critical to understanding and addressing maternal mortality in the United States.

MMRIA facilitates the work of Maternal Mortality Review Committees (MMRCs), which are state-based, multidisciplinary committees that review all deaths that occur during pregnancy or the first year following pregnancy. As a standardized, case-based surveillance system, MMRIA enables MMRCs to systematically abstract medical, social, behavioral, and systems-level factors contributing to maternal deaths; document committee decisions, including determinations of "pregnancy-relatedness" and preventability; and generate prevention recommendations and policy actions.

MMRCs are the only source of state- and local-level data on pregnancy-related deaths, and MMRIA supports and standardizes key parts of their review process. Since MMRIA's inception in 2017, the number of participating state MMRCs has increased from 36 to 46,¹ allowing for nearly national-level

¹Centers for Disease Control and Prevention, "About the Data: MMRIA," CDC-Maternal Mortality Prevention, last modified August 22, 2025, <https://www.cdc.gov/maternal-mortality/php/data-research/mmria-methods/index.html>.

reporting, cross-state comparability, and longitudinal trend analysis. Federal and state agencies, health departments, community birthing leaders, and other stakeholders rely on MMRIA data to allocate resources, improve care, and design and monitor the effectiveness of maternal, behavioral, and postpartum initiatives.

The continuation of MMRIA data collection is particularly critical given the unacceptably high rates of maternal mortality in the United States. The US has the highest maternal death rate among wealthy nations,² and these deaths reflect profound racial and ethnic disparities within the country. Black women³ and American Indian and Alaska Native (AI/AN) women⁴ are three and two times more likely, respectively, to die from pregnancy-related causes than White women. These disparities result from variations in care quality, underlying chronic conditions, and social determinants that prevent many women of color from experiencing fair opportunities to achieve economic, physical, and emotional health.⁵

A key function of MMRIA data is to alert public health professionals and policymakers about concerning findings. Tragically, data from MMRCs in MMRIA show that over 80 percent of pregnancy-related deaths in the US are preventable;⁶ in 2021, MMRCs found that 100 percent of pregnancy-related deaths of AI/AN women were preventable.⁷ The inclusion of both clinical and non-clinical data sources in MMRIA—such as mental health records, social and environmental profiles, and informant interviews—represents the complex drivers of maternal health and is essential for understanding and reducing preventable deaths. Notably, much of the data on contributing factors to pregnancy-related deaths in MMRIA, including discrimination, economic and other accessibility barriers, and delays in referring or accessing care, cannot be obtained through vital statistics or gleaned from medical records alone.

MMRCs are the only sources of maternal mortality data that include preventability determinations, and the robust, standardized data collection in MMRIA is critical to developing meaningful prevention strategies. MMRIA data directly informs interventions, including community-based training, postpartum support design, care navigation practices, and perinatal workforce education.

MMRIA's centralized structure maximizes accuracy while reducing state-level burdens and inefficiencies.

²Centers for Disease Control and Prevention, *Health E-Stat 100: Maternal Mortality Rates in the United States, 2023*, National Center for Health Statistics, last reviewed May 1, 2025, <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm>.

³CDC, *Health E-Stat 100*.

⁴Emily Peterson et al., "Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007-2016," *Morbidity and Mortality Weekly Report* 68, no. 35 (2019): 762-765, <https://pmc.ncbi.nlm.nih.gov/articles/PMC6730892/>.

⁵Elizabeth Howell, "Reducing Disparities in Severe Maternal Morbidity and Mortality," *Clinical Obstetrics and Gynecology* 61 no. 2 (2018): 387-99, <https://doi.org/10.1097/grf.0000000000000349>.

⁶Centers for Disease Control and Prevention, "Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees," CDC-Maternal Mortality Prevention, last modified August 22, 2025, <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/index.html?cove-tab=4>.

⁷Centers for Disease Control and Prevention, "Pregnancy-Related Deaths Among American Indian or Alaska Native Women: Data from Maternal Mortality Review Committees" CDC-Maternal Mortality Prevention, last modified August 22, 2025, <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/aian.html?cove-tab=3>.

MMRIA provides MMRCs with a common data language to use in their reporting, which in turn enables the CDC to aggregate, analyze, and publish these and other data pertaining to pregnancy-related deaths. Furthermore, because of MMRIA's comprehensive, standardized abstraction and review processes, maternal deaths are less likely to be under-identified and misclassified compared to administrative datasets. The increase in estimated burden hours for which the CDC currently seeks OMB approval reflects an opportunity to further improve upon the accuracy of maternal death case counts. This would therefore strengthen the validity of national maternal mortality estimates and the evidence base for prevention investments.

Absent MMRIA, state MMRCs would have to create their own data collection systems, build analytical capacity, and coordinate across local, state, and federal agencies. In addition to requiring additional financial and technical resources, the work of developing and harmonizing varied data structures within and across states and jurisdictions would likely cause delays in reviewing deaths and analyzing aggregate data, which would negatively impact the timely development of policy and practice recommendations.

Conclusion

Maternal mortality rates in the US are distressingly high, and the vast majority of maternal deaths are preventable. With maternity care deserts growing and access to obstetric and gynecologic care decreasing across the country,⁸ the ability to proactively identify evidence-based strategies for preventing maternal deaths is paramount. MMRIA is an indispensable tool for understanding pregnancy-related deaths and ultimately saving patients' lives.

Through MMRIA, MMRCs are equipped to uncover drivers of maternal mortality and complications of pregnancy and associated disparities; identify interventions at patient/family, provider, facility, system, and community levels for preventing future deaths; and recommend the implementation of policies, programs, and initiatives for the families and communities who need them most.

IWPR therefore strongly urges OMB approval of the proposed three-year extension of MMRIA data collection. **High-quality surveillance is foundational to prevention. Sustaining MMRIA is essential to accurately quantify risk, identify inequities, and guide targeted interventions that reduce preventable maternal deaths.**

Sincerely,



Jamila K. Taylor, PhD
President and Chief Executive Officer

⁸Ashley Stoneburner et al., *Nowhere to Go: Maternity Care Deserts Across the US*, report (Arlington, VA: March of Dimes, 2024), <https://www.marchofdimes.org/maternity-care-deserts-report>; Erika Edwards. "Pregnant Women are Less and Less Able to Access Maternity Care," NBC News, September 10, 2024, <https://www.nbcnews.com/health/health-news/pregnant-women-cant-find-doctors-growing-maternity-care-deserts-rcna169609>.