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E advocacy@marchofdimes.org
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January 16, 2026

Centers for Disease Control and Prevention
Information Collection Review Office
Attn: Jeffrey M. Zirger
1600 Clifton Road NE
MS H21-8
Atlanta, Georgia 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 March of Dimes, the nation's leading nonprofit organization fighting for the health of all moms and babies, we thank you for this opportunity to provide comments in support of the Centers for Disease Control and Prevention (CDC) request for Office of Management and Budget (OMB) approval to extend data collection activities in the Pregnancy Risk Assessment and Monitoring System (PRAMS). The expiration of PRAMS would harm moms and babies, as well as the numerous programs focused on addressing the maternal and infant health crisis in the U.S.

Maternal and infant health data tells a sobering story: the crisis is not improving, and in many communities — particularly maternity care deserts, low-income, and rural communities — it's getting worse. While the 2023 maternal mortality rate returned to pre-pandemic levels, the 669 maternal deaths are only part of the story with an estimated 40,000 women having experienced life-threatening complications during childbirth in 2022. The national rate of preterm birth remains unchanged at 10.4%, representing over 380,000 babies and their families. Access to early prenatal care continues to decline, with nearly one in four women beginning care after the first trimester, missing critical opportunities to detect and address risks early in pregnancy. Infant mortality, a critical indicator of a nation's health, remains unchanged at 5.6 deaths per 1,000 live births, amounting to over 20,000 infant deaths each year.[1] Furthermore, approximately 20,000 additional infants are stillborn each year.[2] Despite these challenges, progress is possible. Evidence-based policies and programs — supported by reliable, standardized and actionable data sources such as PRAMS — make a real difference, close gaps, and improve outcomes.

Background

Since 1987, PRAMS has been a foundational data source for March of Dimes, national and state agencies, and community organizations' efforts to monitor, research, and improve maternal and infant health. PRAMS was launched by the CDC when progress in reducing infant mortality began to slow and research showed that maternal behaviors before, during, and after pregnancy influenced outcomes.[3] The program began with a small group of states and Washington, D.C., and has since expanded to 50 jurisdictions, including 46 states, D.C., New York City, Puerto Rico, and the Northern Mariana Islands.[4,5] By capturing standardized, population-based data on the experiences of mothers before, during, and after pregnancy, PRAMS has provided essential insights that guide evidence-based, targeted, and cost-effective solutions to improve the health of moms and babies.

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Importance and current use of PRAMS

PRAMS is a cornerstone of the nation's maternal and infant health data infrastructure. As the only ongoing, population-based surveillance system that links vital records with womens' lived experiences before, during, and after pregnancy, PRAMS provides continuous, standardized data collection that allows trends to be monitored over time and compared across states. This longitudinal consistency is essential for assessing progress, identifying emerging risks, and evaluating the impact of policies and programs. Without sustained federal commitment, the continuity and comparability that makes PRAMS actionable would be permanently disrupted.

PRAMS informs planning, accountability, and program improvement across maternal and child health systems at the state and national levels. For example, PRAMS data informs state needs assessments for Title V Maternal and Child Health Services Block Grants, guiding priority-setting and tracking progress on key performance measures such as postpartum check-up visits, contraception use, infant safe sleep practices, and postpartum depression and anxiety.[6] States rely on PRAMS to identify disparities by race and ethnicity, geography, insurance status, and income, ensuring that limited resources are most targeted to populations with the greatest need. PRAMS is also used to evaluate the effectiveness of state maternal and child health programs, including home visiting programs, by allowing examination of outcomes among respondents who report receiving home visiting services or other state-supported programs.[7,8] In addition, PRAMS supports Medicaid and perinatal quality initiatives by informing Medicaid waiver proposals, including postpartum coverage extensions, identifying gaps in prenatal, postpartum, and behavioral health access among Medicaid populations, and shaping state quality improvement plans and perinatal regionalization strategies.

PRAMS is uniquely positioned to capture policy-relevant information directly from moms, including insurance transitions, barriers to care, counseling received, and unmet health needs. These data translate lived experience into actionable evidence that informs policy design, implementation, and accountability. Other national surveys lack the pregnancy-specific timing and linkage to birth outcomes that make PRAMS indispensable. For example, PRAMS data is used to track progress towards the Healthy People 2030 objective to increase the proportion of infants who are put on their back to sleep.[9] Without PRAMS, this objective cannot be measured at the national level. In 2023, over 16% of all infant deaths were classified as Sudden Unexplained Infant Deaths, many of which occur during sleep or within a baby's sleep area. [10] The understanding of safe sleep practices and at-risk populations gained through PRAMS is essential in preventing these deaths.

PRAMS data in successfully developing state programs

PRAMS has been vital to the successful launch and efficient and effective continuation of maternal and infant health programs for nearly four decades. As noted, PRAMS data has been instrumental in identifying unsafe infant sleep practices and guiding targeted "safe sleep" initiatives that have reduced SIDS and other sleep-related infant deaths nationwide. [11] In Pennsylvania, PRAMS data showing low adherence to safe sleep recommendations informed a statewide, multipronged awareness campaign and supported the expansion of programs such as Cribs for Kids. Between 2016 and 2022, the percentage of mothers reporting safe sleep practices increased from 46% to 65%.[12,13] Furthermore, other states including New Jersey and Tennessee have similarly used PRAMS insights to target high-risk groups and adapt safe sleep messaging for families.[14,15]

Smoking cessation programs have also been supported by PRAMS data. In Maine, data on high rates of smoking during and after pregnancy were used to justify policy changes to MaineCare reimbursement for smoking-cessation services, including enhanced coverage of counseling and pharmacotherapy for pregnant and postpartum women.[16] In West Virginia, PRAMS data revealed that smoking during pregnancy exceeded the national average. In response, the Division of Tobacco Prevention and the Office of Maternal, Child, and Family Health launched a coordinated initiative to reduce

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tobacco use among pregnant women. The effort focused on educating women of childbearing age about the risks of tobacco, training healthcare providers in cessation counseling, promoting use of the West Virginia Tobacco Quitline, and engaging community and statewide partners to expand support for tobacco-free pregnancies.[17,18]

Additionally, several states have used PRAMS findings to create or inform breastfeeding initiatives. Review of PRAMS data by the Tennessee Breastfeeding Coalition allowed stakeholders to understand the factors influencing breastfeeding initiation and duration among Tennessee mothers that informed lactation support, especially in areas with lower breastfeeding rates.[19] Michigan has used data to inform the state breastfeeding work plan and to develop materials on the intersection of breastfeeding and related topics such as maternal mental health and return to work.[20]

March of Dimes makes PRAMS data more available through PeriStats

PeriStats is March of Dimes' publicly accessible maternal and infant health data platform, designed to make population-level data easy to understand and use for researchers and a wide audience that might otherwise face barriers due to lengthy data access procedures and limited analytical capacity. The platform features over 60,000 charts, graphs, maps, and tables covering more than 100 maternal and infant health indicators and attracts nearly 1 million page views annually. With interactive tables and downloadable data, PeriStats allows researchers, policymakers, advocates, and community organizations to explore trends over time, compare outcomes across different regions, and identify disparities based on race, ethnicity, and other demographic factors. By reducing barriers to data access, PeriStats has supported a variety of uses, including exploratory analysis, hypothesis generation, grant development, tracking health outcomes, program planning, and evidence-based policymaking.

PRAMS plays a critical role in enabling PeriStats to move beyond describing outcomes to understanding the factors that shape them. While birth records quantify outcomes such as preterm birth and infant mortality, PRAMS provides essential context by capturing maternal experiences related to access to care, mental health, health behaviors, and postpartum needs. This interpretive layer strengthens the equity-focused analysis and ensures that trends are better understood within the social and structural conditions affecting families. By integrating PRAMS into PeriStats, March of Dimes advances data equity by making high-quality maternal experience data accessible to users who often face barriers to data use, including community organizations, advocates, and under-resourced agencies. This approach preserves methodological rigor while expanding the reach and impact of PRAMS beyond traditional academic and governmental audiences, supporting more inclusive and informed decision-making.

PRAMS' extension is essential to public health

If PRAMS data collection is not extended, the only national source for understanding maternal health experiences throughout the entire perinatal period would be lost. Eliminating PRAMS would permanently disrupt national and state-level trend monitoring for maternal health experiences and behaviors. This would lead to gaps in surveillance that cannot be retroactively filled, weakening the ability to evaluate the effectiveness of current and future investments in maternal and infant health. Without consistent data, policymakers and public health leaders would no longer have a critical tool for accountability and continuous improvement.

More broadly, there would be no standardized and comparable data across states for measures on priority topics such as maternal depression, infant safe sleep, and the behavioral and social conditions of new moms. Without PRAMS, this unique perspective would disappear, leaving a significant gap in maternal and infant health surveillance. For individuals, states, and at the national level, the expiration of PRAMS would mean losing essential evidence needed to identify inequities and the data to shape and guide program development and priorities and inform policy strategies. Overall, it

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would eliminate an instrumental source of information that directly reflects the voices and experiences of moms, which is crucial for advancing healthy outcomes for all moms and babies.

The reductions in CDC PRAMS staffing threaten the timely processing, weighting, harmonization, and release of data; functions that are essential to all data end users. Disruptions to these activities compromise data quality, comparability, and usability, limiting the ability of platforms such as PeriStats to provide current and reliable insights for research, policy, and program planning. Prior to CDC PRAMS staff cuts in May 2025, PRAMS data were routinely updated on the PeriStats platform, where they played a central role in strengthening March of Dimes' ability to translate complex data into actionable insights for policymakers, partners, and the public. By capturing maternal experiences not available in birth records alone, PRAMS added critical context to PeriStats, allowing standardized indicators related to access to quality care, maternal mental health, and postpartum experiences to be presented alongside birth outcomes from the National Center for Health Statistics and other reputable surveys.

This integrated approach facilitated cross-state comparisons and provided national-level insights grounded in a consistent methodology. Together, these data strengthened the interpretation of trends in preterm birth, low birthweight, and infant mortality by linking outcomes to underlying social, behavioral, and structural factors. By providing PRAMS indicators in a single national platform, March of Dimes extends the reach and impact of the survey beyond individual analyses and reinforces its role in informing equitable maternal and infant health research, policy development, and advocacy. Short of a full extension and restoration of CDC PRAMS staff, we risk jeopardizing PRAMS data, limiting the PeriStats platform's ability to provide timely, comprehensive insights and maintain consistent use and interpretation across audiences.

Conclusion

March of Dimes strongly supports the continuation of PRAMS data collection. PRAMS cannot be replaced by administrative data or other national surveys. Administrative datasets lack patient-reported experiences, while existing surveys do not provide pregnancy-specific timing, linkage to birth outcomes, or consistent state-level representativeness. PRAMS was intentionally designed to fill these gaps without creating undue burden, making it an irreplaceable component of the nation's maternal and infant health data infrastructure. Losing or weakening this unique data source would undermine efforts to improve outcomes for moms and babies, as PRAMS provides the evidence needed to guide effective, cost-efficient programs and policies. We strongly urge the Department of Health and Human Services and the CDC to continue supporting this proven program that advances federal, state, and territorial health priorities. We look forward to continued collaboration with CDC to sustain this vital program in promoting the health of all moms and babies.

Sincerely,

Michael D. Warren, MD MPH FAAP
Chief Medical & Health Officer

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[1] March of Dimes. (2022, November 8). The 2025 March of Dimes Report Card: The State of Maternal and Infant Health for American Families. https://www.marchofdimes.org/sites/default/files/2025-11/MarchofDimesReportCard-UnitedStates-2025.pdf

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[2] Centers for Disease Control and Prevention. (2024, May 14). Data and Statistics on Stillbirth. https://www.cdc.gov/stillbirth/data-research/index.html
[3] Shulman, H. B., D'Angelo, D. V., Harrison, L., Smith, R. A., & Warner, L. (2018, October). The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of Design and Methodology. American journal of public health, 108(10), 1305–1313. https://doi.org/10.2105/AJPH.2018.304563
[4] Centers for Disease Control and Prevention. (2015, May 24) About PRAMS. https://www.cdc.gov/prams/about/index.html
[5] Centers for Disease Control and Prevention. (n.d.-b). Participating PRAMS Sites. https://www.cdc.gov/prams/php/participating-states/index.html
[6] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (n.d.). Title V maternal and child health services block grant to states program: Technical assistance resources (Technical Assistance Resources Document). https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadContent?fileName=Technical%20Assistance%20Resources%20Document.pdf&isForDownload=False
[7] Lalanne-Raymond, G., Cooley, S., & Blilyj, S. (2023, October). A Bird's-Eye View of Racial and Ethnic Disparities for Selected Postpartum Behaviors Post. New Jersey Department of Health. https://www.nj.gov/health/fhs/maternalchild/mchepi/prams/PRAMS_Home_Visit_Data_Brief_FINAL_10.6.pdf
[8] Centers for Disease Control and Prevention. (n.d.-c). Success story: New Jersey. Centers for Disease Control and Prevention. https://www.cdc.gov/prams/php/success-stories-data-to-action/new-jersey.html
[9] U.S. Department of Health and Human Services, Office of Disease Prevention and Promotion. (n.d.). Pregnancy Risk Assessment Monitoring System (PRAMS). Healthy People 2030. https://odphp.health.gov/healthypeople/objectives-and-data/data-sources-and-methods/data-sources/pregnancy-risk-assessment-monitoring-system-prams
[10] Centers for Disease Control and Prevention (2024, September 17). About SUID and SIDS. Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. https://www.cdc.gov/sudden-infant-death/about/index.html
[11] Adkins, M., Frank, S., Hawkins, J., O'Neil, M. E., Stampfel, C., & Williams, L. (2012 February). Data-Driven Decisions: Using Surveillance Data to Inform Infant Safe Sleep Programs. Association of Maternal & Child Health Programs. https://amchp.org/wp-content/uploads/2022/01/Data-Driven-Decisions-Using-Surveillance-Data-to-Inform-Infant-Safe-Sleep-Programs.pdf
[12] Pennsylvania Department of Health. (n.d.). Pregnancy Risk Assessment Monitoring System (PRAMS). Commonwealth of Pennsylvania. https://www.pa.gov/agencies/health/research/research/prams
[13] Haiman, M., & Mairson, E. (2025, April 17). Attacks on Data Accessibility Turn to Maternal Health: How states can help. AcademyHealth. https://academyhealth.org/blog/2025-04/attacks-data-accessibility-turn-maternal-health-how-states-can-help
[14] Centers for Disease Control and Prevention. (2024, May 15). Success story: New Jersey. Centers for Disease Control and Prevention. https://www.cdc.gov/prams/php/success-stories-data-to-action/new-jersey.html
[15] Tennessee Department of Health. (n.d.). PRAMS indicators selected for multi-state Infant Safe Sleep Collaborative. Data to Action Success Stories. https://www.tn.gov/content/dam/tn/health/documents/DS_COIN1.pdf
[16] Maine Permanent Commission on the Status of Women. (2025 September 2). Issue brief: Keep Maine families healthy by supporting continued access to data about maternal and child health (PRAMS Issue Brief). https://www.maine.gov/sos/sites/maine.gov.sos/files/inline-files/PRAMS%20Issue%20Brief_9.2.25.pdf
[17] Haiman, M., & Mairson, E. (2025, April 17). Attacks on Data Accessibility Turn to Maternal Health: How states can help. AcademyHealth. https://academyhealth.org/blog/2025-04/attacks-data-accessibility-turn-maternal-health-how-states-can-help
[18] Centers for Disease Control and Prevention. (2022, April 22). Launching the Tobacco-Free Pregnancy Initiative of West Virginia. Data to Action Success Story: West Virgina. https://archive.cdc.gov/www_cdc_gov/prams/state-success-stories/West-Virginia.html
[19] Tennessee Department of Health. (n.d.). Tennessee PRAMS: Increasing Breastfeeding Initiation Rates via Data Sharing at the Tennessee Breastfeeding Coalition. https://www.tn.gov/content/dam/tn/health/program-areas/prams/BF%202018.pdf
[20] Michigan Department of Health and Human Services. (n.d.) Michigan PRAMS Successes. https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/prams/faq/michigan-prams-successes