



January 20, 2026

Department of Health and Human Services
Centers for Disease Control and Prevention
Docket No. CDC-2025-0021
Attn: Jeffrey M. Zirger

RE: Pregnancy Risk Assessment Monitoring System (PRAMS) (OMB Control No. 0920-1273, Exp. 3/31/2026)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC); **Docket No. CDC-2025-0750**

Dear Mr. Zirger,

On behalf of the Massachusetts Mind the Gap Coalition, thank you for the opportunity to provide comments on the U.S. 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). We would like to express strong support for extending this data collection authority for PRAMS.

The Massachusetts Mind the Gap Coalition is a group of health care organizations, nonprofits, community-based organizations, survivors of Perinatal Mood and Anxiety Disorders (PMADs) and/or pregnancy and infant loss, and other advocates working to improve state policies around perinatal mental health, supported by Postpartum Support International's Mind the Gap initiative.

PRAMS provides essential data that helps mothers have the healthiest pregnancy outcomes possible for themselves and their babies. PRAMS jurisdictions, including Massachusetts, rely on PRAMS data for monitoring a range of maternal and child health outcomes. Massachusetts has used PRAMS since 2007 to track progress on Title V priorities, goals and objectives. These include maternal preconception and perinatal health, awareness of prenatal and postpartum health warning signs, maternal mental health, breastfeeding support during the delivery hospitalization, and breastfeeding initiation and duration. Additional questions on oral healthcare utilization, social support and life stressors during pregnancy, intimate partner violence, smoking, alcohol and other substance use during pregnancy are also included. PRAMS is often the only source of data for these topics. PRAMS is also the only population-wide source of data on fathers and fatherhood in the United States.

In Massachusetts, PRAMS data supported the passage of legislation in 2024 expanding prenatal and postpartum care, including coverage for doula and midwifery services and screening for postpartum depression. PRAMS data were also used to inform legislation on paid family medical leave. PRAMS has made a tangible impact on the care available to families in Massachusetts and nationally. The PRAMS program has a cost-effective design and properly leverages the expertise of CDC staff to improve family health outcomes in the perinatal period. PRAMS is one of the only data sets to address a wide range of

pregnancy and parenting related experiences and outcomes. For example, National PRAMS data are used to identify patient-reported perinatal depression symptoms screening rates and revealed that 75% of women who screen positive for perinatal depression symptoms do not receive any type of treatment. Subsequent PRAMS questions then helped identify the reasons for this gap in care. No other data exist on a national level that identifies both needs and gaps in care. Standardization of PRAMS core questions allows for thoughtful, consistent analysis of maternal and child health policies at both the federal and state level and encourages states to share successful strategies to improve maternal and child health.

Since no new questions or supplemental modules are anticipated during the approval window, the burden of collection is not anticipated to increase. PRAMS jurisdictions have established procedures which have been validated, and all PRAMS questions are thoroughly tested and validated for accuracy, utility, and clarity. Dedicated, knowledgeable CDC staff are critical to maintaining data quality and data comparability across participating sites. Additionally, recently deactivated PRAMS infrastructure has increased the burden and costs on jurisdictions. Reactivating and maintaining the Automated Research File (ARF) portal on the CDC website is critical to make past and future data available for researchers, medical providers, policy makers, and state and local health departments. Massachusetts and other states rely on not only federal funding, but also the years of experience that CDC staff have in implementing PRAMS and the CDC's PRAMS Integrated Data System (PIDS) infrastructure to collect and process survey data.

Removal of PRAMS would effectively take away cost-effective maternal, infant, and paternal health data that are essential for the well-being of mothers, fathers, infants, and families in the US and undermines all efforts to develop policies, programs, and resources to improve the health of our families. More importantly, the PRAMS program has improved maternal and infant outcomes nationwide. Extending PRAMS will enhance the nation's understanding of family health and strengthen public health decision-making.

Thank you for your consideration.

Sincerely,

Accompany Doula Care
AllPaths Family Building
Bay State Birth Coalition*
Birth Equity and Justice Massachusetts
Brazelton Touchpoints Project
The Cord Foundation
D. Legacy Pace Setters
Dorchester CARES Coalition
Empty Arms Bereavement Support
FamilyWell Health
Fathers' UpLift
Flourish Care
Health Care for All

It Takes a Village

Lifeline for Families Center and the Lifeline for Moms Program at UMass Chan Medical School

Mass General Brigham

Mass. PPD Fund*

Massachusetts Affiliate of American College of Nurse Midwives

Massachusetts Medical Society

Melanin Mass Moms

MomsRising

Mimi Gardner, MPH LICSW, VP-Chief Equity Officer, NeighborHealth

Neighborhood Birth Center

North Shore Postpartum Help, Kitt Cox, Coordinator and Co-Founder

Propa City Community Outreach*

Sacred Birthing Village

Society for Maternal-Fetal Medicine

Women of Color Health Equity Collective

Women's Fund of Western Massachusetts

*Mass. Mind the Gap Coalition Steering Committee Member