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Acting Deputy Director, Office of Public Health Ethics and Regulations
Information Collection Review Office
Centers for Disease Control and Prevention
Department of Health and Human Services
1600 Clifton Rode NE, MS H21-8
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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 Dr. Zirger:

On behalf of the Society for Maternal-Fetal Medicine (SMFM) and our members, we write in strong support of the Centers for Disease Control and Prevention (CDC) in its request for approval from the Office of Management and Budget (OMB) to continue data collection under the Maternal Mortality Review Information Application (MMRIA). MMRIA is a cornerstone data collection system that standardizes and streamlines data collection, case review, and reporting for maternal mortality review committees (MMRCs) in order to enhance our understanding of preventable pregnancy-related deaths and develop actionable recommendations for prevention. MMRIA is absolutely necessary for the proper performance of functions of CDC and to fulfill its recently reauthorized statutory requirements (42 U.S.C. 247b-12(d)). We strongly support the continuation of MMRIA data collection to promote safe motherhood and reduce pregnancy-related mortality.

Founded in 1977, SMFM is the medical professional society for maternal-fetal medicine subspecialists, who are obstetricians with additional training in high-risk pregnancies. SMFM represents more than 6,500 members who care for high-risk pregnant people and provides education, promotes research, and engages in advocacy to advance optimal and equitable perinatal outcomes for all people who desire and experience pregnancy.

As physicians who provide care to individuals experiencing high-risk pregnancies, the Society is particularly concerned with evidence-based opportunities to improve maternal and infant health outcomes. Individuals with high-risk pregnancies are more likely to experience medical complications – for themselves, their fetus(es), or both – that can lead to increased maternal and perinatal morbidity and mortality.

I. CDC is the federal agency dedicated to public health surveillance

The priority of CDC is to serve “the American public—individuals, families, and communities—who rely on accurate data, health guidance, and preventive measures.”¹ At its core, it is the public health surveillance arm of the Department of Health and Human Services (HHS). CDC collects and analyzes data that is then used to prioritize and develop health improvement programs at other HHS agencies, state health departments, health systems, and partner organizations – including SMFM. The data is also used to monitor the effectiveness of those initiatives.

CDC is comprised of separate divisions that focus on specific public health issues, including the Division of Reproductive Health (DRH), which “provides scientific leadership to promote women’s and infants’ health before, during, and after pregnancy.”² DRH partners with MMRCs to implement MMRIA; offers technical assistance to MMRCs; and leads expert-level analysis of MMRIA data.

II. The United States is failing in maternal health

Despite major advancements in medical technologies and treatments, the United States ranks behind other high-income countries in maternal mortality rates, including Canada, the United Kingdom, and Japan.³ According to the World Factbook, the United States ranks 69 among the 227 recognized countries.⁴ Each day, two mothers die due to pregnancy-related causes. Furthermore, maternal morbidity rates continue to rise. Life threatening and near miss severe maternal morbidity is estimated to occur in approximately 50,000 to 60,000 deliveries per year and has a profound effect on patients and families.⁵

III. MMRIA is a unique data system that is relied on by state and jurisdictional maternal mortality review committees, as well as national and state perinatal health leaders and programs

To measure and help address our unacceptable maternal mortality rate, CDC’s DRH oversees several surveillance systems and programs, including MMRIA. MMRIA is a complementary tool to the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) program, which was first authorized in December 2018 with the Preventing Maternal Deaths Act. It was both reauthorized for five years and fully funded for FY 2026 as part of the Consolidated Appropriations Act, 2026 (P.L. 119-75). As required by statute, ERASE MM funds and provides technical assistance to state and jurisdictional MMRCs, while MMRIA serves as a centralized data system to facilitate MMRC functions using

¹ Centers for Disease Control and Prevention, CDC Priorities, September 2025, <https://www.cdc.gov/about/cdc/index.html>

² Centers for Disease Control and Prevention, Maternal and Infant Health: An Overview, 15 May 2024, <https://www.cdc.gov/maternal-infant-health/about/index.html>

³ Commonwealth Fund, Insights into the U.S. Maternal Mortality Crisis: An International Comparison, 4 June 2024, <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>

⁴ World Factbook, Country Comparisons – Maternal mortality ratio, 2025, <https://www.cia.gov/the-world-factbook/field/maternal-mortality-ratio/country-comparison/>

⁵ Commonwealth Fund, Severe Maternal Morbidity in the United States: A Primer, 28 October 2021, <https://www.commonwealthfund.org/publications/issue-briefs/2021/oct/severe-maternal-morbidity-united-states-primer>

standardized language.⁶ These functions include abstracting relevant data from a multitude of sources, such as medical records, social service records, and informant interviews;⁷ documenting committee decisions, such as determining pregnancy-relatedness, cause of death, and preventability; and analyzing data to improve our understanding of the contributing factors of preventable pregnancy-related deaths and develop impactful recommendations.⁸

Every state and jurisdictional MMRC has the option to participate in MMRIA and receive technical assistance from CDC staff experts, regardless of whether they receive federal funding through ERASE MM. MMRCs that do participate in MMRIA rely on its functions to make the data collection, review, and reporting processes as streamlined as possible. Without MMRIA, these MMRCs would need to develop their own systems, which not only requires additional funding and resources but could also cause delays in reviewing and reporting deaths, and thus lead to outdated findings and recommendations.

State and national partners rely on the MMRC reports that MMRIA facilitates to identify areas for investment and inform programs. MMRCs are the only data source that provide local or state level information on pregnancy-related deaths. They are also the only data source that determines preventability, identifies specific factors that contribute to death beyond underlying leading causes, and develops tangible recommendations to reduce preventable pregnancy-related deaths. This provides a more robust view of the maternal health crisis that is invaluable to developing effective interventions on the state and local level. Moreover, now that most states participate in MMRIA,⁹ the data allows for near-national reporting, giving us a deeper dive into the data to inform national programs and policy.

As experts in perinatal health, SMFM strongly supports the extension of data collection under MMRIA. High-quality data is critical to the practice of patient-centered medicine. As we tackle unacceptably high maternal mortality rates, we need to invest in, not eliminate, systems that support the collection of rich data to inform our programs and interventions. As a unique and heavily utilized program, MMRIA is necessary for the proper performance of functions of CDC and is essential to state and national surveillance of maternal health outcomes.

Please do not hesitate to contact Samantha Berg, SMFM's Senior Manager of Advocacy, at sberg@smfm.org should you have questions.

Sincerely,



Sindhu K. Srinivas, MD, MSCE
President



Christina J. Wurster, MBA, CAE
Chief Executive Officer

⁶ Centers for Disease Control and Prevention, Enhancing Reviews and Surveillance to Eliminate Maternal Mortality, August 2024, <https://www.cdc.gov/maternal-mortality/php/erase-mm/index.html>

⁷ St Pierre A, Zaharatos J, Goodman D, Callaghan WM, Challenges and Opportunities in Identifying, Reviewing, and Preventing Maternal Deaths, *Obstetrics and Gynecology*, January 2018;131(1):138-142. doi: 10.1097/AOG.0000000000002417.

⁸ Centers for Disease Control and Prevention, Maternal Mortality Review Committee Decisions Form, July 2025, <https://www.cdc.gov/maternal-mortality/php/mmrc/decisions-form.html>

⁹ Centers for Disease Control and Prevention, Enhancing Reviews and Surveillance to Eliminate Maternal Mortality, August 2024, <https://www.cdc.gov/maternal-mortality/php/erase-mm/index.html>