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**Submitted electronically via regulations.gov**

Jeffrey M. Zirger, PhD  
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  
Atlanta, Georgia 30329

**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 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 extend data collection under the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a cornerstone maternal health surveillance program that collects population-based data that is used to inform programs and interventions to improve maternal and infant health outcomes. PRAMS is absolutely necessary for the proper performance of functions of CDC. We strongly support the continuation of PRAMS data collection to promote safe motherhood and reduce maternal and infant morbidity and 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. By understanding behaviors and experiences of postpartum patients before, during, and after their pregnancies and how they impact maternal and infant health, we can better tailor and deliver programs to improve health outcomes.

## **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.”<sup>1</sup> 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.”<sup>2</sup> DRH partners with states to implement PRAMS; provides and monitors a centralized data system; offers technical assistance to states; and leads expert-level data analysis.

## **II. The United States is failing in infant and maternal health**

Despite major advancements in medical technologies and treatments, the United States is struggling to substantively reduce our infant mortality rate. According to 2021 data from the Organization for Economic Co-operation and Development (OECD), the United States ranked 33 out of 38 on infant mortality.<sup>3</sup> Among the 227 countries recognized by the World Factbook, the United States ranks 55.<sup>4</sup> In 2023, more than 20,000 infants died before reaching their first birthday – that’s 55 infants per day.<sup>5</sup>

In addition, the United States ranks behind other high-income countries in maternal mortality rates, including Canada, the United Kingdom, and Japan.<sup>6</sup> According to the World Factbook, the United States ranks 69 among the 227 recognized countries.<sup>7</sup> 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.<sup>8</sup>

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

<sup>2</sup> 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>

<sup>3</sup> United Health Foundation, 2023 Annual Report, n.d., <https://www.americashealthrankings.org/publications/reports/2023-annual-report/international-comparison>

<sup>4</sup> World Factbook, Country Comparisons – Infant mortality rates, 2025, <https://www.cia.gov/the-world-factbook/field/infant-mortality-rate/country-comparison/>

<sup>5</sup> Ely DM, Driscoll AK, Infant mortality in the United States, 2023: Data from the period linked birth/infant death file, Natl Vital Stat Rep, June 2025;74(7):1–20. doi: 10.15620/cdc/174592.

<sup>6</sup> 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>

<sup>7</sup> World Factbook, Country Comparisons – Maternal mortality ratio, 2025, <https://www.cia.gov/the-world-factbook/field/maternal-mortality-ratio/country-comparison/>

<sup>8</sup> 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>

### **III. PRAMS is a unique data source that is relied on by national and state perinatal health leaders and programs**

To measure and help address our unacceptable infant and maternal mortality rates, CDC's DRH oversees several surveillance systems and programs, including PRAMS. While other systems can tell us important information about leading causes of death, PRAMS is the only program that integrates birth certificate data with high-quality qualitative data directly from postpartum patients on their behaviors and experiences during the perinatal period.<sup>9</sup> PRAMS provides timely, actionable data that cannot be replaced by other data sources.

PRAMS surveys 1,000 to 3,000 postpartum women annually in each state or jurisdiction,<sup>10</sup> or 50,000 to 150,000 postpartum women per year across the 50 participating states and jurisdictions. Birth certificate records are used to select a representative sample of recently postpartum women to be surveyed on their health behaviors, access to care, and experiences with services.<sup>11</sup> Data collected covers several key maternal health indicators, including depression and anxiety, breastfeeding, infant safe sleep, and housing instability.<sup>12</sup>

PRAMS data is essential for national and state efforts to identify areas for investment and inform programs to improve maternal and infant health. It also allows governmental and private stakeholders to monitor whether new initiatives are successful. For example, on the national level, the Title V Maternal Child Health Block Grant uses PRAMS data to monitor performance measures,<sup>13</sup> while Healthy People 2030 uses the data to monitor targets.<sup>14</sup> On the state level, Illinois PRAMS informed the development of interventions to improve practices to reduce the risk for sudden unexpected infant death (SUID).<sup>15</sup>

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

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<sup>9</sup> Hwang SS, The Need to Continue to Invest in Public Health Surveillance Systems to Reduce Infant Mortality, *Pediatrics*, October 2025; 156 (4): e2025071999. doi: 10.1542/peds.2025-071999

<sup>10</sup> Shulman HB, D'Angelo DV, Harrison L, Smith RA, Warner L, The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of Design and Methodology, *American Journal of Public Health*, October 2018;108(10):1305-1313. doi: 10.2105/AJPH.2018.304563.

<sup>11</sup> Ibid.

<sup>12</sup> Association of Maternal & Child Health Programs, Pregnancy Risk Assessment Monitoring System – Informing Impact, Improving Lives. April 2025, [https://amchp.org/wp-content/uploads/2025/04/AMCHPFundingSeries\\_PRAMS.pdf](https://amchp.org/wp-content/uploads/2025/04/AMCHPFundingSeries_PRAMS.pdf)

<sup>13</sup> Shulman HB, D'Angelo DV, Harrison L, Smith RA, Warner L, The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of Design and Methodology, *American Journal of Public Health*, October 2018;108(10):1305-1313. doi: 10.2105/AJPH.2018.304563.

<sup>14</sup> Office of Disease Prevention and Health Promotion, Pregnancy Risk Assessment Monitoring System (PRAMS), Healthy People 2030, n.d., <https://odphp.health.gov/healthypeople/objectives-and-data/data-sources-and-methods/data-sources/pregnancy-risk-assessment-monitoring-system-prams>

<sup>15</sup> Holicky A, Rankin K, Campbell RK, Bennett AC, Handler A, Patterns of Infant Sleep and Care Practices: 2016–2020. *Pediatrics*, October 2025; 156 (4): e2024068557. doi:10.1542/peds.2024-068557

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Srinivas'.

Sindhu K. Srinivas, MD, MSCE  
President

A handwritten signature in black ink, appearing to read 'Christina J. Wurster'.

Christina J. Wurster, MBA, CAE  
Chief Executive Officer