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Submitted electronically

Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road NE, MS H21-8
Atlanta, Georgia 30329

RE: CDC Notice titled, "Proposed Data Collection Submitted for Public Comment and Recommendations," Docket CDC-2025-0750, 90 Fed. Reg. 52666 (November 11, 2025)

I. INTRODUCTION

ZERO TO THREE appreciates the opportunity to provide comments on the 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 write to express our strong support for extending the data collection authority for PRAMS, a critical source of information that is foundational for tracking and improving maternal and early childhood health across the United States.

Founded more than 40 years ago, ZERO TO THREE is a national nonprofit organization whose mission is to ensure that all babies have a strong start in life. We translate the science of early childhood development into useful knowledge and strategies for parents, practitioners, and policymakers. Our work to promote infant and toddler well-being and healthy development depends on reliable and representative data about maternal health and early child outcomes, including the key data collected through PRAMS.

As the only ongoing, population-based data source that captures state- and national-level information on women's experiences and behaviors before, during, and after pregnancy, PRAMS data offers critical insights to inform planning, accountability, and program improvement across maternal and child health systems at the state and national level. For more than 37 years, PRAMS has been a cornerstone of maternal and infant health data infrastructure. By illuminating how policies and systems affect families during pregnancy and the earliest months of a child's life, PRAMS provides a timely, actionable evidence base for strengthening early childhood, maternal health, and family support policies that promote healthy development and reduce disparities.

Maternal mortality and infant mortality rates in the United States remain concerningly high compared to other high-income and industrialized countries, and significant disparities exist by race, ethnicity, and geography.[i] By capturing maternal experiences, behaviors, and access to care before, during, and after pregnancy, PRAMS data is an essential source for understanding the underlying factors driving persistently high mortality rates. These data allow states to identify effective strategies, tailor interventions to community needs, and evaluate which approaches are associated with better outcomes. Without PRAMS, policymakers and public health leaders would be left with far less actionable information to guide efforts to reduce maternal and infant mortality.

PRAMS is a practical tool that assists policymakers in creating locally responsive plans that invest taxpayer dollars efficiently in proven policies. Maintaining continuity in PRAMS data collection is essential to preserving its value and ensuring communities continue to have access to the information they need to design, improve, and monitor targeted interventions to improve maternal and infant health.

II. PRACTICAL USE OF PRAMS DATA

PRAMS data are widely used by state, territorial, and local agencies to design, target, and evaluate maternal and early childhood health interventions. States rely on PRAMS to identify needs by geography, insurance status, housing status, race and ethnicity, and income, allowing states to target limited resources appropriately. Currently, 46 states, two cities, and two territories participate.

Because PRAMS captures reliable and representative information not available through any other source—such as maternal mental health, breastfeeding challenges, substance use, housing instability, access to prenatal and postpartum care, and infant care practices—local governments and health officials rely on PRAMS to identify gaps in services and tailor responses to community needs.

For example:

- In **New Jersey**, analysis of local PRAMS data on disparities in infant mortality directly informed the Healthy Women, Healthy Families Initiative (HWHF), which works towards improving maternal and infant health outcomes through a coordinated community-driven approach.[ii] HWHF has continued to be funded past its 5-year pilot period, and the state has experienced a decline in infant mortality rates over the past decade. [iii]

- In **West Virginia** while developing the state's Opioid Response Plan, officials used PRAMS data on unintended pregnancy and contraceptive use to make recommendations to support women with substance use disorder and reduce rates of infants born with Neonatal Opioid Withdrawal Syndrome.[iv]

- In **Michigan**, PRAMS data was used to help inform guidelines that Michigan doctors and dentists use to make sure pregnant women are receiving proper oral care. Data was also used to inform the state's breastfeeding work plan, assist programs in understanding how to help breastfeeding mothers maintain safe sleep practices, and demonstrate an increase in the state's breastfeeding rates.[v]

- In **Georgia**, PRAMS data supports the planning and evaluation of programs and policies to improve infant and maternal health. PRAMS data has been used to create educational materials on tobacco use and secondhand smoke exposure during pregnancy, breastfeeding, and oral health care during pregnancy. The state has also started a pilot project to better understand the role of fathers in the health of families in Georgia.[vi]

PRAMS is a vital source of information that allows states to allocate resources effectively and ensure that taxpayer dollars are invested in policies proven to improve maternal and infant health outcomes. Without PRAMS, states would lose a key source of timely, population-based data on maternal behaviors and experiences that are not captured elsewhere, limiting their ability to develop targeted, evidence-based interventions, monitor progress over time, or respond effectively to emerging maternal and infant health challenges in their communities.

III. CONTINUITY AND EFFICIENCY OF PRAMS DATA COLLECTION

Maintaining continuity in PRAMS data collection is essential to preserving its value as a monitoring and evaluation tool. Longitudinal consistency allows states, researchers, and policymakers to track changes over time, assess the impact of policy and programmatic interventions, and respond to emerging maternal and infant health challenges. Interruptions in PRAMS data collection would undermine the ability to make meaningful comparisons across years and jurisdictions.

PRAMS also represents an efficient use of public resources. The survey is carefully designed to balance depth of information with respondent burden, and its long-standing methodology supports high-quality data collection while minimizing duplication with other data systems. PRAMS is the only ongoing, population-based surveillance system that links vital records with women's experiences before, during, and after pregnancy. Extending PRAMS ensures continued access to critical insights without imposing unnecessary burden on respondents or states.

IV. CONCLUSION

Good data is the foundation of good policy. Maintaining continuity in PRAMS data collection is essential to preserving the integrity of maternal and infant health surveillance nationwide and ensuring that communities have access to the information they need to design, improve, and monitor targeted interventions to improve maternal and infant health.

Thank you for the opportunity to comment and for your consideration of the importance of continuing PRAMS data collection.

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[i] Cole, P., Trexberg, K., & Schaffner, M. (2023). *State of babies yearbook: 2023*. ZERO TO THREE. https://zerotothree.wpenginepowered.com/wp-content/uploads/2023/09/SOBY2023_Yearbook_Full_v4.pdf

[ii] Centers for Disease Control and Prevention. (2024, May 15). *Success story: New Jersey*. National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health. https://www.cdc.gov/prams/php/success-stories-data-to-action/new-jersey.htm

[iii] March of Dimes. (2025). *2025 March of Dimes report card: The state of maternal and infant health for New Jersey*. March of Dimes PeriStats. https://www.marchofdimes.org/peristats/reports/new-jersey/report-card

[iv] Centers for Disease Control and Prevention. (2024, May 15). *Success story: West Virginia.* National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health. https://www.cdc.gov/prams/php/success-stories-data-to-action/west-virginia.html

[v] 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?v=mdhhs

[vi] Georgia Department of Public Health. (2023, July 12). *Georgia Pregnancy Risk Assessment Monitoring System (PRAMS).* https://dph.georgia.gov/PRAMS