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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 the Association of Maternal and Child Health Programs (AMCHP), 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).

AMCHP is the national nonprofit organization representing state and jurisdictional public health leaders who administer the Title V Maternal and Child Health (MCH) Services Block Grant in all 59 states and jurisdictions. Our members conduct population-level assessments, set priorities, plan services, and evaluate outcomes to improve the health of women, infants, children, and families. As the national organization representing state and jurisdictional programs that are the primary users and implementers of PRAMS, AMCHP is uniquely positioned to comment on the necessity, utility, and burden of this information collection.

AMCHP strongly supports OMB approval of the proposed extension of PRAMS data collection.

**Necessity and Practical Utility of PRAMS**

PRAMS is an essential, population-based surveillance system that provides state-specific, actionable data on women's experiences before, during, and after pregnancy. The

information collected through PRAMS has clear practical utility and supports the proper performance of state and federal maternal and child health functions. PRAMS data represent 81% of all U.S. live births. For many states, it is the only data source for MCH indicators such as infant safe sleep, preconception health, maternal stressful life events, hospital maternity practices, breastfeeding experiences and challenges, and prenatal and postpartum care quality and use. PRAMS has been collecting data on these MCH indicators for over 35 years. Currently, 46 states, two cities, and two territories participate in PRAMS.

PRAMS is a foundational component of MCH infrastructure, which states and jurisdictions rely on to meet ongoing statutory and programmatic responsibilities. Title V programs rely on PRAMS data to identify emerging issues, understand mothers' experiences and behaviors, establish priorities, and monitor progress. PRAMS data are routinely used to inform statewide Title V needs assessments, which guide five-year planning cycles and investment decisions. These assessments directly shape how states allocate resources, design programs, and coordinate across health care, public health, and community-based systems.

No other existing data source provides comparable, state-specific information on experiences prior to, during, and after pregnancy with the consistency, timeliness, and applicability for state decision-making.

### **Use of PRAMS for State and Federal Coordination and Planning**

PRAMS data support interagency coordination at both the federal and state levels, aligning CDC and the Health Resources and Services Administration (HRSA) and enabling coordinated planning among state agencies responsible for MCH programs. This includes, but is not limited to, the Title V MCH Services Block Grant's statutorily required statewide needs assessment and planning process.

PRAMS fills critical data gaps that cannot be addressed through vital records or administrative sources alone. It provides insight into maternal mental health, postpartum care and wellness visits, breastfeeding, infant safe sleep practices, housing stability, high quality maternity care, access to preventive services, and other maternal and infant health indicators central to improving MCH outcomes. Such data are used in national maternal health performance measures and in measuring public health progress toward Healthy People 2020 and 2030 objectives.

PRAMS indicators inform required Title V reporting and performance measurement and complement investments made by multiple federal agencies to address maternal mortality and morbidity, a growing crisis in the U.S. Many of these measures are unavailable elsewhere in a timely, state-specific, and comparable manner.

## **Continuity, Efficiency, and Respondent Burden**

The continuity of PRAMS data collection is essential to maximizing its value. States use PRAMS data to track trends, evaluate programs and policies, and respond to emerging public health challenges. Interruptions in data collection would undermine longitudinal analysis, weaken accountability, and limit timely decision-making. Continuous OMB approval allows states to maintain consistent systems, preserve institutional knowledge, and avoid inefficiencies associated with authorization gaps.

AMCHP recognizes the importance of minimizing respondent burden and ensuring information collection is efficient and proportionate. From the perspective of our members, the burden associated with PRAMS is reasonable and outweighed by its substantial public health value. States have integrated PRAMS into existing infrastructure and workflows, and the standardized methodology supports efficient data collection, analysis, and reporting across jurisdictions. For example, states routinely use PRAMS data on prenatal and postpartum visits and maternal mental health to align Title V planning with Medicaid policy and quality improvement efforts, supporting coordinated action without new reporting requirements or added respondent burden.

Over time, PRAMS has evolved in ways that have reduced burden while increasing utility. Through standardized instruments, refined sampling approaches, coordinated data collection schedules, and shared technical assistance across jurisdictions, states have integrated PRAMS more efficiently into existing public health operations. These improvements reflect lessons learned over the past 35 years since PRAMS' inception in 1987 and have helped minimize duplication, streamline administration, and ensure that respondent burden remains reasonable and proportionate.

Continuity of OMB approval also serves as a burden-reduction strategy. Stable authorization prevents administrative disruption, avoids duplicative system rebuilding, and ensures that prior federal and state investments continue to yield value. Continued PRAMS data collection strengthens coordination, enhances comparability across states, and improves the public value of federal investments.

## **Conclusion and Request for Approval**

From the perspective of state and jurisdictional leaders, PRAMS is a core public health asset. It enables states to listen directly to mothers, identify gaps, and translate data into action. Weakening or disrupting PRAMS would significantly impair states' ability to plan, respond, and improve maternal and infant health outcomes.

For these reasons, **AMCHP strongly urges OMB approval of the proposed extension of PRAMS data collection.** The information collected is necessary for the proper performance of public health functions, imposes a reasonable burden, and provides substantial and enduring benefit to states, jurisdictions, and the families they serve.

Thank you for the opportunity to comment. AMCHP and our members appreciate CDC's continued partnership and remain committed to supporting PRAMS as a strong, reliable, and actionable surveillance system for maternal and child health.

Respectfully submitted,

A handwritten signature in black ink that reads "Terrance E. Moore". The signature is written in a cursive, flowing style.

Terrance E. Moore  
Chief Executive Officer