FACT SHEET

THE IMPACT OF THE PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) ON MATERNAL AND CHILD HEALTH

INTRODUCTION

The United States has alarmingly high infant and maternal mortality rates compared to other high-income nations, with stark disparities due to racism and other forms of structural discrimination.[1] The Pregnancy Risk Assessment Monitoring System (PRAMS) was first developed in 1987 as a joint surveillance project between state, territorial, and local health departments and the Centers for Disease Control and Prevention (CDC) to reduce infant morbidity and collect state-specific data to inform researchers and local governments on emerging issues in maternal and child health.[2] In 2006, Congress enacted the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act which codified PRAMS into law.[3] PRAMS remains a critical source of data on the factors that contribute to maternal-infant outcomes and is essential for addressing the ongoing public health crisis related to maternal and infant mortality.[4] "PRAMS is active in 50 U.S. jurisdictions and represents over 80% of all live births in the United States."[5] However, this system faces significant threats because of changes in the federal government broadly and at the CDC specifically.[6]

RECENT CHANGES TO PRAMS UNDER THE TRUMP ADMINISTRATION

Recent changes under the second Trump administration have significantly affected PRAMS. The CDC's Division of Reproductive Health, which oversees the PRAMS database, has experienced notable staffing reductions, resulting in operational disruptions and suspension of data collection in some states.[7]

In April 2025, the entire CDC team responsible for managing PRAMS was placed on administrative leave prior to the release of 2023 data.[8] Without the CDC staff at the national level to gather, clean, and release the data many researchers

"PRAMS is the only data source that captures detailed information on maternal behaviors and experiences—such as prenatal and postpartum care, mental and physical health, lactation, housing, income, and education—making it a unique source of valuable data used to improve health outcomes and experiences of care. Importantly, PRAMS is not duplicative of other data collection efforts and covers 81% of all U.S. births." —JOB NATIONAL PARTNERHSIP FOR WOMEN AND FAMILIES

are faced with the challenge of consolidating the data and personally reaching out to the states for their data, a burdensome process on both researchers and state agencies.[9] With that context, researchers and advocates were unsettled by the CDC's announcement related to PRAMS data collection through the Federal Register in November 2025. As part of its continuing effort to reduce public burden and maximize utility of the government's information, the CDC allows public commenting on continuing information collection under the Paperwork Reduction Act of 1995 (PRA).[10] Under the PRA, federal agencies must obtain approval from the Office of Management and Budget (OMB) for conducting information collection.[11] The current OMB approval for PRAMS expires on March 31, 2026, and the CDC has requested a three-year extension of the data collection authority.[12] As part of that process, the CDC posted the opportunity for public comment, which ran from November 21, 2025, to January 20, 2026,[13] on the continuation of PRAMS in the Federal Register. With no action announced on the continuation of PRAMS yet and the evisceration of CDC's PRAMS staff, researchers and advocates remain concerned about the essential data collection and dissemination program.

By way of example of maternal health outcomes at the state level, in August of 2025, Mississippi declared a public health emergency due to rising infant mortality rates, which reached 9.7 deaths per 1,000 live births in 2024, the highest rate in more than a decade.[14] Despite the emergency declaration and with no explanation, Mississippi has suspended its PRAMS data collection, limiting the state's ability to gather essential data needed to evaluate maternal and child health programs and identify potential causes of and solutions to the increasing infant mortality rate.[15]

This fact sheet highlights the importance of PRAMS by reviewing commentary from various stakeholders in response to the request for comments.

IMPORTANCE OF PRAMS DATA FROM THE FIELD

The Federal Register request for comments on PRAMS elicited more than 400 comments from researchers, nonprofits, state health departments, hospitals, medical centers, and midwifery organizations. The comments provide insight from these various stakeholders about the importance of the information. This section provides an overview of the feedback submitted and breakdown of the major stakeholders' commentary. First, this will provide context for how researchers and universities have used PRAMS data to inform their scholarship. Second, this section will discuss the various nonprofits that find PRAMS important to their work. Next, hospitals, medical centers, and midwifery organizations submitted feedback on how PRAMS helps them work with their partners to improve outcomes. Finally, this section will conclude with a description of the states that have PRAMS specific programs or roles and a breakdown of the state and local health departments that submitted comments. Overall, these comments draw on numerous published studies, incorporate insight into PRAMS-specific roles at the state level, and underscore the importance of this data in many other ways. There was not a single comment in opposition to PRAMS.

RESEARCHERS AND UNIVERSITIES

Representatives from 17 universities submitted comments highlighting PRAMS as a critical data source for monitoring maternal and child health outcomes, supporting evidence-based policy, and enabling comparisons across states. These universities span across various parts of the country, from Tennessee to New York to Utah.

The University of Minnesota School of Public Health Division of Health Policy and Management comment stands out among the various university- and research-based comments submitted. Signed by four members of the University of Minnesota Rural Health Research Center Team, the comment emphasizes the importance

of the data in informing "peer-reviewed scholarship, state and federal policy discussions, and programmatic decision-making aimed at improving maternal and infant health outcomes in rural communities."[16] Furthermore, in the comment, they provide links to eight different peer-reviewed research publications they have produced with PRAMS data.[17] The comment states: "*Our own work at the University of Minnesota using PRAMS has contributed to evidence on rural-urban differences in maternal mental health, health behaviors, access to and quality of prenatal and postpartum care, and experiences during pregnancy and after birth. This body of research has informed peer-reviewed scholarship, state and federal policy discussions, and programmatic decision-making aimed at improving maternal and infant health outcomes in rural communities*."[18] This comment highlights the importance of PRAMS, especially in rural areas.

Another comment, from the Director of Strategy at Zero to Thrive at the University of Michigan, discusses how PRAMS is one of the only population-based data systems that captures breastfeeding, human milk feeding, and lactation experiences during postpartum.[19] Furthermore, the comment emphasizes: "*The state of Michigan uses PRAMS . . . data to monitor maternal/infant health, identify high-risk groups, evaluate programs (like WIC, Medicaid), develop policies for safe sleep/breastfeeding/oral health, and reduce disparities, informing MDHHS efforts to improve health for Michigan mothers and babies using state specific insights on experiences, behaviors, and healthcare access*."[20]

Overall, researchers at prominent universities throughout the country are using this data to better understand how to make positive changes in the maternal healthcare space. As one physician expressed, "[d]ismantling this system seems more of a political move than a sound scientific one and patients will suffer."[21]

NONPROFITS

National and local nonprofits focused on maternal and infant health have described PRAMS as an essential tool for improving outcomes, informing advocacy, and supporting public health goals. For example, the organization ZERO TO THREE, a national nonprofit founded more than 40 years ago with a mission of ensuring all babies have a strong start in life, expressed compelling support for the extension of PRAMS data collection.[22] The organization states that "*PRAMS offers critical insights that inform planning, accountability, and program improvement across maternal and child health systems at the state and national levels*."[23] The organization breaks down how certain states rely on PRAMS to identify needs by geography, insurance status, housing status, race and ethnicity, and income.[24] Examples include New Jersey, where local PRAMS informs the Healthy Women and Healthy Families Initiative; West Virginia, where PRAMS data is used to help make recommendation to the state's Opioid Response Plan for women with substance use disorder; and Michigan, where PRAMS data is used to inform guidelines that Michigan doctors and dentists use to ensure pregnant women are receiving proper oral care.[25]

Furthermore, nonprofit organizations such as Kansas Action for Children, Detroit Champions for Hope, Center for Maternal and Child Health Programs, Total Maternal Support, Family-Centered Taskforce, Save Texas Mom, emphasized the data collected by PRAMS is essential to perinatal, postnatal, and early childhood care. Several U.S. Breastfeeding Committees, such as Maine Breastfeeding Coalition, Kansas Breastfeeding Coalition, Oklahoma Breastfeeding Resource Center, highlight how PRAMS provides quality data into breastfeeding initiation, duration, and reasons for discontinuation. The Oklahoma Breastfeeding Resource Center at the University of Oklahoma Health Sciences Center explains how PRAMS data in Oklahoma over the years has "*contributed to the state's 24/7 breastfeeding hotline, access to breast pumps for Women, Infants, and Children (WIC) programs, funding and technical support to help hospitals achieve Baby-Friendly Hospital designation, and receipt of health department funding and other grants to provide professional training and lactation telehealth services statewid*e."[26]

HOSPITALS AND MEDICAL CENTERS

Commentary by hospitals and medical centers highlighted the importance of accurate data and uniform collection protocols to address the "alarmingly high rates of maternal mortality and morbidity, much of which is preventable."[27] The University of Texas Southwestern Medical Center is home to one of the largest Obstetrics and Gynecology Departments in the nation. The faculty at this medical center have authored various major textbooks in this area and serve complex patients in various settings. The doctor who submitted this comment is the Chief of the Division of Maternal-Fetal Medicine at the medical center. His comment provides a deeper understanding of the importance of PRAMS to doctors, policymakers, researchers, and others in developing targeted interventions to improve women's health.

Colorado Children's Hospital provides further insight into the importance of PRAMS to hospitals in collaboration with other organizations: "*The insights from PRAMS enable organizations like Children's Hospital Colorado and The Colorado Children's Campaign to evaluate and improve pregnancy outcomes in partnership with state agencies, lawmakers, funders, and other advocates*."[28] The Department of Obstetrics and Gynecology at Maimonides Medical Center in Brooklyn, New York, describes the importance of PRAMS in context with medical documentation, explaining that risk factors are often incompletely captured in routine medical documentation and PRAMS fills this gap by providing actionable perinatal data and capturing patients' lived experiences.[29] This is especially important for a large, urban medical center because they serve a highly diverse patient population and PRAMS gives the hospital a deeper understanding of outcomes and experiences across race, ethnicity, geography, and socioeconomic factors. While the researchers and universities section of this factsheet creates an appreciation of the need for PRAMS in rural settings where care may be much less accessible, this section highlights that PRAMS is equally important for urban areas. Overall, the comments various medical professionals and hospitals made show a universal need for PRAMS for patients to experience better outcomes.

MIDWIFERY ORGANIZATIONS AND INDIVIDUALS

Several midwifery organizations and individual midwives expressed strong support for the proposed extension of PRAMS as they believe that PRAMS plays a critical role in improving perinatal and infant health outcomes in the United States. The National Association of Certified Professional Midwives in their comment noted five main reasons for extending PRAMS: "1. Necessity and Practical Utility, 2. Accuracy of Burden Estimates, 3. Quality, Utility, and Clarity of Information Collected, 4. Minimization of Respondent Burden, 5. Assessment of Costs".[30] Furthermore, several other midwife organizations such as the National Association of Certified Professional Midwives- Georgia State Chapter, Community Roots Midwife Collective, American College of Nurse-Midwives, Maine Association of Certified Professional Midwives, and Midwives Association of Washington State, highlight that PRAMS captures live pregnancy experiences and offers one of the strongest sources of evidence for understanding why disparities exist because the data can be broken down by race, ethnicity, geography, income, and insurance status.

Furthermore, individual midwives expand on the position of midwifery organizations explaining that PRAMS empowers women who give birth and their infants. For example, Karen Ehrlich, a retired midwife, states "the information that this program will provide can only help growing families and the professionals who are intent on helping them navigate the minefields they encounter during their life transitions.[31] Stacy Vandenput, a midwife and archival scholar, shares her perspective of how PRAMS functions as a public health record of enduring value which allows for the preservation of voices and experiences across models and communities including those that fall outside the hospital system in regard to maternal and child health.[32] PRAMS data is

essential to midwifery organizations and midwives because it provides essential data for hands-on care and improved pregnancy and birth outcomes.

PRAMS SPECIFIC PROGRAMS

The chart in the next section outlines all the state and local departments of health that commented about the importance of PRAMS. In their comments, some of these departments shared that they have a whole role or team specifically focused on PRAMS analysis. Wanda Hernandez has been the Puerto Rico PRAMS Coordinator at the Puerto Rico Department of Health for ten years. She described the importance of PRAMS in the context of monitoring Title V Block Grant performance measures. As someone who has seen the importance of this data firsthand, she states in fear, *"[i]f PRAMS will not exist to compile this data, who will? It will cost more to the USA and to local government to eliminate PRAMS*."[33]

Other states have PRAMS specific positions, committees, and teams. Maine, for example, has a PRAMS Steering Committee. Rebecca Bussa, MPH, is a Maternal and Child Health Epidemiologist in Maine and a member of the committee. PRAMS is crucial to Bussa's role: "*In my role, I use PRAMS in our annual reporting of the Maternal and Child Health (MCH) Block Grant and in the MCH Block Grant Needs Assessment we conducted in 2024 and 2025, we provided PRAMS data to listening session participants (including MCH leaders, direct patient providers, and members of the public) so we could use the data, in combination with what participants were experiencing in the field, to decide the MCH priorities for 2026-2030*."[34] Colorado, South Carolina, and New Mexico also submitted comments about PRAMS-specific positions or teams.

STATE AND LOCAL DEPARTMENTS OF HEALTH

In the chart below, many states reference potential impacts to Title V funding and emphasize the importance of PRAMS. Title V refers to Title V of the Social Security Act, which authorizes federal Maternal and Child Health (MCH) Services Block Grant Program.[35] Originally enacted in 1935, it is the nation's oldest public health program aimed at improving the health of mothers, infants, children, and families.[36] In 2023, the Title V MCH Services Block Grant supported services for an estimated 59 million people – 94% of pregnant women, 98% of infants, and 59% of children nationwide, including children with special health care needs.[37] Title V funds help reduce infant deaths, expand access to quality health care services, deliver family-centered community-based care, and help set up toll-free hotlines so pregnant people with infants and children who are eligible for Medicare can apply for benefits.[38]

Every year states apply for Title V funding, and the federal government uses a formula to determine the grant amount based on the state's population size and need.[39] The Title V MCH Services Block Grant operates under a performance measurement framework to track needs and progress.[40] The framework includes three parts: national outcome measures and national performance measures, evidence-based strategy measures, and state performance measures.[41] As a condition of receiving Title V funds, states must conduct periodic needs assessments, report performance measures, and demonstrate data driven planning.[42] PRAMS supplies critical state-specific maternal health data used to apply for Title V funding, and states below emphasize the significant obstacle that could affect compliance with Title V reporting obligations and administration of Title V MCH Services Block Grant.

STATE CHART	
ALASKA	***The Alaska Division of Public Health Submitted for Comment.***[43] The Division discussed that Alaska uses the data to follow: • Early childhood wellbeing and school readiness • The 2009 PRAMS birth cohort and subsequent cohorts through childhood, adolescence, and early adulthood to understand child abuse and neglect • Health concerns important to Alaska, such as prenatal substance use, which are not tracked without PRAMS • The long-term impacts of legislative efforts such as the recent extension of postpartum Medicaid coverage from 60 days to 12 months
ARIZONA	***The Pima County Health Department Submitted for Comment.***[44] An employee at the Pima County Health Department stated: • PRAMS supports work at the county level by providing high level data on the county maternal health trends • Supports culturally competent healthcare initiatives • Guides interventions for vulnerable populations
CONNECTICUT	***The Deputy Commissioner at the Connecticut Department of Health Submitted for Comment.***[45] PRAMS provides: • Statewide perinatal data on maternal mental health, preconception health, infant safe sleep practices, interpersonal violence, and other priority issues • Information for grants, assessments, program design and evaluation, and policy decisions at both the state and federal levels • Data that has been translated into concrete public health action, including informing the Title V Maternal and Child Health Block Grant five-year needs assessment and State Action Plan; strengthening cannabis prevention efforts among pregnant and postpartum individuals; supporting statewide initiatives to reduce hypertension-related maternal morbidity and mortality; informing strategies to reduce sleep-related infant mortality; shaping Medicaid maternity payment reforms; and improving intimate partner violence training programs that reach health professionals and community providers statewide

DELAWARE	***The Director of the Delaware Department of Health and Social Services, Division of Public Health Submitted for Comment.***[46] In Delaware, PRAMS data has been used in many ways, including: • Fulfilling reporting requirements of the Title V Maternal and Child Health Block grant • Data to action to inform the work of the Delaware Healthy Mother and Infant Consortium (DHMIC) – a diverse group of stakeholders working together to reduce infant mortality in the State • Passing on question responses to the Breastfeeding Coalition of Delaware • Informing the Fetal and Infant Mortality Review Board to understand where gaps in care and intervention may occur and how to eliminate them, thereby reducing infant mortality • Track awareness of the fetal kick counts education project of DHMIC, which is another means of reducing infant mortality
ILLINOIS	***The Chicago Department of Public Health (CDPH) Submitted for Comment.***[47] The Department highlighted that PRAMS impacts the work of CDPH including: • Guiding the work of CDPH on safe sleep, maternal depression, post-partum care and breastfeeding promotion • Research on nationwide maternal health disparities • The annual evaluation of Chicago's universal nurse-home visiting program, Family Connects Chicago, providing a statewide benchmark for postpartum care follow-up • Informing statewide MCH Block Grant/ Title V needs assessments and annual reporting, which guides state-level decisions about maternal and infant health funding
KANSAS	***The Johnson County Department of Health and Environment Submitted for Comment.***[48] The Department discusses how PRAMS data plays a critical role in evaluation of maternal health programs and initiatives in the county. Examples included: • PRAMS data informs decisions related to breastfeeding programming, including the design and focus areas for lactation support services, allocation of resources for breastfeeding promotion and protection, and prioritization of populations experiencing variances in breastfeeding initiation and duration • PRAMS provides essential, population-based trend data on breastfeeding initiation, duration, and reasons for discontinuation, as well as related postpartum experiences from mental health to family support and more. These data complement administrative and clinical datasets and enable responsive monitoring of postpartum trends
MAINE	***An employee at the Maine Center for Disease Control Submitted for Comment.***[49]

	The employee emphasized: • Maine's infant mortality rate was the highest of all the New England states from 2015–2017 • PRAMS data helped Maine understand why Sudden Infant Death Syndrome/ Sudden Unexplained Infant Death was the third leading cause of infant death in Maine and how to address it
MARYLAND	***The Maryland Department of Health Submitted for Comment.***[50] The Department discussed how PRAMS data has played a key role in multiple interventions in the state, including: • Promoting awareness of dental care among pregnant women • Increasing awareness of infectious disease risk • Decreasing the rates of intimate partner violence during pregnancy by enhancing provider screening • Fulfilling the Maternal and Child Health Bureau Title V MCH Block Grant annual reporting requirements
MINNESOTA	***The Children and Youth with Special Health Needs and Disabilities Section of the Minnesota Department of Health Submitted for Comment.***[51] This information collection serves several critical public health functions by: • Identifying modifiable risk factors for birth defects, such as health status and health behaviors prior to pregnancy, pregnancy intention, behaviors and environmental exposures during pregnancy, and barriers to health care access, which can inform effective prevention strategies • Providing state-specific data that supports targeted interventions tailored to local populations and their unique risk profiles • Providing standardized measures to compare across states while allowing opportunities to focus on localized priorities, like Zika virus exposure and opioid use • Enabling trend analysis over time to evaluate whether public health initiatives are successfully reducing the incidence of birth defects • Supporting evidence-based policy development and resource allocation for maternal and child health programs
NEBRASKA	***The Nebraska Department of Health and Human Services Submitted for Comment.***[52] The Department provided various examples of PRAMS data usage in the state: • PRAMS data was used to identify maternal mental health and access to women's preventive care as Title V Maternal and Child Health Block Grant priorities for 2025-2030

	• "Nebraska PRAMS responded to more than eight professional researcher requests in 2025 and has already responded to two research requests in the first 10 days of 2026. These requests represent a range of need for self-reported, population-based public health data to inform efforts to improve maternal and infant health."[53]
NEW YORK	***The New York State Department of Health Submitted for Comment.***[54] The Department highlighted that PRAMS makes the following possible in New York: • The development of the state health improvement plan • The evaluation of emerging maternal and child health issues • Legislatively mandated reporting • The evaluation of Medicaid policies and initiatives • The evaluation of policy changes and implementation • "Enhancement of state maternal and child health data infrastructure through linkage of PRAMS data to administrative data sources, including hospital discharge data to improve perinatal outcomes related to maternal mortality, severe maternal morbidity and low-risk cesarean sections." • Development of public-facing maternal and child health data through the New York State PRAMS Dashboard • Academic collaborations that have resulted in numerous publications on maternal child health
NORTH DAKOTA	***North Dakota Health Department of Health and Human Services Submitted for Comment***[55] The Department highlights the following uses: • For North Dakota PRAMS is one of the only tools that captures maternal experiences before, during, and after pregnancy at a statewide level. • This "data is especially important in a largely rural state where access to care and services can vary widely and where the population sizes make it difficult to analyze trends using other data sources". • Integral to North Dakota's Title V Five-Year Needs Assessment and ongoing program planning. • For North Dakota's Title V program, PRAMS is not an optional or supplemental resource it is essential and the loss or reduction of PRAMS would substantially impart the state's capacity to conduct meaningful needs assessment and implementation of strategies to address maternal and child health priorities.
OKLAHOMA	***Ayers Danielle who works within the Oklahoma State Department Submitted for Comment***[56] Has reported the following observations: • PRAMS provides unique population-based data on maternal experiences before, during, and after pregnancy not available in any other surveillance system.

	• In Oklahoma the data is essential for Title V needs assessments and reporting, guiding public health programs, and informing researchers and policymakers • Discontinuation of PRAMS would create significant burdens and gaps in Oklahoma's methods of monitoring maternal and infant health.
OREGON	***Oregon Health Authority Submitted for Comment***[57] The Oregon Health Authority supports the extension of PRAMS: • Stating PRAMS helps in understanding preconception, pregnancy, postpartum health of Oregon families. • Oregon local health departments, tribal governments, policy makers, and researchers use PRAMS to assess the preconception through postpartum period • Rely on PRAMS to provide data on topics such as issues specific to rural and frontier health, mental health, smoking and substance abuse during pregnancy, stressors that could lead to adverse outcomes, oral health care, breastfeeding, and infant safe sleep. • Recently, in the state, a multiagency collaborative effort was made to produce material on infant safe sleep using PRAMS data. • Use PRAMS to give state specific data for Oregon's MCH Block Grant/Title V needs assessment and annual reports.
PENNSYLVANIA	***The Philadelphia Department of Health Submitted for Comment***[58] The City of Philadelphia, Department of Public Health explained: • The Philadelphia Department of Public Health's Division of Reproductive, Adolescent, and Child Health (ReACH), uses PRAMS to identify ways to improve health of mothers and their infants by reducing adverse outcomes. • ReACH uses PRAMS data to investigate behaviors and experiences that impact reproductive and child health, including prenatal and postpartum care, breastfeeding, infant secondhand smoke exposure, and substance use. • Highlights that PRAMS also includes information about issues for which national-level data is scarce, such as intimate partner violence during pregnancy and postpartum. • "ReACH has used PRAMS data to produce Philadelphia-specific reports on perinatal cigarette smoking, intimate partner violence, parental leave, sleep-related infant deaths, depression, and breastfeeding."
RHODE ISLAND	***The Rhode Island Department of Health PRAMS Program Submitted for Comment.***[59] The Rhode Island PRAMS Team highlighted that: • PRAMS is integral to Rhode Island's Title V Maternal and Child Health Block Grant activities • Collaboration among public health agencies in the state

	• "More importantly, PRAMS gives voice to individuals navigating pregnancy and the postpartum period, ensuring that services and interventions are responsive to lived experiences." • PRAMS allows their team to monitor trends, identify at-risk populations, evaluate program effectiveness, and demonstrate accountability for federal investments • "Without PRAMS, substantial gaps would exist in the state's capacity to address maternal and infant morbidity and mortality and to advance equitable health outcomes."
SOUTH DAKOTA	***South Dakota Department of Health, Secretary of Health Submitted for Comment*.**[60] The Department expressed appreciation of PRAMS and need for extension: • South Dakota has partnered with the CDC PRAMS project since 2017, gaining valuable information about health and experiences of mothers and infants before, during, after pregnancy. • PRAMS data from CDC is the state's only source for maternal and infant care information to help with planning, data-informed interventions, and reporting for federal grants. • PRAMS data is shared with various statewide partners in health care, public health, and tribal partners.
UTAH	***Utah Department of Health and Human Services Submitted for Comment*.**[61] The Department supports the recommendation to extend PRAMS: • The Department wants children to have safe, healthy environments and parents to feel confident that they can provide those environments. • Emphasizes that PRAMS data cannot be found in any other data sources. • The data helps make connections between behaviors and experiences and their birth outcomes, which then allow clinical providers to make interventions and policy makers to make changes to improve birth outcomes.
WASHINGTON	***Washington Department of Health Submitted for Comment*.**[62] The Department stated how PRAMS plays a vital role in public health decision making in Washington: • PRAMS data helps identify emerging needs and challenges faced by pregnancy and postpartum population • Informs interventions and policies to reduce maternal and infant morbidity and mortality • CDC support at national level provides "essential leadership and coordination". • Over the past years, the removal of publicly available PRAMS data has created significant barriers to data accessibility and administrative burdens on states.
WISCONSIN	***Wisconsin Department of Health and Human Services Submitted for Comment*.**[63] The Department highlighted how PRAMS elevated the voices of mothers to better understand and address family needs:

	• The Wisconsin Title V Maternal and Child Health program rely on PRAMS data to make informed decision around priority setting and evaluation for program progress • Local and Tribal health departments use PRAMS data • Wisconsin has a web-based survey which sampled mothers, the web-based feature allowed for response rates to increase from 56% in 2022 to 68% in 2023, sampled mothers received a $10 pre-incentive and those who completed received a $30 reward.
WYOMING	***The Maternal Child Health Epidemiology Program Public Health Division, Wyoming Department of Health Submitted for Comment*.**[64] The Department emphasized that PRAMS enhances utility, quality, and clarity: • PRAMS data has been collected in Wyoming for almost 20 years and widely used by Wyoming MCH Unit's Programs and other programs within Wyoming Department of Health. • CDC facilitates consistent analysis across participating states and jurisdictions, "without this consistency, certain Title V National Outcome and Performance measures...would not be available." • Without CDC collecting data, the burden on individuals and state health departments increases and leads to inconsistent burden across participating sites. • The CDC funds sites that distribute survey data and collect PRAMS data. Without funding sites would need to secure alternative funding sources to continue collecting PRAMS like data.

WHAT'S NEXT?

These comments highlight the plethora of uses for PRAMS data. To decide to take away such an important resource after the comments that were submitted would be unwarranted and leave state and county departments of health ill-equipped to handle important maternal health concerns. Many states highlighted the foreseeable impacts from an interruption in PRAMS data. For example, Johnson County, Kansas Department of Health and Environment highlights the foreseeable impacts:

> Because these data are not available elsewhere, they are vital to include in many of our programs that apply for grant funding, as well as in their deliverables to other interested parties and funders. Certain policy initiatives, such as increasing duration of breastfeeding, decreasing maternal mortality due to mental health, and increasing education around birth spacing to improve infant health outcomes, would not be possible to monitor and evaluate without PRAMS data. While administrative data would be utilized, these data do not indicate county wide trends, and such reliance potentially leads to data integrity issues spanning community wide programs as well as government programs.[65]

Moreover, states rely on PRAMS data to meet their Title V Grant deliverables and to support their applications for grant funding from philanthropic organizations. "What's next" for some states could be the loss of federal or philanthropic funding to support maternal and infant health if PRAMS data is unavailable.

Right now, the CDC does not need to take any action on PRAMS since the Federal Register announcement was not a substantive regulatory change. However, if the agency does propose changes that would limit PRAMS data collection and use in any way, these comments could serve as abundant evidence that those changes would be harmful and likely arbitrary and capricious in violation of the Administrative Procedures Act. With a docket of more than 400 comments 100% in favor of keeping PRAMS as is, any other result would be irrational.

Regardless of whether the CDC makes formal changes to PRAMS, the fact that the agency has eliminated much of the staff managing the program and has not released the 2023 data is concerning. Per the CDC's website as of March 2026, the PRAMS page states: "PRAMS ARF data requests are not currently being processed. Researchers wanting to analyze data can contact each site separately to request access to their data. Please email the point of contact or visit the website for each of these sites for more information."[66] Additionally, as with many federal agency websites, the CDC PRAMS pages carry this header: "Per a court order, HHS is required to restore this website to its version as of 12:00 AM on January 29, 2025. Information on this page may be modified and/or removed in the future subject to the terms of the court's order and implemented consistent with applicable law. Any information on this page promoting gender ideology is extremely inaccurate and disconnected from truth. The Trump Administration rejects gender ideology due to the harms and divisiveness it causes. This page does not reflect reality and therefore the Administration and this Department reject it."[67] Unfortunately, the "what's next" with respect to PRAMS is likely limited access to data, compromising research, interfering with the development of evidence-based policy, and ultimately harming pregnant people, infants, and families.

CONCLUSION

PRAMS data is extremely important to ensure that various stakeholders have the tools necessary to combat maternal and infant mortality rates and much more. However, the PRAMS team has experienced significant layoffs, and it is unclear if anyone is still working on the upkeep to maintain the data. After receiving clear and consistent comments in strong support of continuing PRAMS as is from states across the political spectrum, the federal government should understand the importance of this data to inform government, researchers, and healthcare providers and not see this as a political minefield.

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