



January 20, 2026

Center for Disease Control and Prevention
Information Collection Review Office
1600 Clifton Road NE
MS H21-8
Atlanta, Georgia 30329

Re: CDC-2025-0750; Proposed information collection project on Extension of Pregnancy Risk Assessment Monitoring System (PRAMS)

Submitted via regulations.gov

Dear Mr. Jeffrey Zirger,

The National Rural Health Association (NRHA) is writing to share our recommendation for the Center of Disease Control and Prevention's (CDC) request for the Office of Management Budget's approval of an Extension for the Pregnancy Risk Assessment Monitoring System (PRAMS), which is set to expire on March 31, 2026. We appreciate the CDC's continued commitment to improving access to maternal health in rural communities. NRHA strongly supports approval of the proposed extension of the PRAMS data collection through the Office of Management and Budget (OMB).

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

The unique landscape of rural maternal health.

Obstetrics care access is in decline throughout the United States, which is especially apparent in rural areas. Rural communities often face unique challenges in terms of maternal healthcare access, including difficulty in recruiting and retaining maternal healthcare workers and in maintaining and sustaining maternal healthcare infrastructure to keep obstetric services open. From 2010 to 2022, about 238 rural hospitals closed their obstetrics units, dropping the share of rural hospitals offering obstetrics care from 57% to 48%.¹ Loss of access to maternity services has negative impacts on rural populations. Pregnant individuals in rural areas are at higher risk for intensive care unit (ICU) admission and mortality than their urban counterparts.² Additionally, the

¹ <https://www.kff.org/health-costs/10-things-to-know-about-rural-hospitals/>

² <https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.307134>

infant mortality rate 2021 to 2023 was 27% higher in rural counties (6.45 infant deaths per 1,000 live births) compared with large metropolitan counties.³

The role of PRAMS in rural healthcare.

PRAMS serves an important and irreplaceable role for continuous, population-based maternal and child health data nationally. The data from PRAMS is used to inform public health programs serving rural populations including safe sleep education, intimate violence prevention, and other maternal and infant programs. For rural areas, this is even more critical because this is the sole source of standard data that many rural healthcare systems have access to with national comparison information. PRAMS helps identify the unique and specific risk factors rural populations face, monitors key indicators for maternal behaviors to help identify where gaps exist, forms program designs, evaluates policies to ensure effectiveness, and ensures rural representation in data for maternal and child health. There is a growing gap in maternal morbidity and mortality between women in urban and rural areas. To work towards elimination of rural maternal health disparities, data needs to be available to drive and evaluate these efforts. Thus, having a comprehensive, granular data set such as those provided from PRAMS contributes to the ability to identify needs, target interventions, and evaluate whether the outcomes improved for rural maternal health.⁴

Successful state-guided policy proposals using PRAMS.

PRAMS data is used by state government and local partners to drive policy proposals, needs assessments, and interventions to improve rural healthcare. Examples of states using PRAMS data to inform maternal health policies and guide solutions include:

- **Georgia:** A study in Georgia utilized PRAMS data sets to evaluate the local Healthy Start programs in two rural counties. This led to an enhanced approach for assessing the association between program participation and several important indicators of maternal and infant health. This study served as a pilot for the national Healthy Start evaluation that assessed the impact of the program using prospectively collected data from local programs, state vital records, and PRAMS. The information gathered from the success of this evaluation led to replication in other counties and states.⁵
- **Oklahoma:** Oklahoma did an evaluation using their PRAMS surveillance data, which was the first report to document urban and rural disparities between Oklahoma mothers with co-existing chronic health conditions. This led to recommendations to help improve state rural maternal health programming by taking into consideration the difference between urban and rural needs for women prior to conception.⁶

³ https://www.cdc.gov/nchs/products/databriefs/db534.htm#Key_finding

⁴ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9586468/#:~:text=Numerous%20reasons%20can%20account%20for,rural%20and%20urban%20pregnant%20woman.&text=The%20objective%20of%20this%20article,a%20midwestern%2C%20predominantly%20rural%20state>

⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10425706/#S14>

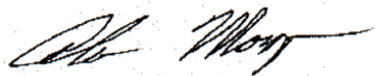
⁶ <https://oklahoma.gov/content/dam/ok/en/health/health2/documents/disparities-in-chronic-health-conditions-pramsgram-may-2019.pdf>

- **Minnesota:** Findings directly related to results from analyses using PRAMS data led to 18 key recommendations to improve rural obstetric care and influenced development of state Medicaid policies related to prenatal care in rural Minnesota.⁷

PRAMS is a critical surveillance system for maternal health that serves as a vital tool and database for maternal and infant mortality, particularly for rural health systems. It is crucial that this database continues to maintain key data that may inform policy development for rural maternal and infant health in the future.

NRHA appreciates the CDC's efforts to improve rural maternal healthcare and looks forward to continuing our work together. If you have any questions, please contact NRHA's Government Affairs and Policy Director Alexa McKinley Abel at amckinley@ruralhealth.us.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association

⁷ https://archive.cdc.gov/www_cdc_gov/prams/state-success-stories/Minnesota.html#:~:text=Based%20on%20the%20findings%20highlighted,about%20the%20role%20of%20doulas