

Comments in response to the Federal Register Notice


A 60-Day Notice was published in the Federal Register on August 31, 2018, Vol. 83, No. 170, pp. 44630-44631, with the title “Pregnancy Risk Assessment Monitoring System (PRAMS)” (**Attachment 2a**). CDC received four comments related to this notice. CDC did not provide a response to two comments because it fell outside of the scope of this information collection. Two other comments were sent to CDC by individuals outside of CDC, both of which were supportive. These two individuals commented on the importance of protecting the data provided by the women and provided suggestions as to further improve partnerships among agencies at global, federal, state, and local levels in regards to perinatal data collection and subsequent action

Standard Area/Topic	Comments	Date Received by CDC	CDC’s Response
Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility	Comment #1: Anonymous supportively commented that the information collection is a good idea as long as the information provided by women is not self-incriminating.	9/17/18	Thank you for your comment. Additional information addressing confidentiality of the data collected has been added to Supporting Statement A. A Certificate of Confidentiality provides additional protections to respondents for sensitive questions such as substance use. Section 301(d) of the Public Health Service Act (PHS) Act, which authorizes the use of Certificates, was amended by The 21st Century Cures Act amends Section 301(d) of the Public Health Service Act (PHS) Act and automatically issues Certificates to biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected such as PRAMS. Individuals participating in the PRAMS are informed that they do not have to participate and that they may refuse to answer any question. It also describes the protections and limitations of the Certificate of Confidentiality.
	Comment #2: Julie Babyar, RN, MPH supportively commented that she is grateful for CDC’s surveillance and offered suggestions of collaboration at federal, state, and local levels to standardize data and further enact action from the data collection, as well as developing partnerships globally.	10/26/18	Thank you for your comment. We actively collaborate with federal, state and local health agencies to ensure quality and timely data collection that can be used to inform and evaluate programs and policy.
	Comment #3:	10/26/18	Non-substantive comment (outside of scope of project).

	An Anonymous comment stating that the information collection is a waste of taxpayer money and instead the importance of RhoGAM shot and the impact on newborns from Rh-negative mothers should be examined.		
	Comment #4: An Anonymous comment stating his/her opinion on the current administration.	10/30/18	Non-substantive comment (outside of scope of project).



Document Details

Docket ID:	CDC-2018-0077 ↗
Docket Title:	þý The Pregnancy Risk Assessment Monitoring System 0920-16JO * ↗
Document File:	 HTML
Docket Phase:	Notice
Phase Sequence:	1
Original Document ID:	CDC-2018-0077-DRAFT-0002
Current Document ID:	CDC-2018-0077-0002
Title:	Comment from (Anonymous Anonymous) ↗
Number of Attachments:	0
Document Type:	PUBLIC SUBMISSIONS * ↗
Document Subtype:	↗
Comment on Document ID:	CDC-2018-0077-0001 ↗
Comment on Document Title:	þý The Pregnancy Risk Assessment Monitoring System 0920-16JO 2018-19014 ↗
Status:	Posted ↗
Received Date:	09/17/2018 * ↗
Date Posted:	09/20/2018 ↗
Posting Restriction:	No restrictions ↗
Submission Type:	Web
Number of Submissions:	1 *

Document Optional Details

Status Set Date:	09/20/2018
Current Assignee:	NA
Status Set By:	Burroughs-Stokes, Kenya LaTrice (CDC)
Tracking Number:	1k2-95hb-i5e2 ↗
Page Count:	1 ↗
Total Page Count Including Attachments:	1

Submitter Info

Comment: See attached file(s) *🌐

First Name: Anonymous 🌐

Last Name: Anonymous 🌐

ZIP/Postal Code:

Email Address:

Organization Name: 🌐

Cover Page: 

Submitter Info

Comment: As long as this information the women provide is not at all self-incriminating, I think this is a good idea. *🌐

First Name: Anonymous 🌐

Last Name: Anonymous 🌐

ZIP/Postal Code:

Email Address:

Organization Name: 🌐

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Document Optional Details

Status Set Date: 09/20/2018

Current Assignee: NCCDPHP2018FluorideControlRange

Status Set By: Public

Tracking Number: 1k2-95wk-xukf 🌐

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Submitter Info

Comment: See attached file(s) *🌐

First Name: Anonymous 🌐

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Docket Title:	þý The Pregnancy Risk Assessment Monitoring System 0920-16JO *
Document File:	
Docket Phase:	Notice
Phase Sequence:	1
Original Document ID:	CDC-2018-0077-DRAFT-0004
Current Document ID:	CDC-2018-0077-0004
Title:	Comment from (Julie Babyar)
Number of Attachments:	0
Document Type:	PUBLIC SUBMISSIONS *
Document Subtype:	
Comment on Document ID:	CDC-2018-0077-0001
Comment on Document Title:	þý The Pregnancy Risk Assessment Monitoring System 0920-16JO 2018-19014
Status:	Posted
Received Date:	10/26/2018 *
Date Posted:	10/29/2018
Posting Restriction:	No restrictions
Submission Type:	Web
Number of Submissions:	1 *

Document Optional Details

Submitter Info

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Comment:	CDC-2018-0077 October 26th, 2018 Thank you for the opportunity to comment on the renewal of PRAMS funding. I am grateful for the effort and science dedicated to new moms and babies through CDC surveillance. 1) I would love to see further action from the data collection, perhaps from state or local public health and perinatal hospital collaborations, perhaps from medical associations. It would be of benefit to know that PRAMS data has been acknowledged on an annual basis at the state and local level, with process improvement on the agenda.
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2) PRAMS data covers live births, and some of the collected information requires further data from all pregnancies for any local action to be considered. I believe reconvening with federal and state epidemiology may maximize how and what data should be collected. 3) I believe data collection in the perinatal period can be extremely redundant, especially for those seeking social services. Standardization of data collection is important. PRAMS should actively work with other federal programs and states to identify ways to maximize efficiency for the patients and the programs. 4) As perinatal data is utilized comparatively across countries, and perinatal data drives public health and private philanthropy abroad, I believe federal epidemiology programs should actively partner with global health in data collection and tracking standards. I believe PRAMS would be a wonderful way to forge that partnership and initiate stronger conversations on data, epidemiology and cross country collaboration. Thank you for the consideration, Julie Babyar, RN MPH *🌐


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Document Optional Details

Status Set Date: 10/29/2018

Current Assignee: NA

Status Set By: Burroughs-Stokes, Kennya LaTrice (CDC)

Tracking Number: 1k2-9679-lur4 🌐

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Cover Page: 



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Docket Title:	þý The Pregnancy Risk Assessment Monitoring System 0920-16JO *
Document File:	
Docket Phase:	Notice
Phase Sequence:	1
Original Document ID:	CDC-2018-0077-DRAFT-0003
Current Document ID:	CDC-2018-0077-0003
Title:	Comment from (Anonymous Anonymous)
Number of Attachments:	0
Document Type:	PUBLIC SUBMISSIONS *
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Comment on Document ID:	CDC-2018-0077-0001
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Posting Restriction:	No restrictions
Submission Type:	Web
Number of Submissions:	1 *

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Comment:	Absolute terrible idea and waste of taxpayer money. You already collect massive amounts of data relating to substance abuse disease. You will not gain in further knowledge, you will simply be able to put these young women in jail and put their children in Foster care. However may I suggest that you actually make a regulation as to the importance of the Rhogam shot forced upon RH negative mothers. And suggest instead of collecting more data on substance abuse by mothers, possibly collect data which you absolutely have none, about newborns,
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Whose mothers are RH negative, and the newborn is RH positive and how many babies have died within the 1st 2 months of their lives. You seem to have assumed that Rhogam shots are the cure all. I can assure you it is not, nothing is 100%. This is an issue that truly needs to be addressed. *🌐


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Status Set Date: 10/29/2018

Current Assignee: NA

Status Set By: Burroughs-Stokes, Kennya LaTrice (CDC)

Tracking Number: 1k2-966z-5x0v 🌐

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Document File:	 HTML
Docket Phase:	Notice
Phase Sequence:	1
Original Document ID:	CDC-2018-0077-DRAFT-0005
Current Document ID:	CDC-2018-0077-0005
Title:	Comment from (Anonymous Anonymous) ↗
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Comment on Document ID:	CDC-2018-0077-0001 ↗
Comment on Document Title:	þý The Pregnancy Risk Assessment Monitoring System 0920-16JO 2018-19014 ↗
Status:	Posted ↗
Received Date:	10/30/2018 * ↗
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Submission Type:	Web
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Comment:

I say let Trump be Trump. If President Tiny Hands wants to act like a sexist, misogynist patriarchal fool, that's his right. Anyway Trump's denigration of women is one of the few things he's honest and consistent about. He was a sexist porker in the 80's, and he's still one today. #PresidentTinyHands #OrangeDumbSicle *🗣️

First Name:

Anonymous 🗣️

Last Name:

Anonymous 🗣️

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