Attachment 3b

Table of Contents

I. Summary of Public Comments and CDC Response

Public Comment Subject	Number of Comments	CDC Response
Support for PRAMS (contact information provided)	344	Greetings, Thank you for your comments concerning the CDC 60-Day Federal Register Notice for OMB No. 0920-1273 Pregnancy Risk Assessment Monitoring System (PRAMS). We appreciate your comments in support of the program and will give them careful consideration. For further information regarding the unique mission of CDC, please refer to our website at www.cdc.gov. Thank you for your interest.
Support for PRAMS (contact information was not provided)	32	CDC unable to respond.
Support for PRAMS (no name or contact information provided)	43	
Total comments	419	

II. Emailed or Mailed Public Comments

Public Comment #1

From: Von Esenwein, Silke <silke.von.esenwein@ku.edu>
Sent: Thursday, January 8, 2026 10:55 AM
To: OMB-Comments (CDC) <omb@cdc.gov>
Subject: Foreseeable Impacts of PRAMS Disruption or Discontinuation

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Any disruption or discontinuation of the Pregnancy Risk Assessment Monitoring System (PRAMS) would substantially impair the ability of states and jurisdictions to monitor breastfeeding and human milk–feeding practices beyond the immediate hospital stay. Without PRAMS, states would lose one of the only population-based data sources that captures postpartum experiences, limiting the capacity to assess duration and exclusivity of breastfeeding, identify disparities across populations, and understand barriers to continued lactation support. The absence of PRAMS data would directly affect program design and service delivery. For example, states would be unable to identify which communities experience early breastfeeding cessation, tailor lactation support programs to populations with the greatest unmet need, or evaluate whether investments in peer counseling, workplace accommodations, or community-based lactation services are reaching those most impacted. Program improvements would be based on incomplete or outdated information, reducing efficiency and weakening accountability for equity-focused initiatives.

Maintaining continuity in PRAMS data collection is essential to preserving the integrity of maternal and infant health surveillance nationwide. Continued investment in PRAMS ensures that policymakers, public health agencies, and communities retain access to timely, reliable, and equity-relevant data needed to guide evidence-based decision-making, allocate resources effectively, and improve maternal and infant health outcomes.

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

Sincerely,

Silke von Esenwein, PhD
Associate Researcher, Senior
University of Kansas Center for Public Partnerships and Research
1617 St. Andrews Dr, Lawrence, KS 66047
Silke.von.esenwein@ku.edu
cppr.ku.edu | Facebook |

Public Comment #2

NEWmorning

803.929.0088
1501 Main Street
Suite 150
Columbia, SC 29201

www.newmorning.org

December 12, 2025

Mr. Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS H21-8
Atlanta, Georgia 30329

RE: Public Comment regarding Docket No. CDC-2025-0750

Dear Mr. Zirger:

New Morning is a 24-year-old, nonprofit organization that coordinates a statewide network of more than 125 nonprofit health clinics working collaboratively to improve maternal and infant health outcomes in South Carolina --- a state that continues to be challenged by high rates of maternal mortality, infant mortality, domestic violence, and child abuse. For decades, we have relied heavily on data from the Centers for Disease Control and Prevention's **Pregnancy Risk Assessment Monitoring System (PRAMS),** which your agency and the South Carolina Department of Public Health made publicly accessible through the agencies' websites *until recently*.

PRAMS data has been a reliable, credible resource and critical to evaluating public health needs, developing or improving programs to address those needs, and measuring outcomes and progress over time. PRAMS captures demographics, health insurance, prenatal care access, breastfeeding, tobacco/e-cigarette use, contraceptive use, whether pregnancies were unintended (mistimed or unwanted), postpartum depression and infant health.

PRAMS provides the crucial, detailed information needed to understand and improve the health of mothers and babies in the U.S. and in individual states, informing everything from public education to public health initiatives to clinical practices.

I implore the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention to fully support and fully fund the continuation of PRAMS data collection and the publishing of publicly accessible data in order that New Morning and thousands of other public health-serving organizations and public health researchers will be able to utilize this data for the public good.

Sincerely,

Bonnie Kapp, President and CEO

Public Comment #3

From: Von Esenwein, Silke <silke.von.esenwein@ku.edu>
Sent: Thursday, January 8, 2026 10:55 AM
To: OMB-Comments (CDC) <omb@cdc.gov>
Subject: Foreseeable Impacts of PRAMS Disruption or Discontinuation

Any disruption or discontinuation of the Pregnancy Risk Assessment Monitoring System (PRAMS) would substantially impair the ability of states and jurisdictions to monitor breastfeeding and human milk–feeding practices beyond the immediate hospital stay. Without PRAMS, states would lose one of the only population-based data sources that captures postpartum experiences, limiting the capacity to assess duration and exclusivity of breastfeeding, identify disparities across populations, and understand barriers to continued lactation support.

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

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University of Kansas Center for Public Partnerships and Research
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III. Public Comments Submitted to Regulations.Gov

1. https://www.regulations.gov/document/CDC-2025-0750-0001
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