Re: Comments on Proposed Extension of the Pregnancy Risk Assessment Monitoring System (PRAMS)

Docket No. CDC-2025-0750

FASD United appreciates the opportunity to submit a comment regarding the Centers for Disease Control and Prevention's (CDC) proposed extension of the Pregnancy Risk Assessment Monitoring System (PRAMS), as noticed for public comment under the Paperwork Reduction Act (PRA). FASD United urges the Office of Management and Budget (OMB) to approve continuation of this public health information collection.

FASD United is a national nonprofit organization committed to reducing prenatal alcohol exposure and improving outcomes for individuals and families impacted by fetal alcohol spectrum disorders (FASD). Along with many other organizations working in the FASD and prenatal alcohol exposure (PAE) and prenatal substance exposure (PSE) space, FASD United relies on high-quality, population-based maternal and child health surveillance to inform prevention strategies and program design, while helping quantify the return on investment from various interventions.

I. PRAMS Data is Necessary and Not Available from Other Sources

PRAMS is implemented across 50 participating sites and, according to CDC, covers approximately 81 percent of all live births in the United States.[1] Significantly, data collection methodology is identical across all sites, allowing for essential comparisons analysis. Extending PRAMS will allow for this continue.

PRAMS provides anonymized data not otherwise available through vital records, administrative claims, or clinical reporting alone. This system was designed to enhance information from birth certificates in order to support maternal and infant health program planning, monitoring, and evaluation. These characteristics make PRAMS one of the only tools capable of capturing maternal experiences across the full perinatal period at both statewide and national levels.

[1] Centers for Disease Control. (2024). Participating PRAMS sites. https://www.cdc.gov/prams/php/participating-states/index.html

This includes information on prenatal and postpartum care utilization, maternal physical and mental health, and alcohol and substance use during pregnancy. Alcohol and substance use during pregnancy directly influence maternal and child health outcomes, and this anonymized date is needed to address maternal substance use disorders (SUD) and FASD. As a result, PRAMS fills a critical and non-duplicative role in the national maternal and child health data infrastructure.

II. PRAMS Has Practical Applications and Supports Cost-Effective Interventions

PRAMS is expressly intended to support the planning and evaluation of maternal and infant health programs and policies. This includes interventions with demonstrated public health effectiveness and cost benefits.

Alcohol Screening and Brief Intervention

A review of clinical preventive services found that alcohol screening and brief intervention and referral for treatment (SBIRT) have a health systems benefit-cost ratio of $4-$5 for every $1 spent. PRAMS data are used to assess alcohol use during pregnancy, assess gaps in care and prevention, and track changes over time, all of which impact the effectiveness and cost-saving nature of interventions like SBIRT.

Protection Against Adverse Birth Outcomes

Preventing adverse birth outcomes is not only an important public health goal, but it also reduces economic burden. The annual economic burden associated with preterm births in the United States is $25.2 billion.[2]Similarly, an analysis estimates an annual cost between $24,000-$45,000 per person with FASD (amortized over lifetime), including healthcare, education, justice, productivity, and child welfare costs.[3] This strongly suggests that the utilization of pregnancy monitoring with the goal of fostering healthy pregnancies has a significant role to play in reducing high-cost outcomes.

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[2] Waitzman, N. J., Jalali, A., & Grosse, S. D. (2021). Preterm birth lifetime costs in the United States in 2016: An update. *Seminars in perinatology*, *45*(3), 151390. https://doi.org/10.1016/j.semperi.2021.151390

[3] Greenmyer, J. R., Klug, M. G., Kambeitz, C., Popova, S., & Burd, L. (2018). A Multicountry Updated Assessment of the Economic Impact of Fetal Alcohol Spectrum Disorder: Costs for Children and Adults. *Journal of addiction medicine*, *12*(6), 466–473. https://doi.org/10.1097/ADM.0000000000000438

Prenatal Alcohol Exposure and FASD-related Outcomes

Research focused on individuals with FASD has found that early identification prior to age six is associated with a two-to four-fold increase in the likelihood of avoiding adverse life outcomes, like involvement with the justice and child welfare systems.[4] PRAMS does not diagnose, but its data is used to identify higher risk groups and measure progress towards maternal and infant health goals.

Substance Use Disorder Treatment During Pregnancy

A 2025 analysis of Medicaid claims found that, among pregnant women with an opioid use disorder, application of any form of treatment or intervention was associated with a reduced risk of fetal death.[5] PRAM's self-reported data shines a light on behaviors throughout pregnancy and supports our understanding of gaps relevant to screening, treatment access, and maternal-infant outcomes.

Together, these examples demonstrate that PRAMS supports interventions with documented public return on investment and substantial potential for cost avoidance relative to the modest burden of data collection.

III. Burden-Conscious Methods

CDC describes PRAMS as employing standardized data collection procedures that allow for comparisons across jurisdictions while permitting limited site-specific customization. PRAMS samples are drawn from birth certificate files and use mixed-mode data collection, including mail, telephone, and web-based response options, with follow-up contacts to improve response rates. These methods are consistent with PRA objectives to enhance data quality and utility while minimizing respondent burden through appropriate use of information technology.

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[4] Fleming, L., Sheridan, C., Waite, D., Klug, M. G., & Burd, L. (2023). Screening for fetal alcohol spectrum disorder in infants and young children. *Advances in drug and alcohol research*, *3*, 11125. https://doi.org/10.3389/adar.2023.11125

[5] Karakus, M., Welch, R., Tucker, M., Rao, T., Lee, P., Ilie, C., & Ghose, S. S. (2025). Associations between maternal opioid use disorder treatment and pregnancy outcomes. *Journal of perinatology : official journal of the California Perinatal Association*, 10.1038/s41372-025-02480-1. Advance online publication. https://doi.org/10.1038/s41372-025-02480-1

IV. Monitoring Supports Authorized Programs

Population-level pregnancy monitoring and support are essential to fully understand maternal and child health outcomes and to protect against future costly adverse life outcomes. CDC states that PRAMS is designed to identify groups at higher risk, monitor changes over time, and measure progress toward maternal and infant health goals. PRAMS functions as a public health surveillance system, not an enforcement or individual-level monitoring mechanism, and supports systems-level improvements rather than punitive responses.

On December 1, 2025, Part O of Title III of the Public Health Service Act (42 U.S.C. § 280f et seq.) was amended through enactment of the SUPPORT for Patients and Communities Reauthorization Act (H.R. 2483)**.** That legislation included Section 104, "Support for Individuals and Families Impacted by Fetal Alcohol Spectrum Disorder," reauthorizing federal programs focused on FASD prevention, services, and research.

As these authorized programs are implemented, PRAMS will allow them to be more effective and more cost-beneficial by providing population-level data on maternal experiences and behaviors, including the amount and timing of alcohol use during pregnancy**,** that are not otherwise available at scale. These data are essential for identifying needs, monitoring trends, evaluating reach, and ensuring responsible stewardship of federal investments.

V. Conclusion

CDC's Federal Register notice describes PRAMS as providing data not otherwise available, supporting identification of higher-risk populations, monitoring change over time, and informing maternal and infant health program planning across jurisdictions covering the majority of U.S. births. For FASD United and many other organizations working in the FASD and prenatal alcohol exposure space, PRAMS is an essential resource that enables evidence-based programming, cost-effective implementation of authorized federal initiatives, and responsible use of public funds.

Thank you for the opportunity to comment.