

VIA ELECTRONIC TRANSMISSION

March 16, 2026

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

Re: Proposed Data Collection Submitted for Public Comment and Recommendations (CDC-2026-0005)

Dear Mr. Zirger,

The Center for Reproductive Rights (“the Center”) submits this comment in response to the Notice by the Centers for Disease Control and Prevention’s (“CDC’s” or the “agency’s”) “Proposed Data Collection Submitted for Public Comment and Recommendations” (“Notice”), issued on January 13, 2026, which invites comment on a proposed information collection project titled Maternal Mortality Review Information Application (“MMRIA”).¹

Since 1992, the Center has used the power of law to advance reproductive rights as fundamental human rights worldwide. Our litigation and advocacy over the past 33 years have expanded access to reproductive health care around the nation and the world. We have played a key role in securing legal victories in the United States, Latin America, Sub-Saharan Africa, Asia, and Eastern Europe on issues including access to life-saving obstetrics care, contraception, safe abortion services, and comprehensive sexuality information. We envision a world where every person participates with dignity as an equal member of society, regardless of gender; where every person is free to decide whether or when to have children and whether or when to get married; where access to quality reproductive health care is guaranteed; and where everyone can make these decisions free from coercion or discrimination. In addition, the Center’s Maternal Health & Rights Initiative promotes the human rights of pregnant, birthing, and postpartum people in the United States. Harnessing the power of law, policy, and strategic advocacy, the Initiative seeks to improve access to safe and respectful maternal health care for all who need it, and to ensure that all people have an opportunity to attain the highest standard of maternal health possible for themselves.

As an organization committed to advancing policies that uphold reproductive rights as fundamental human rights, including the right to available, high quality, accessible, acceptable reproductive health care,² we believe MMRIA is an essential tool, central to maintaining the data

¹ Proposed Data Collection Submitted for Public Comment and Recommendations, 91 Fed. Reg. 1,318 (Jan. 13, 2026) [hereinafter “Notice”].

² Committee on Economic, Social and Cultural Rights (ESCR Committee), General Comment No. 14: The right to the highest attainable standard of health (Art. 12), (22nd Sess., 2000), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at 80, para.12 (a)-(d), U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008); ESCR Committee, General Comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social, and Cultural Rights), U.N. Doc. E/C.12/GC/22 (2016).

and infrastructure necessary to ensure states are able to address and prevent maternal mortality in the United States. The Center strongly supports the CDC’s effort to seek approval for the continuation of MMRIA.

I. Background

MMRIA is the standardized, secure data system used by state and local Maternal Mortality Review Committees (“MMRCs”) to abstract, document, and analyze information related to pregnancy-related deaths.³ Established to promote consistent, high-quality case review across states, MMRIA facilitates standardization in the processes and definitions that MMRCs use.⁴ MMRCs, which are multidisciplinary bodies of state and local stakeholders, conduct comprehensive reviews of pregnancy-associated deaths to determine whether a death was pregnancy-associated or pregnancy-related, identify contributing factors, assess preventability, and develop actionable recommendations.⁵ Through comprehensive case review, the committees examine factors that contributed to an individual’s pregnancy-related death, which can include clinical and non-clinical factors such as delays in diagnosis, gaps in care coordination, implicit bias, transportation barriers, insurance coverage interruptions, mental health and substance use disorders, intimate partner violence, and other social determinants of health.

Furthermore, through CDC’s Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (“ERASE MM”) program, MMRIA enables states to contribute to a national understanding of pregnancy-related mortality while preserving the confidential, deliberative nature of individual case reviews.⁶ MMRIA provides MMRCs with a standardized, centralized system to support their activities, and maternal health stakeholders across the country benefit from a system that allows for the aggregation and analysis of data from multiple states and the identification of national trends. The data and trends can then inform policy and support funding for programs designed to address the various factors of maternal mortality across the nation.⁷

II. MMRIA is Necessary to Address the U.S. Maternal Mortality Crisis

The United States continues to experience a maternal mortality crisis, with most of the deaths deemed preventable by health experts, and with persistent racial and geographic disparities in outcomes.⁸ Specifically, Black and Indigenous women and birthing people are three to four times

³ MATERNAL MORTALITY REVIEW COMMITTEE GUIDES AND TOOLS, CTRS. FOR DISEASE CONTROL & PREVENTION (May 21, 2024) <https://www.cdc.gov/maternal-mortality/php/mmrc/guides-tools.html>; ENHANCING REVIEWS AND SURVEILLANCE TO ELIMINATE MATERNAL MORTALITY, CTRS. FOR DISEASE CONTROL & PREVENTION (Aug. 7, 2024) https://www.cdc.gov/maternal-mortality/php/erase-mm/index.html#cdc_generic_section_2-erase-mm-participants-across-the-nation.

⁴ ABOUT THE DATA: MMRIA, CTRS. FOR DISEASE CONTROL & PREVENTION (Aug. 22, 2025) <https://www.cdc.gov/maternal-mortality/php/data-research/mmria-methods/index.html>

⁵ ENHANCING REVIEWS AND SURVEILLANCE TO ELIMINATE MATERNAL MORTALITY: SUPPORT FOR MMRCs, CTRS. FOR DISEASE CONTROL & PREVENTION (Aug. 7, 2024) https://www.cdc.gov/maternal-mortality/php/erase-mm/index.html#cdc_generic_section_1-support-for-mmrcs.

⁶ ENHANCING REVIEWS AND SURVEILLANCE TO ELIMINATE MATERNAL MORTALITY, CTRS. FOR DISEASE CONTROL & PREVENTION (Aug. 7, 2024).

⁷ Cassandra Jaramillo, “We Want to Save This Investment”: Advocates Race to Secure Maternal Health Funding Before It Runs Out, PROPUBLICA (Aug. 8, 2024) <https://www.propublica.org/article/maternal-mortality-erase-mm-funding-cuts>.

⁸ What Is the U.S. Maternal Health Crisis?_CTR. FOR REPROD. RTS. (Oct. 9, 2025) <https://reproductiverights.org/resources/what-is-the-u-s-maternal-health-crisis/>; Eugene Declercq and Laurie C. Zephyrin, *Maternal Mortality in the United States, 2025*, THE COMMONWEALTH FUND (Jul. 29, 2025) <https://www.commonwealthfund.org/publications/issue-briefs/2025/jul/maternal->

more likely to die from pregnancy-related causes than white women, according to the most recent year for which data is available.⁹ Vital records, such as death certificates, can provide demographic data, signal that a death occurred during or after pregnancy, and list a cause of a death. However, they may contain inaccuracies, and they do not identify or address the clinical, systemic, social, or structural factors that may have also contributed to a death.¹⁰

MMRCs, supported by MMRIA, are uniquely positioned to evaluate direct and underlying causes of maternal death and to propose solutions. MMRIA ensures that case abstraction and review are conducted using standardized definitions and data elements, promoting comparability across jurisdictions, and facilitating aggregation of findings at the national level.¹¹ It provides a structured framework that allows comprehensive factors to be documented systematically and analyzed across cases.¹² By enabling reviewers to identify patterns in causes of death, contributing factors, and opportunities for prevention, MMRIA allows public health stakeholders to glean insights and promote opportunities for action.¹³ Recommendations developed by MMRCs routinely inform state policy changes, clinical quality improvement initiatives, Medicaid coverage extensions, perinatal mental health programs, and community-based interventions.¹⁴ The continuation of MMRIA is therefore directly tied to the ability of states to implement evidence-based strategies to prevent future deaths.

III. MMRIA Supports Accountability, Quality Improvement, and Health Equity

MMRIA not only supports case documentation but has helped promote accountability and transparency in addressing the various factors that contribute to maternal mortality through the standardization and categorization of causes of death, contributing factors, and levels of preventability.¹⁵ This allows states, localities, and the CDC to produce aggregate reports that identify leading causes of pregnancy-related death and disparities across populations.¹⁶ Because MMRIA captures both clinical and non-clinical contributing factors, it can be particularly helpful for identifying areas where states can support or advance policies that promote health equity.¹⁷ Without this structured, case-level review system, these contributing factors would remain invisible in traditional mortality statistics. Furthermore, MMRIA supports

[mortality-united-states-2025.](#)

⁹ DATA FROM THE PREGNANCY MORTALITY SURVEILLANCE SYSTEM, CTRS. FOR DISEASE CONTROL & PREVENTION (Dec. 18, 2025) https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/?CDC_AAref_Val=https%3A%2F%2Fwww.cdc.gov%2Fmaternal-mortality%2Fphp%2Fpregnancy-mortality-surveillance%2Findex.html&cove-tab=1.

¹⁰ Brianne M. Posey and Melanie-Angela Neuilly, *A Sentinel Among Sentinels: The Importance of Maternal Mortality Review Committees in Post-Dobbs United States*, 34 J. OF WOMEN'S HEALTH 780, 780-88 (Jun. 2025) <https://doi.org/10.1089/jwh.2024.0640>.

¹¹ MATERNAL MORTALITY REVIEW COMMITTEE LOGIC MODEL, CTRS. FOR DISEASE CONTROL & PREVENTION (May 15, 2024) <https://www.cdc.gov/maternal-mortality/php/mmrc-logic-model/index.html>; .

¹² PREGNANCY-RELATED DEATHS: DATA FROM MATERNAL MORTALITY REVIEW COMMITTEES, CTRS. FOR DISEASE CONTROL & PREVENTION (Aug. 22, 2025) <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/index.html?cove-tab=0>.

¹³ Posey and Neuilly, *supra* note 10.

¹⁴ Tanesha Mondestin, *Can MMRCs Do More to Inform State Medicaid Maternal Health Efforts?*, GEO. CTR. FOR CHILD. AND FAM. (Nov. 9, 2023) <https://ccf.georgetown.edu/2023/11/09/can-mmrcs-do-more-to-inform-state-medicaid-maternal-health-efforts/>.

¹⁵ Shannon Emmett, *Why Are States Trying to Bury the Truth About Preventable Deaths of Pregnant Women?*, INST. FOR WOMEN'S POL'Y RSCH. (Feb. 14, 2025) <https://iwpr.org/why-are-states-trying-to-bury-the-truth-about-preventable-deaths-of-pregnant-women/>.

¹⁶ DATA FROM THE PREGNANCY MORTALITY SURVEILLANCE SYSTEM, *supra* note 9.

¹⁷ Posey and Neuilly, *supra* note 10.

consistency in review quality across states by providing standardized data definitions, coding guidance, and analytic tools. This consistency strengthens the reliability of findings and enhances the utility of national reports, which are relied upon by policymakers, researchers, advocates, and clinicians. Because MMRIA translates individual case insights into actionable, data-driven strategies, the CDC should continue to support and maintain the program as a core component of its efforts to address and prevent maternal mortality and morbidity.

IV. Conclusion

MMRIA is an indispensable component of the nation's maternal mortality prevention infrastructure. It equips state MMRCs with the tools necessary to conduct critical standardized data reviews, identify preventable factors that contribute to maternal mortality in the U.S., and generate actionable recommendations to save lives.

Furthermore, the value of MMRIA depends on robust federal coordination and technical assistance. CDC plays a central role in maintaining the data platform, providing guidance to states, ensuring data security, harmonizing definitions, and facilitating national analysis. Any reduction in federal staffing, technical capacity, or funding that undermines MMRIA would have significant downstream consequences for state MMRCs. While the data collection through MMRIA and analysis through MMRCs leave room for further growth, standardization, and improvement, without adequate support, states may face delays in data entry, diminished analytic capacity, reduced comparability across jurisdictions, and slower dissemination of findings.¹⁸ At a time when maternal mortality remains a pressing public health crisis, weakening the infrastructure that supports prevention efforts would be counterproductive and harmful.¹⁹

The Center strongly supports the continuation of MMRIA and appreciates the opportunity to comment on this Notice. The Center urges CDC to not only continue MMRIA, but also to ensure that sufficient staffing, funding, and technical support are maintained to preserve the system's integrity, timeliness, and accessibility. If you require any additional information about the issues raised in this letter, please contact Vandana Ranjan, Senior Federal Policy Adviser, Maternal Health, at vranjan@reprorights.org.

Signed,

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Center for Reproductive Rights

¹⁸ Tegan Callahan, et al., *Enhancing Reviews and Surveillance to Eliminate Maternal Mortality*, 30 J. WOMEN'S HEALTH 1068, 1068–1073 (Aug. 2021) <https://pmc.ncbi.nlm.nih.gov/articles/PMC11071661/>; Jaramillo, *supra* note 7.

¹⁹ Jaramillo, *supra* note 7.