



# Maine Permanent Commission on **THE STATUS OF WOMEN**

## **Issue Brief: Keep Maine Families Healthy by Supporting Continued Access to Data about Maternal and Child Health**

The Maine Permanent Commission on the Status of Women (MePCSW) is deeply committed to advancing opportunities and life outcomes for the full spectrum of Maine women and girls. MePCSW Commissioners are very concerned about the wide range of federal staffing and funding cuts that have a disproportionately negative impact on women and girls in Maine. **This issue brief is part of an ongoing effort by the Maine Permanent Commission on the Status of Women (MePCSW) to ensure that lawmakers and the public have the information they need to understand and address emerging challenges. It is not an endorsement of one important program over another, but an invitation to support and improve our systems so they serve all Maine residents.**

The Maine Permanent Commission on the Status of Women (MePCSW) aims to provide accessible and timely information about the status and life outcomes of women and girls in Maine. **MePCSW's work relies on publicly available data sets like the Pregnancy Risk Assessment Monitoring System (PRAMS) – an important source of knowledge about maternal and child health in Maine.** PRAMS is a joint state-federal research project that surveys people who recently gave birth. In Maine, PRAMS is used to inform programs and services statewide, and it collects information on an on-going basis to monitor trends and identify emerging issues for Maine families.



Maine has worked with federal partners to administer the PRAMS survey since it was created in 1987. PRAMS data provides vital information for policymakers as they seek to prevent maternal and infant mortality and support the wellbeing of Maine families. PRAMS is the primary source of information about people's experiences around the time of pregnancy and the only source of information for many health issues affecting maternal and infant health.

**Due to recent federal staffing cuts and funding delays, the future of PRAMS is uncertain.** MePCSW sees this as a critical time for Maine policymakers to support the continued existence of this foundational information source about women and families in our state.<sup>10</sup>

# Applications of PRAMS in Maine

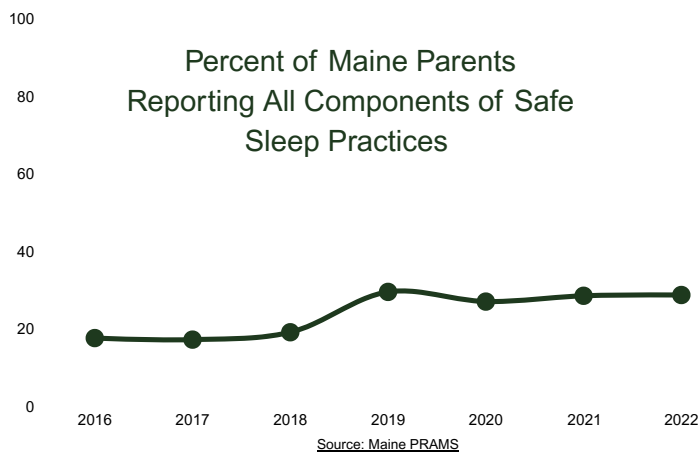
## Learn more about the impacts of PRAMS data across the state:

- 1. Policy change:** In Maine, PRAMS data have been used to inform policy changes to MaineCare reimbursement for smoking cessation, changes to insurance for hospital stays postpartum, increasing MaineCare coverage to one year postpartum, and advocating for Maine's Paid Family and Medical Leave Act.
- 2. Public awareness:** PRAMS data have been used to assess public awareness about eating mercury-contaminated fish, shaken baby syndrome, lead paint risk, and the Maine Supplemental Nutrition Program for Women, Infants, and Children (WIC).

*"PRAMS data is currently our most extensive source of information on how patients experience our health care system... it really is the tool that elevates the patient voice in our state."* – Emily Watson, Perinatal Outreach Coordinator at Maine Medical Center<sup>1</sup>

- 3. Assessing progress:** PRAMS data have been used to assess progress towards the Maine CDC's Maternal Child Health Program's Title V goals, including increasing mental health screening and access for pregnant and postpartum people, increasing safe sleep practices, and increasing the prevalence of breastfeeding.<sup>1</sup>

*"PRAMS is Maine's only statewide source of data on many critical indicators of maternal and infant health, including infant safe sleep practices, self-reported mental health, and pregnancy intention... PRAMS data are truly essential to our ability to perform our core function as MCH epidemiologists."* – Fleur Hopper and Rebecca Bussa, Epidemiologists with the Maternal and Child Health Program at the Maine CDC<sup>1</sup>

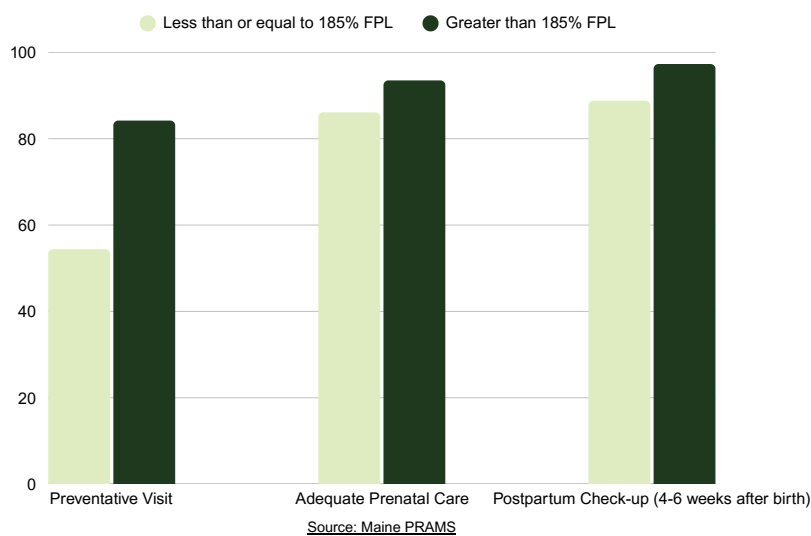


In 2017, Maine had the highest rate of infant deaths in New England. Sleep-related deaths were the third leading cause of infant deaths and are largely preventable with safe sleep practices. Since Maine's Safe Sleep Campaign in 2019, PRAMS shows more Maine birthing parents are reporting safe sleep practices, but there is more work to do.

- 4. Investigating issues:** PRAMS data has been used to investigate how the social drivers of health impact maternal and child health behaviors and outcomes in Maine.<sup>2</sup>

*"The Maine State Breastfeeding Coalition uses PRAMS every year to update our Coalition on rates of breastfeeding as well as reasons why people choose not to breastfeed or why they stop if they started... Tracking trends is so important to know where resources and education have been impactful, and where they should be targeted going forward."* – Kara Kaikini, Executive Director of the Maine State Breastfeeding Coalition<sup>1</sup>

Health Care Visits in the Perinatal Period by Income



PRAMS data from 2016-2020 shows that in the year before becoming pregnant, 54% of parents with lower incomes had a preventative visit compared to 84% of parents with higher incomes. Parents with lower incomes were also less likely to have adequate prenatal care (86% vs. 93%) and less likely to have a postpartum checkup (89% vs. 97%) compared to parents with higher incomes.<sup>6</sup>

## Recommendations

Earlier this year, the federal team that supports PRAMS at U.S. CDC was laid off amidst widespread federal staffing cuts. There have already been interruptions to data collection and analysis at the federal level, and it is unclear whether Maine can expect a renewal of PRAMS funding when current funds run out on April 30, 2026. **MePCSW offers the following policy recommendations to ensure a path forward for PRAMS in Maine:**

**1. Appropriate \$175,000 of state funding for Maine PRAMS** to a special revenue account so the program can continue operating if federal funds for PRAMS are not renewed. This reflects the current level of funding that Maine PRAMS receives annually as federal grant funds from the U.S. CDC. Should federal PRAMS funding continue, these state funds could be used to build on current PRAMS infrastructure with additional data collection, for example conducting the Postpartum Assessment of Health Survey<sup>9</sup> or administering an early childhood survey like Alaska's.<sup>5</sup>

**2. Collaborate with other states in the absence of federal coordination.** PRAMS sites, including Maine, have been meeting regularly since January 2025 to plan for the continued operation of PRAMS as a national data source in the absence of federal support. Maine should continue to maintain a presence in multi-state efforts to promote coordination (for example, maintaining a standardized survey questionnaire) and cross-state learning.<sup>3</sup>

### 3. Invest in alternate data collection methods that are tailored to Maine's population needs.

Support community-led data gathering and invest in coordination between community-led efforts and mainstream public health systems. These investments could provide an opportunity for Maine to address current limitations of PRAMS, such as having a small sample size and being available only in English. Similar programs exist in places like Philadelphia<sup>8</sup> and California.<sup>7</sup> Often these programs partner with in-state universities, which could be an additional opportunity for Maine.<sup>4</sup>

**4. Look for opportunities to communicate the importance of PRAMS at the federal level.** Federal funding and infrastructure are key for a coordinated and cohesive data collection program. Centralized coordination allows for the information learned from PRAMS to be aggregated at the national level and to be comparable across states.

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For additional information, visit Maine PRAMS at [www.maine.gov/dhhs/prams](http://www.maine.gov/dhhs/prams) or U.S. CDC PRAMS at [www.cdc.gov/prams](http://www.cdc.gov/prams).

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