

October 14, 2026

The Honorable Erica Schwartz, MD, MPH, JD

Director

Centers for Disease Control and Prevention

1600 Clifton Road NE,

Atlanta, GA 30329

cc: The Honorable Robert F. Kennedy Jr., Secretary, Department of Health and Human Services; Carolyn Greene, MD, Acting Director, NCHS; Djenaba Joseph, MD, MPH (CAPT, USPHS), Acting Director, National Center for Chronic Disease Prevention and Health Promotion; Wanda Barfield, MD, MPH, FAAP, Director, Division of Reproductive Health

Dear Director Schwartz,

Congratulations on your recent confirmation. We appreciate your commitment to data integrity and transparency and for acknowledging that abortion surveillance is “an absolutely critical component of what the CDC is currently doing” alongside the agency’s surveillance of maternal mortality. We believe women should be provided with excellent healthcare, starting with accurate public health information.

Within CDC, the National Center for Health Statistics tracks annual maternal mortality via the National Vital Statistics System (NVSS) as a reporter to the World Health Organization (WHO), while the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and the Division of Reproductive Health (DRH) operate the Pregnancy Mortality Surveillance System and Abortion Surveillance System.

The U.S. maternal mortality ratio (MMR), calculated per the WHO definition as the number of maternal deaths per 100,000 live births and produced by the NVSS, fails to include a denominator reflective of all pregnancy outcomes. Abortion reporting remains voluntary and early pregnancy losses are undercounted. Under these conditions, ratios weighed against live births alone cannot reflect the risk women face in any given pregnancy outcome.

We are not asking the CDC to end using the WHO definition of MMR but instead recommend that the current MMR metric be used primarily as an international comparator. A multi-metric model of maternal mortality better serves the agency’s mission to protect American health.

Attached is a policy brief, *Improving Maternal Mortality Statistics for Public Health: Multi-Metric Models and Abortion Surveillance*. We request that NCHS, NCCDPHP, and the DRH review it and that your office consider three actions already within CDC's authority:

1. **Publish an annual multi-metric U.S. maternal mortality dashboard** that includes metrics for deaths per total pregnancies, deaths per live births, and outcome-specific mortality ratios to better ascertain the risk of all pregnancy outcomes and improve the ability to develop better informed consent resources for women and their healthcare providers.
2. **Expand voluntary abortion reporting elements** requested from the states to include abortion provider and facility, type of abortion, abortion drug lot number, location of abortion (in-facility or home), and anonymized prior physical and mental health conditions which could have complicated the pregnancy. No patient-identifying information should ever be requested. By increasing reporting elements, the CDC can increase the data input for mortality systems.
3. **Complete and release the 2025 abortion surveillance report** that was paused last fall. Abortion surveillance by the CDC is essential to informing public policy and regulation, increasingly so post-*Dobbs v. Jackson Women's Health Organization*, where states do not uniformly regulate abortion. Women in the U.S. cannot provide informed consent to abortion without accurate, up-to-date abortion data.

We believe these discrete actions will increase the quality of data and reporting relating to maternal mortality and abortion and request a meeting to brief your office and the CDC officials within these divisions.

For technical inquiries or follow-up regarding the brief, please contact Gavin Oxley, Director of External Affairs & Media Strategy for Americans United for Life.

Sincerely,

John Mize
CEO, Americans United for Life

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