



R Sheet On Birth Control Access in New Jersey

Background

Maternal mortality is a pressing concern in the United States. Currently, the United States has the **highest** maternal mortality rate when compared with other high-income countries. The severity of the issue varies from state to state. New Jersey, specifically, has the **fourth highest** maternal mortality rate in the country.

To address the issue, New Jersey introduced a multifaceted program in 2021 called **Nurture New Jersey**. This plan includes many reforms targeted at improving maternal outcomes, such as home-visit programs for postpartum mothers; training and technical support for health care providers; and community-level educational campaigns for minorities.

Beyond the high maternal mortality rate, recent data shows that **44 percent of pregnancies** in New Jersey are unwanted or wanted later. The **leading causes** of such pregnancies in the United States are not using contraception or using it incorrectly. In New Jersey, **33 percent of women** who could become pregnant are not using contraception.

Research shows that **increased contraceptive use** can lead to a decreased incidence of pregnancy and a subsequent decrease in the risk of maternal morbidity and mortality. While Nurture New Jersey **recognizes contraceptive access** as being a tool for improving outcomes, state decision-makers should also consider allowing pharmacists to prescribe hormonal contraception directly to qualified patients. The pharmacy access model, which a number of states now allow, can make hormonal contraception easier to access and use. This, in turn, can lead to **lower rates** of unintended pregnancy and maternal mortality.

Current Debate

States are increasingly adopting the pharmacy-access model. Twenty-three states and the District of Columbia have **authorized pharmacists to prescribe** hormonal birth control like the pill and patch. The increasing popularity of this model is based on decades of research showing that hormonal birth control is relatively **low risk** for the majority of the population. Research

Summary

- New Jersey has the **fourth highest maternal mortality rate** in the nation.
- While the state is coordinating a multifaceted program to address this issue, it has yet to follow the lead of many other states and allow pharmacists to prescribe birth control.
- Allowing pharmacists to prescribe birth control is a proven solution to reduce unintended pregnancy and its downstream effects.

has also demonstrated that individuals who have contraindications that would render hormonal birth control unsafe are able to [self-screen adequately](#).

This research has led organizations like the [American College of Obstetricians and Gynecologists](#) and the [American Academy of Family Physicians](#) to advocate for hormonal contraception like the pill to be available over the counter, without prescription. However, removing the prescription barrier altogether is a federal issue, so states have taken it upon themselves to find other ways to reduce regulatory barriers to birth control, like with the pharmacy-access model.

Maternal mortality is a complex issue with multiple [socioeconomic and health-related factors](#) that lead to pregnancy complications and maternal death. For example, in New Jersey, maternal mortality is not equitably distributed; Black women's risk of maternal mortality is [seven times greater](#) than white women's risk. This is due to a [variety of factors](#), such as racial disparities in health care access and treatment, and contributes to the difficulty in addressing the issue. The [medical community](#) supports authorizing pharmacists to prescribe birth control, which can increase access to contraception and help decrease unintended pregnancies and maternal mortality. Additionally, states have reported [positive outcomes](#) from this model.

Action Items

Because the maternal mortality rate in New Jersey remains one of the highest in the nation, legislators should consider preventive solutions beyond those in the Nurture New Jersey program to reduce the rate of unintended pregnancy, such as supporting pharmacists' ability to prescribe hormonal contraception. Increasing access and use of contraceptives leads to lower rates of pregnancies, which in turn reduces the risk of pregnancy-related mortality.

For several years, New Jersey policymakers have introduced pharmacy-access bills in both the [Assembly](#) and the [Senate](#), but the bills have historically stalled. Policymakers concerned with the state of maternal mortality and unintended pregnancies in New Jersey [should usher in](#) the pharmacy-access model to improve New Jersey's maternal health outcomes.

Maternal Mortality is Not Equitably Distributed In New Jersey

Black women's risk of maternal mortality is

7x
greater

than white women's risk.

Contact Us

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