Navigating Women's Health: Missouri

By Sophia Heimowitz and Courtney Joslin

February 2024

PROJECT FOR WOMEN AND FAMILIES

SUMMARY

Missouri has a complex history regarding reproductive and maternal health care. Family-planning clinics across the state offer contraceptive services, and nonprofit initiatives provide local services that promote maternal and infant health. However, when compared to the national landscape, Missouri is still failing women on a number of crucial metrics including high rates of unintended pregnancy, low doctor-to-patient ratios, and poor maternal health and pregnancy metrics.

Here, we explore the progress made, review ongoing challenges, and offer policy recommendations to boost women's health outcomes in Missouri.

CURRENT PROGRAMS

PUBLICLY FUNDED FAMILY PLANNING CENTERS

Family-planning clinics provide health care services like contraceptive counseling, annual wellness exams, and basic infertility services to women throughout Missouri. These publicly funded centers have been found to reduce unintended pregnancy as well as the incidence and impact of sexually transmitted infections, infertility, and cervical cancer. In addition, they ultimately save taxpayer money. Total reported expenditures for publicly funded programs in 2015 (the latest data available) was just over $48 million. That same year, these clinics averted over $127 million in pregnancy and birth-related costs.

THE RIGHT TIME INITIATIVE (TRT)

An initiative of the Missouri Foundation for Health since 2019, TRT has made strides toward ensuring Missourians are pregnant by choice rather than by accident. Offering quality, comprehensive, free or low-cost contraceptive services for underinsured women, TRT served nearly 40,000 clients in over 60,000 clinical visits across the state in 2022.

BOOTHEEL BABIES AND FAMILIES

Bootheel Babies began as a community-focused intervention to address poor maternal and infant health outcomes. Dedicated to reducing infant mortality in the Bootheel region of Missouri, the initiative has had significant success. Since Bootheel Babies began in 2019, the infant mortality rate in the region has dropped from 9 percent in 2010 to less than 3.4 percent.

PUBLICLY FUNDED FAMILY PLANNING CENTERS

In 2015, publicly funded programs averted **$127+ million** in pregnancy and birth-related costs.

THE RIGHT TIME INITIATIVE (TRT)

In 2022, nearly **40,000** clients were served across the state.

BOOTHEEL BABIES AND FAMILIES

Since its 2019 beginning, **infant mortality** has declined. **9.0%** → **3.4%**

ONGOING CHALLENGES

MATERNAL AND INFANT MORTALITY: Missouri ranks 44th out of 50 states in maternal mortality, with a significant proportion of deaths considered preventable. According to a report by the Missouri Department of Health and Senior Services, Black women are three times more likely to die within one year of pregnancy than white women, and women on Medicaid are 10 times more likely to die than women on private insurance. Though Missouri's infant mortality rate has gone down—from 6.35 deaths per 1,000 live births in 2018 to 5.85 in 2020—it is still higher than the national rate of 5.44.

UNINTENDED PREGNANCY RATES: In 2020, 43.5 percent of pregnancies in Missouri were unintended, compared to a national rate of 39.6 percent. Further, Missouri ranks 38th in teen birth rates, with 17.1 births per 1,000 teens aged 15 to 19.

PHYSICIAN ACCESS: As of 2020, Missouri had only 721 practicing OB-GYNs—one for every 8,512 people. Seventy-nine counties have no practicing OB-GYNs, and 83 percent of all counties have fewer than three. Primary care access may not be significantly easier, as Missouri ranks 25th in active primary care physicians per 100,000 people, at 241.2. Additionally, despite steadily decreasing, the number of uninsured women still demands attention. In 2021, 1 in 8 women of reproductive age (15-44) were uninsured, further ensuring physician access difficulties.

BIRTH CONTROL USE AND ACCESS: In 2017, 69 percent of Missouri women used at least one form of contraception. However, of those at risk of unintended pregnancy, 42 percent used the least-effective method or none at all. Over 374,000 women in Missouri live in contraceptive deserts without reasonable access to a full range of contraceptive products, making them much more likely to forgo contraception or use a less-effective method.

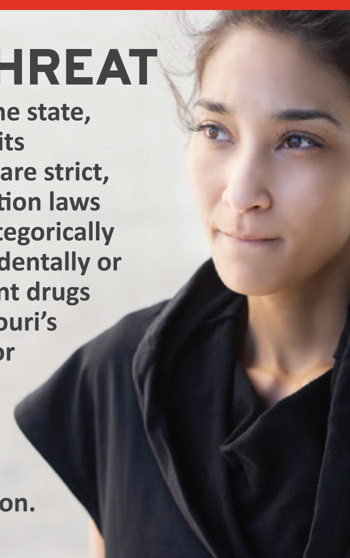
ACTIONABLE RECOMMENDATIONS

LET PHARMACISTS PRESCRIBE CONTRACEPTION: In about half of all states, pharmacists can now prescribe contraception to patients directly. In regions where primary care is especially hard to come by, pharmacists are often the most regular touchpoint patients have with a health care provider. The consultation for birth control is straightforward, and pharmacists are well equipped to provide it. Preliminary research on this model has shown it can reduce unintended pregnancy—and associated insurance costs—while increasing contraceptive use.

ENACT A CONTRACEPTION CARVE-OUT: A simple but effective way to clear up confusion is to add a single line to state statutes that specifically exempts all Food and Drug Administration-approved birth control from abortion laws. Some states, including Kentucky, Texas, and Louisiana, have already taken this approach. Contraceptive carve-outs like these help secure women's and health care providers' trust that birth control is completely legal and accessible in their state.

PASS "RIGHT TO CONTRACEPTION" LEGISLATION: An alternative option is to enact affirmative legal protection for contraception, which 13 states have done as of October 2023. About half passed these laws after the *Dobbs v. Jackson* decision in June 2022, but many had enshrined legal or constitutional protection for contraception well before 2019.

AN IMMEDIATE THREAT



Though birth control is legal across the state, Missourians are still confused about its availability. Missouri's abortion laws are strict, with few exceptions. And while abortion laws and contraception laws should be categorically distinct, poorly written ones can accidentally or intentionally include non-abortifacient drugs and medical procedures. When Missouri's abortion ban went into effect, a major hospital system stopped providing Plan B—an emergency contraceptive available over the counter for more than 20 years—due to concern that dispensing it could result in legal action.

CONCLUSION

Missouri has pressing women's health concerns, but several legislative actions can contribute to better outcomes. Continuing support for family-planning clinics and public services will help keep the state's unintended pregnancy rate and public health care costs down. Further, allowing pharmacists to prescribe contraception will likely lead to greater rates of contraceptive use—and thus, fewer unintended pregnancies. Finally, to eliminate confusion over contraceptive legality, the legislature can enact a right to contraception or pass language that carves out contraception from any abortion laws.

FOR ADDITIONAL INFO CONTACT:

Sophia Heimowitz
Research Associate
Project for Women and Families
sheimowitz@rstreet.org

Courtney Joslin
Resident Fellow and Senior Manager
Project for Women and Families
cjoslin@rstreet.org