

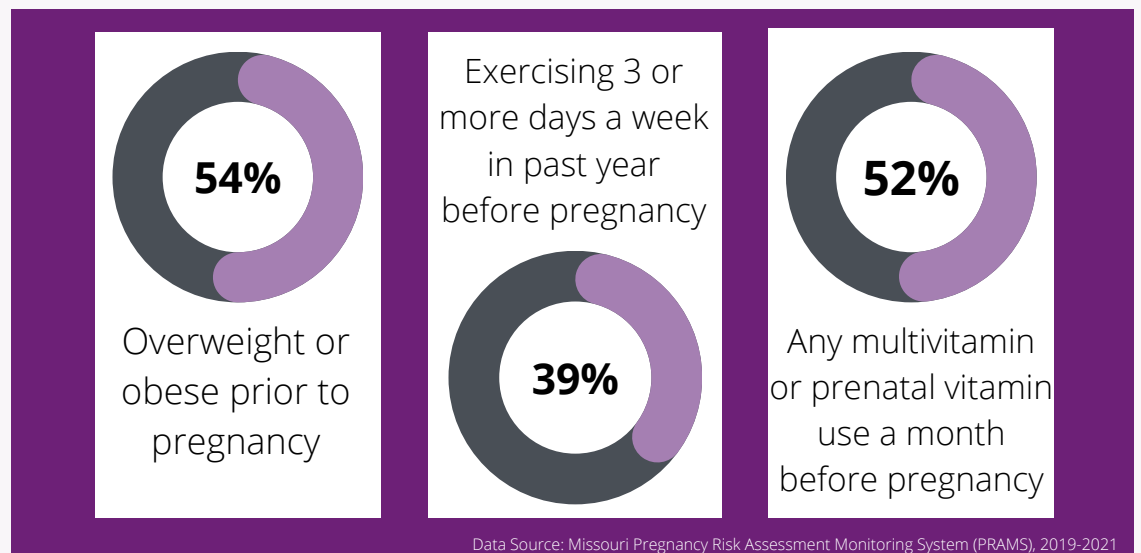


Missouri Title V Facts: **Pregnancy & Delivery Care**

Background

Good health before and during pregnancy is one of the best ways to promote a healthy delivery for mother and baby. Prenatal care includes the health care that a pregnant woman receives during her pregnancy to monitor the progression of the pregnancy. Prenatal care in a broader sense may additionally encompass such varied services as mental health care, dental care, and physical therapy, if they are needed. When women receive prenatal care, it offers the opportunity to connect with a care team, ask questions, discuss concerns about the health of herself or her baby, and ensure mental and physical well-being during pregnancy and delivery. It also represents a chance for medical providers and others to connect mothers to resources or treatments to improve social, behavioral, or physical outcomes for themselves, their children, and their families. High-quality, coordinated prenatal care, culminating in delivery at a level appropriate facility, can have lasting effects on the health of mother and baby.

Preconception Health



People who are overweight or obese have a higher risk for many serious conditions, including complications during pregnancy, heart disease, type two diabetes, and certain cancers (endometrial, breast, and colon).² People who are underweight are also at risk for serious health problems.³ Folic acid is a B vitamin. If a woman has enough folic acid in her body at least 1 month before and during pregnancy, it can help prevent major birth defects of the baby's brain and spine.⁴ Of women who did not take a prenatal vitamin in the month before pregnant, over half stated that it was due to not planning to get pregnant.⁵



Planned Pregnancies

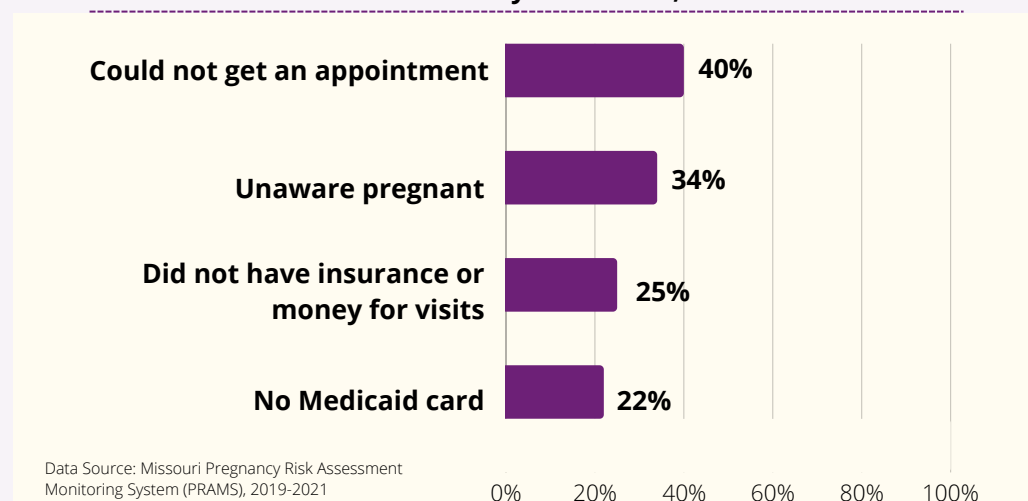
Children resulting from intended pregnancies tend to have better health at birth and improved long term health outcomes when compared to children resulting from unintended pregnancies.⁶ While the proportion of pregnancies which were unplanned or undesired continues to fall in Missouri, it remains higher than the national average (40% in 2021).⁵ The frequency of unplanned pregnancies among Missouri's Black population (averaging 67% between 2016-2021) is significantly higher than among the white population (41%). Women less than 20 years of age are also significantly more likely to report that their pregnancies were unplanned or unwanted than were women in older age categories (20-29, and 30+). Among women living in households with combined incomes less than \$20,000, 70% of pregnancies were unwanted or unplanned as compared to 25% of unintended pregnancies among women in the over \$60,000 income category.⁵



Prenatal Care Adequacy

Research indicates that women who receive no prenatal care are almost three times more likely to give birth to an infant preterm than women who receive prenatal care.⁷ The proportion of births to women receiving no prenatal care has nearly tripled since 2009, from 0.76% to 2.14%, representing more than 1,400 births in Missouri in 2020.⁸ An even larger proportion of pregnant women received inadequate prenatal care. Prenatal care adequacy is assessed across two dimensions: timely entry into care and number of prenatal care visits. In Missouri, 17% of women received inadequate prenatal care in 2020. Prenatal care was considered inadequate for 40% of women with prenatal care paid through MO HealthNet (Medicaid) but only 10% for those not receiving Medicaid.⁸

Top Barriers for Women who Could Not Get Prenatal Care as Early as Wanted, 2019-2021

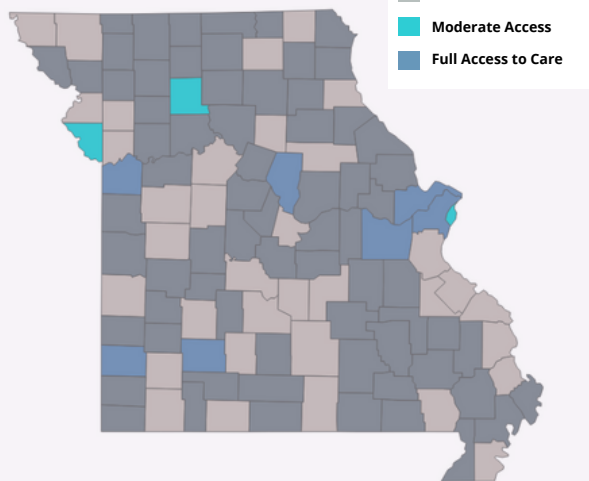


Data Source: Missouri Pregnancy Risk Assessment Monitoring System (PRAMS), 2019-2021

Delivery Care

Long travel times to hospitals and a lack of medical providers continue to pose a challenge in Missouri, particularly in rural regions of the state. Maternity care deserts are counties in which access to maternity health care services is limited or absent, either through lack of services or barriers to a woman's ability to access that care within counties.⁹ A maternity care desert is any county in the United States without a hospital or birth center offering obstetric care and without any obstetric providers.¹⁰ Risk-appropriate perinatal care is associated with decreased morbidity and mortality among mothers and their babies. Risk-appropriate care may address the needs of the mother (levels of maternal care) or infant (levels of neonatal care).¹¹ Despite the potential impact on birth outcomes, some

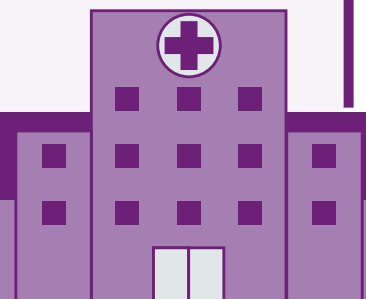
Maternity Care Deserts in Missouri by County, 2020-2021



Health Resources and Services Administration, 2020-21.

women experience difficulty accessing risk appropriate care due to limitations of finances, insurance, or physical access. In Missouri in 2021, very low birth weight (VLBW) infants (infants with weight less than 1500g, or approximately 3.3 pounds) were delivered in a risk-appropriate facility at a rate of 89 per 100 live births.⁸ The remaining 11% born in level I or II hospitals are over 50% more likely to die before discharge than those born at level III+ facilities.⁷ Level inappropriate care can also increase risks for the mother, such as increased rates of cesarean deliveries (C-sections) and increased maternal morbidity. C-sections, can prevent injury and death in women who are at higher risk of complicated deliveries or have unexpected complications. C-sections can also prevent injury and death in their newborns. However, C-sections are linked to increased risk of infections and blood clots, and many women who aren't at higher risk for delivery complications get unnecessary C-sections.¹² Various evidence-based strategies aimed at hospitals and health care providers can help reduce C-sections in low-risk women.¹³ Healthy People 2030 includes an objective to reduce cesarean births among low-risk women, both with and without a prior cesarean birth, to 23.6%.¹⁴ The 2021 rate in Missouri was 30.2%.¹⁵

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