#WeCount report, April 2022 to June 2025
Released: December 9, 2025

#WeCount is a reporting effort that aims to capture national shifts in abortion volume, by state and month, following the *Dobbs v Jackson Women's Health Organization* Supreme Court decision to overturn Roe v Wade. This report includes data from April 2022 to June 2025.

For media inquiries, please contact SFP@ConwayStrategic.com.

For questions about #WeCount and information on how to enroll your practice, please contact WeCount@SocietyFP.org.

Please use the citation below to cite this #WeCount report.

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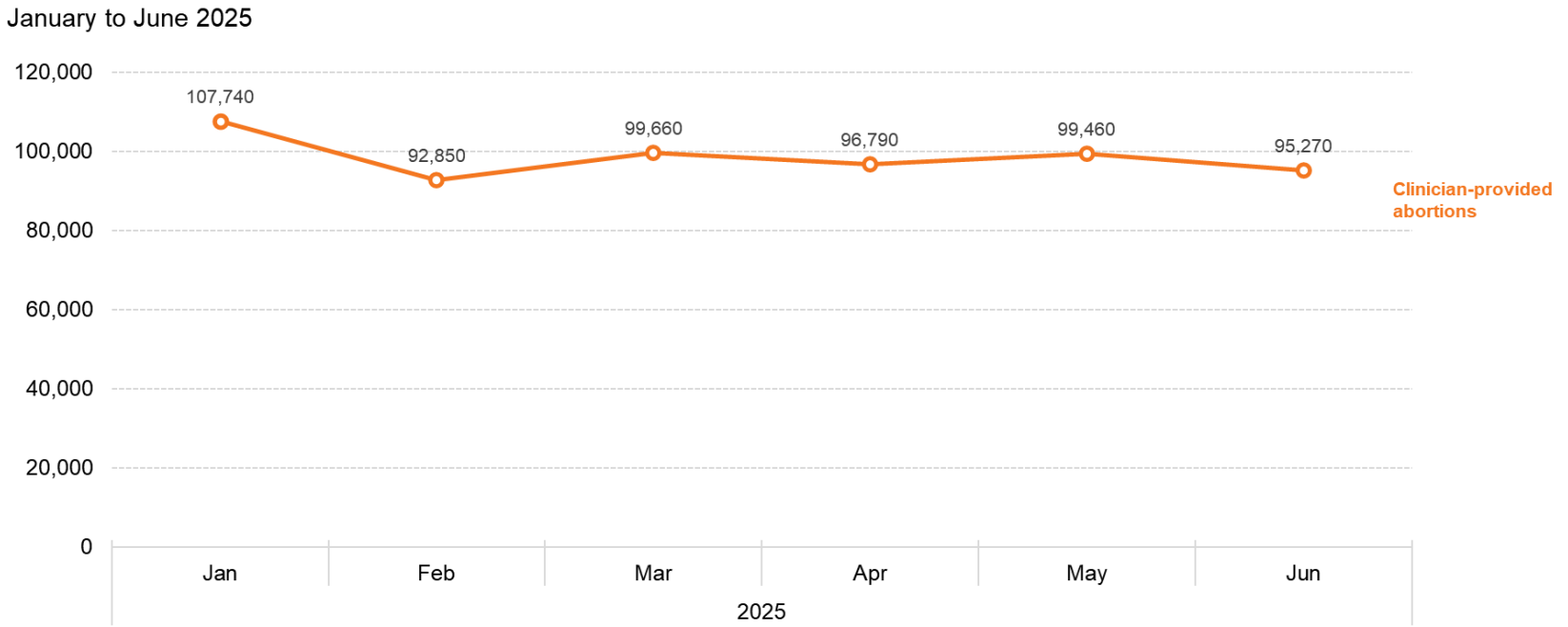
Key findings

- The number of abortions in the US healthcare system **continued to increase**, but with a smaller increase than in previous years.
- The monthly average number of abortions was **slightly higher in the first half of 2025** than the monthly average was in 2024.
- Nationally, the majority of abortions still occurred **in-person**.
- The number of abortions delivered via **telehealth has continued to increase**.
- In the first half of 2025, **27%** of all abortions within the US healthcare system were provided via telehealth.
- **Shield laws** continue to facilitate abortion access, with nearly 15,000 abortions per month provided under shield laws by June 2025.

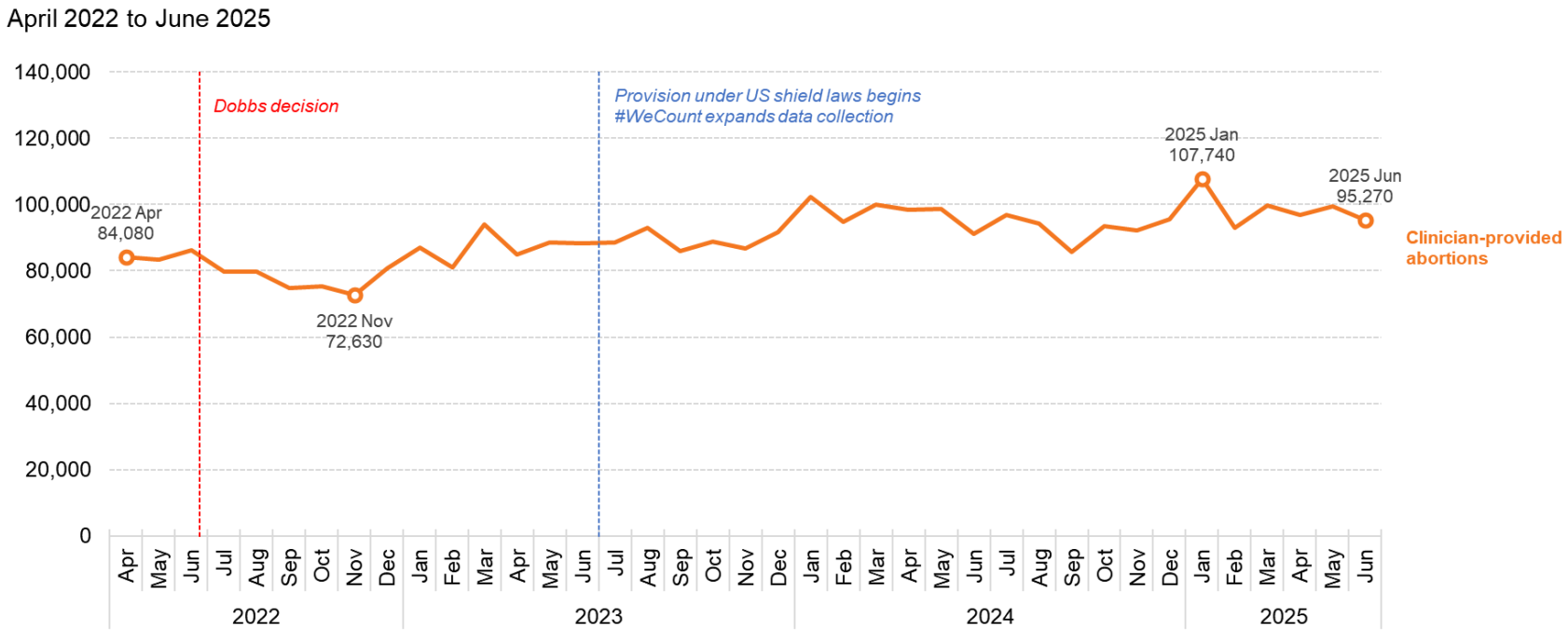
National findings

US abortions totaled 591,770 in the first six months of 2025



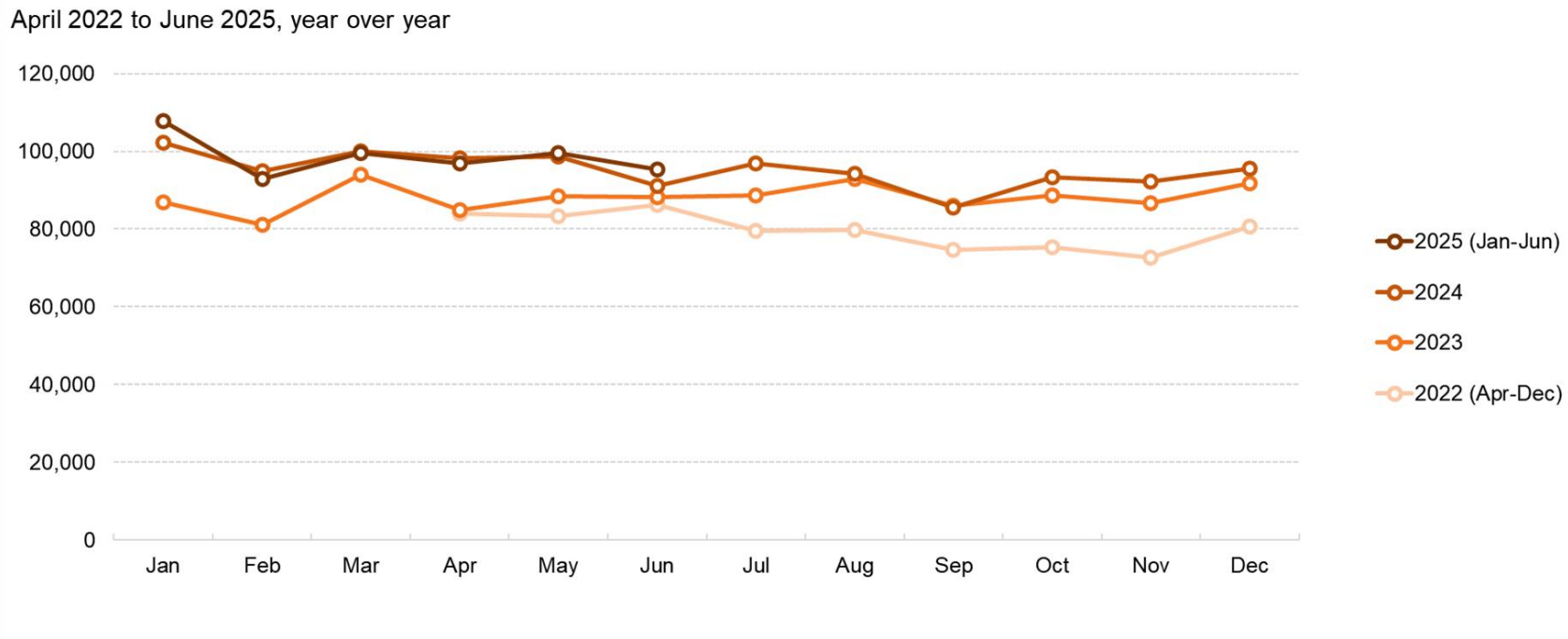
This #WeCount report includes new data for the first 6 months of 2025, when a total of 591,770 abortions were provided in the US healthcare system.

Abortions in the US have increased since *Dobbs*



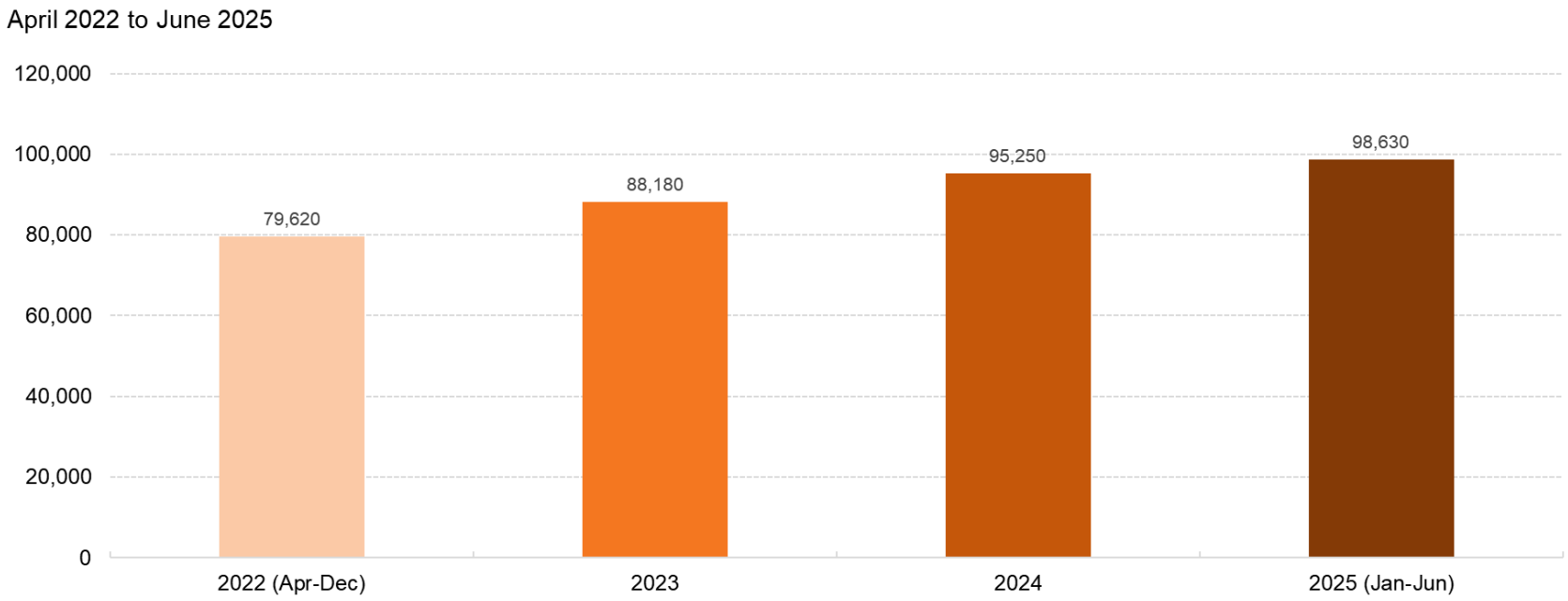
The monthly number of abortions increased gradually over time in the US since 2022. The monthly total peaked in January 2025 for the entire duration of #WeCount, reaching 107,740 abortions in a single month.

Abortion volume fluctuates from month to month, and has increased year-over-year



In addition to some monthly fluctuation, abortion volume is also increasing year-over-year, with 2025 monthly numbers only slightly higher than 2024.

Monthly average numbers of abortions increased each year

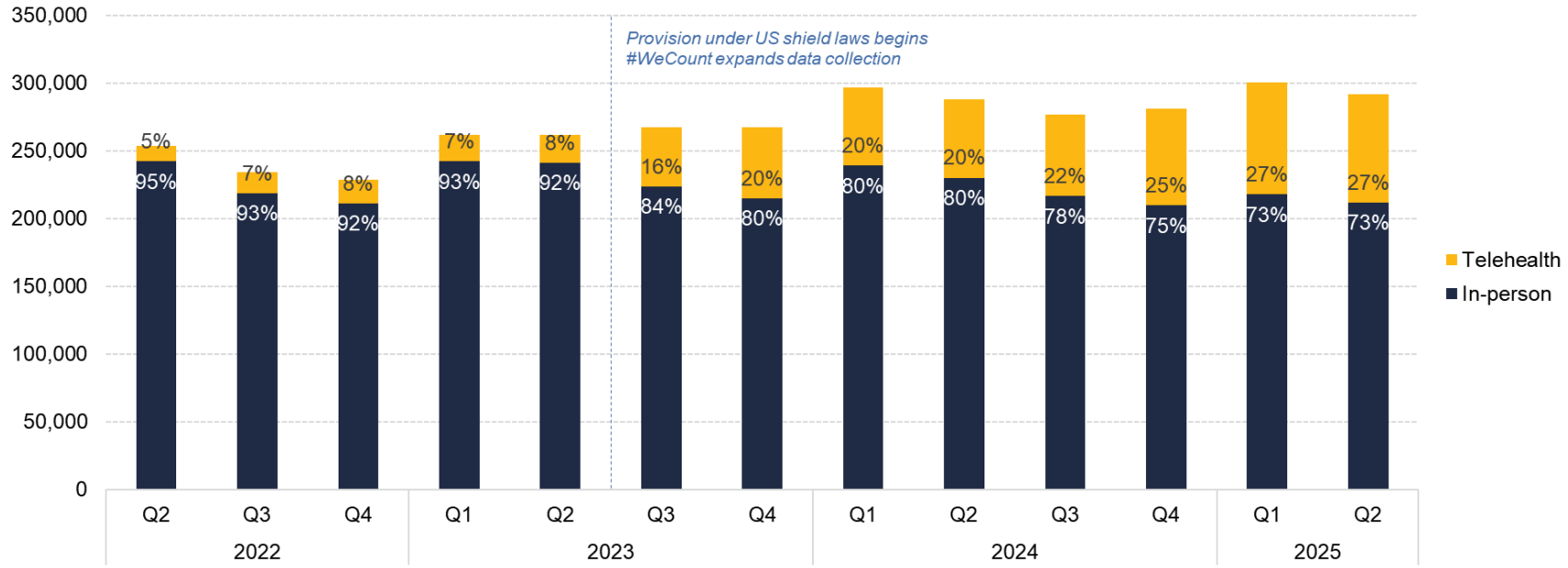


The monthly average number of abortions climbed from 79,600 in 2022, to 88,200 in 2023, to 95,300 in 2024, to 98,800 in 2025. Note that the 2022 and 2025 monthly averages reflect partial years of data.

Telehealth findings

In the first six months of 2025, 27% of abortions were provided via telehealth

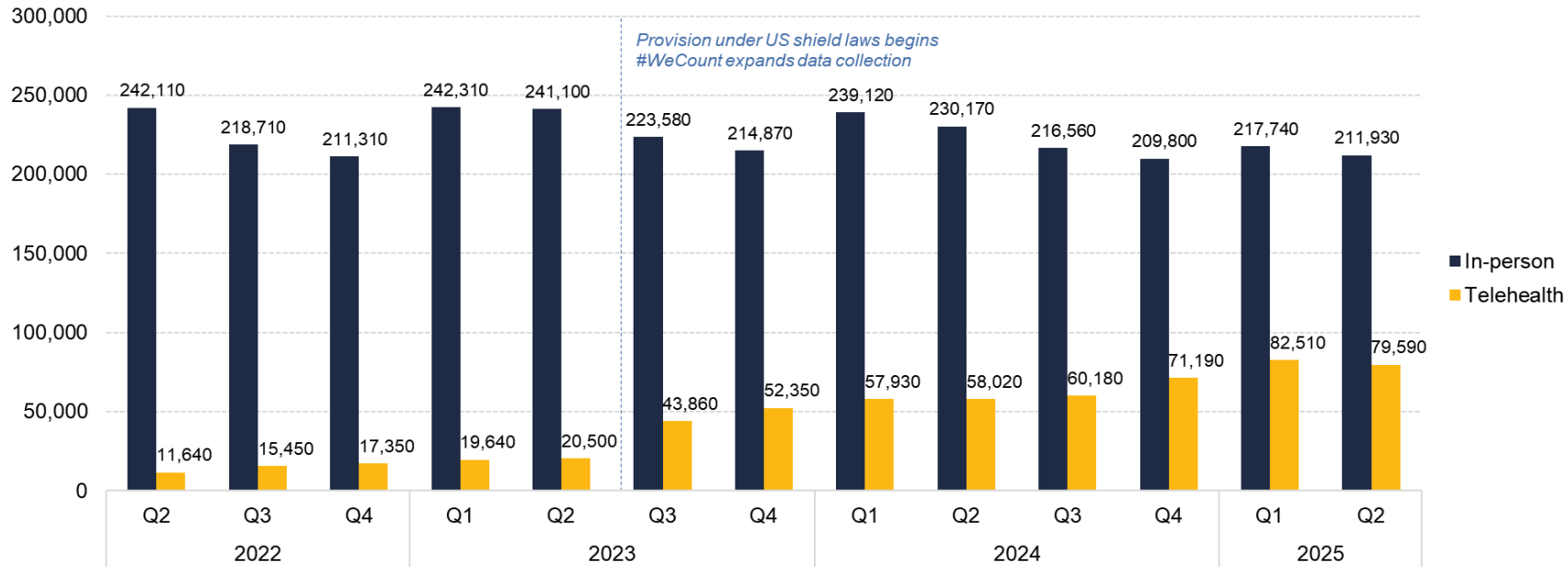
2022 Quarter 2 to 2025 Quarter 2, % in-person versus telehealth



The proportion of abortions that were provided via telehealth increased over time from 5% in Quarter 2 of 2022 to 27% by Quarter 2 of 2025.

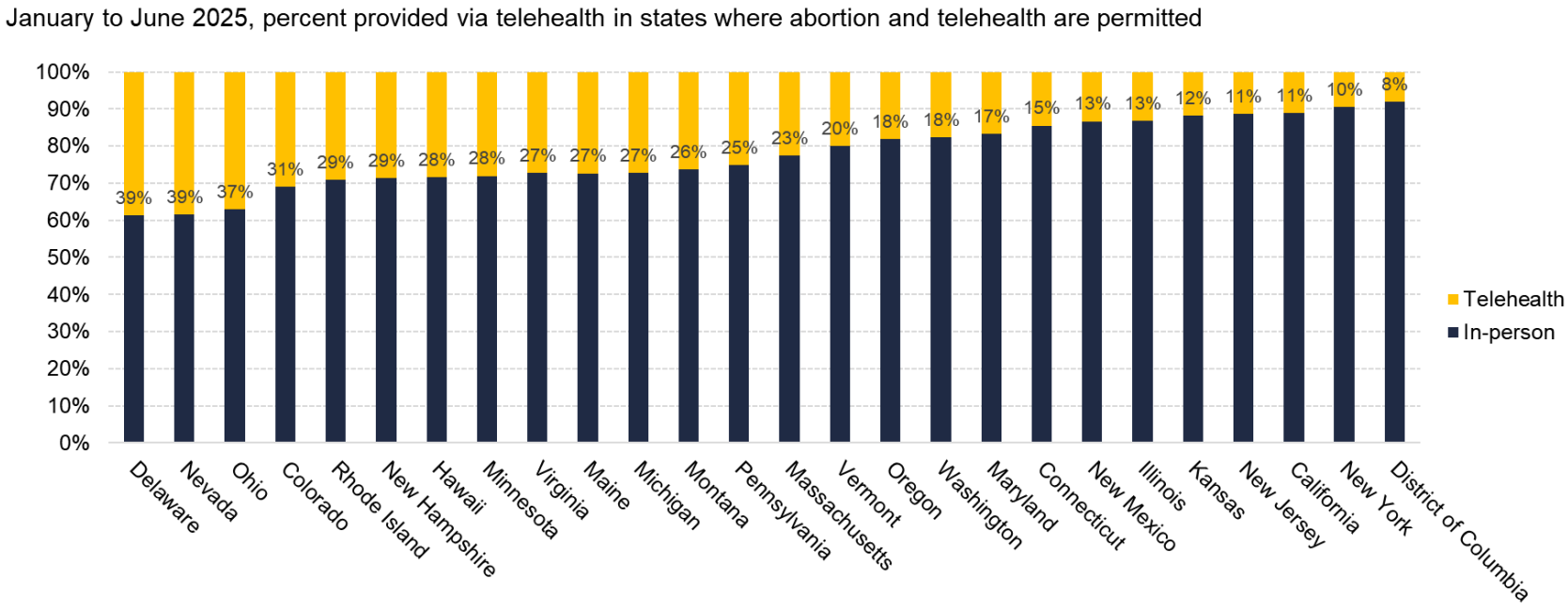
In-person abortion care declined slightly, while telehealth grew

2022 Quarter 2 to 2025 Quarter 2, in-person versus telehealth



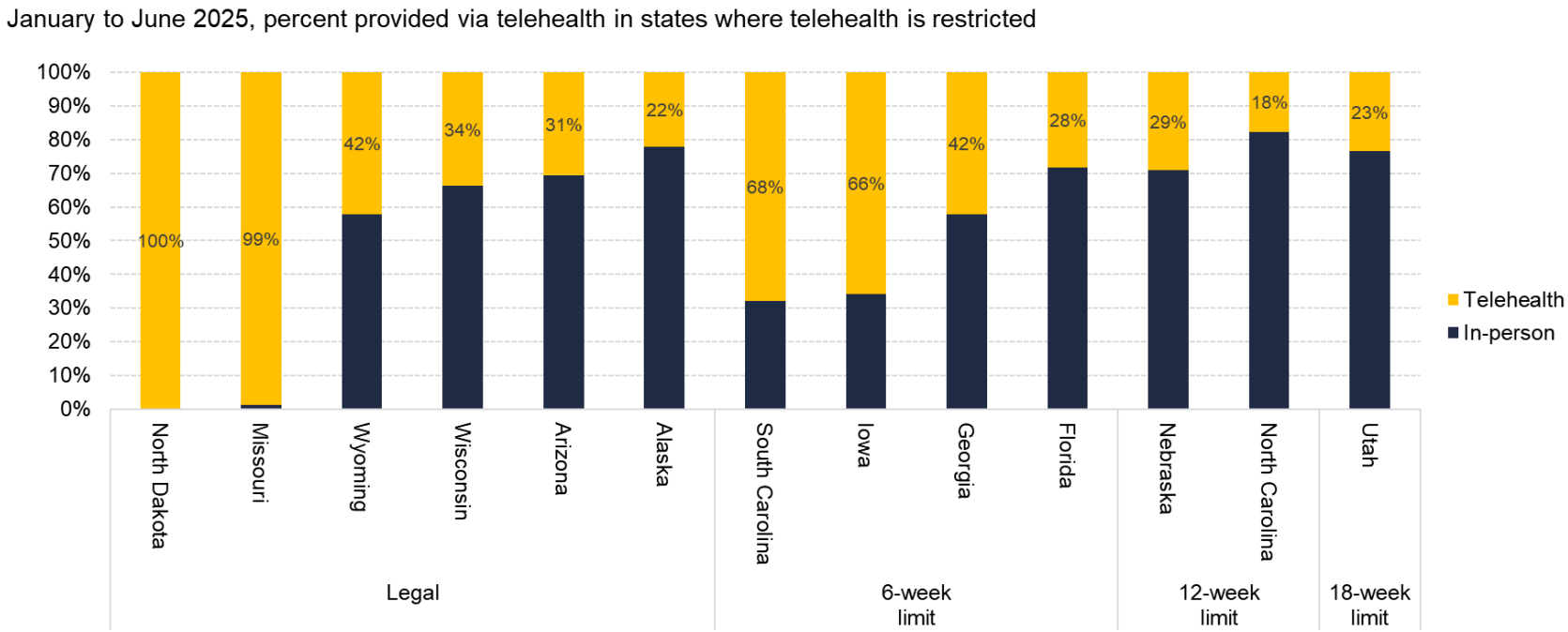
Telehealth abortion care (which involves mailing medication abortion pills) increased both in proportion and in absolute numbers over the study period. In-person abortion care (which includes both procedural abortions and medication abortion pills dispensed in person), was much more common than telehealth abortion. As telehealth has grown, the number of in-person abortions has not declined commensurately. The number of in-person abortions was lower in the second half of each year compared to the first half.

Where abortion and telehealth are permitted, the share of abortions provided via telehealth varied widely



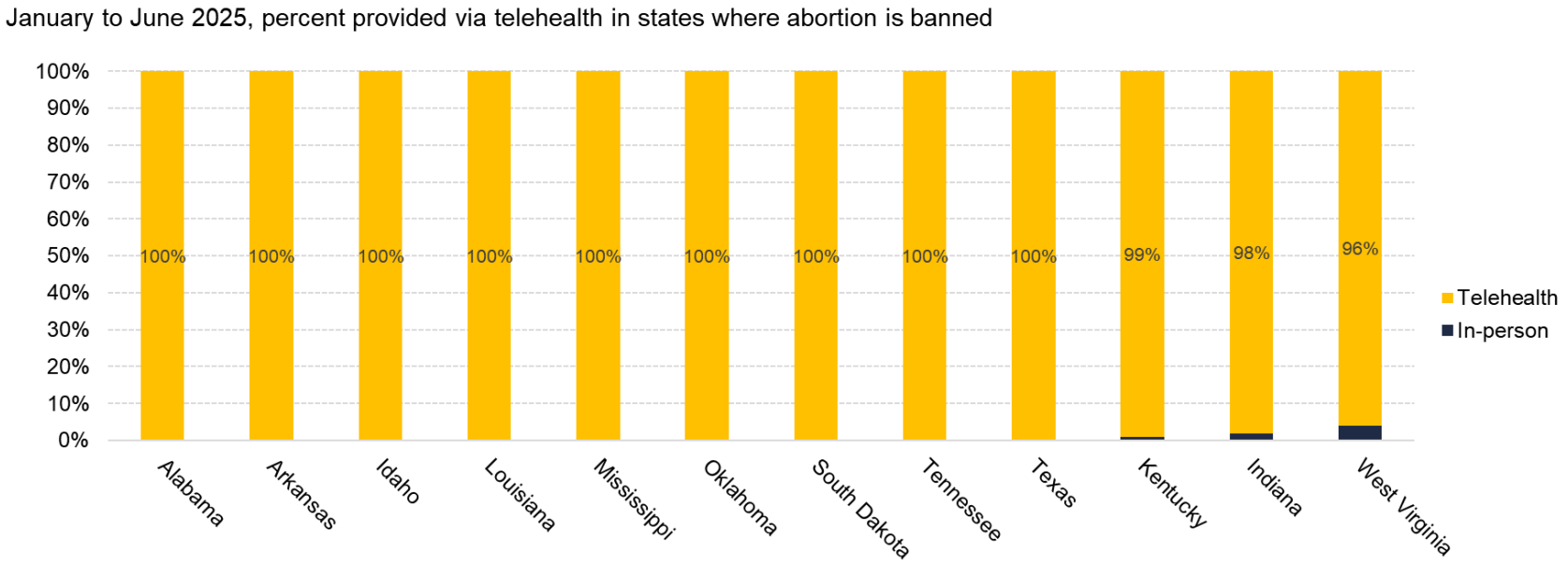
Across the US, in states that permit abortion and telehealth provision of abortion, there was substantial variation in the proportion of abortions provided via telehealth, ranging from 8% to 39%. In several larger states (eg, California, New Jersey, and New York), telehealth represents a smaller share of abortions, at about 9-13% of all abortions.

Where telehealth abortion is restricted, the share of abortions provided via telehealth under shield laws varied widely



In states where abortion is permitted but telehealth is restricted, including states with 6, 12, and 18-week bans, the proportion of abortions provided by telehealth varies widely. In North Dakota, no abortion facilities were providing in-person care from January to June 2025.

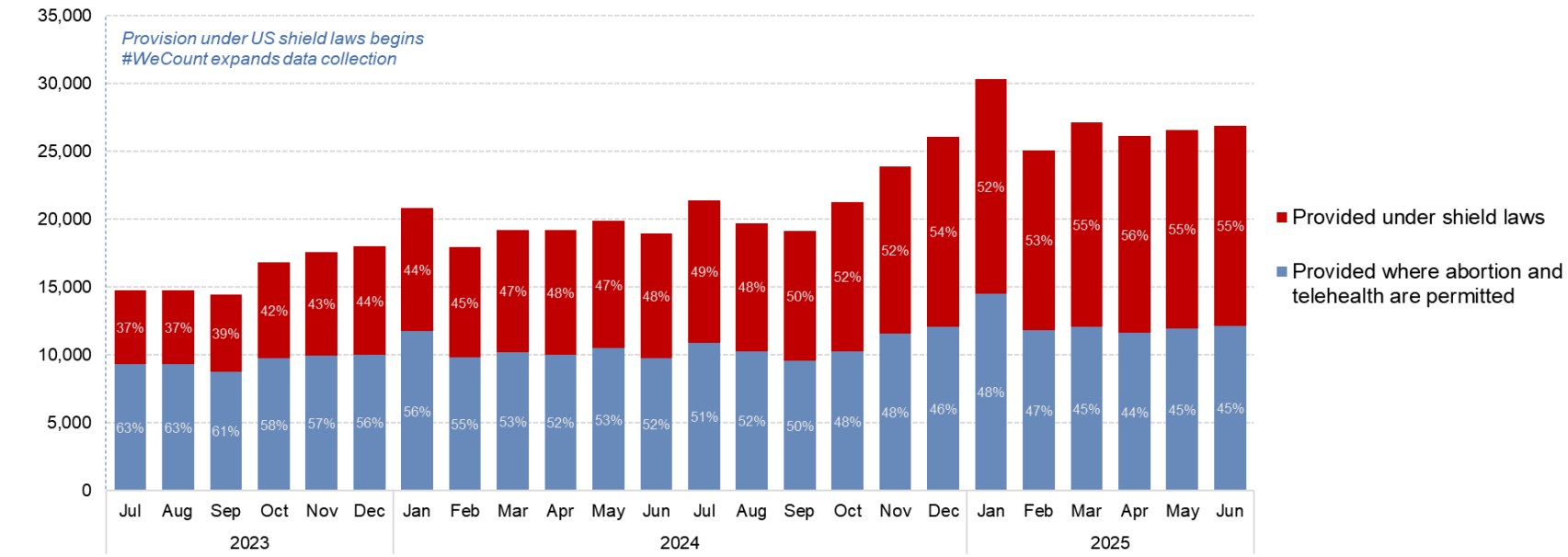
Where abortion is banned, nearly all abortions were provided via telehealth under shield laws



In states with total abortion bans, telehealth abortions provided under shield laws make up nearly all abortions occurring within those states. Residents may travel to other states to obtain care. Abortion provided in person under exceptions are represented in dark blue, making up 2% of abortions in Indiana and 4% of abortions in West Virginia.

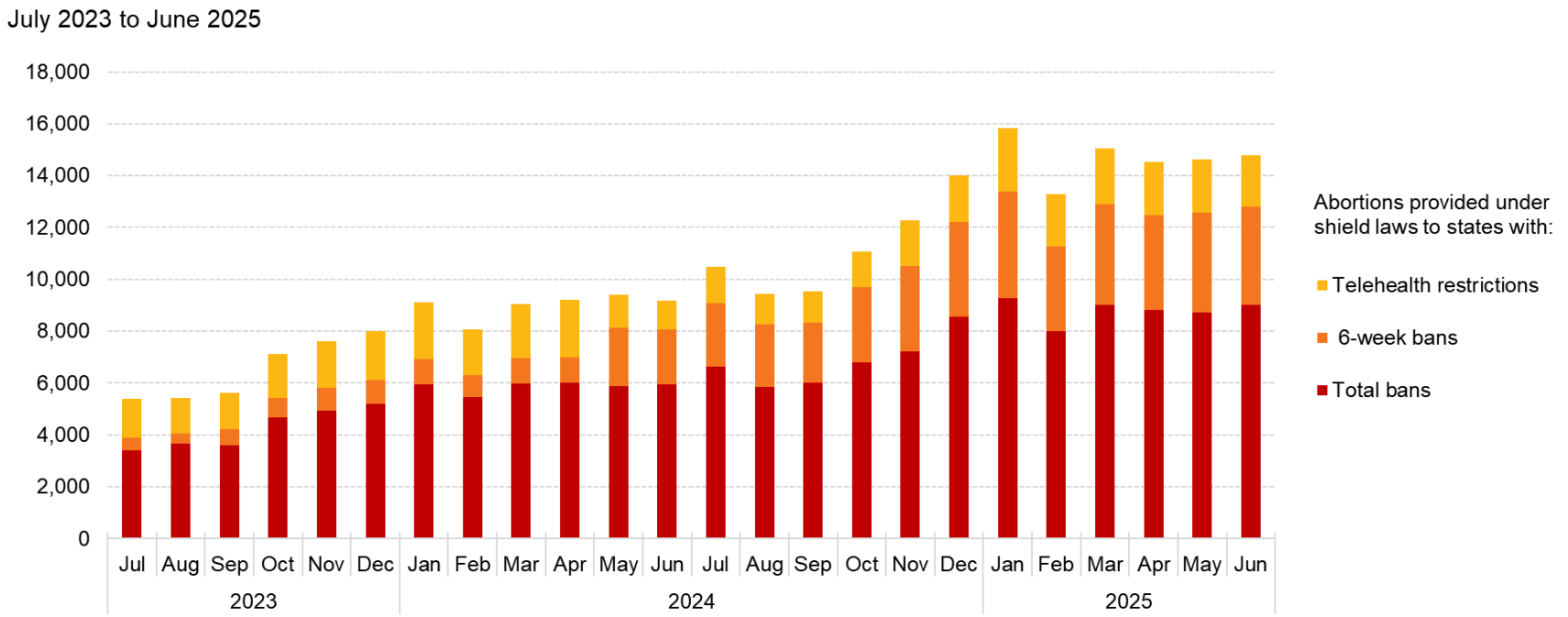
A growing share of telehealth abortions are provided under shield laws

July 2023 to June 2025



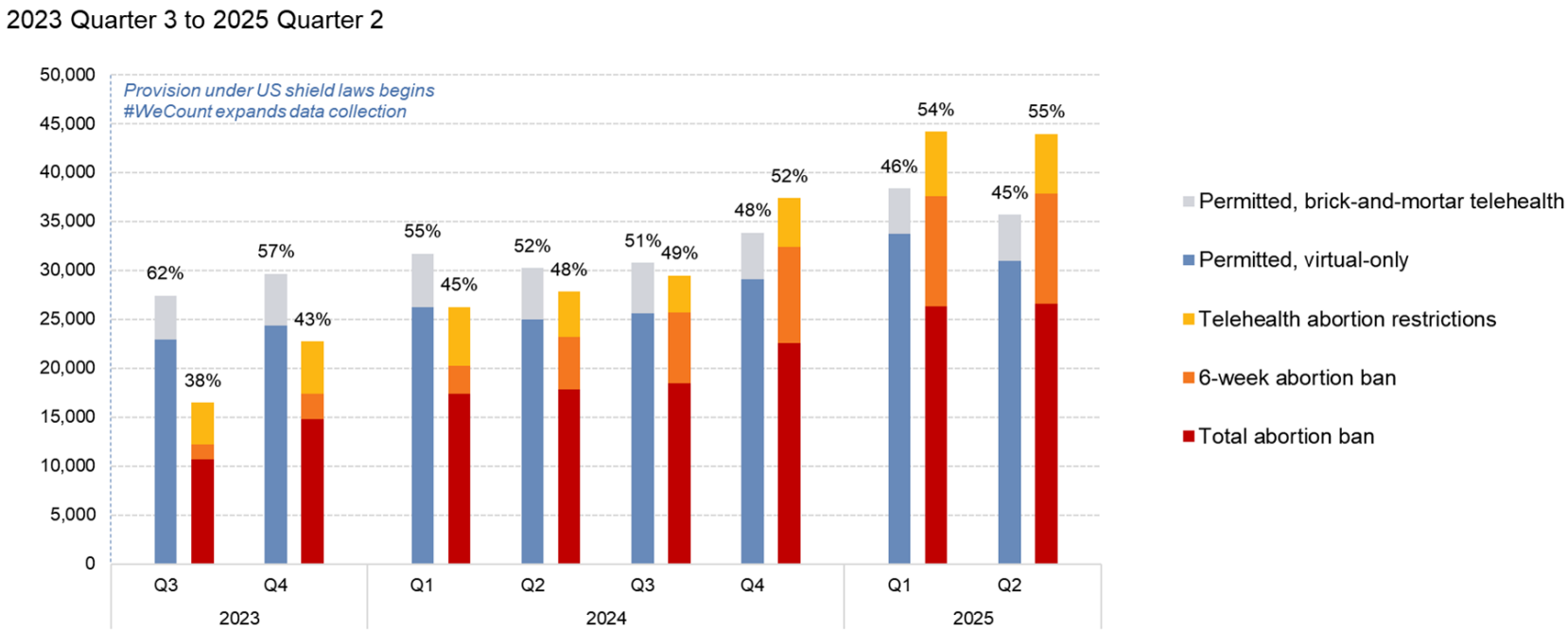
The number and proportion of telehealth abortions provided under shield laws has increased over time. As of June 2025, more than half (55%) of telehealth abortions are provided under shield laws.

Number of abortions provided via shield laws is increasing



By June 2025, abortions provided under shield laws totaled 14,770 per month. Shield laws provide protections for providers to mail medication abortion pills to people in states with telehealth restrictions, 6-week bans, and total abortion bans. The number of abortions provided under shield laws into states with these restrictions has increased since providers began to offer abortion under shield laws in July 2023, with notable increases in provision to states after enactment of 6-week bans and total abortion bans. Some of the increase in states with 6-week bans is due to changes in restrictions at the state-level, such as states that transitioned from having telehealth restrictions to having 6-week bans during this time period and thus switched categories.

Abortions provided under shield laws account for a growing share of all telehealth abortions



Telehealth abortions provided by virtual clinics (those that that are online only and have no brick-and-mortar clinic) to states that permit abortion and telehealth abortion have increased since 2023. Telehealth abortions provided by brick-and-mortar clinics have remained steady. Telehealth abortions provided to people in states with telehealth restrictions also remained relatively steady. Telehealth abortions provided to people in states with 6-week bans increased. Telehealth abortions provided to people living in states with total bans increased substantially in the first six months of 2025.

Background

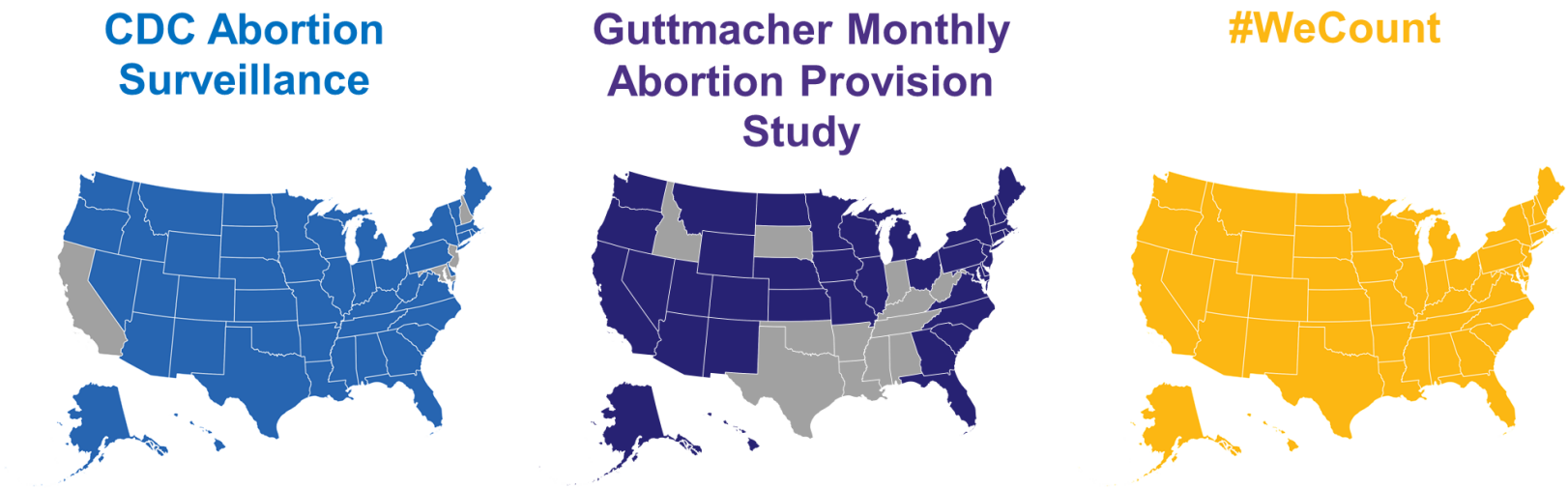
#WeCount is a national effort that aims to report the monthly number of abortions in the US, by state and month starting in April 2022. #WeCount data include clinician-provided abortions, defined in this report as medication or procedural abortions completed by a licensed clinician within the US in a clinic, private medical office, hospital, or virtual-only clinic. This report does not reflect any self-managed abortions, defined as ending a pregnancy outside the formal healthcare system, such as medications provided by community networks or websites that sell pills outside of the US healthcare system. These data reflect the status of abortion provision in the US and can be used by healthcare systems, public health practitioners, and policymakers so that their decisions can be informed by evidence.

#WeCount in context: the landscape of research efforts to count abortions

#WeCount is one of several efforts to capture changes in abortion volume in the US. Below, we outline the features of three of these initiatives, including their geographic reach, timing, the types of abortions included, and additional variables collected.

		#WeCount	Guttmacher Monthly Abortion Provision Study	CDC Abortion Surveillance
Timing	Reporting cadence every…	6 months	1 month	1 year (last 2022)
	Data interval	Monthly	Monthly	Annual
Type	Telehealth abortions to states where permitted	**Yes**	**Yes**	**Some**
	Abortions provided under shield laws to states with any legal abortion	**Yes**	**Yes**	No
	Abortions provided under shield laws to states with bans	**Yes**	No	No
	Abortions provided outside the formal healthcare system	No	No	No
Additional variables	Reports telehealth breakdown	**Yes**	No	No
	Abortion characteristics beyond counts	No	**Yes**	**Yes**

States reflected across efforts to count abortions



Terminology

Delivery settings

- **Brick and mortar clinic:** A physical clinic where a patient can go to receive care
- **Virtual-only clinic:** An online-only provider

Delivery methods

- **Brick-and-mortar telehealth:** Telehealth abortions offered by a brick-and-mortar clinic
- **In-person care:** Abortions in which a clinician meets with the patient face-to-face; can be procedural or medication abortions
- **Self-managed abortion:** Abortion using medications, herbs, or something else, or obtaining pills from friends or online without clinician assistance
- **Telehealth abortion:** Medication abortion offered by a clinician through remote consultation with the patient, resulting in remote dispensing of medications by mail

Types of care

- **Medication abortion:** Abortion performed with medications, including mifepristone, misoprostol, and misoprostol alone
- **Procedural abortion:** Abortion performed with instrumentation, including uterine aspiration (manual or electric), dilation and curettage, dilation and evacuation, or dilation and extraction

Legal context

- **Shield laws:** Legal protections put in place by some states to reduce legal risk for clinicians who offer abortions to patients in states where abortion is prohibited or severely restricted

Methods

In early 2022, #WeCount developed a database of all clinics, private medical offices, hospitals, and virtual clinic providers in the US known to offer abortion care. We started with the Abortion Facility Database from Advancing New Standards in Reproductive Health (ANSIRH) at University of California, San Francisco. Throughout the study period, we added new providers to our database as we became aware of them, using AbortionFinder.org and INeedanA.com to conduct regular searches in all 50 states and the District of Columbia. This report also includes abortions provided under shield laws by US-based licensed providers who are following their own state law. The Society provided compensation to participating facilities for each monthly submission.

The data in this report includes the monthly counts reported by providers for April 2022 through June 2025. From April 2022 to December 2024, 19% of abortions were imputed. From January to June 2025, 28% of abortions were imputed. The magnitude of imputation in each state is noted with symbols in the data tables. For providers that reported some months of data, we created a provider-level imputation for missing months. For these imputations, we calculated the average percent change in abortion volume in the state to impute values for the missing months. For providers that never reported to #WeCount, we imputed all months of data. To develop our imputations, we used information from news articles, contacts known to the non-reporting clinics, knowledge of the abortion volumes by state, or the median #WeCount number to determine the provider type. To compute medians, we categorized reporters to #WeCount into five types of facilities and calculated the median for April and May 2022 for each category: 1) small abortion clinics, 2) large abortion clinics, 3) primary care clinics, 4) low volume hospitals, and 5) high volume hospitals. In ten states we also used publicly available state administrative data to supplement our estimates. We developed separate imputations for virtual clinics that did not submit data to us, using the median number of abortions that were provided by other virtual clinics in the state. For virtual clinics with missing months of data, we calculated the average month-to-month change in virtual clinic abortion volume in the state and imputed values.

We reported the number of abortions by state and by restrictiveness level using three categories: states that banned abortion, states that restricted abortion to before detection of embryonic cardiac activity, also referred to as a “6-week bans” because detection of such activity usually occurs around that point, and states that permitted abortion. These categories were based on the abortion policy in each state on the 15th of each month as reported by the New York Times. For a legal analysis of restrictions that prevent explicitly ban telehealth or implicitly preclude telehealth abortion, we rely on the RHITES map. Monthly state totals were rounded to the nearest 10.

#WeCount was deemed exempt by Advarra IRB. This research was sponsored by the Society of Family Planning.

Limitations

Counts are likely an underrepresentation of all abortions in the US. #WeCount has a comprehensive count of abortions provided by licensed clinicians, with more than 81% of all abortions reported and about 19% imputed. Abortions provided by individual hospitals and private practice clinicians may be underreported. These counts also do not include abortions that take place in the US outside of the formal healthcare system.

#WeCount reports abortion service type by distinguishing telehealth from in-person abortion care. #WeCount does not report medication abortions separately from procedural abortions. Thus, the in-person abortion counts include both medication and procedural abortions that were provided in clinics, while all telehealth abortions are medication abortions.

We do not have estimates of the proportion of people who did not take the medications sent to them. These data show telehealth abortions as the providers documented mailing them. Some people may not have taken the pills, and we do not have an estimate of that. Use of shield laws to provide abortion via telehealth into states with total or 6-week abortion bans or with telehealth abortion restrictions started in July 2023, and #WeCount began to count abortions provided under shield laws at that time. Because of this transition in abortion provision, #WeCount does not have a comparator for previous months.

#WeCount cannot estimate unmet needs for abortion. Research has yet to accurately capture the underlying need for abortion. We don't have any counts of the number of people who needed an abortion and didn't get it.
#WeCount is designed to describe changes in abortion access and provision, rather than to explain why these changes are taking place.

Contributors

#WeCount is made possible by the many abortion providers who generously reported their data in support of this effort. This report was prepared by the #WeCount Co-Chairs and Society of Family Planning staff, as well as many members of the Society of Family Planning community.

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