



#WeCount Report
April 2022 to March 2023
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Note: This is the third in a series of reports. Please check back at www.SocietyFP.org/WeCount for past and future reports. Cite this report using the following DOI: <https://doi.org/10.46621/XBAZ6145>.

Introduction

#WeCount is a national abortion reporting effort that aims to capture the shifts in abortion access by state following the June 24, 2022 *Dobbs v Jackson's Women's Health Organization* Supreme Court decision. The *Dobbs* decision overturned *Roe v Wade*, removing the federal protection that *Roe* had provided since 1973, which permitted abortion in all US states until fetal viability. In the wake of the *Dobbs* decision, many states have implemented total abortion bans and/or other extreme restrictions on abortion care, with restrictions that carry civil and criminal penalties for those who facilitate abortion. In some states, new abortion restrictions have been litigated in court, resulting in week-by-week changes to the legal status of abortion, creating confusion and abortion care churn. Some states have passed protective legislation with the aim of increasing access and protecting providers. In still other states, the enforceability of pre-*Roe* abortion restrictions remains unclear, but abortion providers have suspended care due to fear of criminal persecution. Given the shifts in where people obtain abortion care in the months following the decision, this national reporting study measures decreases and increases in abortion provision by clinicians in each state.

#WeCount previously reported on the number of abortions from April 2022 to December 2022 nationally, per month, by state and restrictiveness level. We now have more complete data for the period of April 2022 through March 2023. The improved completeness of reporting means that numbers in some states for April through December have been revised from our previous reports. This report documents the number of abortions from April 2022 to March 2023, by state and restrictiveness level. The data includes abortions provided by clinics, private medical offices, hospitals, and virtual-only clinics (i.e., clinics that only provide telehealth abortions) in the US known to offer abortion care during the period of study. This report does not reflect any self-managed abortions, defined as any attempt to end a pregnancy outside the formal healthcare system, including using medications, herbs or something else, or obtaining pills from friends or online without clinical assistance. However, this report does include telehealth abortions provided by virtual-only clinics in states where it is permitted by law.

These data reflect the changing circumstances of abortion provision in the US and can be used by healthcare systems, public health practitioners, and policy makers so that their decisions can be informed by evidence.

National findings

To understand the effects of the *Dobbs* decision, we compared data from April and May 2022, as our pre-*Dobbs* period, to data from July 2022 through March 2023 as our post-*Dobbs* period. Across the US, we found:

- Since the *Dobbs* decision, compared to the average monthly number of abortions observed in the pre-*Dobbs* period of April and May 2022, there were 25,640 cumulative fewer abortions from July 2022 to March 2023 (Table 1).
- In the two months before *Dobbs*, the average monthly number of abortions provided by clinicians in the US was 81,730 while in the nine months after *Dobbs*, the average monthly number of abortions was 79,031 (Table 2).
- In the nine months following the *Dobbs* decision, an average of 2,849 fewer abortions were provided in the US each month compared to April 2022 (Table 1).
- Because Texas already had a six-week ban in place, this figure is an underestimate. If Texas did not have a ban in place and pre-*Dobbs* numbers for April and May were similar to those months in 2021, the average monthly number of abortions in the US would have been 83,835. The nine months following the *Dobbs* decision would have seen 4,912 fewer abortions per month for a cumulative total of 44,210 fewer abortions over the nine-month period.
- The number of abortions nationally has varied month-to-month, with the biggest declines in September, October and November 2022, and with the largest increases in abortions in January and March 2023 (Table 3).
- Even nine months after the Court's decision, increases in numbers of abortions in states where abortion was permitted did not compensate for the reductions seen in states where abortion was banned.
- Compared to April 2022, there were fewer abortions in seven of nine months post *Dobbs*, with the greatest decrease of 11,480 fewer in November 2022. There were more abortions in just two months post *Dobbs*, with the greatest increase being 8,930 more abortions in March 2023 as compared to April 2022 (Table 3). These increases were insufficient to make up for the declines seen across the rest of the period.
- Abortion had been increasing in the US since 2017, and abortion rates were increasing in the months before the *Dobbs* decision. Thus, the net overall declines in abortion incidence in the US after *Dobbs* are even more striking given that need for abortion appeared to be increasing.
- The national abortion rate decreased from 13.4 per 1,000 women of reproductive age in April 2022 to 12.6 per 1,000 women for the monthly average of abortions in the nine months following the *Dobbs* decision.

- Notably, while the overall number of abortions decreased, abortions provided by virtual clinic telehealth providers increased from an average of 4,025 abortions per month in the two months before the *Dobbs* decision (5% of all abortions), to an average of 7,461 abortions per month in the nine months following the *Dobbs* decision (9% of all abortions). This change represents an increase of 85% in the number of abortions provided from virtual-only services, comparing post to pre-*Dobbs* (Table 4).

State restrictiveness findings

The impact of *Dobbs* has differed by state abortion policies. Some of these differences are reported below and shown in the Tables. Legal status is time-varying, and in this analysis, we use the status for each state as reported by the [New York Times](#) on the 15th of each month.

The number of states where abortion was completely banned increased from 9 states in July 2022 to 13 in March 2023. States where abortion was banned in July 2022 included Alabama, Arkansas, Mississippi, Missouri, Oklahoma, South Dakota, Texas, West Virginia, and Wisconsin. Kentucky and Louisiana banned abortion in August and Idaho and Tennessee did so in September 2022.

- States with abortion bans have experienced the greatest reductions in numbers of abortions. Overall, in states with total abortion bans, there have been 65,920 fewer clinician-provided abortions in the months since the *Dobbs* decision than would have been expected compared to April 2022 (Table 1).
- This change represents a decrease of 100% in the number of abortions, comparing April 2022 and March 2023 in states where abortion was banned.

Ohio and South Carolina had six week bans in place (i.e. bans after fetal cardiac activity) for the first two months after the *Dobbs* decision and Georgia had a six-week ban beginning in August which was still in effect as of March.

- States where abortion with six-week abortion bans were in effect saw a cumulative total of 15,720 fewer abortions provided by a clinician (Table 1).

In July 2022, abortion was legal beyond six weeks in 39 states but this number dropped down to 36 by March 2023.

- The estimated number of abortions provided by a clinician in states and in months where abortion remained legal with few restrictions *increased* from 79,280 abortions in April 2022 before the decision to 88,020 abortions in March 2023 (Table 2).
- States where abortion remained legal saw a cumulative total of 56,000 more people who had abortions in those states (Table 1).

Notable state-level findings

The impact of *Dobbs* differs by state. Some of these changes are reported below and all state-level data are shown in Tables 1-4.

States with the largest increases in the total number of abortions provided by a clinician during the nine-month period after *Dobbs*, which we call “surge states,” include Florida (12,460), Illinois (12,400), North Carolina (7,930), Colorado (4,500) California (4,260). The increases vary by month in each state. We note that the increases in some states do not make up for the large decreases in other states. Overall, across the nine months following the *Dobbs* decision, the number of monthly abortions in the US decreased.

Many states where abortion remains legal with few restrictions, especially on the West Coast and in the Northeast, did not experience surges in abortions. Our data suggests that many abortion seekers living in states with bans may have traveled to other nearby states for care, and that increases are seen in states close to states with bans, even if those receiving states had abortion restrictions such as mandated in-person counseling and waiting periods.

Several states in the Southeast, including North Carolina, South Carolina, and Florida, continued to see surges in patients. These states serve as important access points for those who have the ability to travel to facilities to obtain care.

States with the largest declines in the number of abortions during the nine-month period after the *Dobbs* decision compared to baseline include Texas (23,340), Georgia (15,720), and Tennessee (10,100). The declines in Texas are underestimated, given that in April and May 2022, a six-week ban was already in effect.

Methods

We developed a database of all clinics, private medical offices, hospitals, and virtual clinic providers in the US known to offer abortion care in early 2022, adding new providers as we became aware. We started with the Abortion Facility Database from Advancing New Standards in Reproductive Health at University of California, San Francisco. We then identified providers who were known to be participating in the Ryan Training program and the Complex Family Planning Fellowship, as well as others identified through outreach from Abortion Finder, the Society of Family Planning, and the Society for Maternal-Fetal Medicine. We then contacted all identified providers in Spring 2022, inviting them to report the monthly number of abortions, starting in April 2022, and concluding in July 2023. For this report, we asked providers to share monthly abortion counts for each of the 12 months covered in this report. We continue to recruit abortion providers throughout the study period, incorporating their numbers into each data release. The Society of Family Planning compensated all providers for their time

entering the data. Ultimately, 82% of all providers known to #WeCount agreed to participate in this effort.

We developed state-level imputations to account for known clinics that did not participate. In 16 states and Washington, DC, we estimated the number of missing abortions by state using several information sources including state health departments, news articles, contacts known to the missing clinics, and knowledge of the abortion volumes by state. The Guttmacher Institute also shared information on missing abortion volume without providing individual clinic data. The magnitude of state-level missingness we imputed is provided in the data tables. In this report, we have updated some state-level abortion counts, reflecting both revised data submitted by some clinics, and newly reported data, previously imputed, from providers that have since joined #WeCount.

We also developed clinic-level imputations for clinics that did not submit a full 12 months of data. We received all months of data from all abortion providers known to #WeCount in 28 states such that no imputation for missingness was needed. There were some months of unavailable data in 18 states for 46 participating providers who had previously reported. For these we calculated average percent change in abortion volume among other non-virtual only clinics in the state, and imputed values for clinics with missing months. In total, we received reports of 83% of all abortions provided by clinicians in the US, while the remaining 17% of the data was imputed.

Monthly state totals were rounded to the nearest ten. If the number of abortions for a given state was zero to nine for a single month, it was either rounded up to ten, or represented as <10 in the table. Thus, any cell <10 could represent zero abortions provided. Telehealth abortions provided by virtual-only clinics were counted as part of the abortion total for the state in which they were prescribed.

We estimated numbers of abortions by state restrictiveness level using three categories: states that banned clinician-provided abortion; states that restricted abortion to six-weeks of gestation; and states that permitted abortion. These categories were based on restrictiveness level in each state on the 15th of each month as reported by the New York Times.

To provide an indicator of abortion access nationally, we calculated the number of abortions per 1,000 women of reproductive age. While people of all genders have abortions and not all people who have abortions identify as women, this measure of abortion rate uses the term “women” because it reflects US Census numbers, which designate everyone assigned female at birth as “women.”

This research was deemed exempt by Advarra IRB. All major decisions were guided by a Research Steering Committee [listed here](#). This research was sponsored by the Society of Family Planning.

Implications

Trends in the nine months after Dobbs

Overall, compared to before the *Dobbs* decision, the monthly average number of abortions was lower in the nine months post *Dobbs* than we would have expected, if pre-*Dobbs* rates of abortion had remained consistent. Nationally and on average, there were 79,031 abortions per month in the post-*Dobbs* months, as compared to 81,730 abortions per month in the pre-*Dobbs* months (Table 1). This drop of 2,849 abortions on average every single month signals that many thousands of pregnant people were unable to obtain abortion care from a clinician. During nine months, nearly 66,000 fewer abortions occurred in states that banned abortion. While there were increases in states that permitted abortion, these increases were not enough to compensate for the losses in states with bans.

Over the study period we observed large fluctuations by month. In May and June, after the leaked draft opinion by Justice Alito, we saw an increase in numbers of abortions in many states, perhaps representing clinics scaling up in anticipation of changes with the *Dobbs* decision. In July, the first full month after the *Dobbs* decision, we saw major declines in states with bans, meaningful declines in states with restrictions, and small increases in states with few legal restrictions. The national number of abortions decreased throughout the second half of the year reaching the lowest point of the nine-month period in November (Table 3).

We note increased numbers of abortions in January and March 2023, but these increases were not enough to compensate for the decreases in other months since the *Dobbs* decision. Several possible explanations may account for the increase in abortions observed in January and March. First, based on prior research, we expect to see seasonality,¹ or natural month-to-month fluctuation in the number of abortions, given variation in pregnancy by month. While we do not have national monthly data from January to March 2022 to assess whether these patterns are typical of these months, these patterns are similar to a handful of states that release monthly abortion count data for years prior to 2022. Second, abortion-providing facilities have increased efforts to see patients quickly, particularly in states with gestational bans. Many in states where abortion is permitted have expanded their capacity and new clinics have opened in surge states, including in New Mexico, Illinois, and Kansas. Third, clinics and practical support groups may have had time to become more established and raise more resources to assist patient travel to facilities to obtain abortion care. Additionally, funding from private donors may have increased in the first quarter of 2023 to assist patients who need to travel for abortion care. Fourth, the community mobilization around ensuring access to abortion may have had led to a reduction in abortion-related stigma, facilitating people's decisions to have an abortion. While it is beyond the scope of these data to test these hypotheses, changes in the abortion ecosystem may be helping to mitigate losses to abortion access after the *Dobbs* decision, all against the backdrop of pre-existing monthly fluctuations in the number of abortions.

In April and May, before *Dobbs*, the average monthly number of abortions (81,730) was higher than previous years. The Guttmacher Institute's abortion provider census reported a monthly average of 77,521 in 2020.² The increase we saw in April and May 2022 is consistent with an ongoing upward trend in abortion incidence since 2017.² Additionally, the increase is supported by research in the US that suggests increasing desire to avoid pregnancy and declining birth rates; an increase in abortion incidence may be explained by economic forces and the COVID-19 pandemic.^{3,4} Thus, the net overall declines in abortion incidence in the US after *Dobbs* are even more striking given that there were trends of increasing abortion rates just before *Dobbs*.

In the nine months after *Dobbs*, in states that had bans, an estimated 65,920 fewer people obtained abortions. This translates to, in the nine months following the *Dobbs* decision, an average of 7,324 fewer people per month who were able to obtain abortions in states with bans, as compared to April 2022. People in states with abortion bans were forced to delay their abortion, to travel to another state, to self-manage their abortion, or to continue a pregnancy they did not want.

In states where abortion was already severely restricted before the *Dobbs* decision, such as Missouri, post-*Dobbs* declines appear to be small, because few abortions were occurring in those states before the decision. Similarly, In April 2022, the national number of abortions was already reduced because Texas already had a 6-week ban in place resulting in an underestimate of the true declines seen in that state. Research shows this ban reduced the monthly number of abortions by about 2,070.⁵

Nevertheless, even nine months after the Court's decision, the increases in numbers of abortions in states where abortion was permitted did not compensate for the reductions seen in states where abortion was banned.

Data limitations

Measuring abortion access and use is fraught with challenges.⁶ We are unable to estimate the number of abortions that occurred outside the formal healthcare system, such as via Aid Access or volunteer accompaniment networks in Mexico. Separate research estimates the number of requests to Aid Access for abortion medications were about 6,500 per month in the months following the *Dobbs* decision.⁷ However, it is unknown how many of these requests were fulfilled, how many were received, or how many were actually taken. Thus, we are unable to estimate how many pregnant people self-managed their abortions versus carried to term. Notably, totals of pills requested, while a critical signal of interest in abortion, are not the same as the number of abortions that occurred and should not be combined with the total number of abortions reported via #WeCount.

Second, our findings are all reported at the level of the state, so we cannot describe how individual clinics experienced increases or decreases within a single state.

Observing the raw data, it is clear that the trends we report at the state level are not universally experienced by each clinic; put plainly, within a state, one clinic may be experiencing decreases in abortions while a neighboring clinic may be experiencing large increases. Similarly, we imputed, or estimated, 46% to 55% of abortions in Florida, and 31% to 45% of abortions in DC, New Jersey, New York, and Virginia. In five states we imputed 16% to 30% of abortions. Our abortion counts are more uncertain for states where we imputed abortion counts than those for states for which we have complete data. Finally, we do not account for seasonality-related changes in abortion volume, which usually means a decline in autumn months and an increase in the spring.¹ Thus, it is imperative to reflect on month-to-month shifts and continue to collect and report on these data throughout 2023.

Public health implications

The greatest declines in the numbers of abortion occurred in the same states with the greatest structural and social inequities in terms of maternal morbidity and mortality and poverty. Thus, the impact of the *Dobbs* decision is not equally distributed. People of color and people working to make ends meet have been impacted the most. Additionally, three quarters of abortion patients in the US live on low incomes, and 49% live under the Federal Poverty Level.⁸ This inequity is corroborated by other studies, including one finding that after *Dobbs*, Black, Indigenous, and other people of color experienced the greatest increases in travel time to abortion facilities.⁹

Those unable to overcome travel barriers are likely those with the fewest socioeconomic resources; even small declines in the abortion rate still translate into enormous life impacts for those affected. Highly vulnerable groups who are often unable to travel include: young people, incarcerated people, people on parole with travel limitations, and immigrants. Additionally, people who care for small children or the elderly and those who cannot take time off of work may find it impossible to travel out of state for abortion care. The COVID-19 pandemic and the current economy put people in an even more precarious financial situation, further limiting the number of people who have the money to pay for a substantial unexpected healthcare expense.

Substantial research has documented grave consequences of not being able to obtain a wanted abortion that persist for years. Compared to people who receive desired abortions, those who seek but are unable to obtain a desired abortion experience a variety of negative outcomes, including increased economic insecurity,^{10,11} poorer physical health,^{12,13} and continued exposure to violence from the man involved in the pregnancy.¹⁴ Thus, we must resolve to keep our attention on the impacts of *Dobbs* on the thousands of people who were unable to obtain abortions in the first nine months after the decision, as well as those who will certainly be impacted in the future.

Table 1. Summary of pre-/post-Dobbs changes

	<i>Pre-Dobbs monthly average number of abortions, April and May 2022</i>	<i>Post-Dobbs monthly average number of abortions, July 2022 through March 2023</i>	<i>Cumulative sum of differences, all post-Dobbs months compared to April 2022</i>	<i>Average monthly difference in post-Dobbs months compared to April 2022</i>
All US state totals	81,730	79,031	-25,640	-2,849
Alabama	635	-	-5,850	-650
Alaska	115	131	190	21
Arizona*	1,490	823	-5,280	-587
Arkansas	315	-	-2,610	-290
California*	13,100	13,583	4,260	473
Colorado*	1,610	2,070	4,500	500
Connecticut	905	966	680	76
Delaware	200	254	580	64
District of Columbia***	895	883	-240	-27
Florida****	5,410	6,794	12,460	1,384
Georgia*	4,115	2,513	-15,720	-1,747
Hawaii	225	271	280	31
Idaho	170	33	-1,230	-137
Illinois*	5,570	6,968	12,400	1,378
Indiana**	910	726	-1,930	-214
Iowa	375	339	-370	-41
Kansas	960	1,339	3,320	369
Kentucky	345	31	-2,510	-279
Louisiana	785	34	-6,530	-726
Maine	210	223	300	33
Maryland**	2,630	2,952	2,810	312
Massachusetts	1,510	1,508	-560	-62

Table 1, continued. Summary of pre-/post-Dobbs changes

	<i>Pre-Dobbs monthly average number of abortions, April and May</i>	<i>Post-Dobbs monthly average number of abortions, July through Dec</i>	<i>Cumulative sum of differences, all post-Dobbs months compared to April</i>	<i>Average monthly difference in post-Dobbs months compared to April</i>
Michigan*	2,655	2,984	2,740	304
Minnesota	925	1,236	2,750	306
Mississippi	350	-	-3,150	-350
Missouri	10	-	-90	-10
Montana	175	187	150	17
Nebraska	195	240	360	40
Nevada**	1,075	1,397	2,580	287
New Hampshire	185	198	-20	-2
New Jersey***	4,010	3,947	-840	-93
New Mexico**	1,245	1,582	2,990	332
New York***	8,995	9,048	2,320	258
North Carolina*	3,245	4,131	7,930	881
North Dakota	100	11	-710	-79
Ohio	2,000	1,439	-5,230	-581
Oklahoma	310	-	-4,320	-480
Oregon	820	987	1,320	147
Pennsylvania	2,765	3,007	960	107
Rhode Island	300	264	-410	-46
South Carolina	660	760	630	70
South Dakota	30	-	-180	-20
Tennessee	1,195	58	-10,100	-1,122
Texas	2,720	7	-23,340	-2,593
Utah	360	327	60	7
Vermont	105	110	90	10

Table 1, continued. Summary of pre-/post-Dobbs changes

	<i>Pre-Dobbs monthly average number of abortions, April and May</i>	<i>Post-Dobbs monthly average number of abortions, July through Dec</i>	<i>Cumulative sum of differences, all post-Dobbs months compared to April</i>	<i>Average monthly difference in post-Dobbs months compared to April</i>
Virginia***	2,340	2,686	3,380	376
Washington	1,735	1,926	1,490	166
West Virginia	100	12	-700	-78
Wisconsin**	605	-	-5,310	-590
Wyoming	40	47	60	7
Restrictiveness level				
Banned	7,570	176	-65,920	-7,324
Gestational limit, 6 weeks	4,115	2,513	-15,720	-1,747
Permitted	70,045	76,342	56,000	6,222

*Numbers have been corrected as needed for missingness with imputation. For states marked * there is 0-15% imputation, ** 16-30% imputation, *** 31-45%, **** 46-55% imputation. States with no notation by their name have no imputation for missingness.*

Legal status is time varying, and we use the status for each state as reported by the New York Times on the 15th of each month.

Table 2. Estimated number of abortions by state and month, April 2022 to March 2023

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
All US state totals	81,880	81,580	84,470	77,980	80,090	74,300	74,850	70,400	80,150	84,090	78,610	90,810
Alabama	650	620	520	<10	<10	<10	<10	<10	<10	<10	<10	<10
Alaska	110	120	130	100	140	150	130	130	150	130	120	130
Arizona*	1,410	1,570	1,250	230	770	650	450	840	870	1,200	1,060	1,340
Arkansas	290	340	260	<10	<10	<10	<10	<10	<10	<10	<10	<10
California*	13,110	13,090	13,710	13,360	13,860	12,160	12,180	12,390	14,540	15,040	13,350	15,370
Colorado*	1,570	1,650	1,770	1,930	2,170	1,960	1,920	1,930	2,080	2,270	2,030	2,340
Connecticut	890	920	940	960	920	850	850	880	960	1,100	970	1,200
Delaware	190	210	240	220	240	260	260	290	310	240	210	260
District of Columbia***	910	880	860	860	940	830	880	810	820	890	860	1,060
Florida****	5,410	5,410	5,890	5,890	6,560	6,100	6,730	6,210	7,260	7,180	7,090	8,130
Georgia*	4,260	3,970	4,180	4,150	1,850	2,120	2,220	2,520	2,260	2,470	2,240	2,790
Hawaii	240	210	250	210	300	280	260	280	270	300	260	280
Idaho	170	170	190	150	150	<10	<10	<10	<10	<10	<10	<10
Illinois*	5,590	5,550	6,170	6,770	7,240	6,630	6,610	6,310	6,920	7,360	6,930	7,940
Indiana**	940	880	880	1,110	1,080	730	490	690	550	490	680	710
Iowa	380	370	390	360	280	320	310	350	370	370	300	390
Kansas	970	950	930	930	1,280	1,150	1,260	1,130	1,310	1,680	1,600	1,710
Kentucky	310	380	300	280	<10	<10	<10	<10	<10	<10	<10	<10
Louisiana	760	810	540	310	<10	<10	<10	<10	<10	<10	<10	<10
Maine	190	230	240	240	240	220	200	190	200	240	210	270
Maryland**	2,640	2,620	2,650	2,550	2,680	2,740	2,790	2,810	3,220	3,270	3,270	3,240
Massachusetts	1,570	1,450	1,550	1,580	1,580	1,450	1,410	1,390	1,540	1,560	1,340	1,720
Michigan*	2,680	2,630	2,980	3,100	3,210	2,890	2,950	2,780	2,930	2,890	2,840	3,270
Minnesota	930	920	1,030	1,160	1,220	1,220	1,260	1,290	1,230	1,230	1,100	1,410

Table 2, continued. Estimated number of abortions by state and month, April 2022 to March 2023

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Mississippi	350	350	470	<10	<10	<10	<10	<10	<10	<10	<10	<10
Missouri	10	10	10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Montana	170	180	170	160	220	170	200	190	170	210	170	190
Nebraska	200	190	210	210	260	230	240	200	170	320	280	250
Nevada**	1,110	1,040	1,260	1,160	1,440	1,300	1,360	1,320	1,460	1,540	1,420	1,570
New Hampshire	200	170	200	190	210	190	170	180	210	190	200	240
New Jersey***	4,040	3,980	4,060	4,110	4,430	3,830	3,880	2,150	4,280	4,240	4,020	4,580
New Mexico**	1,250	1,240	1,510	1,540	1,540	1,510	1,450	1,500	1,550	1,700	1,590	1,860
New York***	8,790	9,200	9,800	9,430	10,160	9,260	9,320	7,580	8,880	8,660	8,170	9,970
North Carolina*	3,250	3,240	3,210	3,890	4,360	4,060	3,840	3,730	4,040	4,470	4,090	4,700
North Dakota	90	110	130	100	<10	<10	<10	<10	<10	<10	<10	<10
Ohio	2,020	1,980	1,810	800	770	1,060	1,490	1,500	1,780	1,810	1,790	1,950
Oklahoma	480	140	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Oregon	840	800	910	870	1,070	960	960	950	1,010	1,040	870	1,150
Pennsylvania	2,900	2,630	2,900	3,300	3,080	3,000	2,690	2,490	3,070	2,920	2,990	3,520
Rhode Island	310	290	260	280	290	280	310	200	230	260	230	300
South Carolina	690	630	490	180	360	790	830	750	850	990	1,000	1,090
South Dakota	20	40	30	<10	<10	<10	<10	<10	<10	<10	<10	<10
Tennessee	1,180	1,210	1,030	270	250	<10	<10	<10	<10	<10	<10	<10
Texas	2,600	2,840	2,500	50	10	<10	<10	<10	<10	<10	<10	<10
Utah	320	400	360	270	310	320	280	320	340	360	340	400
Vermont	100	110	110	110	120	110	100	110	110	120	90	120
Virginia***	2,310	2,370	2,570	2,800	2,440	2,470	2,550	2,160	2,230	3,280	2,980	3,260
Washington	1,760	1,710	1,940	1,730	1,940	1,990	1,980	1,810	1,930	2,020	1,880	2,050
West Virginia	90	110	110	30	80	<10	<10	<10	<10	<10	<10	<10
Wisconsin**	590	620	520	<10	<10	<10	<10	<10	<10	<10	<10	<10
Wyoming	40	40	50	50	40	60	40	40	50	50	40	50

Table 2, continued. Estimated number of abortions by state and month, April 2022 to March 2023

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Restrictiveness level												
Banned	<10	<10	<10	80	10	730	<10	<10	<10	<10	<10	<10
Gestational limit, 6 weeks	2,600	2,840	2,500	980	2,980	2,120	2,220	2,520	2,260	2,470	2,240	2,790
Permitted	79,280	78,740	81,970	76,920	77,100	71,450	72,630	67,880	77,890	81,620	76,370	88,020
Total	81,880	81,580	84,470	77,980	80,090	74,300	74,850	70,400	80,150	84,090	78,610	90,810

*All numbers in Table 2 have been rounded the nearest 10. Numbers 0-9 have been rounded up to 10 or are represented by <10. Numbers have been corrected as needed for missingness with imputation. For states marked * there is 0-15% imputation, ** 16-30% imputation, *** 31-45%, **** 46-55% imputation. States with no notation by their name have no imputation for missingness.*

Legal status is time varying, and we use the status for each state as reported by the New York Times on the 15th of each month.

Table 3. Estimated change in the number of abortions per month post-*Dobbs* compared to April 2022, by state

	<i>Difference between April 2022 and July 2022</i>	<i>Difference between April 2022 and August 2022</i>	<i>Difference between April and September 2022</i>	<i>Difference between April 2022 and October 2022</i>	<i>Difference between April 2022 and November 2022</i>	<i>Difference between April 2022 and December 2022</i>	<i>Difference between April 2022 and January 2023</i>	<i>Difference between April 2022 and February 2023</i>	<i>Difference between April 2022 and March 2023</i>
All US state totals	-3,900	-1,790	-7,580	-7,030	-11,480	-1,730	2,210	-3,270	8,930
Alabama	-650	-650	-650	-650	-650	-650	-650	-650	-650
Alaska	-10	30	40	20	20	40	20	10	20
Arizona*	-1,180	-640	-760	-960	-570	-540	-210	-350	-70
Arkansas	-290	-290	-290	-290	-290	-290	-290	-290	-290
California*	250	750	-950	-930	-720	1,430	1,930	240	2,260
Colorado*	360	600	390	350	360	510	700	460	770
Connecticut	70	30	-40	-40	-10	70	210	80	310
Delaware	30	50	70	70	100	120	50	20	70
District of Columbia***	-50	30	-80	-30	-100	-90	-20	-50	150
Florida****	480	1,150	690	1,320	800	1,850	1,770	1,680	2,720
Georgia*	-110	-2,410	-2,140	-2,040	-1,740	-2,000	-1,790	-2,020	-1,470
Hawaii	-30	60	40	20	40	30	60	20	40
Idaho	-20	-20	-170	-170	-170	-170	-170	-170	-170
Illinois*	1,180	1,650	1,040	1,020	720	1,330	1,770	1,340	2,350
Indiana**	170	140	-210	-450	-250	-390	-450	-260	-230
Iowa	-20	-100	-60	-70	-30	-10	-10	-80	10
Kansas	-40	310	180	290	160	340	710	630	740
Kentucky	-30	-310	-310	-310	-310	-310	-310	-310	-310
Louisiana	-450	-760	-760	-760	-760	-760	-760	-760	-760
Maine	50	50	30	10	0	10	50	20	80
Maryland**	-90	40	100	150	170	580	630	630	600

Table 3, continued. Estimated change in the number of abortions per month post-*Dobbs* compared to April 2022, by state

	<i>Difference between April 2022 and July 2022</i>	<i>Difference between April 2022 and August 2022</i>	<i>Difference between April and September 2022</i>	<i>Difference between April 2022 and October 2022</i>	<i>Difference between April 2022 and November 2022</i>	<i>Difference between April 2022 and December 2022</i>	<i>Difference between April 2022 and January 2023</i>	<i>Difference between April 2022 and February 2023</i>	<i>Difference between April 2022 and March 2023</i>
Massachusetts	10	10	-120	-160	-180	-30	-10	-230	150
Michigan*	420	530	210	270	100	250	210	160	590
Minnesota	230	290	290	330	360	300	300	170	480
Mississippi	-350	-350	-350	-350	-350	-350	-350	-350	-350
Missouri	-10	-10	-10	-10	-10	-10	-10	-10	-10
Montana	-10	50	0	30	20	0	40	0	20
Nebraska	10	60	30	40	0	-30	120	80	50
Nevada**	50	330	190	250	210	350	430	310	460
New Hampshire	-10	10	-10	-30	-20	10	-10	0	40
New Jersey***	70	390	-210	-160	-1,890	240	200	-20	540
New Mexico**	290	290	260	200	250	300	450	340	610
New York***	640	1,370	470	530	-1,210	90	-130	-620	1,180
North Carolina*	640	1,110	810	590	480	790	1,220	840	1,450
North Dakota	10	-90	-90	-90	-90	-90	-90	-90	-90
Ohio	-1,220	-1,250	-960	-530	-520	-240	-210	-230	-70
Oklahoma	-480	-480	-480	-480	-480	-480	-480	-480	-480
Oregon	30	230	120	120	110	170	200	30	310
Pennsylvania	400	180	100	-210	-410	170	20	90	620
Rhode Island	-30	-20	-30	0	-110	-80	-50	-80	-10
South Carolina	-510	-330	100	140	60	160	300	310	400
South Dakota	-20	-20	-20	-20	-20	-20	-20	-20	-20
Tennessee	-910	-930	-1,180	-1,180	-1,180	-1,180	-1,180	-1,180	-1,180
Texas	-2,550	-2,590	-2,600	-2,600	-2,600	-2,600	-2,600	-2,600	-2,600
Utah	-50	-10	0	-40	0	20	40	20	80

Table 3, continued. Estimated change in the number of abortions per month post-*Dobbs* compared to April 2022, by state

	<i>Difference between April 2022 and July 2022</i>	<i>Difference between April 2022 and August 2022</i>	<i>Difference between April and September 2022</i>	<i>Difference between April 2022 and October 2022</i>	<i>Difference between April 2022 and November 2022</i>	<i>Difference between April 2022 and December 2022</i>	<i>Difference between April 2022 and January 2023</i>	<i>Difference between April 2022 and February 2023</i>	<i>Difference between April 2022 and March 2023</i>
Vermont	10	20	10	0	10	10	20	-10	20
Virginia***	490	130	160	240	-150	-80	970	670	950
Washington	-30	180	230	220	50	170	260	120	290
West Virginia	-60	-10	-90	-90	-90	-90	-90	-90	-90
Wisconsin**	-590	-590	-590	-590	-590	-590	-590	-590	-590
Wyoming	10	0	20	0	0	10	10	0	10
Restrictiveness level	<i>Difference between April 2022 and July 2022</i>	<i>Difference between April 2022 and August 2022</i>	<i>Difference between April and September 2022</i>	<i>Difference between April 2022 and October 2022</i>	<i>Difference between April 2022 and November 2022</i>	<i>Difference between April 2022 and December 2022</i>	<i>Difference between April 2022 and January 2023</i>	<i>Difference between April 2022 and February 2023</i>	<i>Difference between April 2022 and March 2023</i>
Banned	-5,000	-6,050	-7,620	-7,500	-7,500	-7,500	-7,500	-7,500	-7,500
Gestational limit, 6 weeks	-1,730	-3,990	-2,140	-2,040	-1,740	-2,000	-1,790	-2,020	-1,470
Permitted	2,830	8,250	2,180	2,510	-2,240	7,770	11,500	6,250	17,900
Total	-3,900	-1,790	-7,580	-7,030	-11,480	-1,730	2,210	-3,270	8,930

All numbers in Table 3 have been rounded the nearest 10. Numbers 0-9 have been rounded up to 10 or are represented by <10. N Numbers have been corrected as needed for missingness with imputation. For states marked * there is 0-15% imputation, ** 16-30% imputation, *** 31-45%, **** 46-55% imputation. States with no notation by their name have no imputation for missingness.

Legal status is time varying, and we use the status for each state as reported by the New York Times on the 15th of each month.

Table 4. Estimated monthly number of abortions provided by virtual-only clinics by state and state restrictiveness level, April 2022 to March 2023

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
All US state totals	3,650	4,400	5,200	5,570	7,170	6,640	6,790	7,460	8,550	7,140	5,920	6,710
Alabama	0	0	0	0	0	0	0	0	0	0	0	0
Alaska	10	10	20	20	40	40	30	40	40	30	20	20
Arizona	0	0	0	0	0	0	0	0	0	0	0	0
Arkansas	0	0	0	0	0	0	0	0	0	0	0	0
California	690	850	1,010	1,110	1,450	1,330	1,340	1,430	1,670	1,370	1,120	1,210
Colorado	220	300	350	490	610	550	570	560	590	490	450	460
Connecticut	50	60	60	60	110	110	100	130	160	150	100	120
Delaware	20	40	40	40	70	60	60	60	60	70	60	60
District of Columbia	30	30	40	60	70	50	30	30	40	40	30	50
Florida	0	0	0	0	0	0	0	0	0	0	0	0
Georgia	550	520	490	320	0	0	0	0	0	0	0	0
Hawaii	10	10	20	20	60	40	30	30	50	40	20	40
Idaho	20	30	40	50	80	0	0	0	0	0	0	0
Illinois	330	420	530	530	690	640	590	690	780	760	600	750
Indiana	0	0	0	0	0	0	0	0	0	0	0	0
Iowa	20	10	10	20	20	20	30	40	40	30	30	60
Kansas	0	0	0	0	0	0	0	0	10	80	100	140
Kentucky	0	0	0	0	0	0	0	0	0	0	0	0
Louisiana	0	0	0	0	0	0	0	0	0	0	0	0
Maine	10	10	20	20	30	30	30	50	40	40	30	30
Maryland	140	140	180	170	270	260	270	330	400	300	290	340
Massachusetts	70	100	120	130	180	150	210	280	260	200	140	230
Michigan	0	120	190	200	410	410	430	460	560	290	230	240
Minnesota	220	240	260	300	280	280	300	280	280	290	240	330

Table 4, continued. Estimated monthly number of abortions provided by virtual-only clinics by state and state restrictiveness level, April 2022 to March 2023

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Mississippi	0	0	0	0	0	0	0	0	0	0	0	0
Missouri	0	0	0	0	0	0	0	0	0	0	0	0
Montana	40	30	40	40	40	40	40	30	30	40	30	40
Nebraska	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	120	150	180	190	290	320	320	320	370	310	300	310
New Hampshire	0	0	0	10	30	20	30	40	40	20	10	30
New Jersey	140	180	160	230	390	360	380	440	530	450	400	410
New Mexico	100	120	170	210	220	210	220	230	260	210	190	170
New York	370	460	510	510	790	680	700	780	1,000	780	610	660
North Carolina	0	0	0	0	0	0	0	0	0	0	0	0
North Dakota	0	0	0	0	0	0	0	0	0	0	0	0
Ohio	0	0	0	0	0	0	0	0	0	0	0	0
Oklahoma	0	0	0	0	0	0	0	0	0	0	0	0
Oregon	30	60	80	80	130	130	120	150	160	100	80	70
Pennsylvania	0	0	10	40	50	50	60	50	70	80	40	60
Rhode Island	20	20	30	30	20	20	30	30	30	30	30	40
South Carolina	0	0	0	0	0	0	0	0	0	0	0	0
South Dakota	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0	0	0	0	0
Texas	0	0	0	0	0	0	0	0	0	0	0	0
Utah	0	0	0	0	0	0	0	0	0	0	0	0
Vermont	20	10	20	20	20	20	20	20	30	20	10	30
Virginia	240	250	300	380	480	490	520	610	630	570	500	530
Washington	140	190	280	250	310	280	290	320	380	310	230	240
West Virginia	0	0	0	0	0	0	0	0	0	0	0	0
Wisconsin	0	0	0	0	0	0	0	0	0	0	0	0

Table 4, continued. Estimated monthly number of abortions provided by virtual-only clinics by state and state restrictiveness level, April 2022 to March 2023

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Wyoming	40	40	40	40	30	50	40	30	40	40	30	40
Restrictiveness level												
Banned	0	0	0	0	0	0	0	0	0	0	0	0
Gestational limit, 6 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Permitted	3,650	4,400	5,200	5,570	7,170	6,640	6,790	7,460	8,550	7,140	5,920	6,710
Total	3,650	4,400	5,200	5,570	7,170	6,640	6,790	7,460	8,550	7,140	5,920	6,710

Abortions provided by virtual-only clinics are counted as having occurred in the state where the medications were prescribed.

All numbers in Table 4 have been rounded the nearest 10.

Legal status is time varying, and we use the status for each state as reported by the New York Times on the 15th of each month.

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