



#WeCount Report
April 2022 to June 2023
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Note: This is the fourth 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/10.46621/218569qkqmb1>.

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. In other states, the enforceability of pre-*Roe* abortion restrictions remains unclear, and some abortion providers suspended care due to fear of criminal persecution either temporarily or permanently. At the same time, some states have passed protective legislation that has potentially increased access – for residents and people coming from ban states – and protected providers. Given the shifts in where people obtain abortion care in the year following the decision, this national reporting study measures abortions obtained within the formal healthcare system in each state.

#WeCount previously reported on the number of abortions from April 2022 to March 2023, per month, nationally and by state, and restrictiveness level. This report documents the number of abortions from April 2022 to June 2023, representing one full year of abortion delivery post-*Dobbs*. Due to ongoing recruitment and enrollment of providers, we now have more complete data, meaning that numbers in some states for April through March have been revised from our previous reports. Additionally, we have refined our methods for imputation and our pre-*Dobbs* data for comparisons (see Methods). The data include clinician-provided abortions, defined in this report as medication or procedural abortions completed by a licensed clinician in a clinic, private medical office, hospital, or virtual-only clinics (ie, 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 on abortion access in states across the country, we compared abortion volume data from April and May 2022, as our pre-*Dobbs* period, to data from July 2022 through June 2023 as our post-*Dobbs* period. Across the US, we found:

- In the year 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 2,200 cumulative more abortions during the 12 months July 2022 to June 2023 (Table 2).
- In the two months before *Dobbs*, the average monthly number of abortions provided by clinicians in the US was 82,115 while in the 12 months after *Dobbs*, the average monthly number of abortions was 82,298 (Table 2).
- The greatest increases in the monthly average number of abortions occurred in March 2023 with 10,565 more abortions than the pre-*Dobbs* period (Table 3).
- The increases in many states mask drastic declines in states with bans.
- The number of abortions nationally has varied month-to-month, with the greatest decline in November 2022 with 8,185 fewer abortions (Table 3).
- Abortion had been increasing in the US since 2017, and abortion rates continued to increase up to the *Dobbs* decision. Thus, the drops in states that lost access in the US after *Dobbs* are even more striking given that need for abortion appeared to be increasing.
- States that experienced declines in the number of abortions after *Dobbs* were also the states with the most restrictions pre-*Dobbs*. Thus, the number of abortions in the months leading up to *Dobbs* likely underrepresent the true need for abortion care.
- Abortions provided by virtual-only clinics continue to increase in the post-*Dobbs* period, increasing from a monthly average of 4,045 abortions before the *Dobbs* decision (nearly 5% of all abortions), to an average of 6,950 abortions per month in the 12 months following the *Dobbs* decision (greater than 8% of all abortions). This change represents an increase of 72% 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 has been completely banned increased from 9 states in July 2022 to 14 in June 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. North Dakota banned abortion in April 2023.

- States with abortion bans experienced the greatest reductions in numbers of abortions. In states with total abortion bans, cumulatively there have been 94,930 fewer clinician-provided abortions in the year since *Dobbs* (Table 2).
- This change represents a decrease of 100% in the number of abortions, comparing pre-*Dobbs* 2022 and June 2023.

Ohio and South Carolina had six-week bans in place for the first two months after the *Dobbs* decision and Georgia had a six-week ban beginning in August 2022, which was still in effect as of June 2023.

- States where abortion with six-week abortion bans were in effect saw a cumulative total of 19,660 fewer abortions provided by a clinician (Table 2).
- During the 12 months after the Court's decision, states where abortion was banned or limited to six weeks had 114,590 fewer abortions than would have been expected based on pre-*Dobbs* numbers.

In July 2022, abortion was legal beyond six weeks in 39 states and Washington DC, but this number dropped down to 35 by June 2023.

- The estimated monthly number of abortions provided by a clinician in states and in months where abortion was legal with few restrictions *increased* from 69,940 abortions pre-*Dobbs* 2022 to a monthly average of 79,673 abortions post-*Dobbs* (Table 2).
- States where abortion remained legal saw an average of 9,733 more abortions per month and a cumulative total of 116,790 more abortions in those states in the 12 months post *Dobbs* than would have been expected (Table 2).

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 cumulative increases in the total number of abortions provided by a clinician during the 12-month period after *Dobbs*, referred to in this report as “surge states,” include Illinois (21,500), Florida (20,460), North Carolina (11,830), California (8,810) New Mexico (8,640). The increases vary by month in each state.

Many states where abortion remains legal with few restrictions, especially in the Northeast and Northwest, and especially when not bordering restrictive states, did not experience surges in abortions. We observed greater increases 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 Florida, North Carolina, and Virginia continued to see surges in patients. These states have served 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 12-month period after the *Dobbs* decision compared to baseline include Texas (36,970), Georgia (19,660), Tennessee (13,930), Louisiana (9,110), Alabama (7,620), Wisconsin (7,260). A total of 14 states experienced a 100% decrease during the study period.

The declines in Texas are underestimated given that in April and May 2022, a six-week ban was already in effect. If Texas did not have a ban in place and pre-*Dobbs* numbers for April and May were similar to those months in 2021 (average monthly number of abortions= 5,180), cumulatively Texas saw 62,200 fewer abortions in the 12-month period. Declines seen in Oklahoma are also underestimated given that several of the facilities there stopped providing abortions in April 2022 and then a total abortion ban went into effect in May 2022.

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 of them. We started with the Abortion Facility Database from Advancing New Standards in Reproductive Health (ANSIRH) 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. For this report, we asked providers to share monthly abortion counts for April 2022-June 2023. We continue to recruit abortion providers throughout the study period, incorporating their numbers into each data release. The Society provided compensation to participating facilities for each monthly

submission. Ultimately, 83% of all providers known to #WeCount agreed to participate in this effort.

In this report, we updated some state-level abortion counts, reflecting both revised data submitted by clinics, and newly reported data, previously imputed, from providers that have since joined #WeCount. We describe our imputation strategy below.

We had 100% participation from all clinics in 26 states. For this report, we refined our approach to imputation for missing data in several ways. We developed state-level imputations to account for known clinics that did not participate at all in the remaining states. For 14 states and Washington DC, we estimated the number of missing abortions by state using several information sources, including state health department data, news articles, contacts known to the missing clinics, and knowledge of the abortion volumes by state. The Guttmacher Institute also shared state-level information from the 2020 Abortion Provider Census on missing abortion volume.

For an additional ten states, we estimated the number of abortions provided by hospitals or primary care providers known to provide a small number of abortions but provided no data to #WeCount. Using data reported to #WeCount, we computed the mean number of abortions per month provided by similar hospitals and primary care providers nationally that reported low volumes in April and May 2022. We used this mean to impute April and May 2022 for hospitals and primary care providers that provided no data to #WeCount. We then calculated the average percent change in abortion volume in the state, and imputed values for these low volume clinics for the rest of the study period.

Additionally, we also developed clinic-level imputations for clinics that did not submit a full 15 months of data. For these we calculated average percent change in abortion volume in the state, and imputed values for clinics with missing months.

In total, we received reports representing 82% of all abortions provided by clinicians in the US, while the remaining 18% of the data was imputed. The magnitude of imputation (including state-level imputation, low volume clinic imputation, and clinic-level imputation) is noted with symbols in the data tables.

We estimated numbers of abortions by state restrictiveness level using three categories: states that banned 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.

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.

Table 1 presents the total number of abortions per month by state, for the US, and by restrictiveness category for April 2022 to June 2023. Monthly state totals were rounded to the nearest 10. If the number of abortions for a given state was 0 to 9 for a single month, it was either rounded up to 10, or represented as <10 in the table. Thus, any cell <10 could represent 0 abortions provided. Telehealth abortions provided by virtual-only clinics were counted as part of the abortion total for the state to where the medications were mailed.

Table 2 presents the average number of monthly abortions in the pre-*Dobbs* period (the average of April and May 2022) and in the post-*Dobbs* period (the average of July 2022-June 2023), by state, for the US, and by restrictiveness category. We also present the cumulative sum of all monthly differences in abortion volume from the post-*Dobbs* period (July 2022-June 2023) to the pre-*Dobbs* period (the average of April 2022 and May 2022), and the average monthly difference between the two periods. Note that we have changed our methodology for this table; in previous reports we made comparisons to April 2022. However, given month-to-month variation in volume, in this report we use the average of April and May 2022 to represent the pre-*Dobbs* period for greater stability.

Table 3 presents the monthly difference in abortion volume comparing each month (July 2022-June 2023) to the pre-*Dobbs* period (the average of April 2022 and May 2022), by state, for the US, and by restrictiveness category.

Finally, Table 4 presents the total number of abortions provided by virtual-only clinics per month by state, for the US, and by restrictiveness category for April 2022 to June 2023.

Implications

Trends in the 12 months after Dobbs

Compared to the pre-*Dobbs* months, the monthly average number of abortions in the 12 months post *Dobbs* was, on the one hand, much lower in states that banned abortion, on the other hand, much higher in states that did not ban abortion, than would have been expected if pre-*Dobbs* rates of abortion had remained consistent. Nationally on average, there were 82,115 abortions per month in the two months prior to *Dobbs* period, compared to 82,298 in the post-*Dobbs* period. (Table 2)

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 12-month period in November (Table 3). 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.

Despite 94,930 fewer abortions in states that banned abortion, nationally we saw an increase of 183 average monthly abortions. Several possible explanations may account for this observed increase. Abortion-providing facilities have increased efforts to see patients quickly, particularly in states with early gestational limits. Many facilities in states where abortion is permitted have expanded their capacity and new clinics have opened in surge states, including in Illinois, Kansas, and New Mexico. Many facilities have added capacity for telehealth services, and new virtual clinics, which offer only telehealth care at substantially lower price points have opened in these states. Additionally, several states have passed laws to expand abortion access and protect providers; such laws have likely led to increases among both residents and people traveling from states with bans. Such laws include funding to cover abortion care for out-of-state residents, and policies that mandate insurance coverage of abortion. Given increases in states that are close to states with bans, abortion seekers very likely traveled to nearby states for care.

While it is beyond the scope of these data to test hypotheses about the observed increases in abortion volume in some states, we present some additional possible explanations here. Increased donor funding may have assisted patients who need to travel for care but could not afford to.²⁻⁴ Clinics and practical support groups became more established in assisting with travel. Access may have been improved via more information on-line about appointment availability. Finally, community mobilization around abortion access may have led to a reduction in abortion-related stigma, impacting people's abortion decision making. In other words, some people with unmet need for abortion, who would have been unable to overcome structural barriers before *Dobbs*, may now be able to get abortion care. 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 (82,115) was higher than previous years. The Guttmacher Institute's abortion provider census reported a monthly average of 77,521 in 2020.⁵ The increase observed in April and May 2022 is consistent with an ongoing upward trend in abortion incidence since 2017.⁵ Additionally, the increase in demand for abortion 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.^{6,7} Thus, the loss of abortion access in 14 states in the US after *Dobbs* is even more striking given that there were trends of increasing abortion utilization just before *Dobbs*.

In the 12 months after *Dobbs*, an estimated 94,930 fewer abortions were provided in states that had banned abortion. This translates to, in the 12 months following the *Dobbs* decision, an average of 7,911 fewer clinician-provided abortions per month who were able to obtain abortions in states with bans, as compared to pre-*Dobbs*. 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 six-week ban in place for a year, resulting in an underestimate of the true declines seen in that state. Research shows this ban in Texas reduced the monthly number of abortions in Texas by about 2,070.⁸

Data limitations

Measuring abortion access and use is fraught with challenges.⁹ 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.¹⁰ 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, a large proportion of abortions in Florida, New Jersey, New York, Washington DC, and Virginia. While we corroborated our numbers with Department of Health data for Florida, our abortion counts are more uncertain in the states that have greater levels of imputation. Finally, we did not account for seasonality-related changes in abortion volume, which has historically meant 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.¹¹ 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.¹² 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.¹³

Distance to care is also one of the biggest barriers, and prior research suggests that even an increase of 100 miles to abortion care can lead to increased birth rates.^{14,15} 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,^{16,17} poorer physical health,^{18,19} and continued exposure to violence from the man involved in the pregnancy.²⁰ 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 12 months after the decision, as well as those who will certainly be impacted in the future.

Table 1. Estimated number of abortions by state and month, April 2022 to June 2023

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
All US state totals	82,420	81,810	84,660	78,270	80,950	75,490	76,300	73,930	82,610	86,200	80,120	92,680	84,480	87,710	88,840
Alabama	650	620	520	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Alaska [†]	120	120	140	110	150	150	140	140	160	130	130	140	120	140	140
Arizona [‡]	1,330	1,470	1,170	210	720	610	420	790	820	1,120	990	1,260	1,000	1,230	1,080
Arkansas	290	340	260	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
California [†]	12,980	12,960	13,580	13,250	13,760	12,070	12,100	12,320	14,450	14,920	13,190	15,190	14,320	14,440	14,440
Colorado [†]	1,580	1,700	1,780	1,940	2,190	1,970	1,940	1,940	2,100	2,290	2,040	2,350	2,220	2,240	2,220
Connecticut	890	920	940	960	920	850	850	880	960	1,100	970	1,200	1,210	1,210	1,210
Delaware*	190	210	240	220	240	260	260	290	310	240	210	260	230	270	270
District of Columbia [‡]	910	880	880	890	970	850	900	820	840	910	880	1,090	940	940	920
Florida [¶]	6,000	6,000	6,540	6,540	7,280	6,770	7,470	6,890	8,060	7,970	7,870	9,020	7,830	7,870	8,890
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	2,420	2,340	2,340
Hawaii	240	210	250	210	300	280	260	280	270	300	260	280	310	260	260
Idaho [†]	170	180	190	160	160	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Illinois [‡]	5,530	5,490	6,120	6,720	7,200	6,590	6,560	6,330	7,200	7,780	7,240	8,390	7,660	7,910	8,040
Indiana [§]	940	880	890	1,110	1,090	730	490	690	550	490	690	720	600	680	700
Iowa	380	370	390	360	280	320	310	350	370	370	300	390	200	260	260
Kansas [‡]	970	950	930	930	1,280	1,150	1,260	1,130	1,310	1,660	1,560	1,700	1,560	1,650	1,670
Kentucky	310	380	300	280	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Louisiana	760	810	540	310	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Maine	190	230	240	240	240	220	200	190	200	240	210	260	230	250	250
Maryland [§]	2,630	2,610	2,650	2,550	2,720	2,780	2,840	2,870	3,330	3,360	3,370	3,350	3,320	3,660	3,620
Massachusetts [‡]	1,590	1,470	1,570	1,600	1,610	1,570	1,530	1,500	1,660	1,690	1,450	1,860	1,600	1,690	1,730
Michigan [‡]	2,680	2,630	2,990	3,110	3,230	3,040	3,060	2,930	3,100	3,070	2,990	3,450	3,230	3,050	3,080
Minnesota*	930	920	1,030	1,160	1,220	1,220	1,260	1,290	1,230	1,230	1,100	1,410	1,230	1,350	1,370
Mississippi	350	350	470	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Missouri	10	10	10	<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	180	200	200
Nebraska	200	190	210	210	260	230	240	200	170	320	280	250	280	240	240
Nevada [‡]	1,070	1,000	1,220	1,130	1,410	1,290	1,350	1,300	1,440	1,510	1,400	1,540	1,410	1,380	1,420
New Hampshire [‡]	210	180	210	200	220	200	190	190	230	200	210	250	250	220	230
New Jersey [¶]	3,840	3,900	3,980	4,080	4,510	3,910	3,980	4,210	4,510	4,520	4,170	4,780	4,480	4,880	4,730

Table 1, continued. Estimated number of abortions by state and month, April 2022 to June 2023

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
New Mexico [‡]	1,200	1,180	1,450	1,480	1,570	1,760	1,810	1,910	2,020	2,120	1,890	2,220	1,930	2,070	2,140
New York [¶]	8,780	9,190	9,720	9,360	10,280	9,290	9,410	7,740	9,160	8,750	8,080	9,900	9,180	9,460	9,770
North Carolina [§]	3,250	3,240	3,210	3,900	4,360	4,060	3,840	3,680	4,070	4,510	4,120	4,730	4,220	4,580	4,700
North Dakota	90	110	130	100	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Ohio [§]	2,040	2,000	1,830	810	780	1,080	1,510	1,510	1,800	1,830	1,810	1,970	1,610	2,390	2,020
Oklahoma	480	140	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Oregon*	840	800	910	870	1,070	960	960	950	1,010	1,050	880	1,150	1,060	1,120	1,120
Pennsylvania*	2,910	2,640	2,910	3,310	3,090	3,010	2,700	2,500	3,080	2,860	2,970	3,470	2,900	3,060	3,050
Rhode Island*	310	290	260	280	290	280	310	200	230	260	230	300	200	200	210
South Carolina [†]	690	630	490	180	360	790	830	750	850	990	1,000	1,090	950	930	930
South Dakota	20	40	30	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Tennessee*	1,190	1,220	1,040	280	250	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Texas*	3,190	2,990	2,600	70	<10	<10	<10	10	<10	10	<10	10	<10	<10	10
Utah	320	400	360	270	310	320	280	320	340	360	340	400	340	330	330
Vermont	100	110	110	110	120	110	100	110	110	120	90	120	120	110	110
Virginia [§]	2,160	2,210	2,400	2,650	2,380	2,410	2,500	2,160	2,260	3,160	2,870	3,100	3,170	3,080	3,120
Washington [†]	1,760	1,710	1,940	1,730	1,940	1,990	1,980	1,810	1,930	2,030	1,880	2,050	1,930	1,980	1,980
West Virginia [†]	90	120	110	30	80	20	<10	<10	<10	<10	<10	<10	<10	<10	<10
Wisconsin [‡]	590	620	520	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Wyoming	40	40	50	50	40	60	40	40	50	50	40	50	30	40	40
Legal status with gestational limit, collapsed															
Banned	<10	<10	<10	100	<10	730	<10	10	<10	10	<10	10	10	<10	10
Gestational limit, 6 weeks	3,190	2,990	2,600	990	2,990	2,120	2,220	2,520	2,260	2,470	2,240	2,790	2,420	2,340	2,340
Permitted	79,230	78,820	82,060	77,180	77,960	72,640	74,080	71,400	80,350	83,720	77,880	89,880	82,050	85,370	86,490

All numbers in Table 1 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 less than 1% imputation, † 1-4% imputation, ‡ 5-14% imputation, § 15-29% imputation, ¶ 30-44% imputation, ¶¶ >45% 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. 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 June 2023</i>	<i>Cumulative sum of differences, all post-Dobbs months compared to average of April and May 2022</i>	<i>Average monthly difference in post-Dobbs months compared to average of April and May 2022</i>
All US state totals	82,115	82,298	2,200	183
Alabama	635	0	-7,620	-635
Alaska [†]	120	138	210	18
Arizona [†]	1,400	854	-6,550	-546
Arkansas	315	0	-3,780	-315
California [†]	12,970	13,704	8,810	734
Colorado [†]	1,640	2,120	5,760	480
Connecticut	905	1,027	1,460	122
Delaware*	200	255	660	55
District of Columbia [‡]	895	913	210	18
Florida [¶]	6,000	7,705	20,460	1,705
Georgia*	4,115	2,477	-19,660	-1,638
Hawaii	225	273	570	48
Idaho [†]	175	27	-1,780	-148
Illinois [‡]	5,510	7,302	21,500	1,792
Indiana [§]	910	712	-2,380	-198
Iowa	375	314	-730	-61
Kansas [‡]	960	1,405	5,340	445
Kentucky	345	23	-3,860	-322
Louisiana	785	26	-9,110	-759
Maine	210	228	210	18
Maryland [§]	2,620	3,148	6,330	528
Massachusetts [‡]	1,530	1,624	1,130	94
Michigan [‡]	2,655	3,112	5,480	457
Minnesota*	925	1,256	3,970	331

Table 2, continued. 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 June 2023</i>	<i>Cumulative sum of differences, all post-Dobbs months compared to average of April and May 2022</i>	<i>Average monthly difference in post-Dobbs months compared to average of April and May 2022</i>
Mississippi	350	0	-4,200	-350
Missouri	10	1	-110	-9
Montana*	175	188	160	13
Nebraska	195	243	580	48
Nevada [‡]	1,035	1,382	4,160	347
New Hampshire [‡]	195	216	250	21
New Jersey [¶]	3,870	4,397	6,320	527
New Mexico [‡]	1,190	1,910	8,640	720
New York [¶]	8,985	9,198	2,560	213
North Carolina [§]	3,245	4,231	11,830	986
North Dakota	100	8	-1,100	-92
Ohio [§]	2,020	1,593	-5,120	-427
Oklahoma	310	0	-3,720	-310
Oregon*	820	1,017	2,360	197
Pennsylvania*	2,775	3,000	2,700	225
Rhode Island*	300	249	-610	-51
South Carolina [†]	660	804	1,730	144
South Dakota	30	0	-360	-30
Tennessee*	1,205	44	-13,930	-1,161
Texas*	3,090	9	-36,970	-3,081
Utah	360	328	-380	-32
Vermont	105	111	70	6
Virginia [§]	2,185	2,738	6,640	553
Washington [†]	1,735	1,936	2,410	201
West Virginia [†]	105	11	-1,130	-94
Wisconsin [‡]	605	0	-7,260	-605
Wyoming	40	44	50	4

Table 2, continued. 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 June 2023</i>	<i>Cumulative sum of differences, all post-Dobbs months compared to average of April and May 2022</i>	<i>Average monthly difference in post-Dobbs months compared to average of April and May 2022</i>
Restrictiveness level				
Banned	8,060	149	-94,930	-7,911
Gestational limit, 6 weeks	4,115	2,477	-19,660	-1,638
Permitted	69,940	79,673	116,790	9,733

*Numbers have been corrected as needed for missingness with imputation. For states marked * there is less than 1% imputation, † 1-4% imputation, ‡ 5-14% imputation, § 15-29% imputation, || 30-44% imputation, ¶ >45% 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 pre-*Dobbs* months (April and May 2022), by state

	Difference between 2-month pre- <i>Dobbs</i> average and...											
	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
All US state totals	-3,845	-1,165	-6,625	-5,815	-8,185	495	4,085	-1,995	10,565	2,365	5,595	6,725
Alabama	-635	-635	-635	-635	-635	-635	-635	-635	-635	-635	-635	-635
Alaska [†]	-10	30	30	20	20	40	10	10	20	0	20	20
Arizona [‡]	-1,190	-680	-790	-980	-610	-580	-280	-410	-140	-400	-170	-320
Arkansas	-315	-315	-315	-315	-315	-315	-315	-315	-315	-315	-315	-315
California [†]	280	790	-900	-870	-650	1,480	1,950	220	2,220	1,350	1,470	1,470
Colorado [†]	300	550	330	300	300	460	650	400	710	580	600	580
Connecticut	55	15	-55	-55	-25	55	195	65	295	305	305	305
Delaware*	20	40	60	60	90	110	40	10	60	30	70	70
District of Columbia [‡]	-5	75	-45	5	-75	-55	15	-15	195	45	45	25
Florida [¶]	540	1,280	770	1,470	890	2,060	1,970	1,870	3,020	1,830	1,870	2,890
Georgia*	35	-2,265	-1,995	-1,895	-1,595	-1,855	-1,645	-1,875	-1,325	-1,695	-1,775	-1,775
Hawaii	-15	75	55	35	55	45	75	35	55	85	35	35
Idaho [†]	-15	-15	-175	-175	-175	-175	-175	-175	-175	-175	-175	-175
Illinois [‡]	1,210	1,690	1,080	1,050	820	1,690	2,270	1,730	2,880	2,150	2,400	2,530
Indiana [§]	200	180	-180	-420	-220	-360	-420	-220	-190	-310	-230	-210
Iowa	-15	-95	-55	-65	-25	-5	-5	-75	15	-175	-115	-115
Kansas [‡]	-30	320	190	300	170	350	700	600	740	600	690	710
Kentucky	-65	-345	-345	-345	-345	-345	-345	-345	-345	-345	-345	-345
Louisiana	-475	-785	-785	-785	-785	-785	-785	-785	-785	-785	-785	-785
Maine	30	30	10	-10	-20	-10	30	0	50	20	40	40
Maryland [§]	-70	100	160	220	250	710	740	750	730	700	1,040	1,000
Massachusetts [‡]	70	80	40	0	-30	130	160	-80	330	70	160	200
Michigan [‡]	455	575	385	405	275	445	415	335	795	575	395	425
Minnesota*	235	295	295	335	365	305	305	175	485	305	425	445
Mississippi	-350	-350	-350	-350	-350	-350	-350	-350	-350	-350	-350	-350

Table 3, continued. Estimated change in the number of abortions per month post-Dobbs compared to pre-Dobbs months (April and May 2022), by state

	Difference between 2-month pre-Dobbs average and...											
	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Missouri	-10	-10	-10	-10	-10	-10	-10	-10	-10	0	-10	-10
Montana*	-15	45	-5	25	15	-5	35	-5	15	5	25	25
Nebraska	15	65	35	45	5	-25	125	85	55	85	45	45
Nevada [‡]	95	375	255	315	265	405	475	365	505	375	345	385
New Hampshire [‡]	5	25	5	-5	-5	35	5	15	55	55	25	35
New Jersey [¶]	210	640	40	110	340	640	650	300	910	610	1,010	860
New Mexico [‡]	290	380	570	620	720	830	930	700	1,030	740	880	950
New York [¶]	375	1,295	305	425	-1,245	175	-235	-905	915	195	475	785
North Carolina [§]	655	1,115	815	595	435	825	1,265	875	1,485	975	1,335	1,455
North Dakota	0	-100	-100	-100	-100	-100	-100	-100	-100	-100	-100	-100
Ohio [§]	-1,210	-1,240	-940	-510	-510	-220	-190	-210	-50	-410	370	0
Oklahoma	-310	-310	-310	-310	-310	-310	-310	-310	-310	-310	-310	-310
Oregon*	50	250	140	140	130	190	230	60	330	240	300	300
Pennsylvania*	535	315	235	-75	-275	305	85	195	695	125	285	275
Rhode Island*	-20	-10	-20	10	-100	-70	-40	-70	0	-100	-100	-90
South Carolina [‡]	-480	-300	130	170	90	190	330	340	430	290	270	270
South Dakota	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30
Tennessee*	-925	-955	-1,205	-1,205	-1,205	-1,205	-1,205	-1,205	-1,205	-1,205	-1,205	-1,205
Texas*	-3,020	-3,090	-3,090	-3,090	-3,080	-3,090	-3,080	-3,090	-3,080	-3,090	-3,090	-3,080
Utah	-90	-50	-40	-80	-40	-20	0	-20	40	-20	-30	-30
Vermont	5	15	5	-5	5	5	15	-15	15	15	5	5
Virginia [§]	465	195	225	315	-25	75	975	685	915	985	895	935
Washington [‡]	-5	205	255	245	75	195	295	145	315	195	245	245
West Virginia [‡]	-75	-25	-85	-105	-105	-105	-105	-105	-105	-105	-105	-105
Wisconsin [‡]	-605	-605	-605	-605	-605	-605	-605	-605	-605	-605	-605	-605
Wyoming	10	0	20	0	0	10	10	0	10	-10	0	0

Table 3, continued. Estimated change in the number of abortions per month post-Dobbs compared to pre-Dobbs months (April and May 2022), by state

	Difference between 2-month pre-Dobbs average and...												
	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	
Legal status with gestational limit, collapsed													
Banned	-5,350	-6,475	-8,035	-7,960	-7,950	-7,960	-7,950	-8,060	-8,050	-8,050	-8,060	-8,050	
Gestational limit, 6 weeks	-1,690	-3,805	-1,995	-1,895	-1,595	-1,855	-1,645	-1,875	-1,325	-1,695	-1,775	-1,775	
Permitted	3,195	9,115	3,405	4,040	1,360	10,310	13,680	7,940	19,940	12,110	15,430	16,550	

Numbers have been corrected as needed for missingness with imputation. For states marked * there is less than 1% imputation, † 1-4% imputation, ‡ 5-14% imputation, § 15-29% imputation, || 30-44% imputation, ¶ >45% 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 June 2023

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23
All US state totals	3,650	4,440	5,200	5,570	7,160	6,620	6,790	7,460	8,550	7,180	5,890	6,650	7,700	6,920	6,910
Alabama	0	0	0	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	40	30	30
Arizona [‡]	0	0	0	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	0	0	0
California [†]	690	850	1,010	1,110	1,450	1,330	1,340	1,430	1,670	1,390	1,100	1,170	1,470	1,190	1,190
Colorado [†]	220	340	350	490	610	550	570	560	590	490	440	450	540	530	500
Connecticut	50	60	60	60	110	110	100	130	160	150	100	120	160	140	140
Delaware*	20	40	40	40	70	60	60	60	60	70	60	60	70	70	70
District of Columbia [‡]	30	30	40	60	70	50	30	30	40	40	30	50	50	50	50
Florida [¶]	0	0	0	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	0	0	0
Hawaii	10	10	20	20	60	40	30	30	50	40	20	40	40	30	30
Idaho [†]	20	30	40	50	80	0	0	0	0	0	0	0	0	0	0
Illinois [‡]	330	420	530	530	690	640	590	690	780	760	600	750	770	840	840
Indiana [§]	0	0	0	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	50	20	20
Kansas [‡]	0	0	0	0	0	0	0	0	10	80	100	140	120	140	140
Kentucky	0	0	0	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	0	0	0
Maine	10	10	20	20	30	30	30	50	40	40	30	30	60	40	40
Maryland [§]	140	140	180	170	270	260	270	330	400	310	300	360	360	370	370
Massachusetts [‡]	70	100	120	130	180	150	210	280	260	200	140	230	230	220	220
Michigan [‡]	0	120	190	200	410	410	430	460	560	290	230	240	320	180	180
Minnesota*	220	240	260	300	280	280	300	280	280	290	240	330	270	290	290

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

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23
Mississippi	0	0	0	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	0	0	0
Montana*	40	30	40	40	40	40	40	30	30	40	30	40	30	30	40
Nebraska	0	0	0	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	320	240	240
New Hampshire‡	0	0	0	10	30	20	30	40	40	20	10	30	40	10	10
New Jersey ^l	140	180	160	230	380	360	380	440	530	520	420	440	510	480	480
New Mexico‡	100	120	170	210	220	210	220	230	260	210	190	160	170	180	180
New York ^l	370	460	510	510	790	660	700	780	1,000	780	610	660	810	670	680
North Carolina ^s	0	0	0	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	0	0	0
Ohio ^s	0	0	0	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	0	0	0
Oregon*	30	60	80	80	130	130	120	150	160	110	90	80	210	140	140
Pennsylvania*	0	0	10	40	50	50	60	50	70	0	0	0	0	0	0
Rhode Island*	20	20	30	30	20	20	30	30	30	30	30	40	20	40	40
South Carolina†	0	0	0	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	0	0	0
Tennessee*	0	0	0	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	0	0	0
Utah	0	0	0	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	20	10	10
Virginia ^s	240	250	300	380	480	490	520	610	630	570	500	530	610	660	660
Washington†	140	190	280	250	310	280	290	320	380	320	230	240	390	290	290
West Virginia†	0	0	0	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	0	0	0
Wyoming	40	40	40	40	30	50	40	30	40	40	30	40	20	30	30

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

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23
Legal status with gestational limit, collapsed															
Banned	0	0	0	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	0	0	0
Permitted	3,650	4,440	5,200	5,570	7,160	6,620	6,790	7,460	8,550	7,180	5,890	6,650	7,700	6,920	6,910
Total	3,650	4,440	5,200	5,570	7,160	6,620	6,790	7,460	8,550	7,180	5,890	6,650	7,700	6,920	6,910

Telehealth abortions provided by virtual-only clinics are counted as having occurred in the state where the medications were mailed to. 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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