

Post-Dobbs Research Signal

Last updated July 30, 2024

The following is a list of published and in progress research on the impact of the *Dobbs* decision. This list will be updated quarterly by the Society of Family Planning. If you have any published or in progress research to share, please submit the details via this [form](#). Please contact Grants@SocietyFP.org with any questions.

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Abortion access

Published research

[Abortion Access Dashboard](#), January 2024.

- This dashboard compiles and describes data on driving distances and facility congestion before and after *Dobbs*, using data from the Myers Abortion Facility Database and Appointment Availability Survey. Users can download distances at the county and state level.

[Abortion in Ohio post-*Dobbs*: Unpacking the numbers and stories](#), February 2023.

- Overall, the six-week ban that Ohio enacted following *Dobbs* created meaningful hurdles for those seeking care, and many Ohioans sought care out-of-state.

[Adolescent awareness of the changing legal landscape of abortion in the US and its implications](#), August 2023.

- In a survey of 654 14-24-year-olds done after the leaked decision and before the final SCOTUS decision, most adolescents and young adults were aware of potential changes to abortion access, described negative emotions about the changing legal landscape, and reported using the internet and social media for information about abortions. When considering factors for abortion decisions, adolescents most often discussed finances and life circumstances.

[A geospatial analysis of abortion access in the United States after the reversal of *Roe v Wade*](#), November 2023.

- In 2022, two of every five American women did not have access to an abortion facility within a 30-minute drive, and one in four lacked access within a 90-minute drive. These proportions could significantly increase if access is restricted further with state bans proposed in 2023.

[A nationwide sample of adolescents and young adults share where they would go online for abortion information after *Dobbs v. Jackson*](#), December 2023.

- Many adolescents and young adults (46%; n=234) could name specific online resources of known organizations or individuals for abortion information, while 14% named general clinical or governmental resources and 13% named social media platforms. Eight percent expressed skeptical sentiments about online abortion information and 17% (n=99) said they were not sure or did not have an opinion.

[How TikTok is being used to talk about abortion post-Roe: A content analysis of the most liked abortion TikToks](#), May 2024.

- Findings reveal the far reach of TikTok, which underscores the importance of analyzing online sources of information about abortion. The most liked TikToks are a source of abortion news, political opinion, personal stories, and debate rather than a source of health information for abortion seekers.

[Myers Abortion Facility Database](#), May 2024.

- This database identifies the names and addresses of all facilities—including private physician offices, hospitals, and freestanding clinics—that publicly advertised the provision of abortion services or are otherwise likely to be identifiable to a large fraction of people seeking abortion. This database covers the period January 1, 2009 through May 1, 2024 for all states, and continues to be updated quarterly.

[Public health and clinical implications of *Dobbs v. Jackson* for patients and healthcare providers: A scoping review](#), March 2024.

- This scoping review found that *Dobbs* increased demand for contraception, magnified existing travel- and cost-related barriers to access, further polarized views on abortion and complex family planning on social media, and evoked substantial concerns among medical trainees regarding their scope of practice and potential legal repercussions for providing abortion care.

[Seeking financial and practical support in an abortion-hostile state: Analysis of abortion fund data in Kentucky, 2014–2021](#), June 2024.

- This study analyzed 2014–2021 administrative data from the Kentucky Health Justice Network's (KHJN) Abortion Support Fund and compared them to abortion data from the Kentucky Department for Public Health (KDPH). Compared with KDPH data, KHJN had a higher percentage of callers who were under age 30, a higher percentage of callers who were Black or another race, and a higher percentage of callers at 14 weeks' gestation or higher.

[State violence and the far-reaching impact of *Dobbs*](#), June 2024.

- The Repro Legal Helpline identified five trends emerging the wake of *Dobbs* that are curtailing people's access or punishing people for abortion: including the denial of emergency abortion care, a rise in health care providers being used as an arm of the state to criminalize their patients or deprive them of care the state opposes, the elimination of abortion access for people facing incarceration, parole, or probation, and the criminalization of people who support others access abortion.

[The perceived impact of a post-*Dobbs* landscape on US adolescents and young adults](#), June 2024.

- Many respondents (N=565, response rate 71%) had conversations about abortion with peers (28%), followed by parents or family (20%); nearly 20% stated they have never had a conversation about abortion. The majority of respondents (55%) believed they and their peers should have access to abortion care without required parental consent/notification, frequently citing individual rights/autonomy (31%) followed by harms of parental involvement (12%).

["Time and money and support": Adolescents and young adults' perceived social and logistical support needs for safe abortion care](#), October 2023.

- Respondents in a nationwide sample (N=638) of individuals aged 14-24 named parents and friends as primary sources of social support for potential abortion decisions. They frequently cited money and transportation as logistical support needs for out-of-state abortion care.

[Trends in interstate abortion travel to Oregon following the *Dobbs* court decision](#), June 2024.

- Following the *Dobbs* decision, 14.3% of abortions in Oregon were out-of-state residents, compared to 9.6% pre-*Dobbs*. Out-of-state individuals had significantly higher odds of having abortions in the second or third trimester and having a procedural abortion compared to their in-state counterparts.

[Understanding the state and local policies affecting abortion care administration, access, and delivery: A case study in North Carolina](#), June 2024.

- Findings from this study of laws and policies post-*Dobbs* in North Carolina highlight the reported impacts of Senate Bill 20 on facilities, providers, and patients, as well as other local and institutional policies on abortion care access.

[Unequal spatial consequences of abortion restrictions in Texas, 2021–2023](#), May 2024.

- This study aimed to determine if there had been any changes in distance to the nearest surgical abortion provider for different neighborhoods in Texas after the passing of Texas Senate Bill 8. On average, residents experienced a 457-mile change in their nearest surgical abortion provider, with disadvantaged neighborhoods having the greatest increase in distance.

[What are the implications of the *Dobbs* ruling for racial disparities?](#), April 2024.

- Black and American Indian and Alaska Native women ages 18-49 are more likely than other groups to live in states with abortion bans and restrictions. Many

groups of women of color have higher uninsured rates compared to their White counterparts, and, across racial and ethnic groups, uninsured rates are higher in states with abortion bans or restrictions than in those that provide broader abortion access. Women of color have more limited financial resources and transportation options than White women, making it more difficult for them to travel out-of-state for an abortion.

In progress research

[Abortion access in a post-*Dobbs* southeast US: Changing geospatial patterns, disparities, and the experience of traveling for care](#), PI: Kelsey Loeliger

- This study uses North Carolina abortion case data to conduct an in-depth quantitative and geospatial exploration of changing patterns in abortion utilization, including racial/ethnic and socioeconomic disparities. Qualitative interviews with abortion fund clients will inform an understanding of the barriers and outcomes experienced by individuals seeking abortion in the Southeast.

[Abortion access for marginalized young people after *Roe*: A mixed-methods study](#), PI: Elizabeth Janiak

- This study explores abortion care accessibility among abortion travelers to the high-access state of Massachusetts. This preliminary exploration will inform future research and programmatic interventions to better serve the needs of the most vulnerable abortion travelers, particularly marginalized young people, crossing state lines for care.

[Abortion access in a post-*Roe* world](#), PI: Rachel Scott

- This study uses surveys and qualitative interviews to compare abortion access, difficulty obtaining abortions, and stress and anxiety in patients traveling for abortions within vs out of state of the metropolitan Washington, DC region.

[Abortion on the move: Navigating the fractured reproductive healthcare landscape](#), PI: Claire Decoteau

- This study employs a comparative, qualitative design to determine the multiple structural, meso-level and embodied/emotional barriers that may impede abortion access, as well as mechanisms of support that may facilitate pathways to care.

[An exploratory study to characterize the population of patients who cancel or no-show scheduled abortion care appointments](#), PI: Rylee Beltran

- Utilizing Planned Parenthood North Central States electronic health record data, this study aims to characterize demographic trends in people scheduling abortion care in Iowa, Nebraska, and Minnesota post-*Dobbs* decision.

[Analyzing the knowledge of, attitude towards, and barriers to pregnancy options for Black adolescents who have been and/or are pregnant](#), PI: Bria Peacock

- This study aims to understand how existing policies and potential geographic differences impact Black adolescent mothers and girls' ability to make informed decisions about their reproductive health, as well as to identify the barriers they face in accessing healthcare, education, and support services.

[Assessing the impact of *Dobbs* on abortion perceptions and attitudes in more restrictive vs less restrictive state policy environments: Evidence from Arizona, Iowa, Wisconsin, and New Jersey](#), PI: Alice Cartwright

- This study assesses if and how perceptions and attitudes on the availability and accessibility of abortion changed from prior to post-*Dobbs* in more restrictive abortion policy states (Arizona, Iowa, and Wisconsin) compared to a less restrictive abortion policy state (New Jersey) using longitudinal and cross-sectional data from the population-based Surveys of Women conducted from 2019-2023.

[Assessing the impact of the *Dobbs* decision on clients served by Indigenous Women Rising](#), PI: Rachael Lorenzo

- The study assesses *Dobbs*'s impact on Indigenous Women Rising clients by analyzing whether significant differences exist between the actual distances traveled by clients for abortion care and the distances estimated for their travel by the Abortion Access Dashboard in both the pre- and post-*Dobbs* periods.

[Availability of and travel to later abortion services post-*Dobbs*](#), PI: Nancy Berglas

- This study, utilizing ANSIRH's Abortion Facility Database, aims to: 1) Document trends in the number and proportion of facilities that report providing abortions after 13 weeks and after 24 weeks gestation; 2) Use GIS analysis tools to calculate changes in travel distance and time since *Dobbs*; and 3) Identify locations where extended gestational limits would have the greatest impact on reducing travel distance and time to later abortion.

[Canada-US transborder travels for reproductive healthcare](#), PI: Andréanne Bissonnette

- This study documents and analyzes the changes in transborder movements along the Canada-US border since 2022. It asks two questions: (1) Has the reversal of *Roe* led to increased international travels to Canada for American patients; and (2) If so, are there subregional specificities along the border?

[CARE: Choices about abortion care options](#), PI: Shelby Reed

- This study quantifies the relative importance of various abortion-care features and to estimate maximum costs and levels of risk that individuals will accept to obtain more desirable features of abortion care. In addition, this study investigates whether people have systematically different preferences and how their preferences may be associated with age, gender identity, race, ethnicity, income, available resources, perceived state-level restrictions, and experience with abortion.

[Care in your own hands: Who turns to online abortion services?](#), PI: Anna Fiastro

- This study connects Aid Access' requests for abortion pills with the calculated distance to the nearest abortion facility for each county and for each month for all counties served by US Aid Access providers in two years – one immediately prior, one after the *Dobbs* decision.

[Cartographies of reproduction: Mapping the dynamics of cross-border abortion care between El Paso and Ciudad Juárez](#), PI: Celina Doria

- This project examines the territorial, political, structural, and lived dimensions of cross-border abortion care in El Paso, Texas and Ciudad Juárez, Chihuahua. Through multi-scalar qualitative methods, this study will explore how pregnant people and abortion advocates experience and navigate shifting landscapes of abortion care along the US-Mexico border.

[Changes in interstate travel for abortion post-Dobbs: Evaluating state of residence data to quantify patient flow into access states and travel distances from abortion ban states](#),

PI: Mikaela Smith

- This study aims to: 1) to assess the quality and usability of the #WeCount patient state data and determine the generalizability of subsequent findings; 2) in states that maintained abortion access, estimate changes in the proportion of out-of-state patients and their state of origin pre- and post-*Dobbs*; and 3) in states that banned clinician provision of abortion, estimate the changes in distances patients traveled for abortion care pre- and post-*Dobbs*.

[Changes in travel, psychosocial burden and adverse mental health among people seeking abortion pre- and post-Dobbs v Jackson Women's Health](#), PI: M. Antonia Biggs

- This study uses multivariable regression analyses with group (instate vs out-of-state) by time (pre-*Dobbs* vs post *Dobbs*) as the primary independent variable to document changes in travel, psychosocial burden, adverse mental health, and other outcomes since *Dobbs*.

[Collaborative pathways: Optimizing later abortion care between independent, affiliated, and hospital-based sites](#), PI: Abigail Liberty

- The purpose of this study is to describe how an independent clinic, Planned Parenthood affiliate, and hospital system in Portland, Oregon evolved to serve distinct populations between 2021 and 2024 through generations of an innovative database across care sites and to identify ways in which the sites collaborated to manage the increased complexity of later abortion care.

[Describing patient perspectives on the regional logistics center: Supporting abortion access through centralized support](#), PI: Colleen McNicholas

- This study will look at how patients are interacting with the Regional Logistics Center of Planned Parenthood of the St. Louis Region & Southwest Missouri. This timely research will explore patient perceptions and support data in order to provide an understanding of how centralized funding and support hubs can facilitate more equitable abortion access.

[Examining spatial inequities in abortion access for Native Americans residing on Tribal lands](#), PI: Rebecca Astatke

- This project uses spatial analysis methods to assess travel distance to crisis pregnancy centers and abortion services for those residing in Tribal lands.

[Exploring demographic trends and racialized barriers to abortion care access in Minnesota](#), PI: Asha Hassan

- Utilizing electronic health record data of all three clinic-based abortion facilities in Minnesota, this study explores who is accessing tele-abortion and demographic trends of medication abortion patients, and utilizes a novel multidimensional measure of structural racism to assess its effects on abortion access.

[Exploring social worker perspectives on reporting substance use during pregnancy and abortion to government authorities](#), PI: Reiley Reed

- This study explores social workers' role in pregnancy criminalization, using 30-40 semi-structured in-depth interviews with social workers in Louisiana and Mississippi.

[Examining post-*Dobbs* later abortion service delivery through a case study of a large abortion fund](#), PI: Katrina Kimport

- This mixed methods case study of a large abortion fund in the Greater District of Columbia area will 1) analyze seven years of caller records for later abortion seeking rates and seeker characteristics pre- and post-*Dobbs*; and 2) conduct

and analyze key informant interviews with case managers to identify new, increased, and ongoing barriers to later abortion among callers.

[Journeying for choice: Exploring experiences of out-of-state travel for abortion in the deep South](#), PI: Tyler Barbarin

- This is a qualitative research study, led by the Louisiana Abortion Fund, aimed at collecting evidence of decision-making factors, barriers, and facilitators associated with seeking and accessing abortion care beyond state borders and enhancing service delivery before, during, and after travel.

[Leaving Louisiana: Leveraging abortion fund data to document later abortion care in the Gulf South post-Dobbs](#), PI: Jennifer Chin

- This study will utilize Louisiana Abortion Fund data from 2019-2023 to evaluate delays and barriers in later abortion access in Louisiana and surrounding states following *Dobbs*, with a focus on the impact these delays have had on BIPOC individuals and other marginalized populations.

[Mapping abortion care navigation in Illinois among individuals utilizing abortion funds](#), PI: Katherine Rivlin

- This study compares average distance from Chicago Abortion Fund grantee zip code to location of abortion between those observed by the Chicago Abortion Fund database to those predicted by the Abortion Access Dashboard.

[Mind the \(widening\) gap: A bilingual, qualitative study of abortion fund clients post-Dobbs](#), PI: Marissa Velarde

- This project uses semi-structured interviews to explore the impact of *Dobbs* on abortion access among clients of an abortion fund in the US South, with a focus on Spanish-speaking callers.

[Minors' experiences navigating to out-of-state abortion care](#), PI: Anna Chatillon

- Drawing on a conceptual model of patient-centered access to care, this study qualitatively assesses the supply-side features of the abortion care context and minors' ability to seek, reach, pay for, and engage with abortion care in Southeastern, Midwestern, and Mountain West states with diverse parental involvement requirements.

[Navigation of in-person abortion and support agency services for people that travel to seek care in Central and Southern Illinois](#), PI: Tuyet Mai Hoang

- This study explores the experiences of travelers coming to two central and southern Illinois cities as well as the needs of local abortion clinics and support organizations in these cities.

[On the ground in the abortion capital of America: Later abortion provision in New York City after *Dobbs*](#), PI: Siripanth Nippita

- This project aims to describe abortion service delivery after 13 weeks gestation requiring a two day visit and associated facilitators and challenges that persist despite a supportive legal environment.

[Out-of-state travel for abortion in New England: Identifying support strategies](#), PI: Brianna Keefe-Oates

- This exploratory qualitative study seeks to understand New England abortion care workers' experiences supporting people traveling from out of state.

[Patient experience with out-of-state travel for abortion care](#), PI: Hannah Simons

- This mixed-methods study examines patients' experiences in traveling for abortion care in the Mid and Southwest regions of the US, focusing on financial, logistical, and socio-emotional burdens of travel.

[Preferences for obtaining a medication abortion outside of the formal health care sector: A discrete choice experiment](#), PI: JaNelle Ricks

- This discrete choice experiment with individuals of reproductive age in Ohio, Kentucky, Tennessee, and West Virginia seeks to: 1) identify key attributes that would influence obtaining a medication abortion outside of the formal health care sector, 2) develop and pilot a preference assessment tool to elicit preferences for obtaining a medication abortion outside of the formal health care sector, and 3) examine preferences, knowledge, attitudes, acceptability of obtaining a medication abortion outside of the formal health care sector using the discrete choice experiment.

[Preferences for self-managed abortion in Mississippi: A discrete choice experiment](#), PI: Kelsey Holt

- This mixed-methods study aims to quantify relative preferences among people in Mississippi for attributes of self-managed medication abortion services and will calculate willingness to pay for a given level of each attribute, identify distinct subsets of preferences using latent class analysis, and estimate likely uptake of self-managed medication abortion under potential delivery models.

[Quality and Equity in Abortion-Seeking Travel \(QuEAST\)](#), PI: Elizabeth Janiak

- This study aims to describe the burdens of interstate travel for abortion including health, psychosocial, and financial outcomes in the wake of the *Dobbs* decision and subsequent state actions taken to curtail access to abortion. This mixed-methods study uses quantitative surveys and qualitative interviews to quantify these burdens and describe inequities in who is experiencing them and their relative impact across groups.

[Reproductive Health Experiences and Access \(RHEA\)](#), PIs: Emily Johnston and Tiffany Green

- This project assesses the impact of the post-*Dobbs* health policy environment on abortion and broader reproductive health access and experiences, health outcomes, and social and economic wellbeing, centering the experiences and expertise of communities that have historically been excluded from reproductive health research and policy conversations. The study will include a survey of more than 45,000 people across 13 study states, as well as interviews and focus groups.

[Reproductive justice and interstate solidarity in post-*Dobbs* New York State](#), PI: Brenna McCaffrey

- As New York state is becoming a growing "access hub" for abortion in the US, we are examining how clinic staff and volunteers at NY's abortion fund and practical support orgs operationalize "reproductive justice" when helping out-of-state abortion-seekers who travel to NY. We are also exploring how abortion workers conceptualize "the future" of abortion rights in the midst of crisis. The study uses ethnographic and qualitative interview methods.

[Risk thresholds to offer "life-saving" abortion care: A cross sectional survey of maternal-fetal medicine and complex family planning trainees](#), PI: Alexandra Phelps

- This project seeks to understand how a burgeoning trend in justifying abortion bans by including provisions for "life endangerment" may influence medical practice. We will create hypothetical scenarios corresponding to varying degrees of risk based on a clinically validated instrument, and ask high-risk obstetricians to determine if "life-saving" abortion care would be permissible in each case.

[Societal preferences for access to abortion among Texas residents: Capturing tradeoffs using a discrete choice experiment](#), PI: Sarah Munro

- This study aims to identify what matters most to residents of Texas when making a choice about traveling for abortion services and will 1) investigate how they

prioritize and make tradeoffs between attributes relevant to travel for abortion care in a state where abortion is banned and where abortion is either banned or highly restricted in bordering states and 2) characterize preference heterogeneity by identifying preference subgroups and sociodemographic factors associated with group membership.

[The fight for abortion access in Texas: A study of grass roots activists in the Rio Grande Valley](#), PI: Elizabeth Kravitz

- This project is designed to document the lived experience of activists facilitating abortions for pregnant persons in the most restrictive state in the country, Texas.

[The financial ripple effects of abortion seekers in the post-Dobbs landscape](#), PI: Nicole Quinones

- This qualitative research project aims to describe and document the downstream financial ripple effects of abortion seeking observed by abortion funders in the post-Dobbs landscape and will serve as the formative work to create a measurement of financial burden experienced by abortion seekers.

[The Tubman Travel Project](#), PI: Erika Ferguson

- The Texas Tubman Travel Project in collaboration with the New Mexico Religious Coalition for Reproductive Choice aims to understand how social location influences the experiences of those seeking travel abortion care outside their state of residence, with a focus on challenges faced by people of color.

[Traveling from banned states for first trimester abortion care: The role of legislative restrictions on quality care](#), PI: Emily Godfrey

- This mixed methods study will generate evidence on the service preferences and information needs of people who leave banned or restricted states to seek abortion in legal states. This study answers two questions: 1) Among those from banned/restricted states, how do sociodemographic characteristics quantitatively compare between patients who travel out-of-state to seek in-person care and those who remain in banned or restricted states and use telehealth services?; and 2) Among English- and Spanish-speaking persons traveling from banned states to Washington or Kansas for abortion services, what are their qualitative experiences in accessing care and how does their social location influence their journey?

[Understanding r/abortion: A mixed-methods study of an online health community for abortion](#), PI: Elizabeth Pleasants

- This project will explore community members' use of an abortion subreddit in 2022. This project will combine the analytic efficiency of computational linguistics with the nuanced understandings emerging from hybrid thematic qualitative analysis to explore how this community is used pre and post *Roe*, overall and with a specific interest in barriers to abortion access and strategies for overcoming those barriers.

[Using the American Community Survey and the Myers Abortion Dashboard to determine the relationship between geographical polarization and spatial access to in-person abortion access in the US](#), PI: Eva Dindinger

- This study will assess the relationship between Index of Concentration at the Extremes scores and distance to the closest abortion facility in order to identify areas in the US that have abortion clinics that are also geographically polarized.

[What are the prices of abortions later in pregnancy?](#), PI: Tracy Weitz

- This project uses a mystery caller data collection method to document the price of abortion care for abortions after 23 weeks of gestation and whether Medicaid coverage is accepted for this care.

Abortion use

Published research

[Abortion in Ohio post-*Dobbs*: Unpacking the numbers and stories](#), February 2023.

- Overall, the six-week ban that Ohio enacted following *Dobbs* created meaningful hurdles for those seeking care, and many Ohioans sought care out-of-state.

[Abortion provision and delays to care in a clinic network in Washington state after *Dobbs*](#), May 2024.

- This cohort study of 18,379 abortions found significant increases in the weekly number of procedural abortions, number of abortions among out-of-state individuals, and average gestational duration following the *Dobbs* decision. No significant changes were found in the time from first scheduling an appointment to receiving the abortion.

[Forecasts for a post-*Roe* America: The effects of increased travel distance on abortions and births](#), September 2023.

- Prior to *Dobbs*, an increase in driving distance from 0 to 100 miles is estimated to reduce abortion rates by 19.4% and increase birth rates by 2.2%, while the next 100 miles reduces abortions by an additional 12.8% and increases births by an

additional 1.6%. Based on this evidence, the author forecasts the effects of post-Dobbs abortion bans by county, state, and region.

[Monthly Abortion Provision Study](#), Ongoing.

- The Monthly Abortion Provision Study estimates the number of clinician-provided abortions in each US state without a total abortion ban from January 2023 through March 2024.

[Use of abortion services in Massachusetts after the *Dobbs* decision among in-state vs out-of-state residents](#), September 2023.

- In the first four months after *Dobbs* in Massachusetts, there was an estimated 37.5% (95% PI, 7.8%-79.4%) increase in the number of abortions among out-of-state residents above expected, an estimated 45 additional abortions among out-of-state residents. While the estimated percentage of in-state residents receiving abortion funding increased from 1.9% to 3.1%, the estimated percentage of out-of-state travelers receiving funding increased significantly more, from 8.4% to 18.3% (P=.01).

[#WeCount](#), Ongoing.

- #WeCount is a collaborative reporting effort to document the changes in abortion volume, nationally and by state, following the *Dobbs* ruling. In the 18 months following the landmark SCOTUS decision, #WeCount reports that the number of abortions in the US remain consistently elevated compared to pre-*Dobbs* levels, with telehealth playing an increasingly critical role in access to states with abortion bans or severe restrictions and rural states.

In progress research

[On the ground in the abortion capital of America: Later abortion provision in New York after *Dobbs*](#), PI: Siripanth Nippita

- This study of facilities in New York City that offer abortions beyond 13 weeks requiring at least a two-day procedure will characterize how the demand for later abortion has changed and efforts to meet these needs by 1) detailing changes in care pathways, policy changes, referral patterns; 2) describing later abortion volume and characteristics of individuals receiving it; and 3) elucidating facilitators and barriers with service delivery and change implementation.

[Patterns in abortion use in Ohio and surrounding states](#), PI: Alison Norris

- Following *Dobbs*, Ohio enacted a six-week ban for about three months. Using an ongoing survey of six abortion facilities in Ohio, this study investigates how that impacted the number of abortions in Ohio, type and gestation of abortion, and state of residence for those receiving abortions in Ohio.

[Telemedicine for medication abortion patient demographics 2019 versus 2022](#), PI: Zarina Wong

- This study aims to describe the patient population accessing medication abortion during 2019 versus 2022 and evaluate if rate of telehealth uptake differed by patient demographics in 2019 compared to 2022.

Contraception access and use

Published research

[Changes in permanent contraception procedures among young adults following the *Dobbs* decision](#), April 2024.

- This study found an abrupt increase in permanent contraception procedures among adults aged 18 to 30 years following *Dobbs*. The increase in procedures for female patients was double that for male patients.

[Contraception usage and workforce trends through 2022](#), April 2024.

- In the first month following the *Dobbs* decision, there was an increase in contraceptive use for multiple method types (pill/patch/ring, IUD, implant, DMPA, vasectomy, and tubal sterilization) across the US. Following this initial spike, all contraception types returned to overall downward trends through the end of 2022, except vasectomy, which shows steady increases.

[Has the fall of *Roe* changed contraceptive access and use? New research from four US states offers critical insights](#), February 2024.

- This study examined changes in key sexual and reproductive health metrics in Arizona, Iowa, New Jersey, and Wisconsin between pre- and post-*Dobbs* time points. Between these two time points, sexual activity declined, barriers to accessing contraception increased, reports of receiving high-quality contraceptive care decreased, and condom use increased.

[Permanent and long-acting reversible contraception volumes at a multihospital system in Ohio before and after *Dobbs*](#), April 2024.

- This study found increased short-term uptake of LARC and permanent contraception in men and women in Ohio following *Dobbs*, particularly among younger individuals and individuals reporting single relationship status.

[Use of oral and emergency contraceptives after the US Supreme Court's *Dobbs* decision](#), June 2024.

- In this cohort study of over 143 million prescriptions dispensed at US retail pharmacies from March 2021 through October 2023, the *Dobbs* decision was

associated with declines in fills for oral contraceptives—both daily oral contraceptive pills and emergency contraceptives—in states that implemented the most restrictive policies with a full ban on abortion. One year after *Dobbs*, declines were greatest for emergency contraceptives; states that became the most restrictive experienced an additional 65% decrease in fills for emergency contraceptives compared with states that kept moderate levels of abortion restrictions after *Dobbs*.

In progress research

Contraceptive provision in reproductive health centers before and after the *Dobbs v Jackson Women's Health* decision, PI: Hannah Simons

- This retrospective cohort study of contraceptive encounters twelve months pre- and post-*Dobbs* examines potential changes in contraceptive selection / provision over time and differential effects in contraceptive selection by state abortion policy and key patient characteristics.

Dobbs vs. Jackson Women's Health Organization - The impact on contraception trends, PI: Anwar Jackson

- This study assesses possible changes in the rates of LARCs and tubals performed before and after *Dobbs* in a large healthcare system spanning across Wisconsin and Illinois and evaluates self-reported changes in provider attitudes towards contraceptive care.

How the *Dobbs* decision impacted reproductive-aged women's contraceptive use, access, and preferences in four states, PI: Megan Kavanaugh

- This study draws on data from the Surveys of Women to conduct a difference-in-difference analysis examining whether the *Dobbs* decision impacted contraceptive use, access, and preferences differentially for reproductive-aged women living in states with more restrictive abortion policies post-*Dobbs* (AZ, IA, WI) compared to a state with less restrictive abortion policy (NJ).

How the *Dobbs* decision impacted reproductive aged women's pregnancy attitudes across four states, PI: Megan Kavanaugh

- This study draws on data from the Surveys of Women to conduct a difference-in-difference analysis examining whether the *Dobbs* decision impacted pregnancy attitudes differentially for reproductive-aged women living in states with more restrictive abortion policies post-*Dobbs* (AZ, IA, WI) compared to a state with less restrictive abortion policy (NJ).

[Long-acting reversible contraception and permanent contraception provision following abortion restrictions: Trends from a multisite southeastern academic medical center](#), PI:

Rachel Jensen

- The goal of this project is to compare institutional trends in LARC and permanent contraception use before and after the *Dobbs* decision, and after the passage of Senate Bill 20 in North Carolina.

[Post-*Dobbs* contraceptive use and perspectives among adolescents and young adults](#),

PI: Julia Strasser

- This mixed-methods study uses (1) national-level claims data to measure changes in contraceptive use among adolescents and young adults post-*Dobbs*, and (2) qualitative survey data from MyVoice to examine how young people describe their attitudes about reproductive autonomy and contraceptive decision-making post-*Dobbs*.

[Trends in tubal and vasectomy permanent contraception procedures in an abortion restrictive state \(Utah\) following the 2022 *Dobbs* decision](#), PI: Alexandra Woodcock

- There was a significant uptrend in the number of vasectomies performed in the post-*Dobbs* period in Utah, an abortion restricted state, with enjoined trigger ban.

[Youth opinions on contraception in the post-*Roe* era](#), PI: Bianca Allison

- This study synthesizes the results of a national poll of young people (14-24 years) in the US about contraception information-seeking, decision-making, and use.

Health and economic impacts

Published research

[Infant deaths after Texas' 2021 ban on abortion in early pregnancy](#), June 2024.

- This cohort study of 94,720 recorded infant deaths in Texas and 28 comparison states found that the Texas abortion ban was associated with unexpected increases in infant and neonatal mortality in 2022.

[Projected health outcomes associated with 3 US Supreme Court decisions in 2022 on COVID-19 workplace protections, handgun-carry restrictions, and abortion rights](#), June 2023.

- In this decision analytical modeling study, the model projected that the *Dobbs* decision to revoke the constitutional right to abortion will result in 6 to 15 deaths and hundreds of cases of peripartum morbidity each year.

[States that ban abortion cost the US economy \\$68 billion annually](#), June 2024.

- At a national level, the 16 states with abortion bans are estimated to be costing the US economy \$68 billion per year; however, at an individual level, women are facing significant wage loss and a decrease in participation in the workforce, limiting their earning and career-advancing ability.

[The effects of post-*Dobbs* abortion bans on fertility](#), June 2024.

- This study provides the first estimates of the effects of near-total abortion bans on fertility using a pre-registered synthetic difference-in-differences design applied to newly released provisional natality data for the first half of 2023. The results indicate that states with abortion bans experienced an average increase in births of 2.3 percent relative to if no bans had been enforced.

[The impact of *Dobbs* on health care beyond wanted abortion care](#), December 2023.

- This article surveys the public health impacts of *Dobbs* on health care beyond wanted abortion care. The article argues that focusing the public's attention on the harmful consequences of abortion bans for healthcare beyond wanted abortion care could help to fend off further restrictions on abortion.

[The pregnancy police: Conceiving crime, arresting personhood](#), June 2024.

- Analysis of 1,116 arrests of pregnant people for crimes against their own pregnancies. Examination of intersections of the war on drugs and the fetal personhood movement.

In progress research

[Changes in pregnancy outcomes among high-risk pregnancies post-*Dobbs*: An interrupted time series analysis of hospital discharge data](#), PI: Suzanne Bell

- This study quantitatively evaluates the impact of abortion bans on pregnancy care among high-risk pregnancies following the *Dobbs* decision using comprehensive state-level monthly hospitalization data from 11 states (7 affected and 4 unaffected) for 2018 through 2022.

[Changes in travel, psychosocial burden and adverse mental health among people seeking abortion pre- and post-*Dobbs v Jackson Women's Health*](#), PI: M. Antonia Biggs

- This study uses multivariable regression analyses with group (instate vs out-of-state) by time (pre-*Dobbs* vs post-*Dobbs*) as the primary independent variable to document changes in travel, psychosocial burden, adverse mental health, and other outcomes since *Dobbs*.

Clinical and professional impacts of abortion restrictions on Southeastern maternal fetal medicine providers in a post *Roe* United States: A qualitative study, PI: Abby Schultz

- This is a qualitative interview-based study evaluating the impact of the *Dobbs* on maternal fetal medicine physicians in the Southeast.

decision making in the setting of congenital anomalies (NATAL) study, PI: Ashish Premkumar

- This prospective study of individuals with pregnancies affected with congenital anomalies amenable to maternal fetal surgery (n=400) seeking care at nine fetal care centers in the US. The expected outcome of this study is high-quality data on the relationship between maternal fetal surgery and abortion care in a rapidly-changing reproductive health landscape.

Evaluating reproductive health policy in Medicaid populations: Application of novel methods for heterogeneous treatment effect estimation, PI: Jacqueline Ellison

- Using econometric and machine learning methods with national Medicaid data, this NIMHD K01 research will evaluate the effects of abortion bans and Medicaid abortion coverage expansions on contraceptive method use, births, and adverse perinatal health outcomes. Policy effects will be assessed on average at a population-level, and among marginalized subgroups as defined by race, ethnicity, age, and disability.

Evaluating the impact of *Dobbs* on management of Pregnancy-Associated Cancers (The PAC Study), PI: Katherine Van Loon

- This study seeks to understand how the *Dobbs v Jackson* decision impacts the care of patients diagnosed with pregnancy-associated cancers in states with restricted access to abortion compared to states without abortion restrictions.

Experiences of Wisconsinites who consider or seek abortion in a post-*Roe* Wisconsin: Impacts on health and wellbeing, PI: Jenny Higgins

- Abortion-restrictive policies place unnecessary burdens on and undermine people's reproductive autonomy. This project will document the health, wellbeing, and social consequences of Wisconsinites restricted from obtaining desired abortion services. The team will draw data using three strategies: abortion clinic recruitment, prenatal clinic recruitment, and online recruitment of Wisconsinites. Mixed-method research strategies include online surveys and interviews.

Health and economic consequences of the end of *Roe*, PIs: Diana Greene Foster and Nancy Berglas

- This study is recruiting people who were served before state bans took effect and those who sought abortions after to examine the health and economic consequences of *Dobbs*. This is a longitudinal study with research topics and tools included from researchers across the country.

Health consequences of the end of *Roe*: Emergency room study, PIs: Diana Greene Foster and Nancy Berglas

- This study explores how emergency room care is affected by state abortion bans. This will include surveys of emergency room physicians with medical vignettes, case reports, and interviews of physicians and patients/families.

How will abortion bans impact maternal health? Forecasting the maternal mortality and morbidity impact of banning abortion in 14 US states, PI: Silpa Srinivasulu

- Compiling publicly available national, state-level, and race/ethnicity-specific data on abortion, maternal mortality rates, and severe maternal morbidity (SMM) rates, this forecasting study predicts the additional maternal deaths and SMM cases due to *Dobbs* overall and by race/ethnicity over four years (time period for each state begins one year after a state enforced an abortion ban). The main prediction and sensitivity analyses estimate additional deaths and SMM cases under various travel, self-managed abortion, and miscarriage scenarios.

Identifying and assessing changes in the management of high-risk pregnancy care in the post-*Dobbs* landscape in Alabama, PI: Andrzej Kulczycki

- This project examines how the post-*Dobbs* environment is affecting overall access to, and management and experiences of, high-risk pregnancy care and assesses early evidence for health-related outcomes in Alabama. We will conduct a mixed-methods analysis to develop understanding of changes in the management of high-risk pregnancy care post-*Dobbs* and of early evidence on its impacts at the patient, provider, hospital, and system levels.

Leveraging state hospital administrative data to assess the system-level impact of *Dobbs* on high-risk pregnancy care, PI: Erin McDaniel

- This project will leverage state-level hospital claims data to analyze trends, patterns of care, and outcomes for pregnant people experiencing pregnancy-related complications from 2018-2023. Complications analyzed include selected placental abnormalities, preterm premature rupture of the membranes, intrauterine infection, hemorrhage, and those arising from ectopic and molar pregnancies. We will assess trends, care, and outcomes within and

between ten states: five states where abortion is completely banned or severely restricted and five states where abortion has remained legal and largely unrestricted. We will also use spatial analysis to analyze changes in travel patterns for care.

[Maternal fetal medicine practice under abortion bans](#), PI: Lori Freedman

- This study involves in-depth interviews with maternal-fetal-medicine providers in three restrictive policy contexts, to understand the impact of state and institutional abortion bans on care for preivable pregnancy complications and how might these deviate from their professional standards of care.

[Post-Dobbs attitudes and value assessment of reproductive life planning among hematology providers caring for young patients with chronic hematologic conditions](#), PI: Preetha Nandi

- This project will help identify ways that the *Dobbs* decision has differentially impacted medically complex patients by evaluating how hematology providers have transformed their counseling and referral patterns in medical decision-making around their patients' reproductive life planning goals.

[Post-Dobbs experiences of ectopic pregnancy among people seeking telehealth abortion care](#), PI: M. Antonia Biggs

- We will describe the clinical presentation, outcomes, and experiences of people seeking telehealth medication abortion who are subsequently suspected or confirmed to have had an ectopic pregnancy, including the challenges experienced among people living in states that ban abortion.

[Quality and Equity in Abortion-Seeking Travel \(QuEAST\)](#), PI: Elizabeth Janiak

- This mixed-methods study aims to describe the burdens of interstate travel for abortion including health, psychosocial, and financial outcomes in the wake of the *Dobbs* decision and describe inequities in who is experiencing them and their relative impact across groups.

[Reproductive Health Experiences and Access \(RHEA\)](#), PIs: Emily Johnston and Tiffany Green

- This project assesses the impact of the post-*Dobbs* health policy environment on abortion and broader reproductive health access and experiences, health outcomes, and social and economic wellbeing, centering the experiences and expertise of communities that have historically been excluded from reproductive health research and policy conversations. The study will include a survey of more

than 45,000 people across 13 study states, as well as interviews and focus groups.

The criminalization of pregnancy after *Dobbs*, PI: Elizabeth Bach

- This study will document the criminalization of pregnancy in the US in the three years after the Supreme Court's decision in *Dobbs*.

The impact of state-level abortion restrictions on racial differences in severe maternal morbidity, PI: Lindsey Yates

- This study examines the implications of state abortion laws on racial differences in severe maternal mortality among people insured by Medicaid.

Understanding the implementation and impact of legal exceptions on people with high-risk pregnancies in Georgia, PI: Nisha Verma

- This study uses a community-engaged, mixed methods approach and builds on existing and ongoing research, stories, and media reports to assess the implementation and impact of legal exceptions on people with high-risk pregnancies in Georgia.

Who's trapped in post-*Dobbs* America?, PI: Caitlin Myers

- This project combines Myers' Abortion Appointment Availability Survey data with the CDC's 2023 All-County Natality Files to measure the causal effects of distance and capacity constraints on pregnancies carried to term. The study will investigate the effects across counties, racial and ethnic groups, and age categories to reveal how social location mediates the response to changing abortion access.

Models of abortion care

Published research

Advance provision of mifepristone and misoprostol via online telemedicine in the US, January 2024.

- This paper examines the phenomenon of advance provision (the provision of abortion pills to people who are not currently pregnant for possible later use) in the US. Advance provision of abortion pills is not mainstream clinical practice in the US. The study findings show widespread demand for advance provision following the overturn of *Roe*.

Asynchronous telehealth abortion services for Medicaid enrollees, January 2024.

- This issue brief describes the asynchronous service delivery of medication abortion, the potential benefits of this model in addressing major access barriers,

and provides an overview of the current Medicaid asynchronous telehealth medication abortion coverage landscape in the seventeen states that use state funding to provide abortion coverage to Medicaid enrollees.

[Provision of medications for self-managed abortion before and after the *Dobbs v Jackson Women's Health Organization* decision](#), March 2024.

- This study provides the first estimate of the number of self-managed medication abortions that took place in the six months after *Roe* was overturned and finds that much of the decline in abortions within the formal healthcare system is offset by an increase in self-managed abortions provided by telehealth, online vendors, and community networks.

[Requests for self-managed medication abortion provided using online telemedicine in 30 US states before and after the *Dobbs v Jackson Women's Health Organization* decision](#), November 2022.

- This study provides evidence that the overturn of *Roe* resulted in a shift in where people are looking for abortion care from within the clinical setting to outside the formal healthcare setting. Using data from Aid Access the study finds marked increases in requests from states with total or near-total abortion bans.

[Self-managed abortion attempts before vs after changes in federal abortion protections in the US](#), July 2024.

- In this cross-sectional survey study, with surveys administered to different cohorts in December 2021 and January 2022 (n = 7016) and June and July 2023 (n = 7148), the proportion of the US female population of reproductive age reporting having ever self-managed an abortion increased from 2.4% to 3.3%. The projected lifetime experience with self-managed abortion, adjusted for underreporting of abortion, was 10.1%.

In progress research

[Adolescent requests for medication abortion through online telemedicine in the US before and after the historic *Dobbs vs. Jackson Women's Health Organization* decision](#),

PI: Dana M Johnson

- This study is tracking adolescent requests for medication abortion from Aid Access, comparing rates and reason of request both pre- and post- the *Dobbs* decision.

[A qualitative study of individual experiences with advance provision of medication abortion in the US](#), PI: Dana M Johnson

- This study describes data from 39 in-depth interviews with people who ordered medication abortion pills in advance of a confirmed pregnancy. All individuals ordered the medications after the *Dobbs* leak, or *Dobbs* decision.

[From the hills to the holler: Navigating self-managed abortion in rural Appalachia](#), PI: Amy Alspaugh

- This mixed-methods study collects first-hand accounts of how residents of Appalachian counties consider, seek, or experience self-managed abortion.

[Online Medication Abortion Study](#), PI: Elizabeth Sully

- The Guttmacher Institute's Online Medication Abortion Study collects data on the experiences and care needs of individuals ordering abortion pills online, as well as the services offered in the online marketplace for abortion pills. This study surveys individuals residing in Florida, Louisiana, and Indiana who have ordered abortion pills from a variety of providers to understand care needs across diverse policy environments and will also include a survey of all known online abortion pill providers to collect data on caseloads and services offered.

[Preferences for self-managed medication abortion among individuals in the Southeastern US](#), PI: Hannah Leslie

- This study leverages a discrete choice experiment quantifying preferences for self-managed medication abortion among people in Mississippi to neighboring states characterized by high poverty and highly restrictive abortion policies: Alabama, Georgia, and Louisiana.

[Shield-law provision of medication abortion in the US](#), PI: Abigail Aiken

- This study uses Aid Access data to examine the contribution of medication abortion provided under shield-law protections in the US.

[Supporting access and experience of self-managed abortion post-*Dobbs* among Latinx migrant populations in the US](#), PI: Xiana Bueno

- This qualitative study aims to explore Latinx migrants' perceptions, preferences, and experiences when considering self-managed abortion.

[Supporting self-sourced medication abortion: Mixed method analysis of calls from a clinical support hotline in the US](#), PI: Jennifer Karlin

- This mixed-method study analyzes calls from a US hotline that supports people self-sourcing or self-managing abortion. The study evaluates frequency of texts

and calls to the hotline by location of caller to look at longitudinal trends as they may relate to laws restricting abortion before and one year after the *Dobbs* decision.

[Who's ordering abortion pills from online pharmacies? An exploration of websites that sell abortion pills](#), PI: Anna Fiastro

- This mixed methods study quantifies the utilization of online pharmacies by individuals seeking to self-manage their abortions and seeks to understand how patients think about and choose this option.

Workforce

Published research

[Effects of the *Dobbs v Jackson Women's Health Organization* decision on obstetrics and gynecology graduating residents' practice plans](#), November 2023.

- This survey of residents graduating from residencies with Ryan Program abortion training programs found that 17.6% of respondents indicated that the *Dobbs* decision changed the location of intended future practice or fellowship plans. Residents who before the *Dobbs* decision intended to practice in abortion-restrictive states were eight times more likely to change their practice plans than those who planned to practice in protected states before the *Dobbs* decision.

[Family medicine after *Dobbs* ruling: A CERA study of impacts to practice, education and patient-physician trust](#), November 2023.

- In this survey of family medicine clinicians, about one-third reported an increased worry of legal risk if providing reproductive healthcare (34.5%) and no updated guidelines from organizational leadership (33.1%). Clinicians in very restrictive states reported changes in their clinical decision-making and patient counseling practices ($P < 0.001$). Clinicians in protective states reported an increase in residency program desirability, while restrictive states reported decreased program desirability and confidence in resident training ($P < 0.001$).

[Global workforce implications of *Dobbs v Jackson Women's Health Organization*](#), May 2024.

- This commentary discusses global policy trends, the relationship between *Dobbs* and the Global Gag Rule, the importance of pharmacists in the abortion care workforce, and a brief overview of strategies to address challenges in the global context.

["I went into this field to empower other people, and I feel like I failed": Residents experience moral distress post- *Dobbs*](#), June 2024.

- Residents described experiences of moral distress due to abortion restrictions focused around the following themes: 1) challenges to their physician identity (inability to do the job, internalized distress, and reconsidering career choices); 2) participating in care that exacerbates inequities (and erodes patient trust); and 3) determination to advocate for and provide abortion care in the future.

[Impact of the *Dobbs* decision on medical education and training in abortion care](#), July 2023.

- This commentary discusses how restrictions on abortion care directly impact medical education and training in states and institutions where care is limited or banned.

[Impact of the *Dobbs v Jackson Women's Health Organization* decision on retention of Indiana medical students for residency](#), September 2023.

- In a survey of medical students at a large allopathic medical school, 66.8% of students were less likely to pursue residency training in Indiana following a proposed abortion ban. Moreover, 70% of students were less likely to pursue residency in a state with abortion restrictions. Approximately half of respondents (52.2%) were less likely to pursue obstetrics and gynecology as a specialty after proposed abortion restrictions.

[Out-of-state abortion training rotations for residents in states with limited access](#), June 2024.

- After the enactment of Texas Senate Bill 8 in September 2021 and 1 year after *Dobbs*, the Ryan Program facilitated partnerships between 13 Ob-Gyn residency programs in restrictive states and 13 programs in protective states for resident training; this study describes the experiences of residents who traveled within these partnerships. Residents reported that the rotation met learning objectives, including extensive exposure to all abortion methods, and most intend to provide abortions in practice.

[States with abortion bans see continued decrease in US MD senior residency applicants](#), May 2024.

- A 2023 analysis by the AAMC Research and Action Institute found that fewer new graduates of US medical schools applied to residency programs in states that banned or restricted access to abortion than to residency programs in states where abortion remained legal.

[The US Supreme Court *Dobbs* decision's impact on the future plans of 2023 residency graduates at the University of Utah](#), February 2024.

- In a survey of all graduating residents at the University of Utah of all specialties, only six (7%) residents changed their practice location due to the *Dobbs* decision. Most respondents, however, supported and wanted to advocate for legal abortion.

[US obstetrician-gynecologists' perceived impacts of post-*Dobbs v Jackson state* abortion bans](#), January 2024.

- In this qualitative study describing the experiences of 54 Ob-Gyns practicing under abortion bans in 13 states, Ob-Gyns described a range of perceived impacts, including distress at having to delay essential patient care, fears of legal ramifications, mental health effects, and planned or actual attrition.

In progress research

[Adolescent abortion-related healthcare post-*Dobbs*: Current practices and opportunities for policy intervention](#), PI: Amanda Bryson

- This mixed-method study recruiting US health professionals caring for pregnant adolescents compares changes in abortion-related practices, including pregnancy options counseling, abortion information sharing with patients, abortion referral practices, and provision of medication and/or procedural abortion. Secondary aims include documenting factors that influence the amount of information provided to adolescents about pregnancy options and confidence of US health professionals to help an adolescent navigate accessing abortion following the *Dobbs* decision.

[*Dobbs*' impact on contraceptive providers](#), PI: Alicia VandeVusse

- This qualitative study investigates the ways that providers have responded to the ripple effects of the *Dobbs* decision on contraception and related sexual and reproductive health services.

[Effects of *Dobbs* on family planning provision: Results from a national survey](#), PI: Alicia VandeVusse

- This study analyzes providers' perceptions of the effects of the *Dobbs* decision on contraception and abortion-related care offered at publicly supported family planning clinics using data drawn from a national survey of these providers.

[Extending gestation beyond the mythical point of viability](#), PI: Tracy Weitz

- This study will use in-depth qualitative interviews with the facilities workforce to elicit experiences related to the decision to and the implementation of expanded gestational limit abortion care. The study will also describe the composition of the overall workforce at the two facilities and measure their experience with abortion stigma.

[Factors affecting willingness to provide medication abortion among North American Society for Pediatric and Adolescent Gynecology members caring for adolescents and young adults following the *Dobbs* decision](#), PI: Amanda Bryson

- This is a national survey of North American Society for Pediatric and Adolescent Gynecology members investigating perceptions of abortion, willingness to provide medication abortion to adolescents, and barriers to providing medication abortion following the *Dobbs* decision.

[Family planning exposure on the Ob-Gyn clerkship in the Indiana post-*Dobbs* era](#), PI: Amy Caldwell

- This retrospective cohort study surveys third-year medical students at Indiana University School of Medicine about their Ob-Gyn clerkship experiences with family planning education and clinical exposure following the *Dobbs* decision and political shift in Indiana.

[Homecoming: How restrictive reproductive and sexual health legislation is impacting residency applicants' ability to return to their states of origin](#), PI: Tecora Turner

- This project aims to analyze the considerations and tradeoffs fourth-year medical students from the South make when applying to residency, as they decide whether to apply to residency programs in the South to complete their training. The goal of this project is to assess whether restrictive anti-abortion and anti-trans legislation deter Southern natives from returning to their communities of origin and how this might impact the quality of care in these states.

[Ob-Gyn state-level movement post-*Dobbs*](#), PI: Julia Strasser

- Using a large national administrative provider database with records for over 40,000 Ob-Gyns, this study identifies Ob-Gyn movement into new states, categorized as ban (full or 6-week) or no-ban states, from July 2017 through June 2023. The study uses interrupted time series regression models to estimate post-*Dobbs* changes in level and slope of enrollments by state abortion policy (ban vs no-ban).

Positionality and privilege post-*Dobbs*: A qualitative analysis of Ob-Gyn graduates' decision-making, PI: Alexandra Woodcock

- This qualitative study of residents who graduated from residencies with Ryan Abortion training programs in July 2023 found that participants experienced abortion restrictions distinctly in relation to opposing positionalities: being physically located in restrictive vs nonrestrictive states, being an abortion vs non-abortion provider, being a healthcare provider vs a patient, and identifying as female vs male.

Post-*Dobbs* impacts on Ob-Gyn residents' perspectives on obtaining out-of-state abortion training and influence on their careers, PI: Danielle Johnson

- This qualitative study with Ob-Gyn residents living in abortion-banned or restricted states revealed themes related to current abortion training availability and long-term impacts of training restrictions on professional goals.

Post-Roe Indiana: An ethnography of patient treatment during pregnancy losses, termination, and complications, PI: Lori Freedman

- This is an ethnography involving provider interviews and patient care observations in two hospitals, in the units where vaginal bleeding patients typically present (ED and OB triage).

Seismic shifts in the abortion access landscape: The abortion access worker experience, PI: Lily Nathan

- This is a qualitative study of abortion access workers' experience, challenges, and needs.

Study of Ob-Gyns in post-Roe America (SOPRA), PI: Erika Sabbath

- This multi-state qualitative study aims 1) to understand and characterize US Ob-Gyns' perceptions of the personal and professional impacts of practicing under post-*Dobbs* abortion bans, and 2) to identify and disseminate practices that support Ob-Gyns' professional wellbeing in a restrictive policy environment.

When pregnancies become complicated: Consequences of *Dobbs* for patients and Ob-Gyn physicians in Wisconsin, PI: Abby Cutler

- This qualitative study documents and analyzes how the post-*Dobbs* legal landscape impacts Ob-Gyns' ability to provide care to patients needing abortion for medical reasons and to deliver routine pregnancy care to patients in abortion-adjacent settings in Wisconsin. In addition, the study examines the institutional and system-level factors that have shaped physicians' experiences

and identifies opportunities to support physicians' efforts to deliver high-quality care.