

Post-Dobbs Research Signal

Last updated February 20, 2025

The following is a list of published and in progress research on the impact of the *Dobbs* decision. This list will be updated twice a year 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

[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.

[Abortion access barriers shared in “r/abortion” after *Roe*: A qualitative analysis of a Reddit community post-*Dobbs* decision leak in 2022](#), December 2024.

- This study analyzed posts and comments from an abortion support subreddit (r/abortion) in 2022. Common barriers included state bans, high abortion costs, limited appointment availability, long travel distances, lack of social support, stigma around abortion, delays with mail-ordered medications, concerns about the reliability of online services, and fears about legal risks related to abortion. Consequences of these barriers included poor mental health, delays in getting care, and needing to self-manage abortions because of access issues.

[Abortion Access Dashboard](#), Ongoing.

- 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 experiences, knowledge, and attitudes among women in the US: Findings from the 2024 KFF Women’s Health Survey](#), August 2024.

- Among women of reproductive age, one in seven (14%) have had an abortion at some point in their life. Nearly one in ten (8%) women of reproductive age personally know someone who has had difficulty getting an abortion since *Roe v. Wade* was overturned. While two-thirds of women have heard about medication

abortion pills, only 19% say people in their state can get medication abortion pills online.

[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 return rates and wait times before and after Texas' executive order banning abortion during COVID-19](#), September 2024.

- Patients were less likely to return for an abortion if they had an ultrasound while the executive order was under effect (82.8%) than in the same period in 2019 (90.4%; adjusted odds ratio = 2.06; 95% confidence interval = 1.12, 3.81). Compared with patients at or before 10.0 weeks' gestation at ultrasound, patients at more than 10 weeks' gestation had higher odds of not returning for an abortion or, if they returned, experienced greater wait times between ultrasound and abortion visits.

[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.

[Changes in availability of later abortion care before and after Dobbs v. Jackson Women's Health Organization](#), October 2024.

- This paper uses ANSIRH's Abortion Facility Database to examine changes in the availability of procedural abortion, especially in the second and third trimesters of pregnancy, since *Dobbs* (2021-2023). There have been substantial reductions in the number and distribution of facilities offering later abortion services.

[Estimation of multiyear consequences for abortion access in Georgia under a law limiting abortion to early pregnancy](#), March 2023.

- Estimates from 2016 to 2017 state data suggest that only 3,854 abortions in Georgia (11.6%) would likely meet eligibility requirements for abortion care under its latest restrictive ban. Fewer abortions obtained by Black patients, patients younger than 20 years, and patients with fewer years of education would likely meet eligibility requirements under this latest ban.

[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](#), Ongoing 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.

[Perspectives on an early abortion ban in a restrictive US state: A qualitative exploration](#), July 2023.

- The themes elucidated among Georgia residents included: lamenting the "black-and-white" nature of the national abortion discussion, which they felt oversimplified the issue; the importance of experiences that allowed them to empathize with people who choose abortion; and a lack of understanding about the extent to which HB481 makes abortion inaccessible in Georgia.

[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.

[Research on the early impact of *Dobbs* on abortion, births and contraception: What we know so far](#), September 2024.

- This report provides a topline summary of the emerging body of research measuring the likely impact of the *Dobbs* decision on outcomes in four areas: abortion services and access, abortion incidence, incidence of births and contraceptive use.

[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 the 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.

["To anyone reading in the future you are not alone": How patients seeking abortion in a surge state use their stories to support each other](#), September 2024.

- This qualitative approach uses inductive content analysis to examine 74 anonymous journal entries from 2020 to 2023 from patients accessing abortions in New Mexico. This analysis explains how patients contextualized their abortion and offers insight to improving experiences for patients traveling for 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.

[Women and abortion in Arizona: Findings from the 2024 KFF Women's Health Survey](#), August 2024.

- Awareness of abortion availability is limited in Arizona, particularly among women with lower incomes who are affected disproportionately by restrictions on abortion, have lower awareness about abortion access in their state, and have more significant concerns about pregnancy safety.

[Women and abortion in Florida: Findings from the 2024 KFF Women's Health Survey](#), August 2024.

- In Florida, only one in five (18%) are aware medication abortion is still legal in their state. About a third (34%) don't know where to get an abortion or where to find the information should they need one, and only one in ten (9%) are aware that medication abortion pills can be obtained online.

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.

[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.

[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.

[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.

[Conducting time sensitive research on barriers to pregnancy care following policy shifts in the Midwest: The Pathways Study](#), PIs: Jenny Higgins, Heidi Moseson, and Tracey Wilkinson

- This longitudinal cohort study aims to identify and characterize barriers to abortion in the Midwest among a sample of abortion seekers recruited online at the point of searching for information about abortion. The study will compare findings across states with permissive versus restrictive policy environments.

[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 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 characterizes 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.

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, this study examines 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. The study also explores how abortion workers conceptualize "the future" of abortion rights in the midst of crisis and 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. The project 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.

[Structural and social determinants of abortion care in Washington state before and after *Dobbs*](#), PI: Taylor Riley

- In collaboration with a high-volume reproductive health care clinic network in Washington, this project integrates area-level structural and social determinants of health data with individual-level clinical data on abortion care. The project develops measures characterizing neighborhood-level structural and social determinants of health for all individuals seeking abortion care at this clinic network in order to examine the multilevel contextual factors influencing abortion timing and type of care received and how this might be changing after *Dobbs*.

[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.

[TRAVIL: Traveling to Illinois for Abortion Care](#), PI: Julie Chor

- This study conducts in-depth interviews to better understand the experiences of people traveling to Illinois from out of state to receive abortion care. The study aims to understand the journeys and priorities of individuals traveling out-of-state to inform support for patient navigation and shared decision-making.

[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?

[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.

[Longitudinal impact of *Dobbs v Jackson Women's Health Organization* on abortion service delivery in Ohio, 2022–2023](#), October 2024.

- Following *Dobbs*, Ohio banned abortions after detection of embryonic cardiac activity, and monthly abortion provision decreased 56%. Several months after the ban was lifted, monthly abortion means exceeded pre-*Dobbs* means. The percentage of patients from out of state increased over time.

[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 since January 2023.

[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 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.

[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.

[Research on the early impact of *Dobbs* on abortion, births and contraception: What we know so far](#), September 2024.

- This report provides a topline summary of the emerging body of research measuring the likely impact of the *Dobbs* decision on outcomes in four areas: abortion services and access, abortion incidence, incidence of births and contraceptive use.

[Tubal sterilization and vasectomy increased among US young adults after the *Dobbs* Supreme Court decision in 2022](#), January 2025.

- This study measured rates of tubal sterilizations and vasectomies among people ages 19-26 in 2021 and 2022 and found increasing rates following the *Dobbs* decision leak in May 2022, with greater increases in states deemed likely to ban abortion at the time of the leak. In open-ended survey responses, young adults expressed fear and concerns about bodily autonomy in the post-*Dobbs* environment.

[Tubal sterilization rates by state abortion laws after the *Dobbs* decision](#), September 2024.

- Tubal sterilization increased by 3% each month from July to December 2022 in states that banned abortion after the *Dobbs v. Jackson Women's Health Organization* ruling.

[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

Attitudes and experiences of patients seeking reproductive care post *Dobbs* in South Carolina and Massachusetts, PI: Angela Dempsey

- This is a cross sectional survey of patients presenting for routine reproductive care at two Ryan program sites in SC and MA. The study aims to describe self-reported changes in attitudes and behaviors post-*Dobbs* in disclosure of health information to providers, contraceptive decision-making, fear of legal consequences, use of healthcare technology, and perceived control over reproductive health, as well as any differences between findings in a restricted and non-restricted geographic location.

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*.

The high cost of no choice, PI: Mariana Bowring

- Following *Dobbs* and SB8, this study takes a qualitative look at how community college students are navigating pregnancy attitudes and reproductive care/access in Texas. Pregnancy dread and fear is the biggest theme and takeaway.

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

[Abortion-related crowdfunding post-Dobbs](#), January 2024.

- This paper found that, following a leak of the *Dobbs* decision, 398 abortion-related crowdfunding campaigns in the US raised over \$3.8 million from over 50,000 donations. In a reversal from pre-*Dobbs* crowdfunding, abortion access campaigns tended to outperform other abortion-related campaigns.

[Adolescents' political and personal responses to recent policies restricting abortion and gender-affirming care](#), December 2024.

- This study analyzed virtual semistructured interviews with 39 participants aged 16 to 19 residing in the Midwest between April and June 2023. Most participants opposed state restrictions to abortion and gender-affirming care, expressing concerns about the politicization of health care and the impact on their lives and the lives of loved ones. Policies also influenced future living decisions, with many expressing that a state's policies on abortion and gender-affirming care would impact whether they wanted to attend college or live there.

[Are people fleeing states with abortion bans?](#), January 2025.

- This paper found that abortion bans cause significant increases in net migration outflows, with effect sizes growing throughout the year after the decision, and total abortion bans come at the cost of more than 36,000 residents per quarter. The effects are more prominent for single-person households than for family households, which may reflect larger effects on younger adults. The paper also found suggestive evidence of impacts for states that were hostile towards abortion in ways other than having total bans.

[Care post-Roe: Documenting cases of poor-quality care since the Dobbs decision](#), September 2024.

- This report details how health care providers are unable to provide standard medical care in states with abortion bans, leading to more delays, denials of care, and worsened health outcomes.

[In states with abortion bans, community health center patients face challenges getting reproductive health care](#), September 2024.

- Findings from interviews with community health center patients in 15 states with abortion bans include: 1) patients may be unable to access timely prenatal care as demand increases and the workforce shrinks, 2) many people who need pregnancy terminations cannot travel to access care, forcing them to continue life-threatening pregnancies, and 3) more high-risk maternity patients are turning

to community health centers, but health centers are limited in the care they can provide.

[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.

[Pregnancy as a crime: A preliminary report on the first year after *Dobbs*](#), September 2024.

- In the first year after *Dobbs*, prosecutors initiated at least 210 cases charging people with crimes related to pregnancy, pregnancy loss, or birth – the highest number of criminal cases documented in a single year. The highest criminalization numbers are in states that have enshrined “fetal personhood” in their civil and criminal laws, such as Alabama, Oklahoma, and South Carolina. Prosecutors criminalized 22 women for experiencing a pregnancy loss.

[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.

[Rape-related pregnancies in the 14 US states with total abortion bans](#), January 2024.

- This cross-sectional study found that thousands of girls and women in states that banned abortion experienced rape-related pregnancy, but few (if any) obtained in-state abortions legally, suggesting that rape exceptions fail to provide reasonable access to abortion for survivors. Survivors of rape who become pregnant in states with abortion bans may seek a self-managed abortion or try to travel (often hundreds of miles) to a state where abortion is legal, leaving many without a practical alternative to carrying the pregnancy to term.

[Reproductive healthcare after *Dobbs*: Rethinking obstetric harm in the United States](#), December 2024.

- The obstetric violence framework proposes that clinicians harm pregnant people through physical and psychological mistreatment and violations of autonomy. This paper analyzed interviews with 54 obstetrician-gynecologists practicing in US states with near-total abortion bans to show how similar harms may also be performed through actions of the state.

[Research on the early impact of *Dobbs* on abortion, births and contraception: What we know so far](#), September 2024.

- This report provides a topline summary of the emerging body of research measuring the likely impact of the *Dobbs* decision on outcomes in four areas: abortion services and access, abortion incidence, incidence of births and contraceptive use.

[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.

[Stressors stack up on essential maternity providers — Community health centers need support in a post-*Dobbs* world](#), June 2024.

- Community health center operations in abortion ban states are threatened by accumulating stressors, including the *Dobbs* decision, policy changes that threaten their razor-thin financial margins, and closures of hospitals and birthing units.

[Texas won't study how its abortion ban impacts women, so we did](#), February 2025.

- This analysis found that the sepsis rate in second-trimester pregnancy loss hospitalizations increased by more than 50% after Texas' near-total abortion ban went into effect in September 2021. The analysis also identified at least 120 in-hospital deaths of pregnant or postpartum women in 2022 and 2023 — an increase of dozens of deaths from a comparable period before the COVID-19 pandemic.

[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.

[US abortion bans and fertility](#), February 2025.

- There were an estimated 1.01 additional births above expectation per 1000 reproductive-aged females in states following the adoption of abortion bans, equivalent to 22,180 excess births. Estimated differences were largest among racially minoritized individuals, those without a college degree, Medicaid beneficiaries, unmarried individuals, younger individuals, and those in southern states.

[US abortion bans and infant mortality](#), February 2025.

- This analysis of US national vital statistics data from 2012 through 2023 found that abortion bans were associated with increases in infant mortality. These increases were larger among infants who were Black, had congenital anomalies, or were born in southern states.

[Use of period- or fertility-tracking technologies pre- and post-Dobbs](#), January 2025.

- While the *Dobbs* decision led legal and data privacy experts, media, and reproductive health advocates on social media to warn period- or fertility-tracking technology users to delete their tracking technology out of concern for data privacy and potential prosecution for abortion, the prevalence of technology users instead increased from pre- to post-*Dobbs*.

[What happens to people denied abortions?](#), August 2022.

- This analysis estimates the magnitude of adverse health outcomes associated with abortion denials following the overturning of *Roe v. Wade*.

In progress research

[Are people and businesses fleeing states with abortion bans?](#), PI: Jason Lindo

- This study uses a synthetic difference-in-differences research design to analyze population flows and business relocation post-*Dobbs* using change-of-address data from the United States Postal Service. The study also analyzes business activity using the Quarterly Census of Employment and Wages and census records to consider how the flow of people and businesses is affecting the composition of communities.

[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 heterogenous 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.

Exploring the impact of state abortion and institutional policy on pregnancy of unknown location and ectopic pregnancy management, PI: Madeline Smith

- This qualitative study aims to determine how ectopic and pregnancy of unknown location management are impacted by abortion bans post-*Dobbs*, understand clinician experiences interfacing with state abortion legislation and institutional policies, and compare how academic centers differ from community sites in navigating these restrictions.

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.

[Impact of reproductive health laws on correctional maternal health care](#), PI: Carolyn Sufrin

- This study seeks to understand how clinical care for incarcerated pregnant patients has changed since the Supreme Court overturned *Roe v. Wade*.

[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 previsible pregnancy complications and how might these deviate from their professional standards of care.

National and state-specific estimates of the unequal impact of abortion bans on fertility in the US, PIs: Suzanne Bell and Alison Gemmill

- Drawing from birth certificate and census data from 2014 through 2023, this study uses a Bayesian panel data model to evaluate state-by-subgroup-specific impacts of abortion bans in 14 US states. The study estimates the average percent and absolute increase in the birth rate among women aged 15-44, by state, and examines variation by age, race/ethnicity, marital status, education, and insurance payer.

Navigating the legal landscape of maternal health: Immediate impacts of *Roe v Wade's* overturn on ectopic pregnancy, pulmonary hypertension, and pre-eclampsia, PI: Shriya Jamakandi

- This research aims to investigate the impact of the overturning of *Roe v. Wade* on health outcomes among pregnant women with private insurance, specifically looking at the rates of ectopic pregnancy, pulmonary hypertension, and pre-eclampsia, and how differing state policies regarding abortion might influence these outcomes. The research utilizes a dataset spanning from 2012 to 2022 and conducts a pre-post analysis, acknowledging that the six months of post-overturn data may only provide initial insights.

Post-*Dobbs* abortion restrictions: Effects on maternal and infant health and racial and ethnic disparities in the US, PI: Nansi Boghossian

- This project aims to: 1) assess the impact of abortion restrictions on maternal mortality, 2) examine how these restrictions affect fertility rates, birth outcomes (such as preterm birth, low birth weight, birth defects, and stillbirth), and infant mortality, and 3) analyze racial and ethnic disparities in these effects. The study uses restricted data from the National Center for Health Statistics, including national mortality data, linked birth and death certificates, and fetal death records, and employs an interrupted time series approach with a synthetic control design.

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 abortion bans on equitable access to prenatal care](#), PI: Rebecca Gourevitch

- This study analyzes data on standard measures of prenatal care initiation, visits, and self-reported access to care, as well as the pregnant person's race and ethnicity, type of insurance, and rurality of residence from the National Center for Health Statistics Restricted-Use Birth Certificate records and the Pregnancy Risk Assessment Monitoring System. The study analyzes how these outcomes changed following the *Dobbs v Jackson* decision in states that implemented total abortion bans and how these results varied across groups.

[The impact of *Dobbs* on severe pregnancy loss morbidity in Texas](#), PI: Amanda Nagle

- This 12-month quantitative study of Texas inpatient and outpatient hospital records will evaluate how the *Dobbs* decision, Senate Bill 8 (pre-*Dobbs* ban on

abortion after detection of cardiac activity) and Texas' subsequent total abortion ban impacted the health of people experiencing pregnancy loss in Texas. The study conducts an interrupted time series analysis to quantify the changes in severe morbidity related to pregnancy loss after the abortion restrictions, identify who is most impacted by the abortion policy changes, and understand related patient care elements.

[The impacts of state-level abortion restrictions post-*Dobbs* on intimate partner violence and child maltreatment](#), PI: N. Jeanie Santaularia

- This study assesses the relationship between post-*Dobbs* state-specific abortion bans and injuries due to IPV and child maltreatment (CM) (firearm- and non-firearm-related, separately). The study examines how the state-specific “trigger laws” banning abortion following the *Dobbs* decision impacted IPV and CM, by firearm-related status, in selected states in the US by conducting a controlled interrupted time series study with synthetic controls.

[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.

[The TRACE study: Tracking the Relationship between Abortion Care and STI Epidemiology post-*Dobbs*](#), PI: Alice Abernathy

- Through an empirical design that assesses differential effects across care delivery environments, this study specifically determines 1) whether the reduced physical access to abortion clinics is associated with rising STI rates and 2) attends to whether the *Dobbs* decision resulted in differences in STI rate change across states.

[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.

[US abortion bans and infant mortality](#), PIs: Suzanne Bell and Alison Gemmill

- Using national death certificate data and a Bayesian panel data model, this study examines the association of restrictive abortion policies with changes in infant

mortality and compares this association in racial and ethnic groups based on analyses both within and across states.

[What is the potential for *Dobbs* to impact economic well-being?](#), PI: Mayra Pineda-Torres

- This study uses novel data analysis on abortion counts, along with existing evidence on immediate post-*Dobbs* changes in births, to predict medium-term changes in birth rates. The study also conducts a power analysis to determine the magnitude of birth increases needed to observe impacts on downstream economic outcomes and to assess whether predictions of medium-term changes in births will feasibly generate subsequent downstream economic effects.

[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*.

[Association of Texas Senate Bill 8 with requests for self-managed medication abortion](#), February 2022.

- The findings of this cross-sectional study show that after SB 8 went into effect, demand for self-managed abortion through Aid Access increased substantially in Texas. An initial high increase then leveled off to a more moderate but sustained increase over pre-SB 8 levels.

[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.

[Changes in support for advance provision and over-the-counter access to medication abortion](#), January 2025.

- This cross-sectional study among individuals assigned female at birth surveyed before *Dobbs* (6982 participants) and after *Dobbs* (3562 participants) found that national support for advance provision and over-the-counter access and personal interest in over-the-counter access to medication abortion increased significantly from before to after *Dobbs*, although personal interest in advance provision access did not change significantly. Respondents in states with greater abortion restrictions were significantly more likely to report increases in support for and interest in both advance provision and over-the-counter access from before to after *Dobbs* compared with those in less restrictive states.

[Motivations for obtaining advance provision of medication abortion in the United States: A qualitative study](#), December 2024.

- The need for autonomy, resistance and reassurance were woven throughout in-depth interview participant's motivations for obtaining advance provision of medication abortion pills. The *Dobbs* decision acted as a catalyst for action to take back reproductive autonomy and prepare for a lack of access to abortion care.

[Online medication abortion direct-to-patient fulfillment before and after the *Dobbs v Jackson Decision*](#), October 2024.

- In this cross-sectional study including 87,942 fulfilled prescriptions from one online pharmacy, there was an overall increase in prescription fulfillment for direct-to-patient medication abortions in the year after the *Dobbs v Jackson* decision compared with the year prior, with spikes in prescription fulfillment following the *Dobbs* leak and the *Dobbs* decision itself.

[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%.

[The Number of Brick-and-Mortar Abortion Clinics Drops, as US Abortion Rate Rises: New Data Underscore the Need for Policies that Support Providers](#), June 2024.

- The number of brick-and-mortar clinics providing abortion care in the United States declined by 5%—a net loss of 42 clinics—between 2020 and March 2024. During this period, much of the decrease in clinic numbers was due to the cessation of abortion care in the 14 states with total abortion bans.

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.

Research practice

Published research

[Navigating “regulatory fog”: Challenges to rigorous abortion research after the *Dobbs v. Jackson decision*](#), January 2025.

- This commentary discussed how regulatory systems designed to protect human subjects, including Institutional Review Boards and the National Institutes of Health’s Certificates of Confidentiality program, present challenges that create a “regulatory fog,” which stymies abortion scholarship. The paper offered lessons learned for working in this environment and called for clear guidance and specific protections from federal and institutional leaders to improve research quality and participant safety.

Workforce

Published research

[Are state abortion bans an occupational health hazard for obstetrician-gynaecologists? Findings from a multistate qualitative study](#), October 2024.

- This study conducted qualitative interviews with 54 Ob-Gyns practicing in 13 states with abortion bans and found that state abortion bans following the 2022 *Dobbs* decision may impact the health and well-being not only of pregnant patients but also of their providers. These provider health impacts include mental health and burn-out but also extend to physical health outcomes and the work–life interface.

[Delayed and denied: How Florida’s six-week abortion ban criminalizes medical care](#), September 2024.

- Reproductive health care clinicians and clinicians in training in Florida shared multiple examples of cases of delays and denials of reproductive health care including abortion care and miscarriage management, disruption of the patient-clinician relationship, deviations from standard medical care, impaired training of new clinicians, and an exodus of health care providers from the state, worsening Florida’s already severe health care provider shortages.

[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.

[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](#), December 2024.

- This post-*Dobbs* survey of 70 clinicians belonging to the Society of Pediatric and Adolescent Gynecology found that 51% were willing to provide a medication abortion for an adolescent who requested it in their clinical practice. The most common barriers to providing medication abortion were legislative restrictions (47%) and dispensing pills from clinic (33%).

[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.

[How the Supreme Court's *Dobbs* decision will decimate reproductive healthcare for generations](#), August 2024.

- An investigation by House Democrats looked at the effects of abortion restrictions on the training and work of obstetrician-gynecologists. The findings suggest some OB-GYN residents are receiving less training in abortion care,

which could leave them unprepared for emergency situations. These doctors are also seeing sicker patients suffering from greater complications due to delayed care caused by *Dobbs*.

[“I am putting my fear on them subconsciously”: A qualitative study of contraceptive care in the context of abortion bans in the U.S.](#), November 2024.

- This study conducted semi-structured in-depth interviews with 41 contraceptive healthcare providers across the US, with the majority (63%) in abortion restrictive states, and found that abortion restrictions profoundly impact providers' contraceptive counseling and care. The effects of *Dobbs* on providers and their clinical practices underscore providers' legally precarious position in today's reproductive health landscape.

["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.

[Importance of abortion training to United States Obstetrics and Gynecology residency applicants in 2023](#), August 2024.

- The majority of survey respondents who reported that access to abortion training during residency is essential or very important applied to programs where

abortion training is not locally available. Most of these applicants expected programs in restricted states to provide training regardless.

[Lower obstetrician and gynecologist \(OBGYN\) supply in abortion-ban states, despite minimal state-level changes in the 2 years post-Dobbs](#), December 2024.

- This study analyzed state location data from 96% of the Ob-Gyns in the US and found no significant changes in state-level movement following the *Dobbs* decision. The study also found that states with current abortion bans had lower numbers of Ob-Gyns entering those states since at least 2017.

[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.

[Our hands are tied: Abortion bans and hesitant medicine](#), June 2024.

- Drawn from qualitative interviews with medical providers in Tennessee, USA conducted between October 2022 and December 2022, this study shows how medical providers often must make medical decisions based on legal risks as opposed to standards of care.

[Sources of moral distress among obstetrician-gynecologists after Dobbs: A qualitative, multi-state study](#), December 2024.

- This study conducted qualitative, semi-structured interviews with 54 Ob-Gyns practicing in 13 states where abortion was illegal as of March 2023. Participants attributed moral distress to the cumulative toll of routinely being unable to provide evidence-based healthcare, demonstrating a previously unreported source of moral distress: the everyday chipping away of professional integrity that occurs when Ob-Gyns cannot care for patients in the way that patients need.

[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.

[Supporting Ob-Gyns in abortion-restrictive states—A playbook for institutions](#), June 2024.

- This paper drew on qualitative interviews conducted with 54 Ob-Gyns in 13 states with near-total abortion bans to inform a set of recommendations that institutions can undertake to support and retain OB-GYNs

[The impact of *Dobbs v. Jackson* on abortion training in obstetrics and gynecology residency programs: A qualitative study](#), December 2024.

- This study sought to understand the impact of the *Dobbs v. Jackson* decision on Ob-Gyn residency abortion training programs from the perspective of Ryan Program directors and to understand barriers and facilitators to maintaining abortion training in Ob-Gyn residency programs post-*Dobbs*. The study found that (1) Ryan directors experienced stressors related to the administration of Ryan programs post-*Dobbs*, including perceived difficulty satisfying requirements for abortion training in restrictive states, burnout, and increased financial needs to support training partnerships; and (2) Directors face challenges in recruitment and clinical care post-*Dobbs*.

[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.

[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.

[Impact of post-Dobbs abortion bans on workforce attrition and labor and delivery unit closures](#), PI: Sarah Horvath

- This study leverages existing hospital, workforce, and census data to examine state-level trends in the obstetrician-gynecologist and primary care workforces, and labor and delivery unit closures before and in the first 18 months following the *Dobbs* decision. Primary data sources include the American Hospital Association's Annual Survey of Hospitals, Centers for Medicare & Medicaid Services provider of services data (2010-2023), and Health Resources and Services Association Area Health Resource Files.

[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.

[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.