

Post-Dobbs Research Signal

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The following is a list of published and in progress research on the impact of the Dobbs decision. Please note that the Society is no longer updating this list. This is in recognition that research related to the impact of the Dobbs decision has expanded and deepened, signaling an opportunity for the community to summarize and make meaning of the growing peer-reviewed literature.

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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.

[A qualitative exploration of the impact of abortion restrictions on people with high-risk pregnancies in Georgia](#), July 2025.

- This study found that participants described their pregnancies as “high-risk” for a wide range of reasons, and often described a lack of understanding of how Georgia House Bill 481 (HB481) would impact their ability to access abortion care. As participants attempted to access abortion care post-HB481, many described feeling betrayed and abandoned by the government, healthcare system, their individual support networks, and even God and/or the universe. Participants also shared how HB481 exacerbated their suffering as they attempted to navigate the “best” of multiple “bad” options available to them.

[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.

[Abortion wait time increases for residents of an abortion-supportive state after changing abortion legislation](#), June 2025.

- This study conducted a retrospective chart review of first-trimester abortion appointments and found that after the *Dobbs* decision, New Mexico residents waited two weeks longer for abortion appointments and called for appointments over a week earlier in pregnancy on average than in the two previous years. Median wait times for appointments were 5.0 days pre-Texas Senate Bill 8 (SB8), 4.5 days post-SB8, and 23.0 days post-*Dobbs*.

[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.

[After *Dobbs*: How the Supreme Court ended *Roe* but not abortion](#), March 2025.

- This book analyzed interviews with 24 people across different fields in abortion and in different state political environments across three intervals throughout 2022—pre-*Dobbs* in early 2022, right after *Dobbs*, and then six months later. These interviews showcased how nimble thinking on the part of providers, growth and new delivery models of abortion pills, and the never-ending work of those who help with abortion travel and funding have ensured most people who want them are still getting abortions, even without *Roe*.

[Assessing the impact of *Dobbs* on abortion perceptions and attitudes in more restrictive versus less restrictive state policy environments: Evidence from Arizona, Wisconsin, and New Jersey](#), June 2025.

- This study found a significant negative impact of the *Dobbs* decision on perceptions of abortion legality and of ease in getting an abortion for those living in more restrictive states, compared with those living in New Jersey. The study also found decreases in negative attitudes regarding abortion acceptability and increases in supporting abortion availability from prior to post-*Dobbs* across both more and less restrictive state policy settings.

[Awareness and perceptions related to self-managed abortion in Ohio after *Dobbs*](#), May 2025.

- This study analyzed awareness of self-managed medication abortion among women in Ohio—defined as reporting having heard of pills they can buy and use at home to conduct an abortion without going to a clinic or consulting a doctor—and perceptions of self-managed abortion. 41.6% of respondents were aware of self-managed medication abortion, but there were disparities in awareness by race, ethnicity, and education. Additionally, 30.3% of women identified Plan B, and 24.4% indicated herbs as methods of self-managed abortion.

[Behavioral innovations to access abortion post-Dobbs: A qualitative thematic analysis of Reddit's r/abortion community in 2022](#), June 2025.

- This paper explored the behavioral innovations to access abortion that people discussed and recommended within a geographically dispersed community of peers on an abortion-supportive Reddit community (r/abortion). The analysis identified discussion of abortion access innovations related to getting in-clinic care, self-managed abortion, funding assistance, privacy, and emotional support. Innovations included sharing online resources for clinic locations, specific travel recommendations to less restrictive states, accessing abortion medications through online services, and navigating the self-managed abortion process.

[Caring for pregnancy-related emergencies after Dobbs](#), June 2025.

- This study analyzed in-depth interviews with clinicians and found that it is not just clinicians in states that have severely restricted abortion who have been impacted by *Dobbs*-driven changes in pregnancy care; clinicians in states where abortion remains broadly legal are central to protecting patients' lives and health when they experience the dangers of pregnancy.

[Changes in abortion access, travel, and costs since the implementation of state abortion bans, 2022–2024](#), June 2025.

- Using self-administered surveys in 14 US states that implemented bans on abortion at all gestations, this study found that most people (81%) who contacted a clinic or call center after a ban reported traveling to another state for an abortion, and few (3%) continued their pregnancy to birth. Compared with those who accessed abortion in their state before a ban, postban travelers were less likely to drive and more likely to travel by bus, train, or airplane. Mean travel time, overnight stays, and mean travel costs increased, as did mean pregnancy duration and the proportion occurring at 13 weeks or more duration.

[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.

[Characteristics of patients undergoing fetal potassium chloride injection at a single center over time](#), June 2025.

- This study found that there was a 6.4-fold increase in volume of patients undergoing fetal potassium chloride injection at a center in Colorado post-*Dobbs*.

Patients were from 10 states of residence pre-*Dobbs* and 17 post-*Dobbs*. Median distance traveled significantly increased post-*Dobbs*, from 29.8 to 383.9 miles. The maximum distance traveled was 855 miles pre-*Dobbs* and 1,201 miles post-*Dobbs*. There was no change in gestational duration at the time of procedure across any comparison.

[Defining abortion beyond the clinic: Lay perspectives of abortion from a multi-state cross-sectional survey](#), June 2025.

- This study explored people's definitions of abortion across three states that had disparate abortion policies following the overturn of *Roe* (Utah, Nevada, and Idaho). Results revealed substantial uncertainty among participants about what reproductive situations qualify as abortion, with only one prompted scenario—having a procedure to end a pregnancy after deciding not to be pregnant—consistently classified as abortion. Participants often diverged from medical definitions, and lay definitions were influenced by participants' stances on abortion legality, political ideology, personal experiences, and beliefs about pregnancy.

[Distance to abortion facilities and depressive symptoms among reproductive-aged women of color after *Dobbs*](#), May 2025.

- This study found that, after the *Dobbs* decision, women of color—but not White women—who lived farthest from abortion facilities (100 + miles) showed slightly greater depressive symptoms than those who lived closest (0–25 miles).

[Effects of the *Dobbs* decision on publicly supported sexual and reproductive health clinics: Results from a national study](#), June 2025.

- This study found that almost one-quarter of clinics reported an increase in patients requesting intrauterine devices or implants, and one-fifth reported an increase in the proportion of patients seeking contraceptive services. Clinics in more restrictive states reported lower proportions of pregnancy options counseling and miscarriage management provision than sites in less restrictive/protective states. Higher proportions of clinics in more restrictive states reported decreases in time spent counseling patients seeking abortion and the number of referrals made for abortion compared to less restrictive/protective states. Respondents described changing pregnancy options counseling practices and serving more out-of-state patients.

[English- and Spanish-speaking US adults' perceptions of the most common reasons for abortion: A study of open-ended data before and after *Dobbs v. Jackson*](#), July 2025.

- This study found that people perceived the three most common reasons to seek abortion to be: unwanted/unplanned pregnancy reasons, violence-related reasons, and health reasons. After the *Dobbs* decision, there was an increase in respondents mentioning that people have abortions for health reasons and financial reasons, and a decrease in responses related to unwanted/unplanned pregnancy reasons, not ready/unprepared reasons, and partner-related reasons. Additionally, there were significant differences in perceptions between languages (ie, English and Spanish).

[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.

[Exploring adolescent abortion information sources and preferences post-*Dobbs* in the Midwestern United States](#), June 2025.

- This study analyzed in-depth interviews and found that adolescents in the Midwestern US primarily encounter abortion information via social media but rely on more trustworthy sources (eg, clinics, government websites) for practical information. Participants mentioned specific social media platforms such as TikTok, Reddit, and YouTube, but many participants expressed skepticism of information on social media and often looked to verify from other sources, including friends or family. If a friend was seeking abortion, most participants emphasized helping them find safe and reliable information online or through trusted sources, like a local Planned Parenthood.

[Have others had this experience? A qualitative analysis of posts on self-managed abortion to US-based Reddit community](#), May 2025.

- This study analyzed r/abortion data after the *Dobbs* leak in 2022 to explore self-managed abortion access and use experiences shared in the community. The themes found in the posts included concerns and questions related to online ordering and receiving mailed medication abortion; concerns and questions about the self-managed abortion process, such as when and how to take medication, bleeding amount, and abortion completion; seeking support/advice for self-managed abortion; and sharing self-managed abortion experiences.

[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.

[Impact of abortion bans on pregnancies with severe life-limiting foetal anomalies in the United States: A cost-effectiveness analysis](#), February 2025.

- Using a cost-effectiveness model, this paper estimated the difference in cost and maternal health outcomes associated with a termination ban for severe life-limiting fetal anomalies. The analysis found that with an abortion ban as compared to without, there would be an additional 406 live births affected by a severe life-limiting anomaly, 223 stillbirths, three cases of pre-eclampsia, five cases of hemorrhage requiring transfusion, 12 cases of postpartum or postoperative infection, and 236 women travelling out-of-state to obtain abortions each year. A policy restricting termination is associated with higher costs (\$46,223,865) and decreased quality of life annually.

[Implications of abortion restrictions for adolescents](#), April 2025.

- This study found that two-thirds of minor adolescent girls live in states with total abortion bans, bans with severe gestational limits (between six and 22 weeks), and parental involvement requirements for them to access abortion. These findings highlight how adolescents face unique abortion legal restrictions, even in states that are protective of adults' rights and access.

[Medication abortion: Current state and changing information on university student health center websites](#), March 2025.

- This study found that university student health center websites increasingly mentioned medication abortion, with an increase from 1% of websites in February 2022 to 7.5% of websites in February 2024, though this increase was mostly driven by states with supportive abortion laws. For universities that provided information on medication abortion, the websites had varying details on access and responses to changing state-level legislation and federal regulations.

[Myers Abortion Facility Database](#), Ongoing 2025.

- 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.

[Navigating a new frontier: An exploratory study of clinicians' confidence in their ability to help adolescents access abortion post-Dobbs](#), July 2025.

- This cross-sectional, online survey of 188 US adolescent-serving clinicians in 2024 found that less than half of the clinicians reported high confidence in their ability to help adolescents navigate seven of 11 logistical aspects of abortion access. Participants in states with post-*Dobbs* restrictions were less confident than those in states without such restrictions in their ability to help adolescents find abortion providers, know what documents are needed for appointments, and interpret their state's laws.

[Not actively dying: An inductive categorization of obstetric cases negatively affected by post-Dobbs abortion bans](#), July 2025.

- This study analyzed semi-structured interviews with healthcare professionals who were involved in care for a pregnant patient who did not receive the standard of care due to post-*Dobbs* laws. This analysis identified three categories of patient scenarios wherein care that clinicians judged necessary to prevent or reduce future health harm was delayed or denied: patients who had an existing health condition whose severity was exacerbated by pregnancy; patients for whom the pregnancy itself was the health condition clinicians anticipated would lead to medical endangerment or death; and serious fetal health conditions that would result in inevitable fetal or infant death. In all three, the absence of a current life-threatening emergency—even when one was near certain in the future—prevented clinicians from offering abortion care.

[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.

[Perspectives on options for self-sourcing medication abortion after implementation of Texas Senate Bill 8](#), July 2025.

- This study analyzed in-depth interviews with pregnant and recently pregnant Texas residents who considered abortion. Of the 120 participants, 50 researched or considered self-sourcing medication abortion, including 15 who ultimately sourced medications to self-manage their abortion. Participants described uncertainty about the safety and legality of their options for self-sourcing abortion medications, and most would have preferred to use telehealth abortion in a

hypothetical legal policy context, including those who self-managed their abortion.

[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.

[Psychosocial burden of seeking medication abortion when using no-test telehealth care compared to in-person care with ultrasound](#), July 2025.

- This study found that no-test telehealth, mailed medication abortion was associated with less overall psychosocial burden, including fewer structural challenges and less lack of autonomy than in-person, ultrasound-required medication abortion, mostly due to less difficulty traveling and feeling less forced to wait after deciding. People in abortion-ban states reported more psychosocial burden, including more structural challenges than people in states without bans.

[Reactance, rationalization, and women's rights for safe abortion: Evidence from *Roe vs. Wade's* overturn](#), May 2025.

- This study used data from Google Trends and Twitter engagement to comprehensively analyze public responses to the overturning of *Roe vs. Wade* and found a significant surge in public interest and concerns immediately following the news of the overturn. The findings demonstrated a clear polarization of sentiments, with expressions of both pro-choice and pro-life perspectives, and that reactions varied among states, with states hostile to abortion rights exhibiting heightened negative sentiment.

[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.

[Semantics matter: Maternal–fetal medicine physician perspectives on defining abortion care in the post-*Dobbs* Southeast](#), June 2025.

- This study analyzed qualitative, semistructured interviews and found that increased legal penalties in state abortion restrictions post-*Dobbs* prompted many maternal-fetal medicine physicians to more closely examine the definition of abortion care and its potential impact on patient care. Whether participants believed a given scenario involved abortion care differed among participants and depended on situational factors such as intended fetal status at the time of delivery, gestational duration, and type of intervention. Many expressed uncertainty over the legal definition of abortion, and provider willingness to uphold the standard of care depended on their level of risk tolerance, leading to discrepancies in care.

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

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

[The impact of the SB 8 Texas abortion ban on pregnancy duration at time of abortion in a large volume Colorado clinic](#), March 2025.

- This study assessed changes in type of abortion, gestational duration, and changes in the proportion of out-of-state residents at a clinic in Denver, Colorado after Texas passed the Senate Bill 8 (SB 8) abortion ban. The analysis found that the law banning abortion early in pregnancy delayed care and increased abortions occurring later in pregnancy, not only for people forced to seek care out of state, but for residents of the state with abortion access as well.

[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 had 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%).

[The road not taken: How driving distance and appointment availability shape the effects of abortion bans](#), March 2025.

- This study used difference-in-differences research designs to estimate the effects of abortion bans on births at the county level, finding that bans alone increase births, but their total impact depends on geographic barriers to access. In counties where the nearest abortion facility was 50 miles away pre-*Dobbs*, a total ban increases births by 2.8% when distance rises to 300 miles. Limited appointment availability increased births by an additional 0.4%. The largest increases occur among Black and Hispanic women, those without a college degree, and unmarried women.

["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.

[Using natural language processing to describe the use of an online community for abortion during 2022: Dynamic topic modeling analysis of Reddit posts](#), July 2025.

- This study analyzed the 7,273 posts shared in r/abortion in 2022 and found that posts related to navigating access barriers were most common. The study also found that the proportion of posts about abortion decision-making and self-management changed significantly after the *Dobbs* leak and decision; abortion decision-making posts were more common before the *Dobbs* leak, whereas those related to self-management increased following the leak and decision.

[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 had 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 had 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 mobilities in the US: Inequalities and injustices after the *Dobbs* decision](#), PI: Lucie Jaouen

- This study is focused on abortion mobilities between states (Texas and New Mexico) and within a state (California). Combining interviews with patients, organizations, and staff members and a quantitative analysis of the Guttmacher Institute database, this study demonstrates that mobilities to access abortion care after the *Dobbs* decision act as both resource and constraint for pregnant people. They reveal and produce deep, intersected injustices rooted in US society.

[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 access, navigation, and support for remotely provided medication abortion among Latinx patients](#), PI: Roopan Gill

- This study aims to understand and address the challenges faced by Latinx individuals receiving remote medication abortion services, ensuring these services are culturally sensitive and responsive to the needs of diverse Latinx users. The study uses a mixed methods approach: a survey and qualitative human-centered design research.

[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.

[How state policies, county characteristics, and individual demographics affect use of sliding scale to pay for no-test online abortion care](#), PI: Anna Fiastro

- This study examines the use of a sliding scale payment model for telehealth abortion services to assess the affordability of care, as well as the association of sociodemographic factors and state-level abortion policies with ability to pay.

[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.

[Patient experiences seeking, securing, and managing medication abortion provided through online asynchronous telemedicine across states with abortion bans, restrictions, and protections](#), PI: Abigail Aiken

- This project employs a mixed-methods approach to assess patient experiences seeking medication abortion, including the prevalence of and reasons for multiple ordering across providers; examine how socioeconomic factors impact the experience of securing access to services, including which groups are most likely to need reduced or no-fee payment structures and how patients secure funds within their personal financial context; and explore the experiences and unmet needs of patients managing their medication abortions, with particular attention to how state policy context influences willingness and ability to seek in-person care.

[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.

Resilience in adversity: The evolving role of activists in Texas abortion access post-*Dobbs*, PI: Elizabeth Kravitz

- This study is based on 15 semi-structured, 60-minute in-depth interviews with grassroots abortion activist organizations that target vulnerable populations. The study's aim is to characterize the response of activists on providing access to pregnant persons seeking abortion in Texas, describe the impacts that *Dobbs* has had on abortion procurement, and document strategies utilized to preserve resources for clients seeking abortion services.

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.

[Time sensitive research on barriers to pregnancy care](#), PI: Tracey Wilkinson

- The first phase of this study surveys pregnant people searching for information about abortion online to identify and characterize the barriers people face while seeking abortion in all 12 Midwest states. The second phase of the study follows participants forward in time to measure who succeeds in obtaining abortion and who does not, and the implications of their pregnancy outcome on broader physical, mental, and socioeconomic health across restrictive versus permissive states. Finally, the study implements a human-centered design approach to engage abortion fund leaders and Midwesterners who have sought abortions to develop and test messages to address knowledge barriers or belief gaps that limit access to abortion.

[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 changes among residents of an abortion rights protective state](#), February 2025.

- This cross-sectional study found that after Texas implemented a six-week abortion ban in 2021, demand for abortions shifted to other states. In association with Texas SB8, residents of Colorado experienced an 83% increase in second trimester abortions.

[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 characteristics of abortion patients in an academic medical center in Washington state before and after Dobbs](#), March 2025.

- This retrospective cohort study evaluated abortion provision at the University of Washington between January 1, 2022 and October 31, 2023 and found that the weekly number of abortions remained stable and there were minimal significant differences in patient characteristics or type of care when comparing the pre-and-post *Dobbs* periods.

[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.

[Abortion trends before and after *Dobbs*](#), February 2025.

- This analysis found that while the abortion volume in the US dropped immediately following *Dobbs*, the total number of abortions nationally has slightly increased compared to pre-*Dobbs* numbers two years following the ruling. Several states have passed laws to protect abortion access for their residents and expand access to people seeking abortions from other states, which have contributed in part to the increased number of abortions in those states. The upward trend in abortion volume can also be attributed to increased interstate travel.

[Characteristics of patients undergoing fetal potassium chloride injection at a single center over time](#), June 2025.

- This study found that there was a 6.4-fold increase in volume of patients undergoing fetal potassium chloride injection at a center in Colorado post-*Dobbs*. Patients were from 10 states of residence pre-*Dobbs* and 17 post-*Dobbs*. Median distance traveled significantly increased post-*Dobbs*, from 29.8 to 383.9 miles. The maximum distance traveled was 855 miles pre-*Dobbs* and 1,201 miles post-*Dobbs*. There was no change in gestational duration at the time of procedure across any comparison.

[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.

[Stability in the number of abortions from 2023 to 2024 in US states without total bans masks major shifts in access](#), April 2025.

- Estimates from Guttmacher Institute's Monthly Abortion Provision Study showed that the total number of abortions provided in all US states without total abortion bans remained relatively stable between 2023 and 2024, increasing by less than 1%, and the proportion of people traveling across state lines to obtain an abortion declined slightly, from 16% to 15%.

[The role of medication abortion provision in US states without total abortion bans, 2023](#), February 2025.

- This analysis found that clinicians provided 648,500 medication abortions within the formal healthcare system in 2023 in states without total bans, representing 63% of all abortions. 10% of all abortions were provided by telemedicine-only clinics. The number of medication abortions provided in US states without total abortion bans increased by 19% between 2019 and 2020, and by 32% between 2020 and 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

[Adolescent and young adult perspectives on contraception post-*Dobbs*: “The next closest step to having control over my own body”](#), May 2025.

- In a national survey of adolescents and young adults, this study identified themes of risk aversion, urgency and fear, and access concerns as a response to the *Dobbs* decision. Using national-level medical and prescription claims data, the study found a slight increase in both prescriptions and services in the months immediately after *Dobbs*, but no significant changes in the slope for monthly services post-*Dobbs* for any age group or method type.

[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.

[Contraceptive care post-Dobbs: A qualitative study of clinic staff perspectives](#), June 2025.

- This study found that publicly supported family planning clinics have experienced impacts on contraceptive care and contraceptive demand due to the *Dobbs* decision. Clinics continue to report providing high-quality contraceptive care and have changed certain contraceptive counseling practices, such as centering method efficacy in states where abortion is restricted. Clinics also report increases in requests for long-acting reversible contraception and permanent methods such as vasectomies.

[Effects of the Dobbs decision on publicly supported sexual and reproductive health clinics: Results from a national study](#), June 2025.

- This study found that almost one-quarter of clinics reported an increase in patients requesting intrauterine devices or implants, and one-fifth reported an increase in the proportion of patients seeking contraceptive services. Clinics in more restrictive states reported lower proportions of pregnancy options counseling and miscarriage management provision than sites in less restrictive/protective states. Higher proportions of clinics in more restrictive states reported decreases in time spent counseling patients seeking abortion and the number of referrals made for abortion compared to less restrictive/protective states. Respondents described changing pregnancy options counseling practices and serving more out-of-state patients.

[Expanding access to quality reproductive health care after the Dobbs v. Jackson Women's Health Organization decision](#), May 2025.

- This clinical perspective reviewed recent literature related to contraception use, health care disparities, and the physician and trainee response to the *Dobbs* decision and found that policy- and clinic-level measures, such as expanding access to contraception and allotting additional appointment time for patient education, must be taken to prevent worsening health outcomes for patients, especially for individuals living in abortion-restrictive states.

[Female permanent contraception procedures surrounding the Dobbs v. Jackson ruling at a single institution](#), June 2025.

- This study found there was a 62.4% increase in procedures occurring between preruling period 1 (between 6/24/19–6/23/20) and the postruling period, and a 49.5% increase occurred between the 3-year preruling average and the postruling period. Relative to hysteroscopy procedures, there was a 44.6% and 39.3% increase in contraception procedures between preruling period 1 and the postruling period and the 3-year preruling average and the postruling period,

respectively. A higher proportion of White and privately insured patients underwent procedures post-ruling.

[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.

[How the *Dobbs* decision shapes postpartum permanent contraception decision-making among birthing people and their Ob-Gyns](#), June 2025.

- This study analyzed interviews with postpartum women and their Ob-Gyns and found that several clinicians described an increase in permanent contraception demand, especially by young patients. Some patients said the ruling influenced their decision to get permanent contraception, and several patients suggested feelings of threat against reproductive autonomy. Some clinicians reported a renewed dedication of the clinical community to meet reproductive health needs. Several patients and clinicians indicated that the impact of *Dobbs* on permanent contraception decision-making was dependent on the level of abortion protection in their state.

[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.

[Permanent contraception procedures increase among young adults post *Dobbs*](#), February 2025.

- Data from 2021 and 2022 IQVIA medical claims revealed that visits for both forms of permanent contraception increased among those aged 19 to 26 years in and after May 2022, the month that the *Dobbs* opinion leaked. In each state likely to ban abortion, about 7 more tubal sterilizations and 3 more vasectomies were performed per month, from May to December 2022, than in states unlikely to ban abortion.

[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.

[Coercion and self-protection from racism during contraceptive counseling at the time of abortion in the post-Dobbs period](#), PI: Kelly Treder

- The objective of this mixed methods study is to understand the experiences of contraceptive coercion at the time of abortion; the experiences of self-protection from racism during post-abortion contraceptive counseling in the post-Dobbs period; and preferences for minimally biased, non-coercive, patient-centered contraceptive counseling at the time of abortion.

[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.

[Examining rates of interval tubal sterilization before and after the Dobbs decision: A single institution study in a restrictive abortion state](#), PI: Stacey Jaw

- This study conducts a retrospective chart review of patients pre- and post-Dobbs. Initial results indicate an increased rate of interval tubal sterilizations in the year after Dobbs, with a peak in August 2022. Initial results also show significant changes in the cohorts: Pre-Dobbs had higher gravidity and parity when seeking permanent contraception, while post-Dobbs had higher rates of private insurance and non-Hispanic ethnicity.

[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-abortion contraceptive care preferences among patients traveling from abortion ban states, PI: Kari White

- This research leverages the existing infrastructure of an ongoing prospective mixed methods study and survey of a diverse sample of 600 abortion patients who traveled from abortion ban to protected access states to quantitatively assess their preferences for getting contraceptive information and initiating a method at their abortion visit. The study also purposively samples 40 participants for in-depth interviews to explore reasons underlying patient preferences for contraceptive care at the time of their abortion and interest in other strategies that may meet their needs.

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.

Health and economic impacts

Published research

[A sentinel among sentinels: The importance of Maternal Mortality Review Committees in post-*Dobbs* United States](#), June 2025.

- This paper analyzed existing literature regarding maternal mortality data and its limitations, as well as Maternal Mortality Review Committees, their functions, and their impact on maternal health. The analysis found that although Maternal Mortality Review Committees are beneficial for understanding the drivers of maternal mortality and complications of pregnancy, as well as determining applicable patient, provider, and community interventions, they are also subject to political interference and affected by restrictive reproductive laws.

[Abortion bans are driving away young and educated workers](#), April 2025.

- This research brief found that young people (18- to 34-year-olds) and those with more education are the most likely to relocate (or know someone who has) because of abortion bans and are more likely to seek new job opportunities elsewhere due to abortion restrictions in their states.

[Abortion bans as targeted marginalization: Examining socioeconomic consequences and counseling implications](#), February 2025.

- This article examined how the state-level abortion bans following the Supreme Court's 2022 decision overturning *Roe v. Wade* impacted economic stability and access to employment, particularly for already marginalized groups such as low-income individuals and people of color. The article also highlighted the broader socioeconomic consequences of forced pregnancy and restricted abortion access, including financial strain, reduced career opportunities, and long-term economic instability.

[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.

[Association between state abortion restrictiveness and perinatal depression](#), June 2025.

- This study found that women living in states with highly restrictive abortion policies experienced 1.23 times greater odds of perinatal depression compared to women living in states with less restrictive abortion policies after adjusting for age, race/ethnicity, maternal education, marital status, and insurance type. Women with unintended pregnancies had a higher predicted probability of perinatal depression than women with intended pregnancies in both highly restrictive states and in less restrictive states.

[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.

[Changes in maternal morbidity and infant outcomes following state-level abortion bans post-*Dobbs*: A comparative interrupted time series study](#), July 2025.

- This study assessed the impact of the *Dobbs* decision on birth outcomes in states with and without abortion bans using a retrospective cohort analysis.

States without bans experienced a decrease in congenital anomalies and an increase in maternal morbidity rates, while the proportion of these adverse birth outcomes were unchanging in states with bans. No statistically significant difference in non-living births was observed between states with and without abortion bans.

[Crisis pregnancy centers in the United States: Post-Dobbs characteristics and changes](#), May 2025.

- This study used CPC Map data to analyze the number of crisis pregnancy centers in the United States after *Dobbs* and examine changes since 2021. The analysis found a 3.3% increase in the number of crisis pregnancy centers operating in 2024 compared to 2021, and that the total count of crisis pregnancy centers in 2024 was 230% greater in states with a crisis pregnancy center grant program.

[Current reproductive health policy and outcomes in the United States](#), June 2025.

- This review outlined how abortion restrictions threaten maternal safety, lead to lower socioeconomic status, worsen maternal mental health, and are associated with higher rates of infant and childhood mortality. The paper also summarized how states with abortion restrictions have lower rates of applications from resident physicians (in all medical specialties, including obstetrics and gynecology).

[Decision and economic evaluation of abortion availability in the United States military](#), March 2025.

- This study developed a decision tree model to compare abortion not available and abortion available cohorts for active-duty service women living in abortion-restricted states and found that limiting active-duty service women's access to abortion care increases costs to the military (\$299.1 million for the abortion not available cohort vs. \$226 million for the abortion available cohort), even with costs of travel support, and increases adverse maternal and neonatal outcomes.

[Distance to abortion facilities and depressive symptoms among reproductive-aged women of color after *Dobbs*](#), May 2025.

- This study found that, after the *Dobbs* decision, women of color—but not White women—who lived farthest from abortion facilities (100 + miles) showed slightly greater depressive symptoms than those who lived closest (0–25 miles).

[Expanding access to quality reproductive health care after the *Dobbs v. Jackson Women's Health Organization* decision](#), May 2025.

- This clinical perspective reviewed recent literature related to contraception use, health care disparities, and the physician and trainee response to the *Dobbs* decision and found that policy- and clinic-level measures, such as expanding access to contraception and allotting additional appointment time for patient education, must be taken to prevent worsening health outcomes for patients, especially for individuals living in abortion-restrictive states.

[How will abortion bans affect maternal health? Forecasting the maternal mortality and morbidity consequences of banning abortion in 14 US states](#), June 2025.

- This study predicted between approximately 30-40 additional maternal deaths and between approximately 2,100-2,700 additional cases of severe maternal morbidity over four years in the 14 states with abortion bans studied. Among 10 states, the paper predicted 29.6 more maternal deaths, with Black women representing 63%.

[Impact of abortion bans on pregnancies with severe life-limiting foetal anomalies in the United States: A cost-effectiveness analysis](#), February 2025.

- Using a cost-effectiveness model, this paper estimated the difference in cost and maternal health outcomes associated with a termination ban for severe life-limiting fetal anomalies. The analysis found that with an abortion ban as compared to without, there would be an additional 406 live births affected by a severe life-limiting anomaly, 223 stillbirths, three cases of pre-eclampsia, five cases of hemorrhage requiring transfusion, 12 cases of postpartum or postoperative infection, and 236 women travelling out-of-state to obtain abortions each year. A policy restricting termination is associated with higher costs (\$46,223,865) and decreased quality of life (3,242 Quality-Adjusted Life Years) annually.

[Impact of *Dobbs* on evaluation and treatment of ectopic pregnancy: National survey of emergency physicians](#), July 2025.

- This survey study found that 24% of physicians in abortion restrictive or semi-restrictive states reported delays in the management of patients with suspected or confirmed ectopic pregnancy, and 54% of physicians reported adaptations to care of these patients including repeat testing and arranging alternative care in cases where they might previously have delivered definitive care in the emergency department.

[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.

[Maternal mortality in the United States after abortion bans](#), April 2025.

- This report found that mothers living in states that banned abortion were nearly twice as likely to die during pregnancy, childbirth, or soon after giving birth, compared to mothers living in supportive states where abortion was legal and accessible, while maternal mortality fell 21% in supportive states post-*Dobbs*. In banned states, the Black-White maternal mortality gap widened from 2.2x to 3.3x following abortion bans.

[Mental distress among females following 2021 abortion restrictions in Texas](#), May 2025.

- This cross-sectional study found that the implementation of severe abortion restrictions in 2021 was associated with an increase of 6.8 percentage points of frequent mental distress among females in Texas compared with males and an increase of 5.3 percentage points among females in Texas compared with females in states that had not yet passed severe restrictions.

[National trends in infant mortality in the US after *Dobbs*](#), October 2024.

- This time series analysis found that infant mortality was higher than expected, overall and among those with congenital anomalies, for several months after the *Dobbs* decision in the US.

[Post-Roe, employees want—and expect—businesses to help with reproductive health access](#), January 2025.

- This research brief found that nearly 60 percent of parents and those planning to have children in the next decade are concerned about access to abortion, Ob-Gyn services, and prenatal care. One in five adults planning to have children in

the next decade has moved or knows someone who has moved to another state due to abortion restrictions. 57% percent of individuals likely to have children in the next 10 years say they are more likely to apply for or accept a job with reproductive health care benefits. More than half of employed adults believe companies should speak out in support of reproductive rights.

[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.

[Prenatal diagnosis post-*Dobbs* in an abortion-banned state: A retrospective cohort study](#), June 2025.

- This study found that diagnostic genetic testing using chorionic villus sampling and amniocentesis occurred at earlier gestational ages and a higher proportion of patients lacked prior abnormal screening results post-*Dobbs*. Chorionic villus sampling accounted for a higher proportion of genetic testing post- versus pre-*Dobbs*.

[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 health care and job decisions poll](#), October 2024.

- This slide deck summarized results of a poll on perceptions of reproductive health care policies, policy impacts on relocation priority employee benefits, and legislative actions.

[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.

[Reversal of *Roe v. Wade* and implications of legal restrictions for neonatal care](#), April 2025.

- This paper outlined how, while restrictive abortion laws primarily affect women's health care, there have been indirect effects on the care of neonates such as increased numbers of infants dying and increased numbers of infants born with congenital anomalies. The analysis found that, despite the changes in federal law, the standard of care for neonates has not changed, and legal risk to those providing care for neonates is minimal.

[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.

[Suicide deaths among reproductive-aged women in the US post-Dobbs: A national time-series analysis](#), April 2025.

- This study found that there were 104 additional suicides among 15–49-year-old women, and 78 excess suicides among 15–24-year-old women, nationally, post-Dobbs.

[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.

["That's a tricky one": Access to misoprostol for early pregnancy loss in retail pharmacies across Arizona](#), September 2024.

- This simulated-patient mixed methods study assessing access to medication for management of diagnosed early pregnancy loss between October 2022 to February 2023 found that misoprostol availability was reported at 75% of retail pharmacies, yet national chains were more likely to disclose policies restricting dispensation.

[The economic and workforce impact of restrictive abortion laws: Why access to reproductive health care matters for employers](#), October 2024.

- This report found that in 2023, over 24 million prime working-age women active in the US labor market lived in states with total bans or restrictions on access to abortion care, and 59 percent of Black women aged 25–54 resided in these states. Among the 17 states with a gross domestic product per capita above the national average in 2023, 14 had protections for abortion access. 10 of the 18 states with abortion bans witnessed a more pronounced decline in female employment growth compared to the national average between 2022 and 2023. Among the 11 states with the highest maternal mortality rates from 2020–2022, eight had abortion bans.

[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.

[The road not taken: How driving distance and appointment availability shape the effects of abortion bans](#), March 2025.

- This study used difference-in-differences research designs to estimate the effects of abortion bans on births at the county level, finding that bans alone increase births, but their total impact depends on geographic barriers to access. In counties where the nearest abortion facility was 50 miles away pre-*Dobbs*, a total ban increases births by 2.8% when distance rises to 300 miles. Limited appointment availability increased births by an additional 0.4%. The largest increases occur among Black and Hispanic women, those without a college degree, and unmarried women.

[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 heterogeneous treatment effect estimation](#), PI: Jacqueline Ellison

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

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

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

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

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

[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.

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.

[Mental health around remote provision of medication abortion](#), PI: Julia Steinberg

- This research aims to understand the mental health experiences around remote provision of medication abortion in the current US context, what factors contribute most strongly and consistently to different mental health experiences, and whether there are differences in mental health experiences around remote provision of medication abortion compared to clinic provision of abortion. The research builds from an ongoing prospective cohort study that is examining mental health from two to seven days before to one year after an abortion for those having clinic provision abortions and those having remote provision of medication abortion in states where abortion is banned.

[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 overturning of *Roe v. Wade* and people capable of pregnancy: An interpretive phenomenological study, PI: Carrie Bohmer

- This interpretative phenomenological dissertation study explores the experience of people capable of pregnancy living in trigger-ban states following the overturning of *Roe v. Wade*. 11 participants are interviewed to understand both their general experience and sense-making of the overturn and how it relates to their sexual subjectivity.

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.

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.

[Have others had this experience? A qualitative analysis of posts on self-managed abortion to US-based Reddit community](#), May 2025.

- This study analyzed r/abortion data after the *Dobbs* leak in 2022 to explore self-managed abortion access and use experiences shared in the community. The

themes found in the posts included concerns and questions related to online ordering and receiving mailed medication abortion; concerns and questions about the self-managed abortion process, such as when and how to take medication, bleeding amount, and abortion completion; seeking support/advice for self-managed abortion; and sharing self-managed abortion experiences.

[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.

[Psychosocial burden of seeking medication abortion when using no-test telehealth care compared to in-person care with ultrasound](#), July 2025.

- This study found that no-test telehealth, mailed medication abortion was associated with less overall psychosocial burden, including fewer structural challenges and less lack of autonomy than in-person, ultrasound-required medication abortion, mostly due to less difficulty traveling and feeling less forced to wait after deciding. People in abortion-ban states reported more psychosocial burden, including more structural challenges than people in states without bans.

[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

[A community-based exploration of people's lived experiences seeking and obtaining medication abortion remotely in the Southeast](#), PI: Paige Logan Prater

- This study explores lived experiences of remote medication abortion to understand and address gaps in care for abortion seekers in the southeastern US by conducting qualitative in-depth interviews. The study centers the lived experiences of individuals often neglected in formal healthcare systems, specifically youth, Black, Indigenous, and people of color (BIPOC), and queer and trans individuals.

[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.

[Examining patient experience with telehealth medication abortion through an equity lens](#), PI: Emily Godfrey

- This survey-based research study examines the patient experience with varied telehealth medication abortion service delivery models in the US, focusing on investigating patient-centeredness, patient experience, and the impact of patient social location.

[Exploring access, navigation, and support for remotely provided medication abortion among Latinx patients](#), PI: Roopan Gill

- This study aims to understand and address the challenges faced by Latinx individuals receiving remote medication abortion services, ensuring these services are culturally sensitive and responsive to the needs of diverse Latinx users. The study uses a mixed methods approach: a survey and qualitative human-centered design research.

[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.

[How state policies, county characteristics, and individual demographics affect use of sliding scale to pay for no-test online abortion care](#), PI: Anna Fiasco

- This study examines the use of a sliding scale payment model for telehealth abortion services to assess the affordability of care, as well as the association of sociodemographic factors and state-level abortion policies with ability to pay.

[Mental health around remote provision of medication abortion](#), PI: Julia Steinberg

- This research aims to understand the mental health experiences around remote provision of medication abortion in the current US context, what factors contribute most strongly and consistently to different mental health experiences, and whether there are differences in mental health experiences around remote provision of medication abortion compared to clinic provision of abortion. The research builds from an ongoing prospective cohort study that is examining mental health from two to seven days before to one year after an abortion for

those having clinic provision abortions and those having remote provision of medication abortion in states where abortion is banned.

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.

Patient experiences seeking, securing, and managing medication abortion provided through online asynchronous telemedicine across states with abortion bans, restrictions, and protections, PI: Abigail Aiken

- This project employs a mixed-methods approach to assess patient experiences seeking medication abortion, including the prevalence of and reasons for multiple ordering across providers; examine how socioeconomic factors impact the experience of securing access to services, including which groups are most likely to need reduced or no-fee payment structures and how patients secure funds within their personal financial context; and explore the experiences and unmet needs of patients managing their medication abortions, with particular attention to how state policy context influences willingness and ability to seek in-person care.

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.

[The TEAM study: Understanding telehealth equity among patients with Medicaid](#), PI: Ushma Upadhyay

- The Telehealth Equity Among Patients with Medicaid (TEAM) study focuses on individuals with Medicaid coverage in states where both abortion and telehealth for abortion are legal and aims to: understand the acceptability of telehealth care among low-income populations; compare acceptability between Medicaid patients who were able to use their insurance versus those who were not; and understand the financial and digital barriers to care for Medicaid patients.

[What's the buzz? Examining patient experiences, needs, and preferences accessing remote provision of medication abortion through Abuzz](#), PI: Caitlin Gerds

- This mixed-methods study aims to document and analyze the experiences of patients accessing medication abortion through Abuzz, an innovative telehealth abortion provider operating under interstate shield laws.

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

- 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.

Policy and law

Published research

[An opportunity for guidance on reproductive health tracking technologies in a post-Roe United States](#), July 2025.

- This commentary outlined the current US regulatory landscape of reproductive tracking technologies following the Supreme Court ruling that eliminated the constitutional right to abortion.

[Criminal penalties for physicians in state abortion bans](#), March 2025.

- This brief examined the legal considerations for physicians providing abortion care, including criminal and professional penalties, as well as the potential for

medical malpractice lawsuits for delayed care to patients due to bans and prosecution for violation of abortion bans across state lines. The analysis found that 11 of the 12 states with abortion bans impose criminal penalties on clinicians who violate their respective bans, and these penalties range in severity from a few months in prison to the possibility of a life sentence. All but two of these 11 states impose minimum sentences for violation of their abortion bans.

[Post-Dobbs abortion restrictions and the families they leave behind](#), October 2024.

- This paper evaluated the association between state abortion legislation and state-based policies and programs designed to provide medical and social support for children, women, and families. The analysis found that states with the most restrictive post-*Dobbs* abortion policies have the least comprehensive and inclusive public infrastructure to support minoritized people and people of low socioeconomic status post-conception.

[Safeguarding autonomy: Examining the complexities and implications of under-regulated period-tracking apps and paired devices in a post-Roe landscape](#), June 2025.

- This commentary reviewed the current regulatory environment in the US regarding period-tracking apps, highlighting the risks to user privacy and data security—as evidenced by the 2020 Federal Trade Commission complaint against Flo Health, Inc. for sharing sensitive user data with third parties—and the broader implications of regulatory gaps in a post-*Roe* landscape.

[Strategic campaign attention to abortion before and after Dobbs](#), May 2025

- This paper analyzed congressional candidates' strategic responses to the *Dobbs* decision using data on campaign platforms from election cycles before and after *Dobbs*. The analysis found that after the decision, Democrats became significantly more likely to campaign on abortion and to do so using unambiguous language, while Republicans increasingly obfuscated their positions on the issue. These changes were driven most strongly by candidates in states with trigger laws, and these shifting patterns of campaign attention were not present in other issue domains.

[The inevitable vagueness of medical exceptions to abortion bans](#), April 2025.

- This article analyzed qualitative interviews with maternal fetal medicine physicians providing patient-facing care post-*Dobbs* and found that physicians' responses demonstrated recurring gaps between the ways that physicians make abortion decisions in standard medical practice and the language of medical exceptions in the law. The paper argues that physicians' inability to determine

whether and when existing medical exceptions apply in the cases presented to them requires that courts strike down abortion restrictions.

[Unwanted pregnancies and unwanted laws: Public support for the criminalization of abortion and the consequences for criminal justice officials](#), March 2025.

- This study analyzed survey data on public support for the criminalization of abortion subsequent to the Court's ruling in *Dobbs v. Jackson* and the enactment of the abortion bans and found that more than three out of four respondents opposed laws which proscribe abortion, with support for the criminalization of abortion being most significantly impacted by political ideology and religious beliefs.

In progress research

[Judicial rulings and political narratives, analyzing the impact of *Roe v. Wade's* overturning on digital discourse using machine learning](#), PI: Nikolina Klatt

- This study investigates how judicial decisions influence political discourse, particularly in areas as contentious as abortion rights. The study investigates how the overturning of *Roe v. Wade* affected the narrative strategies of US representatives on social media, with a focus on variations by party affiliation and geographic context due to state-level trigger laws.

Research practice

Published research

[After *Dobbs*: Implications for health, equity, and health services research](#), March 2024.

- This brief summarized the discussion from a November 2023 workshop, which highlighted priority research topics, methods, and recommendations for health services research to examine the wide-ranging implications of the *Dobbs* decision on reproductive health care, health equity, and beyond. The brief included participants' recommendations for conducting research with an equity lens, addressing the unique data needs and issues researchers encounter in this space, ideas of collaborations and partnerships to carry out this work effectively, and threats and challenges to keep in mind.

[Implementing digital sexual and reproductive health tools: Challenges and recommendations post-*Dobbs*](#), May 2025.

- This commentary drew from lessons learned in developing patient-facing digital tools to help address suboptimal care delivery for marginalized individuals capable of pregnancy to discuss emerging concerns related to data privacy and pregnancy criminalization, trust in healthcare providers and systems, and research. The paper also proposed recommendations for researchers seeking to

create, implement, and evaluate these tools with the goal of safeguarding reproductive autonomy and achieving health equity in this new policy context.

[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.

[Partnering with youth researchers in a dynamic reproductive health policy landscape](#), May 2025.

- This paper used the example of a recent study (“Adolescents post-*Dobbs*”) to highlight the unique benefits of youth research partnerships and strategies for success. The study team included several youth and trainee members who were involved in any number of ways, including survey question development, data cleaning and management, data analyses, data interpretation, and dissemination of findings. This paper shared the perspectives of two youth researchers, three research trainees, three research mentors, and a youth activism and civic engagement leader from the study team.

Workforce

Published research

[After *Dobbs*: How the Supreme Court ended *Roe* but not abortion](#), March 2025.

- This book analyzed interviews with 24 people across different fields in abortion and in different state political environments across three intervals throughout 2022—pre-*Dobbs* in early 2022, right after *Dobbs*, and then six months later. These interviews showcased how nimble thinking on the part of providers, growth and new delivery models of abortion pills, and the never-ending work of those who help with abortion travel and funding have ensured most people who want them are still getting abortions, even without *Roe*

[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.

[Beyond boundaries: Navigating challenges and charting the future of reproductive health care in the post-Roe landscape](#), February 2025.

- This study conducted six focus groups with 26 abortion providers between October 2023 and April 2024 and found two key themes: (1) a lack of comprehensive patient care, and (2) a desire to forge a collective future for reproductive health.

[Caring for pregnancy-related emergencies after Dobbs](#), June 2025.

- This study analyzed in-depth interviews with clinicians and found that it is not just clinicians in states that have severely restricted abortion who have been impacted by *Dobbs*-driven changes in pregnancy care; clinicians in states where abortion remains broadly legal are central to protecting patients' lives and health when they experience the dangers of pregnancy.

[Change in number of Ob-Gyn physicians practicing obstetrics after the Dobbs decision](#), July 2025.

- This study tracked all Ob-Gyns practicing obstetrics in Idaho using publicly available data and found that between August 2022 and December 2024, Idaho lost 94 of the 268 Ob-Gyn physicians practicing obstetrics (35%).

[Criminal penalties for physicians in state abortion bans](#), March 2025.

- This brief examined the legal considerations for physicians providing abortion care, including criminal and professional penalties, as well as the potential for medical malpractice lawsuits for delayed care to patients due to bans and prosecution for violation of abortion bans across state lines. The analysis found that 11 of the 12 states with abortion bans impose criminal penalties on clinicians who violate their respective bans, and these penalties range in severity from a few months in prison to the possibility of a life sentence. All but two of these 11 states impose minimum sentences for violation of their abortion bans.

[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.

[Expanding access to quality reproductive health care after the *Dobbs v. Jackson Women's Health Organization* decision](#), May 2025.

- This clinical perspective reviewed recent literature related to contraception use, health care disparities, and the physician and trainee response to the *Dobbs* decision and found that policy- and clinic-level measures, such as expanding access to contraception and allotting additional appointment time for patient education, must be taken to prevent worsening health outcomes for patients, especially for individuals living in abortion-restrictive states.

[Experiences of obstetrician-gynecologists providing pregnancy care after *Dobbs*](#), March 2025.

- This qualitative study described the experiences of 21 Wisconsin Ob-Gyns practicing under the threat of criminalization after *Dobbs* found that participants described uncertainty and confusion for physicians, lack of clear guidance from hospitals and health systems, and worse care for pregnant patients.

[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 clinics (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 *Dobbs* may influence the geographic distribution of medical trainees in the United States](#), October 2024.

- This study surveyed third- and fourth-year US medical students applying to residency in 2022 and found that most respondents were unlikely or very unlikely to apply to one or more residency programs located in a state with abortion restrictions and were considering changes in state abortion access when choosing the location of residencies to apply to. Respondents in states with no abortion restrictions were less likely to apply to a program in a state with abortion restrictions.

[How the *Dobbs* decision shapes postpartum permanent contraception decision-making among birthing people and their Ob-Gyns](#), June 2025.

- This study analyzed interviews with postpartum women and their Ob-Gyns and found that several clinicians described an increase in permanent contraception demand, especially by young patients. Some patients said the ruling influenced their decision to get permanent contraception, and several patients suggested feelings of threat against reproductive autonomy. Some clinicians reported a renewed dedication of the clinical community to meet reproductive health needs. Several patients and clinicians indicated that the impact of *Dobbs* on permanent contraception decision-making was dependent on the level of abortion protection in their state.

[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 *Dobbs v. Jackson Women's Health Organization* on obstetrics and gynecology training one year later: Qualitative analysis of physician perspectives](#), June 2025.

- This qualitative study found that physicians see the *Dobbs* ruling as having negative effects on patients, trainees, and physicians, including loss of the patient-physician relationship, moral distress to physicians, legal concerns for physicians, and new issues for training programs. Participants observed that these changes are leading to a dichotomy of care in which patients in restrictive and protective states receive different care and some patients may not receive medically necessary treatment.

[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.

[Medical-legal communication among emergency nurses in states with abortion bans: Implications for nursing leaders](#), April 2025.

- This qualitative study found that nurses working in emergency departments in states with abortion bans reported anger and frustration at the scarcity of both information and guidance provided by hospital administrators and managers, with concern about their ability to provide safe and appropriate care. Normal channels of communication about practice changes go unused, leading to practice challenges and moral distress.

[Medical uncertainty in the shadow of *Dobbs*: Treating obstetric complications in a new reproductive frontier](#), March 2025.

- This article identified and described three distinct types of uncertainty that obstetrician-gynecologists in states with abortion bans encounter when caring for patients with an obstetric complication known as preterm prelabor (or premature) rupture of membranes. Using case studies, the article demonstrated that organizing evidence-based medicine around the logic of reducing uncertainty is

far more difficult when the uncertainty arises from politics as opposed to clinical factors.

[Moral distress among maternal-fetal medicine fellows: A national survey study](#), February 2025.

- This study found that maternal-fetal medicine fellows who identify as female reported higher measures of moral distress, as well as those training in states with more abortion restrictions. Among free text respondents, abortion restrictions underlie a significant proportion of moral distress.

[Navigating a new frontier: An exploratory study of clinicians' confidence in their ability to help adolescents access abortion post-Dobbs](#), July 2025.

- This cross-sectional, online survey of 188 US adolescent-serving clinicians in 2024 found that less than half of the clinicians reported high confidence in their ability to help adolescents navigate seven of 11 logistical aspects of abortion access. Participants in states with post-Dobbs restrictions were less confident than those in states without such restrictions in their ability to help adolescents find abortion providers, know what documents are needed for appointments, and interpret their state's laws.

[Obstetrician and gynecologist physicians' practice locations before and after the Dobbs decision](#), April 2025.

- This study found that although the Dobbs decision has increased physicians' concerns about providing reproductive health care, there were no observed disproportionate changes in Ob-Gyn practice location as of 2024. In this cohort study of 60,085 Ob-Gyns, the number of Ob-Gyns did not significantly change across policy environments, increasing by 8.3% in states where abortion is banned, 10.5% in states where it is threatened, and 7.7% in states where it is protected after the Dobbs decision.

[Obstetrics and gynecology trainee insights regarding the effect of the Dobbs Supreme Court decision](#), June 2025.

- This survey study found that trainees, even if currently well trained in their view, were concerned about other trainees, patient safety in Ob-Gyn clinical situations, and uncertainty about their own careers and the future of Ob-Gyn. They were concerned that restrictions on family planning and pregnancy management in certain states will restrict care access, limit patient safety, and affect the Ob-Gyn workforce in those locations.

[Obstetrics and gynecology resident experiences in an abortion-ban state post-*Dobbs*](#), July 2025.

- This study analyzed semistructured interviews with Ob-Gyn residents at an institution in an abortion ban state. The paper found that abortion restrictions increased residents' moral distress and frustration due to strain on the patient-physician relationship, increased barriers to care, and decreased quality of care; residents receiving abortion training post-*Dobbs* reported concerns about clinical competence due to decreased volume at their institution and away rotation; residents considered availability of abortion training in residency program choice more highly after *Dobbs*; and practicing in an abortion-restricted state reinforced residents' desires to receive abortion training and informed where they chose to practice after graduation.

[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.

[Post-*Dobbs* decision changes in obstetrics and gynecology clinical workforce in states with abortion restrictions](#), March 2025.

- Using national practitioner data, this analysis assessed whether obstetrics and gynecology practitioner supply changed in states that adopted restrictive abortion laws after the *Dobbs* decision compared with control states (which enacted abortion laws before the decision).

[Relocation post-*Dobbs* among clinicians providing abortions](#), June 2025.

- This survey study found that after *Dobbs*, 42% of survey respondents who provided abortions in states banning abortion relocated to another state. Almost all clinicians who relocated from any policy context relocated to states not banning abortion.

[Semantics matter: Maternal–fetal medicine physician perspectives on defining abortion care in the post-*Dobbs* Southeast](#), June 2025.

- This study analyzed qualitative, semistructured interviews and found that increased legal penalties in state abortion restrictions post-*Dobbs* prompted many maternal-fetal medicine physicians to more closely examine the definition of abortion care and its potential impact on patient care. Whether participants believed a given scenario involved abortion care differed among participants and depended on situational factors such as intended fetal status at the time of delivery, gestational duration, and type of intervention. Many expressed uncertainty over the legal definition of abortion, and provider willingness to uphold the standard of care depended on their level of risk tolerance, leading to discrepancies in 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.

[US physicians' perceived impacts of abortion bans in pulmonary and critical care medicine](#), March 2025.

- This study conducted semistructured interviews with pulmonary and critical care medicine physicians and found that physicians described varied impacts of abortion bans across 15 US states, such as repeated experiences of restricted and delayed treatment, physician moral distress, and impacts to training. Institutional guidance for physicians was often experienced as variable and vague, and additional research is needed to better understand harm mitigation approaches.

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.