



#WeCount Report Released October 28, 2022

Note: This is the first in a series of reports. Please check back at www.SocietyFP.org for new reports. Cite this report using the following DOI: <https://doi.org/10.46621/UKAI6324>.

Introduction

#WeCount is a national abortion reporting effort that aims to capture the shifts in abortion access by state following the June 24, 2022 *Dobbs v Jackson's Women's Health Organization* Supreme Court decision. The *Dobbs* decision overturned *Roe v Wade*, removing the federal protection that *Roe* had provided since 1973, which permitted abortion in all US states until fetal viability. In the wake of the decision, many states have or will implement total abortion bans and/or other extreme restrictions on abortion care, with restrictions that carry civil and criminal penalties.

One anticipated outcome of the *Dobbs* decision is that people needing abortions will have to travel out of state for abortion care. Leaving one's state of residence for abortion care is not new, and prior to *Dobbs*, many people who wanted an abortion faced significant, and sometimes insurmountable, barriers to abortion care. In 2020, an average of 9% of US patients left their state of residence for abortion care; at that time, states with more restrictive abortion laws averaged 15% of patients leaving, while states with middle ground or supportive laws averaged 9% and 3% leaving, respectively.¹ Traveling for abortion care is associated with heavy burdens, including delays to care and increased cost, both financial and social; those who are unable to overcome these burdens are left to carry pregnancies to term.²⁻⁶ As facilities in some states closed in the months both before and after *Dobbs*, facilities in other states that remain open may struggle to serve the relatively higher number of patients, resulting in longer wait times.^{7,8} The burdens of travel, cost, and time are experienced inequitably: people who have low incomes, who must travel further, and who experience other intersecting forms of structural oppression will experience more difficulties in obtaining care both in- and out-of-state.⁹

Given the expected shifts in where people will obtain abortion care in the coming year, this national reporting study aims to measure decreases or increases in abortion provision by clinicians in each state. People seeking abortion in both restricted-access and protected-access states will be impacted by the disruption. Herein we report on the

number of abortions per month by state, restrictiveness, and geographic region. The data includes abortions provided by clinics, private medical offices, hospitals, and virtual-only providers in the US known to offer abortion care in early 2022. This report does not reflect any self-managed abortions, defined as attempting to end one's own pregnancy without clinical supervision, including use of the Aid Access service.¹⁰ These data about the changing circumstances of abortion provision can be used by healthcare systems, public health practitioners, and policy makers so that their decisions can be informed by evidence.

National findings

To understand the effects of the *Dobbs* decision, we compared data from April 2022, as our baseline, to data from August 2022. Across the US, we found:

- The estimated number of abortions provided by a clinician decreased from 85,020 abortions in April 2022, before the decision, to 79,620 abortions in August 2022. This change represents a decrease of 6% in the number of abortions nationally, comparing April and August 2022 (Table 1).
- Since the *Dobbs* decision, there were 5,270 fewer abortions in July and 5,400 fewer in August, for a cumulative total of 10,670 fewer people who had abortions in those months (Table 1).
- The national abortion rate decreased from 14 per 1,000 women of reproductive age¹ in April to 13 per 1,000 in August.
- Notably, abortions provided by virtual-only clinics increased from 2,830 in April 2022 (3% of total abortions), before the decision, to 3,780 in August 2022 (4.7% of all abortions). This change represents an increase of 33% in the number of abortions provided from virtual-only services, comparing April and August 2022 (data not shown).

State restrictiveness findings

The impact of *Dobbs* is different based on the policies regarding abortion in the state. Some of these differences are reported below and shown in Table 2.

The estimated number of abortions provided by a clinician in states that banned or severely restricted abortion (such as a 6-week ban) *decreased* from 8,500 abortions in April before the decision to 460 abortions in August 2022.

- Since the *Dobbs* decision, in states with bans or severe restrictions, there were 7,870 fewer abortions in July and 8,040 fewer in August, for a cumulative total of 15,910 fewer people who had abortions in those states.

¹ Includes ages 15-49. While people of all genders have abortions and not all people who have abortions identify as women, this measure of abortion rate uses the term “women” because it reflects US Census numbers, which designate everyone assigned female at birth as “women.”

- This change represents a decrease of 95% in the number of abortions, comparing April and August 2022 in states where abortion was banned or severely restricted.

The estimated number of abortions provided by a clinician in restricted access states *decreased* from 13,850 abortions in April before the decision to 9,390 abortions in August 2022.

- Since the *Dobbs* decision, in states with restricted access, there were 2,160 fewer abortions in July and 4,460 fewer in August, for a cumulative total of 6,620 fewer people who had abortions in those states.
- This represents a decrease of 32% in the number of abortions, comparing April and August 2022 in states where abortion was restricted.

The estimated number of abortions provided by a clinician in states where abortion remained legal with few restrictions *increased* from 62,600 abortions in April before the decision to 69,740 abortions in August 2022.

- Since the *Dobbs* decision, in states with protected access, there were 4,840 more abortions in July and 7,140 more in August, for a cumulative total of 11,980 more people who had abortions in those states.
- This represents an increase of 11% in the number of abortions, comparing April and August 2022 in states where abortion was legal.

Notable state-level findings

The impact of *Dobbs* is different by state. Some of these changes are reported below and all state-level data are shown in Table 3.

States with the largest percent increases in abortions between April and August include North Carolina (37%), Kansas (36%), Colorado (33%), and Illinois (28%). By comparison, California experienced a relatively small percent increase between April and August (1%), and already provides the greatest number of abortions of any state in the US, between 17,000 and 18,000 abortions per month.

Some states with restrictions in place, but closer in distance to states that banned abortion such as Indiana and Georgia, provided more abortions post-*Dobbs*, experiencing a surge in number of abortions provided by a clinician. On the other hand, states on the East and West coasts, where abortion remains legal with few restrictions, were less likely to experience a surge, as seen by either no or small increases in the percentage of abortions provided by a clinician.

By August, abortion became completely unavailable in several states, including Alabama, Arkansas, Kentucky, Louisiana, Mississippi, North Dakota, Oklahoma, South Dakota, Texas, and Wisconsin. Abortion access was already severely restricted in these states, especially in the months before *Roe* was overturned. The baseline data for this

report already reflects declines in provided abortion, in part due to S.B .8, the Texas law banning abortion at 6 weeks, which took effect in September 2021.

- In Texas, which already had a 6-week ban on abortion in place, we observed 2,770 abortions provided in April. A total abortion ban with only a few exceptions went into effect after the *Dobbs* decision, and by August the monthly estimated number of abortions provided by a clinician declined to approximately 10.
- In Oklahoma, we observed 510 abortions provided in April. The state enacted a total abortion ban in May before the *Dobbs* decision. The monthly number of abortions in that state declined to less than 10 in June.

In some states, abortion bans, including both total abortion bans and those limiting abortion to 6-weeks gestation, were first imposed and then lifted in response to court challenges, including Arizona, Georgia, Ohio, Tennessee, South Carolina, and West Virginia, contributing to significant volatility in provided abortion over the period. For example, in Arizona, we observed 1,250 abortions in April, which increased 9% in May; in July, the number of abortions provided by a clinician declined by 80% only to increase again in August by 158%.

Regional findings

The impact of *Dobbs* is different based on geographic region. Some of these differences are reported below and shown in Table 4.

The estimated number of abortions provided by clinicians in the Northeast region (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, New Jersey, New York, Pennsylvania, and Vermont) *increased* from 18,460 abortions in April before the decision to 19,830 abortions in August 2022.

- This change represents an increase of 7% in the number of abortions in the Northeast comparing April and August 2022.

The estimated number of abortions provided by clinicians in East North Central region, in the eastern part of the Midwest (Illinois, Indiana, Michigan, Ohio, and Wisconsin) *remained constant* from 11,480 abortions in April before the decision to 11,490 abortions in August 2022.

- This represents a change of 0% in the number of abortions in the eastern Midwest comparing April and August 2022.
- While the net change is 0%, there were substantial declines in this region, which were compensated by increases within the region.

The estimated number of abortions provided by clinicians in West North Central region, in the western part of the Midwest (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota) *increased* from 2,630 abortions in April before the decision to 2,930 abortions in August 2022.

- This change represents an increase of 12% in the number of abortions in the western Midwest comparing April and August 2022.

The estimated number of abortions provided by clinicians in the South Atlantic region (Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia) *decreased* from 19,290 abortions in April before the decision to 18,150 abortions in August 2022.

- This change represents a decrease of 6% in the number of abortions in the South Atlantic comparing April and August 2022.

The estimated number of abortions provided by clinicians in the South-Central region (Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas) *decreased* from 6,810 abortions in April before the decision to 270 abortions in August 2022.

- This change represents a decrease of 96% in the number of abortions in the South Central region comparing April and August 2022.

The estimated number of abortions provided by clinicians in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming) *slightly increased* from 5,610 abortions in April before the decision to 5,760 abortions in August 2022.

- This change represents an increase of 3% in the number of abortions in the Mountain region comparing April and August 2022.

The estimated number of abortions provided by clinicians in the Pacific region (Alaska, California, Hawaii, Oregon, and Washington) *increased* from 20,680 abortions in April before the decision to 21,160 abortions in August 2022.

- This change represents an increase of 2% in the number of abortions in the Pacific region comparing April and August 2022.

Methods

We developed a database of all clinics, private medical offices, hospitals, and virtual-only providers in the US known to offer abortion care in early 2022. We started with the Abortion Facility Database from Advancing New Standards in Reproductive Health at University of California, San Francisco.¹¹ We then identified previously unincluded providers who were participating in the Ryan Training program and the Complex Family Planning Fellowship, as well as others identified through outreach from Abortion Finder, the Society of Family Planning, and the Society for Maternal-Fetal Medicine. We then contacted all identified providers, inviting them to enter in the monthly number of abortions from April 2022 through March 2023; in this report we present information from April through August 2022. The Society of Family Planning compensated all providers for their time entering the data. 79% of all identified providers agreed to participate in this effort, representing an estimated 82% of all abortions provided in the US.

We received data from 100% of abortion providers in 29 states. For abortion counts among providers that did not contribute data in April, we estimated the number of abortions by state using several information sources including the Guttmacher Institute, state health departments, news articles, contacts known to the missing clinics, and knowledge of the abortion volumes by state.

In this report, if the number of abortions for a given state was less than ten for a single month, we rounded the number of abortions up to ten. For all states, we present the percentage change in number of abortions in the state between April 2022 and August 2022.

We estimated numbers of abortions by geographic region or subregion using [US Census region](#) and by restrictiveness level using three categories (abortion is banned, abortion access is restricted, and abortion access is legal with few restrictions).¹² These categories were developed based on up-to-date legislation, as reported by the New York Times. To determine the total number of abortions by region and restrictiveness level, we summed the monthly estimated abortions counts for states in each region or restrictiveness level.

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

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

Implications

Trends in the early months after Dobbs

Overall, the monthly number of abortions declined from April to August 2022, signaling that many thousands of pregnant people living in states where abortion is banned and restricted were unable to travel for abortion care. The number of abortions in May were not significantly different from those in April. In June, after the leaked draft opinion by Justice Alito, we saw an increase in numbers of abortions across all policy environment categories, perhaps representing clinics scaling up in anticipation of changes with the *Dobbs* decision. In July, the first full month after the *Dobbs* decision, we saw severe declines in states with bans, large declines in states with restrictions, and small increases in states with few legal restrictions. Nearly all regions of the country had declines in July as compared to June. The massive decline in abortion numbers in July in states with abortion bans and in regions of the country where abortion was banned or restricted were even deeper in August.

In April, before *Dobbs*, the total estimated number of abortions (85,020) was higher than the monthly average reported in previous years, as reported in the Guttmacher Institute's abortion provider census, which found a monthly average of 77,513 in 2020.¹³ The increase we saw in April 2022 is consistent with an ongoing upward trend in abortion incidence since 2017. Additionally, it is supported by research suggesting that increasing desire to avoid pregnancy and documented reduced birth rates; an increase in abortion incidence may be explained by economic forces and the COVID-19 pandemic.^{14,15} Thus, the net overall declines in abortion incidence in the US after *Dobbs* are even more striking given that there are simultaneous trends of increasing abortion rates. While research finds that summer months usually see decline in abortion rates, our data showed an increase in June and a much larger than expected decrease in July and August.¹⁶

In July, the first full month after *Dobbs*, in states that had decreases in abortion access, an estimated 9,990 fewer people obtained abortions in those states, as compared to April. In August, 12,380 fewer people obtained abortions in states with declines, as compared to April. Overall, a total of 22,370 fewer people obtained an abortion in states with declines in care. These people potentially were forced to travel to another state, to delay their abortion, to self-manage their abortion, or to continue a pregnancy they did not want.

In states where abortion was already severely restricted before the *Dobbs* decision, post-*Dobbs* declines appear to be small changes, because few abortions were already occurring in those states. Nevertheless, the increases in numbers of abortions in states where abortion was legal did not compensate for the reductions seen in states where abortion was banned.

This study has several limitations. While the overall decline suggests that many people who need abortions did not travel to other states, we are unable to estimate the number of abortions that occurred outside the formal healthcare system, such as via Aid Access or volunteer "accompaniment" networks in Mexico. Thus, we are unable to estimate how many pregnant people self-managed their abortions versus carried to term. Additionally, we began to collect data only in April 2022, 6 months after Texas's 6-week abortion ban (S.B. 8) took effect. Thus, this study is unable to detect the surges that had already taken place in Texas, bordering states, and beyond. Our findings are all reported at the level of the state, so we cannot describe how individual clinics experienced increases or decreases within a single state. Finally, we did not account for seasonality-related changes in abortion volume, which usually means a decline in summer months.¹⁶ Thus it is imperative to continue to collect and report on this data over the next year.

Public health implications

The declines in the numbers of abortion occurred in the same states with the greatest structural and social inequities in terms of maternal morbidity and mortality and poverty. Thus, the impact of the *Dobbs* decision is not equally distributed. People of color and people working to make ends meet have been impacted the most. This inequity is corroborated by other studies, including one finding that after *Dobbs*, Black, Indigenous, and other people of color experienced the greatest increases in travel time to abortion facilities.¹⁷

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

Substantial research has documented grave consequences of not being able to obtain a wanted abortion that persist for years. Compared to people who receive desired abortions, those who seek but are unable to obtain a desired abortion experience a variety of negative outcomes, including increased economic insecurity,^{18,19} poorer physical health,^{20,21} and continued exposure to violence from the man involved in the pregnancy.²² Thus, we must resolve to keep our attention on the impacts of *Dobbs* on the thousands of people who were unable to obtain abortions in the first two months after the decision, as well as those who will certainly be impacted in the future.

Table 1. National- and state-level comparisons of April to July and August

State	Comparing April to July, 2022		Comparing April to August, 2022	
	<i>Difference between April and July, n</i>	<i>Change between April-July, %</i>	<i>Difference between April and August, n</i>	<i>Change between April-August, %</i>
US	-5,270	-6%	-5,400	-6%
Alabama	-650	-100%	-650	-100%
Alaska	-10	-10%	Less than 10	2%
Arizona*	-1,030	-82%	-670	-53%
Arkansas	-290	-100%	-290	-100%
California*	-20	0%	220	1%
Colorado*	290	20%	480	33%
Connecticut	60	7%	-10	-1%
Delaware	20	9%	40	24%
District of Columbia**	-70	-7%	Less than 10	0%
Florida***	430	8%	520	10%
Georgia*	-200	-4%	-2,500	-57%
Hawaii	-40	-15%	10	4%
Idaho	-40	-26%	-70	-48%
Illinois**	1,150	21%	1,520	28%
Indiana**	170	18%	140	15%
Iowa	-20	-6%	-100	-27%
Kansas*	-70	-8%	320	36%
Kentucky	-30	-11%	-310	-100%
Louisiana	-450	-59%	-760	-100%
Maine	20	12%	30	18%
Maryland**	60	2%	30	1%
Massachusetts	-20	-1%	-50	-3%
Michigan**	190	7%	200	8%
Minnesota	260	24%	150	14%

Mississippi	-350	-100%	-350	-100%
Missouri	-10	-100%	-10	-83%
Montana	Less than 10	-2%	50	30%
Nebraska	10	6%	60	30%
Nevada**	-40	-3%	220	21%
New Hampshire	-20	-12%	-10	-6%
New Jersey**	30	1%	260	7%
New Mexico**	210	17%	140	12%
New York**	510	6%	990	12%
North Carolina**	710	22%	1,170	37%
North Dakota	10	7%	-90	-100%
Ohio	-1,210	-62%	-1,260	-65%
Oklahoma***	-510	-100%	-510	-100%
Oregon	10	1%	150	18%
Pennsylvania	400	14%	180	6%
Rhode Island	-40	-14%	-20	-7%
South Carolina**	-480	-80%	-330	-56%
South Dakota	-20	-100%	-20	-100%
Tennessee*	-890	-76%	-920	-78%
Texas*	-2,710	-98%	-2,760	-100%
Utah	-50	-15%	-10	-3%
Vermont	10	6%	20	16%
Virginia**	240	12%	-80	-4%
Washington	-80	-4%	90	5%
West Virginia	-50	-62%	-10	-8%
Wisconsin**	-590	-100%	-590	-100%
Wyoming	10	26%	Less than 10	-5%

All numbers in Table 1 have been rounded the nearest 10, and numbers less than 10 have been suppressed. Numbers have been corrected as needed for missingness with imputation. For states marked * there is less than 10% imputation, ** 10-50% imputation, *** 50% or more imputation. States with no notation by their name have no missingness.

Table 2. State restrictiveness findings

State restrictiveness	Comparing April to July, 2022		Comparing April to August, 2022	
	<i>Difference between April and July, n</i>	<i>Change between April-July, %</i>	<i>Difference between April and August, n</i>	<i>Change between April-August, %</i>
States that banned or severely restricted abortion	-7,870	-93%	-8,040	-95%
States that restricted access	-2,160	-16%	-4,460	-32%
States where abortion remained legal with few restrictions	4,840	8%	7,140	11%

All numbers in Table 2 have been rounded the nearest 10.

States that banned or severely restricted abortion: Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee, Texas, Wisconsin

States that restricted access: Arizona, Florida, Georgia, North Dakota, Ohio, South Carolina, Utah, West Virginia, Wyoming

States where abortion remained legal with few restrictions: Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington

Table 3. Estimated abortions and changes month-to-month, by state

State	Estimated number of abortions by month, n					Month-to-month change by state, %					
	April	May	June	July	August	Change between April-May, %	Change between May-June, %	Change between June-July, %	Change between July-August, %	Change between April-July, %	Change between April-August, %
US	85,020	83,650	87,010	79,750	79,620	-2%	4%	-8%	0%	-6%	-6%
Alabama	650	620	520	<10	<10	-4%	-15%	-100%	-100%	-100%	-100%
Alaska	100	100	110	90	100	4%	4%	-17%	14%	-10%	2%
Arizona*	1,250	1,370	1,130	230	590	9%	-17%	-80%	158%	-82%	-53%
Arkansas	290	340	260	<10	<10	15%	-22%	-100%	-100%	-100%	-100%
California*	17,800	17,470	18,640	17,780	18,020	-2%	7%	-5%	1%	0%	1%
Colorado*	1,450	1,540	1,640	1,740	1,940	6%	6%	7%	11%	20%	33%
Connecticut	880	900	910	940	870	2%	2%	3%	-8%	7%	-1%
Delaware	190	200	230	200	230	6%	18%	-13%	13%	9%	24%
District of Columbia**	910	870	850	840	910	-5%	-2%	-1%	8%	-7%	0%
Florida***	5,150	5,080	5,590	5,570	5,670	-1%	10%	0%	2%	8%	10%
Georgia*	4,380	4,090	4,430	4,180	1,880	-7%	8%	-6%	-55%	-4%	-57%
Hawaii	240	210	250	200	250	-15%	23%	-20%	23%	-15%	4%
Idaho	150	140	140	110	80	-3%	0%	-23%	-31%	-26%	-48%
Illinois**	5,430	5,380	5,970	6,570	6,950	-1%	11%	10%	6%	21%	28%
Indiana**	940	880	880	1,110	1,080	-6%	1%	26%	-2%	18%	15%
Iowa	380	370	390	360	280	-3%	4%	-7%	-22%	-6%	-27%
Kansas*	880	890	850	810	1,200	1%	-5%	-4%	48%	-8%	36%
Kentucky	310	380	300	280	<10	21%	-20%	-8%	-100%	-11%	-100%
Louisiana	760	810	540	310	<10	7%	-33%	-42%	-100%	-59%	-100%
Maine	190	210	220	220	230	11%	5%	-4%	5%	12%	18%
Maryland**	2,790	2,740	2,650	2,840	2,820	-2%	-3%	7%	-1%	2%	1%
Massachusetts	1,550	1,430	1,520	1,530	1,500	-8%	7%	1%	-2%	-1%	-3%
Michigan**	2,590	2,410	2,760	2,780	2,780	-7%	15%	1%	0%	7%	8%
Minnesota	1,050	1,010	1,180	1,300	1,190	-3%	16%	11%	-8%	24%	14%
Mississippi	350	350	470	<10	<10	0%	36%	-100%	-100%	-100%	-100%

Missouri	10	10	10	<10	<10	50%	11%	-100%	-100%	-100%	-83%
Montana	170	180	170	160	220	6%	-5%	-3%	33%	-2%	30%
Nebraska	200	190	210	210	260	-3%	7%	2%	22%	6%	30%
Nevada**	1,030	930	1,080	1,000	1,250	-10%	16%	-8%	26%	-3%	21%
New Hampshire	200	170	190	180	190	-13%	10%	-8%	7%	-12%	-6%
New Jersey**	3,800	3,700	3,790	3,830	4,060	-3%	3%	1%	6%	1%	7%
New Mexico**	1,200	1,190	1,430	1410	1,350	-1%	20%	-1%	-4%	17%	12%
New York**	8,520	8,820	9,430	9,030	9,510	3%	7%	-4%	5%	6%	12%
North Carolina**	3,190	3,240	3,210	3,890	4,360	2%	-1%	21%	12%	22%	37%
North Dakota	90	110	130	100	<10	18%	25%	-28%	-100%	7%	-100%
Ohio	1,950	1,880	1,730	730	680	-3%	-8%	-58%	-7%	-62%	-65%
Oklahoma***	510	50	<10	<10	<10	-90%	-100%	-100%	-100%	-100%	-100%
Oregon	820	760	870	830	970	-7%	14%	-5%	17%	1%	18%
Pennsylvania	2,900	2,640	2,900	3,300	3,080	-9%	10%	14%	-7%	14%	6%
Rhode Island	310	290	250	270	290	-9%	-11%	6%	7%	-14%	-7%
South Carolina**	600	470	370	120	260	-21%	-23%	-68%	121%	-80%	-56%
South Dakota	20	40	30	<10	<10	58%	-26%	-100%	-100%	-100%	-100%
Tennessee*	1,180	1,210	1,030	280	260	3%	-15%	-73%	-8%	-76%	-78%
Texas*	2,770	3,020	2,650	60	10	9%	-12%	-98%	-87%	-98%	-100%
Utah	320	400	360	270	310	25%	-10%	-25%	15%	-15%	-3%
Vermont	100	100	100	100	110	7%	-2%	1%	9%	6%	16%
Virginia*	2,020	2,020	2,090	2,260	1,940	0%	4%	8%	-14%	12%	-4%
Washington	1,730	1,670	1,870	1,650	1,820	-4%	12%	-12%	10%	-4%	5%
West Virginia	90	110	110	30	80	31%	-2%	-71%	144%	-62%	-8%
Wisconsin**	590	620	520	<10	<10	5%	-16%	-100%	-100%	-100%	-100%
Wyoming	40	40	50	50	40	-5%	10%	20%	-24%	26%	-5%

All numbers in Table 3 have been rounded the nearest 10, and numbers less than 10 have been suppressed. Numbers have been corrected as needed for missingness with imputation. For states marked * there is less than 10% imputation, ** 10-50% imputation, *** 50% or more imputation. States with no notation by their name have no missingness.

Table 4. Geographic findings, by region

Region	Comparing April to July, 2022		Comparing April to August, 2022	
	<i>Difference between April and July, n</i>	<i>Change between April-July, %</i>	<i>Difference between April and August, n</i>	<i>Change between April-August, %</i>
Northeast	940	5%	1,380	7%
East North Central	-290	-3%	10	0%
West North Central	150	6%	300	12%
South Atlantic	660	3%	-1,140	-6%
South Central	-5,880	-86%	-6,540	-96%
Mountain	-640	-11%	150	3%
Pacific	-130	-1%	470	2%

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

Northeast region: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont

East North Central region: Illinois, Indiana, Michigan, Ohio, and Wisconsin

West North Central region: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota

South Atlantic region: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia

South Central region: Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas

Mountain region: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming

Pacific region: Alaska, California, Hawaii, Oregon, and Washington

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This report was prepared by #WeCount Co-Chairs and Society of Family Planning staff, with guidance from the Research Steering Committee, as well as the support of many members of the Society of Family Planning community. We offer a special thanks to the Guttmacher Institute's Rachel Jones, PhD and Isaac Maddow-Zimet, MS for support around estimates.

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