



**#WeCount Public Report
April 2022 to September 2023
Released: February 28, 2024**

This is the fifth in a series of reports. Please see www.SocietyFP.org/WeCount for past and future reports. Cite this report using the following DOI:
<https://doi.org/10.46621/675707thmfmv>.

Introduction

#WeCount is a national abortion reporting effort that aims to measure monthly abortion utilization by state following the US 2022 *Dobbs v Jackson's Women's Health Organization* Supreme Court decision. The *Dobbs* decision overturned the 1973 ruling in *Roe v Wade*, thereby allowing states to ban abortion at any point in pregnancy. In the wake of the *Dobbs* decision, some states implemented near or total abortion bans, while some states activated pre-*Roe* abortion laws. Many of these abortion restrictions were and are being litigated in court, resulting in dynamic legal status changes at the state level. The result has been confusion for the public, people needing abortions, and providers. Some providers suspended care due to fear of criminal persecution. At the same time, lawmakers in other states have passed legislation or citizens have passed ballot initiatives aimed to protect providers and/or increase access for state residents and people traveling there from states with bans. To understand the impact of this dynamic legal and healthcare environment, the #WeCount national reporting study measures abortion utilization by state and by month, starting in April 2022. #WeCount has released four reports previously, reporting on the number of abortions from April 2022, per month, nationally and by state, and restrictiveness level.

#WeCount data include clinician-provided abortions, defined in this report as medication or procedural abortions completed by a licensed clinician within the formal healthcare system in a clinic, private medical office, hospital, or virtual-only clinic (i.e., clinics that only provide telehealth abortions) in the US known to offer abortion care during the study period. This report does not reflect any self-managed abortions, defined as ending a pregnancy outside the formal healthcare system, including using medications, herbs, or something else, or obtaining pills from friends or online without clinical assistance. These data reflect the status of abortion provision in the US and can be used by healthcare systems, public health practitioners, and policy makers so that their decisions can be informed by evidence.

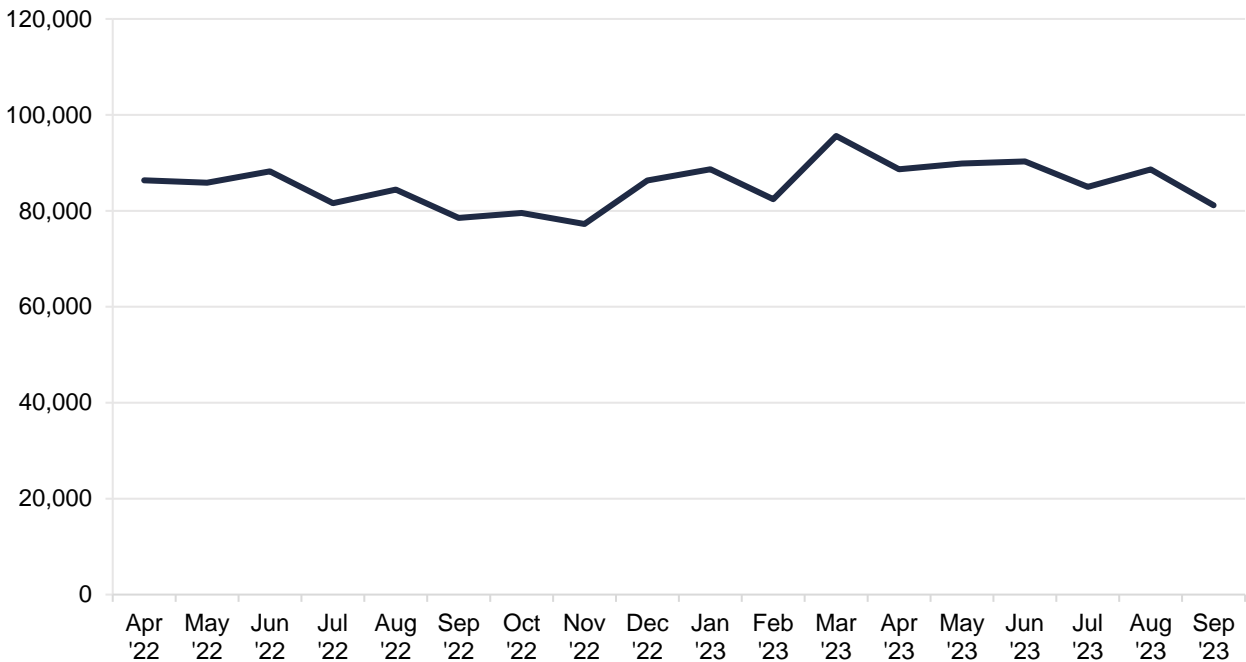
This report documents the number of abortions from April 2022 to September 2023, representing 15 months of abortion delivery post-*Dobbs* (Table 1). This report also quantifies the number of abortions that would have been expected, had 14 states not banned abortion (Table 2). Finally, this report includes more data regarding abortion provided by telehealth than prior reports (Table 3). Starting in July 2023, #WeCount's telehealth abortion numbers include those provided by brick-and-mortar abortion facilities. While telehealth abortions provided by brick-and-mortar facilities were included previously by #WeCount as part of state and national totals, this is the first report to identify and count these as telehealth. In addition, starting in July 2023, our telehealth abortion numbers include telehealth abortions prescribed from providers in states that have 'shield laws' to people living in states with total abortion bans or in states where in-person abortion is permitted but telehealth for abortion is restricted. Shield laws give some legal protections to clinicians who offer abortion care via telehealth. All telehealth abortion numbers are reported by month at the national level.

Due to the ongoing recruitment and enrollment of providers, we now have more complete data than shared in prior reports. We are also using an improved method of imputation in our accounting for missing clinics (see Methods). Thus, monthly totals in some states have been revised from our previous reports.

National findings

- Nationally, since April 2022, abortion volume has been consistent with expected month-to-month variation in the average monthly number of abortions (Table 1 and Figure 1). (Note these national numbers do not include abortions provided under shield laws.)
- In the three most recent months of data collection, July to September 2023, we observed between 81,150 and 88,620 abortions per month.

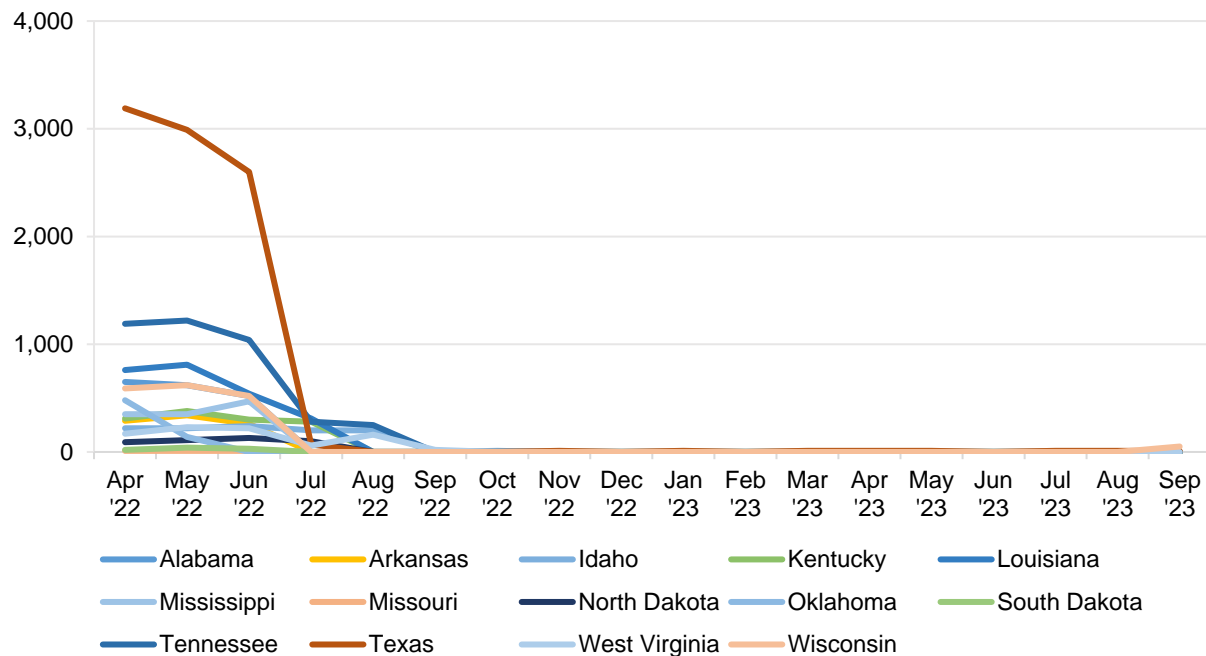
Figure 1. Abortions in the US from April 2022 to September 2023 (excludes abortions provided under shield laws)



States with Abortion Bans

- Since the *Dobbs* decision in June 2022, 14 states (Alabama, Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, Wisconsin) have had total abortion bans for the majority of the 15 months since *Dobbs*. These states have experienced massive declines in the number of abortions provided in state (Figure 2).
- We estimate that overall, if abortion had not been banned in these 14 states, an estimated 120,930 abortions would have occurred in these states in the 15 months since *Dobbs* (Table 2). This represents a national monthly average of nearly 8,000 abortions that would have occurred in these 14 states.
- States with the greatest declines in abortion volume over 15 months include Texas (46,200), Georgia (24,640), Tennessee (17,545), Louisiana (11,465), and Alabama (9,525).

Figure 2. Monthly abortion totals in states with total abortion bans from April 2022 to September 2023



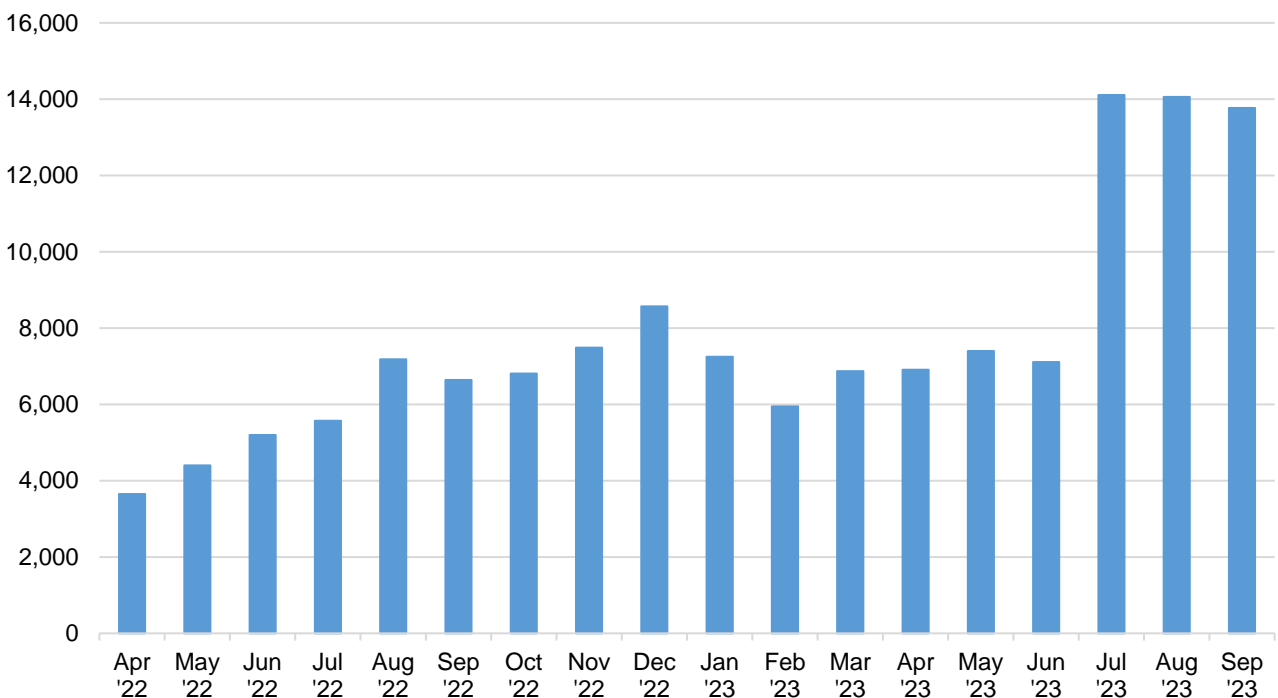
States where abortion remained legal or became legal

- States with the largest cumulative increases (also called surges) in abortion volume over 15 months included Illinois (28,665), Florida (15,155), and California (12,515) (Table 1).
- While most surge states bordered states with abortion bans, we also saw increases in states that were more geographically distant from states with abortion bans, including California, New Jersey, New York, and Massachusetts.
- Another state with a notable increase was Wisconsin, where we recorded 590 to 620 abortions per month before *Dobbs*, dropping down to <10 abortions per month after the *Dobbs* decision. Abortion provision resumed on September 23, 2023 during which we recorded 50 abortions.

Telehealth findings

- In this report, we define a telehealth abortion as medication abortions offered by a clinician through a remote consultation with the patient (via video, phone, or messaging) that results in medications dispensed via mail. All telehealth abortions are counted according to the state the medications are mailed to.
- Previous #WeCount reports have described the monthly number of telehealth abortions provided by virtual-only providers.
- In 2023, five states passed shield laws that provide legal protections to clinicians in those states who offer abortion care via telehealth. These states include Massachusetts, Colorado, Washington, New York, and Vermont.
- Starting in July 2023, we began to include abortion numbers that were previously not measured by #WeCount: telehealth abortions provided under shield laws and mailed into states that ban abortion or that have restrictions on telehealth abortion (Figure 3 and Table 3).
- Also, starting in July 2023, we include telehealth abortions provided by brick-and-mortar clinics (Figure 3 and Table 3). Abortions in this category are telehealth abortions provided by brick-and-mortar clinics that also offer in-person abortion care.
- In July 2023, there were 14,110 telehealth abortions, in August there were 14,060, and in September there were 13,770. (Figure 3 and Table 3).
- Together, telehealth abortions in all categories represented 16% of all abortions in September 2023.

Figure 3. Telehealth abortions in the US from April 2022 to September 2023 (Includes abortions provided by shield laws, July 2023 – Sep 2023)



Methods

In early 2022, #WeCount developed a database of all clinics, private medical offices, hospitals, and virtual clinic providers in the US known to offer abortion care. We started with the Abortion Facility Database from Advancing New Standards in Reproductive Health (ANSIRH) at University of California, San Francisco. We also included 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. Throughout the study period, we added new providers to our database as we became aware of them. In January 2024, we conducted searches within all 50 states and Washington, DC using AbortionFinder.com and INeedanA.com to confirm that our database was updated. We added new clinics that had opened and noted clinics that had closed. This report includes shield law abortions, provided by US-based licensed providers who are following their own state law. By #WeCount's definition, these abortions take place within the formal healthcare system and thus are included in this report.

In Spring 2022 we invited all providers to report their monthly number of abortions, starting with April 2022. The data in this report includes the monthly counts reported by providers for April 2022 through September 2023. We continued to recruit abortion providers and to request reporting throughout the study period, incorporating and updating their numbers into each data release. The Society provided compensation to participating facilities for each monthly submission.

In 22 states, we had complete reporting from all abortion providers known to #WeCount. In 29 states, we had at least one clinic that did not submit data to #WeCount. In four of those states (Florida, Indiana, Texas, and West Virginia) we used state health department data and thus we did not have to impute any data for those states. In some cases, we divided yearly or quarterly counts into months based on the distribution of abortion volume from sites that did report monthly numbers in that state. In 25 states, we imputed the number of missing abortions for one or more clinics or hospitals that did not provide any data to #WeCount. We used information from news articles, contacts known to the non-reporting clinics, knowledge of the abortion volumes by state, or the median #WeCount number for the clinic or hospital type. To compute medians, we categorized reporters to #WeCount into five types of facilities, and calculated the median for April and May 2022 for each category: 1) small abortion clinics, 2) large abortion clinics, 3) primary care clinics 4) low volume hospitals, and 5) high volume hospitals. In 25 states, we used clinic-level imputations for at least one clinic in the state that did not submit a full 15 months of data. For these, we calculated average percent change in abortion volume in the state and imputed values for clinics with missing months. In total, 84% of the abortions we counted across the study period were based on data obtained from providers or health departments, while the remaining 16% of the data were imputed. The magnitude of imputation in each state is noted with symbols in the data tables.

We estimated numbers of abortions by state restrictiveness level using three categories: states that banned abortion, states that restricted abortion to six weeks of gestation, and states that permitted abortion. These categories were based on the abortion policy in each state on the 15th of each month as reported by the [New York Times](#).

This research was deemed exempt by Advarra IRB. All major decisions were guided by a Research Steering Committee [listed here](#). This research was sponsored by the Society of Family Planning. In the tables, total abortions are presented per month by state, for the US, and by state policy category (banned, 6-week gestational limit, or permitted) for April 2022 to September 2023. Monthly state totals were rounded to the nearest 10. If the number of abortions for a given state was 0 to 9 for a single month, it was either rounded up to 10, or represented as a dash (—) in the table. Thus, any cell with a dash could represent 0 abortions provided. In states where abortion and telehealth abortion were permitted by law, telehealth abortions were counted as part of the total for the state where the medications were mailed to. For states where abortion was banned or telehealth was restricted, telehealth abortions were counted as part of the national telehealth abortion counts.

Data limitations

Measuring abortion access and use is fraught with challenges.¹ Our findings are all reported at the level of the state, so we cannot describe how individual clinics experienced increases or decreases. Observing the raw data, it is clear that the trends we report at the state level are not universally experienced by each clinic. In addition, we imputed, or estimated, a large number of abortions in New Jersey, New York, Washington DC, and Maryland contributing to some uncertainty in those estimates.

Regarding abortion provided via telehealth, we are limited in our ability to document the total number of telehealth abortions provided by some large brick-and-mortar state health programs that are not reporting data to #WeCount. Additionally, we started measuring telehealth provided by brick-and-mortar clinics in July 2023, so cannot compare to past months.

Medications were being mailed into states with abortion bans and states with restrictions on telehealth prior to July 2023, but these occurred outside the formal healthcare system and were not measured by #WeCount. These abortions transitioned to being counted by #WeCount in July 2023 when they moved into the healthcare system. Telehealth provision under shield laws started in July 2023, so likewise there is no comparison possible to previous months.²

In addition, providers in the formal healthcare system, including those protected by shield laws, are not the only source of abortion medications in states with abortion bans. We are unable to estimate the number of abortions that occurred outside clinician-

provided care, including those provided by online stores that sell abortion medications, volunteer accompaniment networks, and other types of self-managed abortion.

Finally, the inability to access abortion was a reality for many people before total abortion bans came into place,³ and remains a reality for many, even in states that permit abortion. We are documenting the number of abortions that occur, and cannot estimate the number of people who wanted, and were unable to obtain, abortion care.⁴

Implications

Despite the dramatic declines in access post-*Dobbs* in states that enacted total abortion bans and 6-week gestational limits, the national monthly abortion volume remains similar if not higher than pre-*Dobbs* numbers. Increased numbers of abortions in states that permit abortion likely represent a combination of people traveling from states where they cannot access care, and increased abortions among state residents.⁵ Some of the volume may also be due to reductions of barriers to abortion care, including increased financial support for low-income abortion seekers, reduced burden of cost and travel by use of telehealth, and improved access via care navigation from practical support groups and public health departments. Over the study period, monthly fluctuations can be seen at state and national levels. These changes are due to dynamic combinations of state-level changes in access (decreases and increases) and seasonal variation⁹ in the need for abortion.

In the 15 months after *Dobbs*, more than 100,000 fewer abortions were provided in states that banned abortion totally or banned at 6-weeks gestation. People in states with abortion bans or severe restrictions were forced to delay their abortions, to travel to another state, to obtain care from a provider in a shield law state, to self-manage their abortions, or to continue a pregnancy they did not want.⁶⁻⁸

Our data show that provision of medication abortion via telehealth increased across the study period and continues to increase. Telehealth, as a service-delivery model for many types of healthcare, has increased in the past few years, in part due to the COVID pandemic.^{9,10} We report for the first time for July, August, and September 2023 the presence of telehealth abortion provided by brick-and-mortar clinics, and the presence of telehealth abortions provided under shield laws to people in states where abortion is banned or where there are restrictions on telehealth abortion.

References

1. Weitz TA, O'Donnell J. The Challenges in Measurement for Abortion Access and Use in Research Post-Dobbs. *Women's Health Issues* 2023;33(4):323–7.
2. Kitchener C. Blue-state doctors launch abortion pill pipeline into states with bans [Internet]. *Washington Post*. 2023; Available from: <https://www.washingtonpost.com/politics/2023/07/19/doctors-northeast-launch-abortion-pill-pipeline-into-states-with-bans/>
3. Pleasants EA, Cartwright AF, Upadhyay UD. Association Between Distance to an Abortion Facility and Abortion or Pregnancy Outcome Among a Prospective Cohort of People Seeking Abortion Online. *JAMA Netw Open* 2022;5(5):e2212065.
4. White K, Sierra G, Lerma K, et al. Association of Texas' 2021 Ban on Abortion in Early Pregnancy With the Number of Facility-Based Abortions in Texas and Surrounding States. *JAMA* 2022;328(20):2048–55.
5. Guttmacher Institute. Monthly Abortion Provision Study: Out-of-State Travel for Abortion [Internet]. 2023. Available from: <https://www.guttmacher.org/monthly-abortion-provision-study>
6. Dickman SL, White K, Grossman D. Affordability and Access to Abortion Care in the United States. *JAMA Intern Med* 2021;181(9):1157.
7. Higgins JA, Lands M, Valley TM, Carpenter E, Jacques L. Real-Time Effects of Payer Restrictions on Reproductive Healthcare: A Qualitative Analysis of Cost-Related Barriers and Their Consequences among U.S. Abortion Seekers on Reddit. *IJERPH* 2021;18(17):9013.
8. Bell SO, Stuart EA, Gemmill A. Texas' 2021 Ban on Abortion in Early Pregnancy and Changes in Live Births. *JAMA* 2023;330(3):281.
9. Wosik J, Fudim M, Cameron B, et al. Telehealth transformation: COVID-19 and the rise of virtual care. *Journal of the American Medical Informatics Association* 2020;27(6):957–62.
10. Weigel G, May 11 MFP, 2020. Opportunities and Barriers for Telemedicine in the U.S. During the COVID-19 Emergency and Beyond [Internet]. KFF. 2020 [cited 2021 May 3]; Available from: <https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/>

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

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
All US state totals	86,350	85,860	88,210	81,600	84,420	78,530	79,550	77,250	86,310	88,660	82,420	95,600	88,660	89,850	90,280	84,980	88,620	81,150
Alabama	650	620	520	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alaska [‡]	120	130	140	110	160	160	150	150	160	140	130	140	140	160	140	170	170	150
Arizona*	1,320	1,470	1,170	210	720	610	420	790	820	1,120	990	1,260	1,120	1,150	1,090	1,040	1,120	1,120
Arkansas	290	340	260	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
California [‡]	13,690	13,680	14,330	13,980	14,530	12,750	12,780	13,000	15,260	15,750	13,930	16,090	15,750	15,550	15,200	14,060	15,280	13,880
Colorado [†]	1,600	1,690	1,800	1,970	2,220	2,000	1,960	1,970	2,130	2,330	2,080	2,390	2,330	2,390	2,270	2,230	2,300	1,980
Connecticut [†]	900	930	950	970	930	860	860	890	970	1,110	980	1,210	1,110	1,260	1,220	1,350	1,190	1,080
Delaware [‡]	200	220	250	230	250	270	280	300	320	260	220	270	260	260	310	310	290	270
District of Columbia [¶]	930	890	890	900	980	860	910	830	850	920	880	1,100	920	1,020	910	950	930	770
Florida	6,050	6,100	6,650	6,590	7,290	6,790	7,520	6,890	8,050	6,950	6,870	7,870	6,950	6,890	6,920	6,930	6,980	6,790
Georgia [‡]	4,450	4,150	4,360	4,330	1,930	2,210	2,540	2,850	2,580	2,820	2,580	3,220	2,820	2,420	2,450	2,420	2,400	2,290
Hawaii	240	210	250	210	300	280	260	280	270	300	260	280	300	300	260	280	300	270
Idaho [§]	220	220	240	200	200	—	10	—	—	—	—	—	—	—	—	—	—	—
Illinois [‡]	5,640	5,610	6,250	6,860	7,350	6,720	6,700	6,470	7,350	7,960	7,400	8,570	7,960	7,960	8,030	7,740	8,410	7,560
Indiana*	920	850	860	1,100	1,060	710	480	670	550	510	690	730	510	640	700	880	70	60
Iowa	380	370	390	360	280	320	310	350	370	370	300	390	370	260	290	190	370	330
Kansas	970	950	930	930	1,280	1,150	1,260	1,130	1,310	1,660	1,560	1,700	1,660	1,810	2,020	1,710	1,820	1,620
Kentucky	310	380	300	280	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Louisiana	760	810	540	310	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maine	190	230	240	240	240	220	200	190	200	240	210	260	240	220	250	230	220	230
Maryland [¶]	2,860	2,850	2,890	2,780	2,960	3,030	3,100	3,140	3,630	3,670	3,670	3,660	3,670	3,900	4,010	3,880	3,790	3,230
Massachusetts [‡]	1,720	1,590	1,700	1,730	1,740	1,700	1,650	1,630	1,800	1,820	1,570	2,010	1,820	1,800	1,850	1,730	1,900	1,650
Michigan [†]	2,610	2,570	2,910	3,030	3,150	2,970	2,990	2,860	3,020	2,990	2,920	3,370	2,990	3,000	2,950	3,000	3,160	2,970
Minnesota	930	920	1,030	1,160	1,220	1,220	1,260	1,290	1,230	1,230	1,100	1,410	1,230	1,390	1,370	1,300	1,390	1,260
Mississippi	350	350	470	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Missouri	10	10	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Montana	170	180	170	160	220	170	200	190	170	210	170	190	210	190	200	200	250	210
Nebraska	200	190	210	210	260	230	240	200	170	320	280	250	320	180	240	120	230	180
Nevada [§]	1,140	1,110	1,340	1,240	1,550	1,420	1,480	1,430	1,580	1,560	1,450	1,600	1,560	1,420	1,420	1,310	1,510	1,380
New Hampshire [§]	230	200	220	210	240	220	200	200	240	220	230	270	220	260	240	240	260	250
New Jersey [¶]	4,580	4,550	4,620	4,740	5,240	4,540	4,630	4,880	5,230	5,250	4,950	5,670	5,250	5,880	5,700	5,400	5,790	4,940
New Mexico [‡]	1,220	1,200	1,420	1,460	1,530	1,690	1,730	1,810	1,930	2,070	1,840	2,140	2,070	1,860	2,000	1,760	1,700	1,690

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

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
New York [¶]	9,640	10,150	10,820	10,420	11,440	10,350	10,480	8,610	10,200	9,630	8,850	11,000	9,630	10,370	10,520	10,040	10,440	9,310
North Carolina [‡]	3,950	3,960	3,170	3,850	4,310	4,010	3,790	3,640	4,010	4,450	4,070	4,670	4,450	4,500	4,660	3,130	3,310	3,920
North Dakota	90	110	130	100	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ohio [†]	2,040	1,990	1,830	810	780	1,070	1,500	1,510	1,860	1,950	1,920	2,110	1,950	1,970	1,970	1,720	1,930	1,800
Oklahoma	480	140	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oregon*	840	800	910	870	1,070	960	960	950	1,010	1,050	880	1,150	1,050	1,110	1,120	1,070	1,120	960
Pennsylvania [†]	2,920	2,650	2,920	3,320	3,100	3,020	2,710	2,500	3,090	2,860	2,970	3,470	2,860	3,060	3,220	3,240	3,360	3,190
Rhode Island	310	290	260	280	290	280	310	200	230	250	230	300	250	230	240	210	230	240
South Carolina [†]	690	630	490	180	360	790	830	750	850	990	1,000	1,090	990	890	930	880	760	160
South Dakota	20	40	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tennessee*	1,190	1,220	1,040	280	250	—	—	—	—	—	—	—	—	—	—	—	—	—
Texas*	3,190	2,990	2,600	70	—	—	—	10	—	10	—	10	10	10	—	10	10	10
Utah	320	400	360	270	310	320	280	320	340	360	340	400	360	310	330	370	340	350
Vermont [‡]	110	120	120	120	130	120	110	120	120	130	100	140	130	170	120	110	140	110
Virginia [§]	2,130	2,180	2,470	2,670	2,390	2,410	2,420	2,380	2,410	3,100	2,860	3,080	3,100	2,980	3,070	2,870	3,080	3,040
Washington [†]	1,780	1,730	1,960	1,750	1,960	2,020	2,000	1,830	1,950	2,050	1,900	2,080	2,050	2,010	1,990	1,850	1,990	1,790
West Virginia*	170	230	220	60	160	20	—	—	—	—	—	—	—	—	—	—	—	—
Wisconsin [§]	590	620	520	—	—	—	—	—	—	—	—	—	—	—	—	—	—	50
Wyoming	40	40	50	50	40	60	40	40	50	50	40	50	50	70	70	50	80	60
Restrictiveness level																		
Banned	—	—	—	130	—	710	10	10	—	10	—	10	10	10	—	10	80	70
Gestational limit, 6 weeks	3,190	2,990	2,600	990	3,070	2,210	2,540	2,850	2,580	2,820	2,580	3,220	2,820	2,420	2,450	2,610	2,400	2,450
Permitted	83,160	82,870	85,610	80,480	81,350	75,610	77,000	74,390	83,730	85,830	79,840	92,370	85,830	87,420	87,830	82,360	86,140	78,630

Table 1 does not include telehealth abortions provided under shield laws.

All numbers in Table 1 have been rounded the nearest 10. Numbers 0-9 have been rounded up to 10 or are represented by —. Numbers have been corrected as needed for missingness with imputation.

For states marked * there is less than 1% imputation, † 1-4% imputation, ‡ 5-14% imputation, § 15-29% imputation, || 30-44% imputation, ¶ >45% imputation. States with no notation by their name have no imputation for missingness. In Florida, Indiana, Texas, and West Virginia, we used state health department data and thus we did not have to impute any data for those states.

Legal status is time varying, and we use the status for each state as reported by the New York Times on the 15th of each month.

Table 2. Summary of pre-post-Dobbs changes for states with abortion bans and 6-week gestational limits

	<i>Pre-Dobbs monthly average number of abortions, April and May 2022</i>	<i>Post-Dobbs monthly average number of abortions, July 2022 through September 2023</i>	<i>Cumulative sum of differences, all post-Dobbs months compared to average of April and May 2022</i>	<i>Average monthly difference in post-Dobbs months compared to average of April and May 2022</i>
Totals in all states with abortion bans or 6-week gestational limits	12,500	2,795	-145,570	-9,705
Alabama	635	0	-9,525	-635
Arkansas	315	0	-4,725	-315
Georgia [‡]	4,300	2,657	-24,640	-1,643
Idaho [§]	220	27	-2,890	-193
Kentucky	345	19	-4,895	-326
Louisiana	785	21	-11,465	-764
Mississippi	350	0	-5,250	-350
Missouri	10	0	-150	-10
North Dakota	100	7	-1,400	-93
Oklahoma	310	0	-4,650	-310
South Dakota	30	0	-450	-30
Tennessee*	1,205	35	-17,545	-1,170
Texas*	3,090	10	-46,200	-3,080
West Virginia*	200	16	-2,760	-184
Wisconsin [§]	605	3	-9,025	-602
Restrictiveness level				
Banned	8,200	138	-120,930	-8,062
Gestational limit, 6 weeks	4,300	2,657	-24,640	-1,643

Table 2 does not include any telehealth abortions provided under shield laws.

*Numbers have been corrected as needed for missingness with imputation. For states marked * there is less than 1% imputation, † 1-4% imputation, ‡ 5-14% imputation, § 15-29% imputation, || 30-44% imputation, ¶ >45% imputation. States with no notation by their name have no imputation for missingness.*

Legal status is time varying, and we categorize states based on the status they had for the majority of the post-Dobbs period.

Table 3. Estimated monthly number of telehealth abortions provided by virtual-only clinics (including those provided under shield laws), and brick-and-mortar clinics, United States, April 2022 to September 2023

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
All US state totals	3,650	4,400	5,200	5,570	7,180	6,640	6,810	7,490	8,570	7,250	5,950	6,870	6,910	7,400	7,110	14,110	14,060	13,770

Table 3 includes abortions provided by virtual only clinics, including telehealth abortions provided under shield laws, and telehealth abortions provided by brick-and-mortar facilities.

All numbers in Table 3 have been rounded the nearest 10. Numbers 0-9 have been rounded up to 10 or are represented by –. Numbers have been corrected as needed for missingness with imputation.

Contributors

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.

#WeCount Co-Chairs

- Alison Norris, MD, PhD; Ohio State University
- Ushma Upadhyay, PhD, MPH; University of California, San Francisco

#WeCount Research Steering Committee

- Abigail Aiken, MD, PhD, MPH; University of Texas at Austin
- Danielle Bessett, PhD, MA; University of Cincinnati
- Anitra Beasley, MD, MPH; Baylor College of Medicine
- Jenny Higgins, PhD, MPH; University of Wisconsin
- Rachel Jones, PhD; Guttmacher Institute
- Isaac Maddow-Zimet, MS; Guttmacher Institute
- Caitlin Myers, PhD; Middlebury College
- Whitney Rice, DrPH, MPH; Emory University
- Hannah Simons, DrPH; Planned Parenthood Federation of America
- Mikaela Smith, PhD; Ohio State University
- Terri-Ann Thompson, PhD; Ibis Reproductive Health
- Kari White, PhD, MPH; Resound Research for Reproductive Health

#WeCount Society of Family Planning Staff

- Vanessa Arenas, MPH; Director of #WeCount
- Jenny O'Donnell, ScD, MS; Senior Director of Research and Evaluation
- Claire Yuan, MPP; Senior #WeCount Coordinator
- Elsa Vizcarra, BS; #WeCount Coordinator

Please contact us with questions or comments at WeCount@SocietyFP.org.

Media inquiries can be directed to SFP@conwaystrategic.com.