

# 2024 SOCIETY OF FAMILY PLANNING ANNUAL REPORT

**We,  
collectively,  
rose to the  
moment.**

In the face of new and ever-changing restrictions on access to abortion and contraception, we — both as an organization and as a community — focused on addressing the most pressing needs in the field of family planning.

## **We invested.**

We collaborated to identify priority areas, transformed concepts into theories of change, identified funding partners, issued requests for proposals, and **provided \$4,900,000 in grants** to support scholars and build our body of knowledge.

### **Funding opportunities awarded in 2024**

- Changemakers in Family Planning
- Emerging Scholars in Family Planning
- Uta Landy Complex Family Planning Scholars
- Documenting the safety and efficacy of medication abortion provision by nurse practitioners, certified nurse midwives, and physician assistants
- Health and economic outcomes, post-*Dobbs*
- Exploring patterns of LARC use through mixed methods research

[Learn about the Society's approach to grantmaking.](#)

# We did the research.

With support from the Society and others, members developed the emerging evidence on the impact of the *Dobbs* decision, which the Society aggregated and made available to all through the [Post-\*Dobbs\* Research Signal](#).

The Society introduced a new resource — [Research Practice Supports](#) — peer-reviewed publications that provide concrete and actionable recommendations regarding challenging areas of research practice to family planning researchers.

## 2024 Research Practice Supports

- Strategies and considerations for addressing race and racism in quantitative family planning studies
- Approaching the concepts of gender and sex in family planning research

# We spoke up.

On our own and in partnership with our allies in the field, the Society made our voices heard through amicus briefs and public statements, weighing in — **with science** — on efforts to ban and restrict access to mifepristone, deny life-saving care in a medical emergency, and impose gestational duration limits on access to abortion.

We supported members to speak up as well, by sharing lessons learned from other members who had advocated within their institutions for policy and systems change.

Read our [public](#) and [position statements](#).

## Know what the *Science Says* about gestational limits.

Take the institutional advocacy course, free to members.



# We advanced healthcare.

In 2024, **the Society produced and endorsed new clinical guidelines** to support clinicians to provide care in the current context and according to the best available evidence.

## 2024 Clinical Guidelines

- Contraception and body weight (produced)
- Management of previable and periviable preterm prelabor rupture of membranes (endorsed)
- Induction of fetal asystole before abortion (co-produced)
- A lexicon for first-trimester US: Society of Radiologists in Ultrasound Consensus Conference recommendations (endorsed)
- US Medical Eligibility Criteria for Contraceptive Use, 2024 (endorsed)
- US Selected Practice Recommendations for Contraceptive Use, 2024 (endorsed)
- First over-the-counter daily contraceptive pill released (endorsed)
- Self-managed abortion

[Learn about our approach to clinical guidance.](#)

# We continued to advance diversity, equity, and inclusion.

We held ourselves accountable by sharing the work we are doing to **incorporate diversity, equity, and inclusion into everything** we do and by reporting on the race and ethnicity of program participants,

[Read our most recent report on the race and ethnicity of program participants.](#)

[Read about our practices to advance diversity, equity, and inclusion.](#)

# We counted.

We continued to capture the shifts in abortion volume, by state, by month following the *Dobbs* decision through **#WeCount**, documenting a small but consistent increase in the national monthly number of abortions and how telehealth abortion was driving that growth.

[Read the latest #WeCount report.](#)

**400 people joined our community** this past year, bringing the Society of Family Planning's membership to **1,800**.

## We continued to grow in size and strength.

## We leveraged power.

In the face of the onslaught of restrictions, the Society leveraged institutional power through the growth of Complex Family Planning Fellowship sites, the increase in the number of fellows and subspecialists, and through liaisons who pushed for changes in organizational policy and practice.

**In 2024, there were 35 new Complex Family Planning fellows and 133 new certified subspecialists.**

Liaisons represented the Society and advanced our shared vision by working in partnership with organizations including ABOG, ACOG, CREOG, PPFA, SMFM, and WFRC.

[See the list of Complex Family Planning Fellowship sites.](#)

## We educated and inspired each other.

As we do every year, we came together at the 2024 Society of Family Planning Annual Meeting to share new research; consider new questions; learn from one another; improve our capacity to provide evidence-informed and person-centered care; get inspired; and receive the support we need from peers, mentors, and allies.

**The sessions and presentations reflected our collective and ongoing pursuit of our vision of just and equitable abortion and contraception informed by science, regardless of efforts across the country to stand in our way.**

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