Methodology

To estimate adverse health outcomes associated with denied abortions, we **(1)** determined the number of women who would be denied an abortion in their home state each year, **(2)** identified how many of those women may carry to term, travel for abortion, order abortion medication, or attempt unsafe abortion, and **(3)** estimated how many direct, adverse health outcomes may result per pathway.

First, to determine the women[1] who received an abortion in 2019 and would not be able to obtain one *today*, we grouped 2019 CDC abortion volumes (link) by gestational age for each state with gestational or total abortion bans as of July 28, 2022.[2,3]

We used 2019 CDC abortion data as our baseline because it is the most credible and comprehensive source of gestational age volumes on the national level. State-based restrictions were sourced from the Guttmacher Institute, New York Times, CNN, and local paper publications.

Second, we used various benchmarks, analyses, and assumptions to identify how many women denied an abortion in-state may carry an unwanted pregnancy to term, travel for abortion care, obtain "extralegal" medication abortion, and attempt an unsafe abortion. While benchmarks for carrying an unwanted pregnancy to term (34%) and attempting an unsafe abortion (1%) were available from published literature[4, 7], we analyzed travel data from the 2017 Abortion Surveillance data[5] to extrapolate the share of women who may travel for abortion care (49%). Specifically, we took a weighted average of travel benchmarks for the most abortion-restrictive states with the lowest abortion facility density, as these states offer the best representation of how women may travel following post-Roe restrictions. Lastly, we subtracted the share of women who do not carry to term, travel for abortion, or attempt an unsafe abortion from 100% for the share of women who obtain "extralegal" medication abortion[6] (16%), ensuring this value aligned directionally with limited analyses by abortion pill companies.

Third, to estimate direct, adverse health outcomes for women choosing each of those four pathways, we conducted a robust literature review. While all included benchmarks and figures are evidence-based – and several other downstream outcomes can be association with denied abortions and the alternatives women may pursue – we only quantified the most notable and repeatedly established adverse outcomes for women who choose to carry to term due to their severity and prevalence in published studies. See the chart below for additional outcome research and source information.

Footnotes

[1] Although a small proportion of abortions and pregnancies occur among transgender men or nonbinary people, we are limited to using abortion and population counts of women of reproductive age produced by the CDC and U.S. Census Bureau.

[2] Volume calculated by summing the volumes of abortion at each gestational age category as listed in CDC Abortion Surveillance Survey. There are 7 categories: ≤6 weeks, 7 to 9 weeks, 10 to 13 weeks, 14 to 15 weeks, 16 to 17 weeks, 18 to 20 weeks, and ≥21 weeks. For each state, the gestational age category was determined based on that state's Gestational ban as of July 2022.

[3] Gestational ban information is from The New York Times Abortion Ban Tracker. Last update: July 27, 2022, 1:45 P.M. ET

[4] Axios/Generation Lab flash poll of women aged 18-29

[5] Calculated in analysis of 2017 Abortion Surveillance data

[6] Direct benchmark unavailable given inability to track national illegal medication abortion volumes. Calculated estimate supported by WoW abortion pill company analysis, Aid Access abortion pill company analysis.

[7] Guttmacher Institute/WHO analysis of demographic health surveys (DHS) worldwide