

Abortion in Ohio Post-*Dobbs*: Unpacking the Numbers and Stories

Ohio Policy Evaluation Network



Introduction

On June 24, 2022, the Supreme Court of the United States overturned the federal right to abortion through the *Dobbs v Jackson Women's Health Organization* decision.¹ Allowing states the authority to grant or deny abortion rights within their borders defied 50 years of legal precedent set by *Roe v Wade* and *Planned Parenthood v Casey*. National abortion utilization data from the months surrounding the Supreme Court decision shows 6% fewer abortions overall in August 2022 as compared to April 2022. However, **the national perspective masks wide variation in abortion accessibility by regional and state policy contexts.**

Ohio Policy Evaluation Network (OPEN) outlines legal and political changes in Ohio that followed the *Dobbs* decision to better understand its impact. Bringing together initial findings from two research efforts, we pair monthly abortion facility survey data from Ohio and the region with narratives drawn from in-depth interviews with Ohioans who sought to end their pregnancies. The result is a more holistic view of how the *Dobbs* decision has negatively impacted Ohioans, as well as a glimpse into the lived experiences of those most directly affected.

Ohio's Reaction to the *Dobbs* Decision

In 2019, the Ohio legislature passed a "heartbeat bill," banning abortions after the detection of embryonic cardiac activity through an ultrasound. Referring to the policy as a "heartbeat bill" is inaccurate, given that embryonic cardiac activity is not equivalent to a heartbeat. This activity can usually be detected around six weeks gestation, so OPEN refers to the policy as a "6-week ban." This ban was previously enjoined because of *Roe*'s protections, and never took effect. However, the day the *Dobbs* decision was formally announced, a federal court judge granted the state's request to lift the injunction. The ban went into effect immediately.²

After being in place for nearly 3 months, on September 14, 2022, a Hamilton County Court of Common Pleas judge granted a temporary restraining order on the 6-week ban, temporarily blocking the law.³ While this restraining order allowed clinics to resume abortion care beyond 6 weeks gestation, providers faced challenges in quickly scaling their staffing and services back up and were unsure how long the law would remain blocked (see Tamara's story).

Tamara's Story

Tamara is a Black woman in her thirties; she is a mother to two children. After a doctor dissuaded her from getting a tubal ligation in the past, Tamara was hurt and mad when she found out she was pregnant in early October. She was also scared she wouldn't be able to get an abortion in Ohio because she was not sure if it was legal anymore. The first clinic in Ohio she called told her they weren't scheduling appointments because they didn't know if the temporary block on the 6-week ban would remain in place. She called that clinic four times and was disappointed that she was unable to schedule.

Tamara was finally able to schedule at a clinic nearly two hours from her home. This meant she had more travel time and she had to arrange childcare. She felt she needed an abortion because she could not afford to be a single mother to three children, especially as the prices of food and rent have increased in recent years. Tamara shared that she may have considered self-harm if she could not have gotten an abortion.

On October 7, 2022, the Hamilton County judge granted a preliminary injunction to remain in effect until the case brought by Ohio clinics against the State concludes. The preliminary injunction allows clinics to continue providing care (procedural abortion in Ohio can be performed until 21 weeks 6 days since last menstrual period).⁴ The law remains blocked as of February 2023.

If Ohio's 6-week abortion ban goes back into effect, and nearby states continue to restrict abortion access, the health and well-being of Ohioans will suffer. **Many people do not know they are pregnant before the 6-week mark, and many more are unable to have an abortion in this window of time.** People seeking abortion before *Dobbs* who obtained their abortion after six weeks were more likely to be young, Black, or have lower socioeconomic status, as compared to those who had abortions before six weeks.⁵

Mia's Story

Mia is an undocumented Latinx student who supports her mother and siblings financially. After taking Plan B in late July, Mia discovered she was pregnant in mid-August. She knew she could not continue the pregnancy while also finishing school and working to support her family. Mia was seen at an abortion clinic in Ohio but was told she could not get the abortion there after having an ultrasound. She considered attempting to self-manage the abortion and purchasing abortion medications from Aid Access but worried they would not arrive before she was too far along to use them.

Mia knew that due to her undocumented status, she had to make her decisions very carefully so as not to put her (and by extension, her family) in legal jeopardy. She decided to travel to a clinic in Illinois where she was offered financial support from an abortion fund. However, the trip was daunting. She traveled through the night, alone by bus. Throughout the trip she was harassed by men, felt afraid and lonely, and had to get off at each stop to be sick. Of her abortion experience, Mia said: "It was so hard to do it. I did it anyway."

Changes in abortion care access in Ohio and surrounding states

Based on data from a monthly survey of 24 abortion facilities in Ohio and surrounding states (see Table 1 in Methods), we found the overall number of abortions in the region decreased following the *Dobbs* decision. We compare the number of abortions obtained in each month of April, May, June, July, and August during 2021 and 2022 (Figure 1). Comparing April 2021 to April 2022 represents normal year-to-year variation, offering a pre-*Dobbs* baseline; comparison of August 2021 to August 2022 (post-*Dobbs*) shows the impact of the ruling.

States that restricted abortion fully or in part immediately following *Dobbs* (Kentucky, Ohio, and West Virginia) experienced an overall decrease in abortions after the decision. Comparing April 2021 to April 2022, facilities in these states saw a 10% decrease (representing 236 fewer abortions). August 2021 counts compared to August 2022 indicate facilities in these states saw a 59% decrease (1,069 fewer abortions). Thus, while a baseline change of 10% can be attributed to year-to-year variation, most of the 59% decline is attributable to bans following *Dobbs*.

Meanwhile, facilities in states where abortion remained legal and available through August 2022 reported an increase in patient numbers. Comparing counts of abortions from April 2021 to April 2022 from facilities in Illinois, Indiana, Michigan, and Pennsylvania in our sample show a pre-*Dobbs* baseline decrease of 1% (19 abortions). August 2021 compared to August 2022 in these non-restrictive states yields a 52% increase in patient numbers (representing 936 abortions). **When viewing the changes in provision across the region, it is clear the increases in less restrictive states post-*Dobbs* were insufficient to make up for the decreases seen at facilities in restrictive states.**

Figure 1. Abortions by state policy context for 24 facilities in 7 states

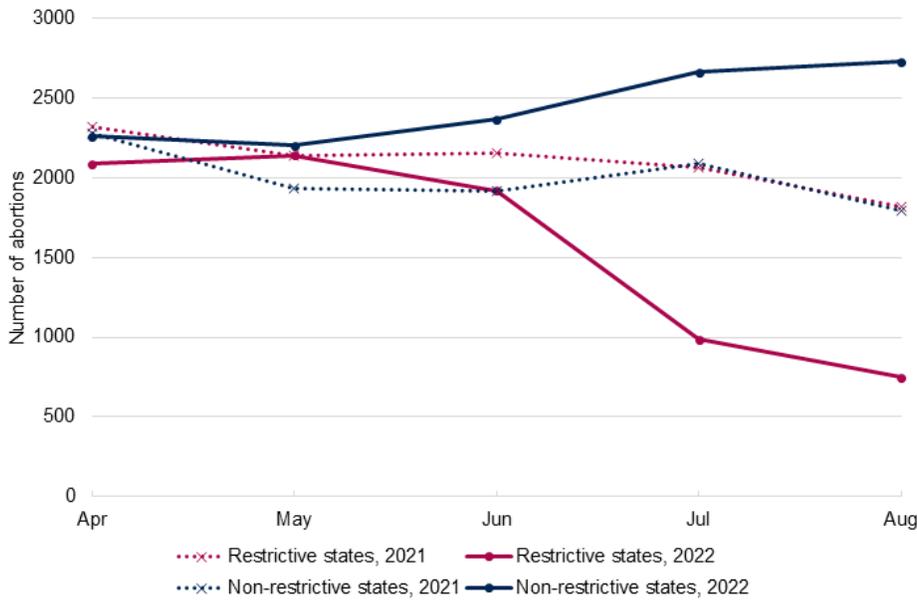


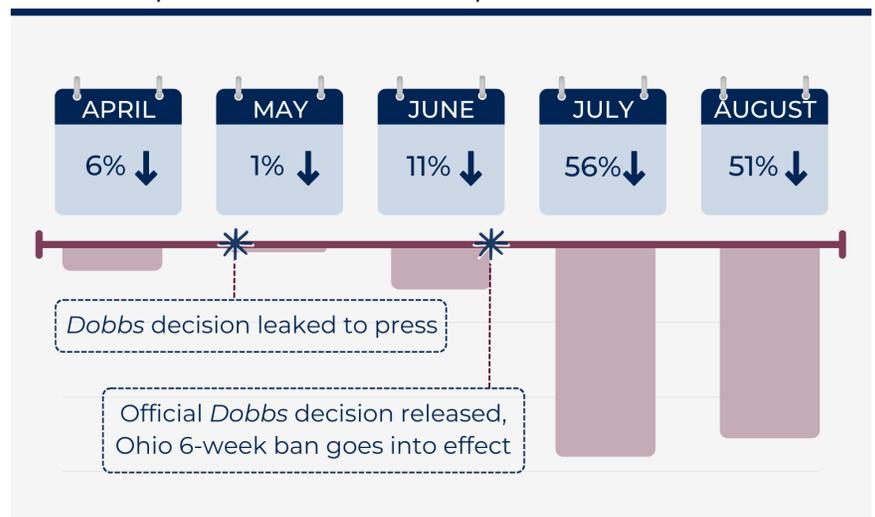
Figure Note:
Facilities include Kentucky (N=2), Ohio (N=11), and West Virginia (N=1). Facilities in less restrictive states include Illinois (N=5), Indiana (N=2), Michigan (N=1), and Pennsylvania (N=1).

Zooming in: Changes in abortion service delivery in Ohio

In Ohio, facilities provided fewer abortions because of the state-based restrictions that followed the *Dobbs* ruling. Comparing April 2021 to April 2022 offers a baseline year-to-year decrease in abortion provision of 6% (117 fewer abortions), followed by a 1% decrease (16 fewer abortions) comparing May 2021 to May 2022, and an 11% decrease (192 fewer abortions) comparing June 2021 and June 2022. After the *Dobbs* decision, Ohio facilities saw a 56% decrease in abortion provision (845 fewer abortions) comparing July 2021 and July 2022 and a 51% decrease (690 fewer abortions) comparing August 2021 to August 2022. We estimate more than 1,500 patients who would have received care in Ohio pre-*Dobbs* were unable to receive care in July and August 2022 (Figure 2).

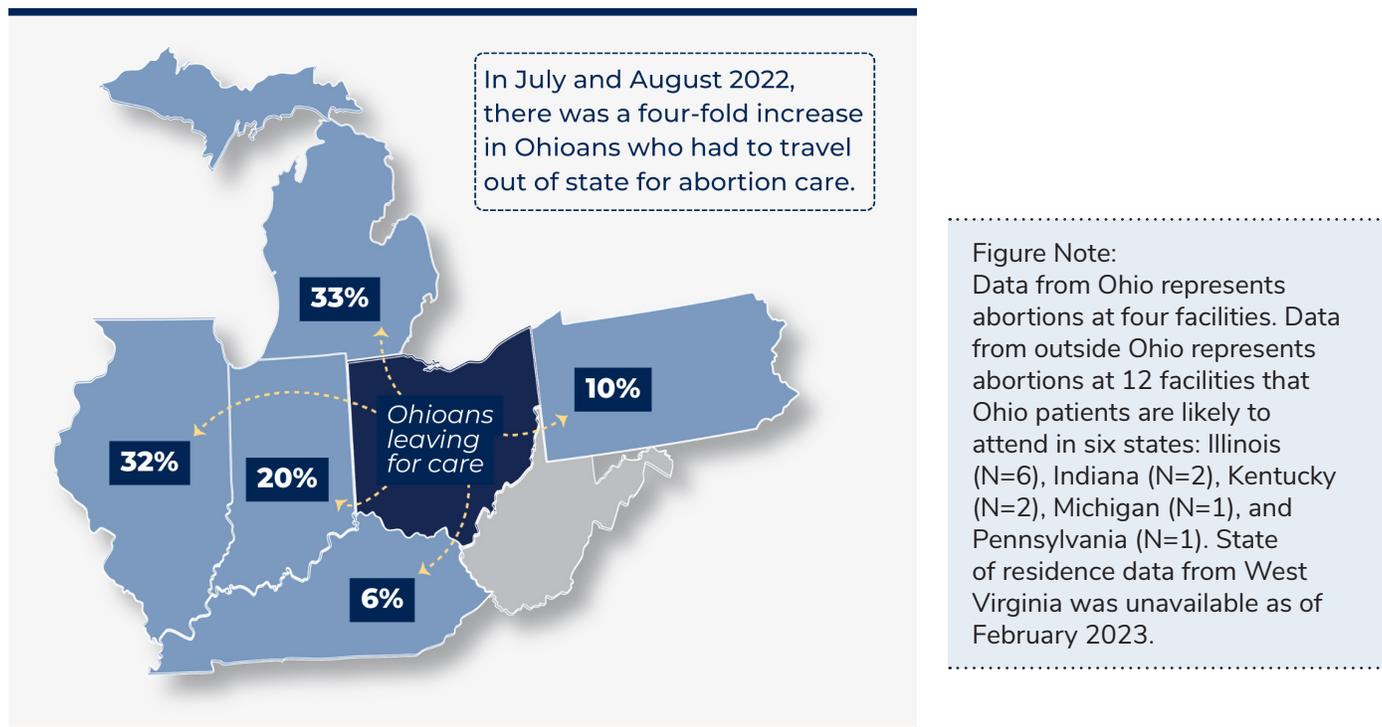
Many more Ohioans traveled out-of-state to seek abortion care in 2022 as compared to 2021 based on data about patient state of residence from four facilities in Ohio and 12 facilities outside Ohio. In 2021, there was essentially no month-to-month variation in the number of Ohio patients seen at out-of-state facilities. In 2022, we note a large jump in the number of Ohio patients receiving care outside the state: from 50 in June 2022, to 219 in July 2022, and 170 in August 2022. Simultaneously, the number of Ohio patients receiving care in Ohio dropped from 236 in June 2022 to 81 in July 2022, and 116 in August 2022.

Figure 2. Over 1,500 fewer patients in 2 months: Percent change in abortion provision in Ohio, as compared to 2021 baseline



Of the 389 Ohioans in our sample that left the state in July and August 2022, 32% went to Illinois, 20% to Indiana, 6% to Kentucky, 33% to Michigan, and 10% to Pennsylvania (Figure 3). Only 72 Ohioans left the state for care in July and August 2021.

Figure 3. *In pursuit of care: The percent of people leaving Ohio for care seen in surrounding states*



Discussion

Following the U.S. Supreme Court's *Dobbs v. Jackson Women's Health Organization* decision, **people seeking and providing abortion in Ohio - as in many Midwestern and southern states - were thrown into a tumultuous and quickly changing legal landscape.** Simultaneously, Ohioans experienced a sharp decline in abortion access. The estimated 1,500 people who were not able to receive care in Ohio in July and August 2022 have likely experienced extreme burdens associated with their options: 1) traveling out of state; 2) self-managing their abortion; or 3) carrying their pregnancy to term.

Jade's Story

Jade is a white woman in her twenties and a mother to two children. In late July, Jade experienced pain and nausea, so she went to the emergency department and found out she was pregnant. The next day, she scheduled an appointment at a clinic in West Virginia but was told the clinic would probably be closing soon due to anticipated changes to state law.

Fortunately, Jade was able to keep her appointment there, but she had to drive herself so her partner could watch their children. Because she drove herself, Jade could not have sedation or strong pain medication during her procedural abortion. Additionally, while she would have preferred to have a medication abortion in the comfort of her home, the clinic did not offer it to those traveling from out of state. Jade received a doctor's note to give to her employer, but it was on clinic letterhead. She did not want her colleagues to know she had an abortion, so she did not use it. As such, she was not paid for the days of work she missed to travel for care.

For those who were able to have their abortions in another state, burdens include costs of travel, hotel stays, childcare, and lost wages. Our data on Ohio patients demonstrates that some patients crossed state lines for care into Indiana, Michigan, Illinois, Kentucky, Pennsylvania, and West Virginia. Importantly, the increase in abortions provided by facilities in protective states was insufficient to make up for the decrease in access in restrictive states. Research from the Society of Family Planning's #WeCount project shows similar results.⁶

For those who self-managed their abortions, some methods are very safe. However, there are also methods that put the pregnant person's health at risk.

Should a self-managed abortion cause the need for emergency medical care, the patient could be at risk of criminalization. In particular, we note the increased scrutiny Black pregnant people and people of color are subject to in medical and non-medical settings.^{7,8}

For those who were unable to obtain abortion care and instead forced to carry their pregnancies to term, prior research shows several harmful outcomes of being denied a wanted abortion, including: decreased socioeconomic status, increased likelihood of staying with an abusive partner, and poorer mental and physical health.⁹ Furthermore, carrying a pregnancy to term is associated with a 14-fold increase in maternal death compared to having an abortion;¹⁰ abortion restrictions are anticipated to lead to a rise in maternal mortality.¹¹ Maternal mortality rates are already extremely high in Ohio.¹² Structural and medical racism has led to staggering gaps between the white and Black maternal mortality rates, suggesting that these types of abortion laws will further inequitable harm among Ohioans.

The striking decline in abortion utilization in Ohio in the months post-*Dobbs* and the evidence of patients leaving Ohio to obtain abortion care point to the impact abortion policies have on access to care. Our findings illuminate the ways in which Ohio's abortion restrictions have caused hundreds of Ohioans to experience the challenges and inequitable harms derived from the inability to access abortion care close to home.

About OPEN

Established in 2018, OPEN leads rigorous, innovative research on reproductive health care in Ohio and surrounding states, with a focus on how policy affects reproductive health care and equity. Our interdisciplinary researchers are primarily based at The Ohio State University, University of Cincinnati, and Case Western Reserve University. For questions or clarification, please contact us at open@osu.edu or (513) 556-4738.

Amina's Story

Amina is a Black woman in her twenties and mother of one. Amina found out she was pregnant near the end of July, after breaking up with the person involved in the pregnancy. Amina was concerned about supporting another child financially. She also had medical complications with her previous pregnancy that made additional pregnancies dangerous. Amina's OBGYN encouraged her to quickly make an appointment for an abortion as she was still early in the pregnancy.

Amina secured an appointment in an Ohio clinic in early August but was told she needed to have a medication abortion or travel to another city for a procedural abortion due to physician availability. She did not want to do either of these but decided to schedule a medication abortion. At her second appointment, there was cardiac activity on ultrasound, and Amina was told she would need to go out of state for care. Amina waited a couple days before calling clinics in Pennsylvania. The first one she called did not offer anesthesia, and the next one was prohibitively expensive. She scheduled at the first clinic, but the appointment was in early September, a month away. Amina's physical symptoms prevented her from doing normal activities while she waited.

Methods

Counts of abortion in Ohio and surrounding states

Data for this study comes from monthly surveys filled out by facility staff for an ongoing study of abortion use in Ohio and surrounding states. Data collection for this study began in March 2020 and any abortion facility in Illinois, Indiana, Kentucky, Michigan, Pennsylvania, Ohio, or West Virginia that was providing abortions for any portion of the study period was eligible to participate. We purposefully recruited clinics that were likely to be caring for Ohio residents, given proximity and referral patterns. Facilities were included in the present analysis if they provided data on total abortions and abortions among Ohioans for April through August 2021 and 2022. The 2022 survey data from West Virginia was not available at time of writing; instead, we rely on counts reported by the Society of Family Planning's WeCount study.⁶

Caseloads for the facilities included in our total abortion counts represent approximately a third of abortions cumulatively in these seven states: about 30% of abortions in Illinois, 40% of abortions in Indiana, all abortions in Kentucky, 10% of abortions in Michigan, 90% of abortions in Ohio, 10% of abortions in Pennsylvania, and all abortions in West Virginia. Thus, these counts are an underestimate of the number of abortions that took place in the region. Counts of Ohio residents who received care in Ohio come from four facilities that provide approximately 20% of abortions in the state. Counts of Ohio patients who received care outside Ohio were provided by all participating facilities in Illinois, Indiana, Kentucky, Michigan, and Pennsylvania. All but five facilities offer both medication and procedural abortion (Table 1); the five medication-only facilities are members of parent organizations that offer full-service abortions at another location. Four of these five facilities offer abortion through a modified form of telehealth in which the provider is located at another site within the organization.

We administered the survey online through Qualtrics (Qualtrics, Provo, UT) and REDCap (Research Electronic Data Capture)^{13,14} hosted at The Ohio State University Center for Clinical and Translational Science (National Center for Advancing Translational Sciences, Grant UL1TR002733). We sent monthly reminders to facilities to complete the previous months' data. Respondents from facilities included owners, managers, and facility research staff. Data were analyzed using Stata 16 (StataCorp, College Station, TX).

Table 1. *Information of abortion facilities represented in this study*

State	Location type	Methods provided	Number of facilities in total count analysis	Number of facilities in state of residence analysis
Illinois	Urban	Medication and Procedural	6	6
Indiana	Urban	Medication and Procedural	2	2
Kentucky	Urban	Medication and Procedural	2	2
Michigan	Urban	Medication and Procedural	1	1
Ohio	Urban	Medication and Procedural	6	2
Ohio	Urban	Medication	1	0
Ohio	Urban	Medication (telehealth)	3	1
Ohio	Rural	Medication (telehealth)	1	1
Pennsylvania	Urban	Medication and Procedural	1	1
West Virginia	Urban	Medication and Procedural	1	0
Total			24	16

Interview data

OPEN conducts research with residents of Ohio, Kentucky, and West Virginia seeking to end their pregnancies to understand the impact of returning abortion regulation to the states and how changes to abortion service delivery affect abortion seekers living in abortion-restrictive states. With the approval of the University of Cincinnati Institutional Review Board, OPEN researchers have collected the stories of barriers to care that abortion seekers living in abortion-restrictive states have faced since June 2022. Individuals who meet the study's eligibility criteria (being an adult resident of Ohio, Kentucky, or West Virginia who experienced barriers in accessing abortion care since June 24, 2022), are invited to participate in an in-depth interview with a member of the research team. This research is ongoing, and those interested in participating can learn more at: <https://open.osu.edu/research-participation/accessing-abortion/>. Participants' narratives have been de-identified, and OPEN has provided pseudonyms to protect their privacy.

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