

Reproductive Justice Power Mapping

University of Wisconsin Collaborative for Reproductive Equity (CORE)

UBUNTU Research and Evaluation

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Written by:

Koren Dennison, Managing Evaluation Strategist at UBUNTU Research & Evaluation

Lex Rhodes, Associate Strategist at UBUNTU Research & Evaluation

Zakiyyah Sorensen, Outreach Manager at UW Collaborative for Reproductive Equity

Mfonobong Ufot, Research Program Coordinator at UW Collaborative for Reproductive Equity

Sojourner White, Director of Evaluation & Learning at UBUNTU Research & Evaluation

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EXECUTIVE SUMMARY

This report contains a comprehensive overview of the Reproductive Power Mapping Project, co-led by the Collaborative for Reproductive Equity (CORE), a research initiative based at the University of Wisconsin-Madison, and UBUNTU Research & Evaluation, a Milwaukee-based, Black-women-led strategic learning organization. This report summarizes findings about the abortion-related reproductive health and justice landscape in Wisconsin since the US Supreme Court *Dobbs* decision in June 2022, highlights challenges in advancing both reproductive health and justice in the state, and identifies opportunities for collaboration and progress.

Project Overview

CORE and UBUNTU Research & Evaluation collaborated to conduct a comprehensive landscape analysis of Wisconsin organizations and leaders involved in abortion-related reproductive health and justice work in a period shortly after the US Supreme Court *Dobbs* decision. This project aimed to capture the experiences and challenges in providing abortion-related reproductive health and/or justice services in a post-*Roe* Wisconsin by:

- Conducting a landscape power mapping and network analysis of relevant Wisconsin organizations and leaders
- Conducting a needs assessment regarding abortion's role in the work of reproductive health and justice organizations in post-*Roe* Wisconsin, including focus groups and/or interviews with leaders and advocates
- Identifying specific ways research institutions, such as CORE, can support community engagement to advance reproductive health and rights in Wisconsin

Key Findings

1. **Impact and outcomes:** The project successfully conducted a comprehensive needs assessment through interviews and focus groups conducted between February and June 2024. This assessment informed the creation of a power map of stakeholders influencing the reproductive health and justice landscape in Wisconsin.
2. **Stakeholder engagement:** Active participation from reproductive health and justice practitioners and advocates enhanced the project's reach and effectiveness, fostering valuable community and institutional insights into Wisconsin's reproductive landscape.
3. **Challenges and lessons learned:** Practitioners and advocates described obstacles to deeper engagement with abortion-related work, including deep mistrust and silos. Following the *Dobbs* decision in June 2022, an 1849 state law interpreted as banning abortion led all abortion clinics in the state to stop offering services for 15 months while courts determined whether the law was enforceable. This changing reproductive landscape post-*Dobbs* created fear and confusion as some participants were concerned about the legality of the abortion care they facilitated in post-*Dobbs* Wisconsin. Other participants noted that previous interpersonal and organizational conflicts fueled mistrust and impacted relationship building. Both sources of

mistrust deepened existing silos as participants didn't know who to trust, where to go, and which organizations were safe to work with, and what abortion-related actions were legal. Interviews and focus groups further revealed challenges due to stigma and misinformation about reproductive health.

4. **Sustainability and future directions:** Recommendations emphasize strategies for strengthening existing relationships and establishing new ones, increasing education and awareness to challenge abortion stigma, and exploring community-centered pathways to support grassroots organizations and strengthen reproductive health and justice landscape in Wisconsin.

This report serves as a foundational resource for future initiatives, ensuring that lessons learned are integrated into ongoing and new efforts to advance community engagement and research in Wisconsin's reproductive health and justice landscape. By addressing the challenges identified and implementing the recommendations provided, stakeholders can work together to create a more equitable and just reproductive landscape in Wisconsin.

INTRODUCTION

CORE's Mission

CORE conducts research and shares evidence that focuses on Wisconsinites' access to abortion and contraception. We aim to inform policies and programs so that all Wisconsinites may live with reproductive autonomy – the right and power to make decisions about their reproductive health and access desired services without barriers, interference, or coercion.

CORE's Vision

CORE envisions an equitable and just world where people and communities have everything, they need to exercise their reproductive autonomy and support their reproductive well-being. We envision a Wisconsin with policies, programs, and structures that enable people to access abortion and contraception, maximize their sexual and reproductive health, and govern their own reproductive lives.

Project Purpose

The purpose of this project was to conduct a post-*Dobbs* needs assessment and power mapping exercise with organizations, providers, and community leaders connected to reproductive health and/or justice in Wisconsin. Building on their many existing strong relationships, CORE sought to assess ways these groups considered or resisted connections between abortion and their current reproductive health and/or justice work. Investigators had wondered if the overturning of *Roe v. Wade* had amplified new or continued strategies for people already working in the abortion space, as well as whether people working in adjacent reproductive health and justice spaces might increasingly perceive abortion connections with their work in a post-*Roe* world.

Key Questions

In collaboration with UBUNTU Research & Evaluation, the external evaluation consultants on this project, the CORE team co-created a set of questions to guide the project. These questions were designed to surface insights about the reproductive health landscape, including how it has changed, how to best serve communities, ineffective strategies, and future opportunities.

- To what extent do reproductive health and justice organizations in Wisconsin intersect their work with abortion access?
- What are the spheres and networks of influence that affect how decisions are made in the reproductive health and justice landscape in Wisconsin?
- What are the current gaps in support for reproductive health and justice organizations around abortion access?
- What strategies used by these organizations to adapt to Wisconsin's changing reproductive health and justice landscape have been successful and unsuccessful, and why?
- What are the current areas of opportunity and success in supporting reproductive health and justice organizations around abortion access?

BACKGROUND

Language Setting: Understanding the Differences and Similarities Between Reproductive Health, Rights, and Justice

People commonly misconceive that reproductive health, rights, and justice are the same. They are in fact different. Because language setting is important, below we define how we use these concepts in this report. ¹⁻³

Reproductive Health	Reproductive Rights
<p>Focused on providing direct services and “improving and expanding services, research, and access to reproductive health services.” (National Latina Institute for Reproductive Justice¹)</p> <p>Key players: Clinical and service providers, public health practitioners, and community educators</p>	<p>Centered on the courts, law, and advocacy and “on protecting the legal rights to reproductive healthcare services with a focus on keeping abortion legal and increasing access to family planning services.” (National Latina Institute for Reproductive Justice¹)</p> <p>Key players: Legal experts, advocates, policymakers, and elected officials</p>
Reproductive Justice	
<p>Defined by SisterSong as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”²</p> <p>It means the human right to control our sexuality, our gender, our work, and our reproduction which, according to the National Black Reproductive Justice Coalition, “can only be achieved when all people have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.”³</p> <p>Key players: Organizers, advocates, and others allied with reproductive and social justice organizations</p>	

Why focus on reproductive justice?

Reproductive justice is reproductive rights with a social justice lens. Reproductive justice organizations focus on movement building. Reproductive justice organizations see reproductive oppression as the result of the intersections of multiple oppressions, intrinsically connected to the struggle for social justice and human rights. Reproductive justice puts women of color and their communities at the center – supporting their leadership and their power.

National Latina Institute for Reproductive Justice¹

Misunderstandings and Assumptions About Abortion

Due to the politicized nature of abortion, misinformation surrounds what is and is not an abortion, the legality of abortion, and who gets abortions. This misinformation may mislead abortion seekers as well as reproductive health professionals and advocates, and it can impact access to reproductive health resources. In some cases, misinformation can lead to uninformed decision-making and judgment about the purpose of reproductive healthcare, especially abortion care. Just as language setting is important, defining abortion modalities (types of abortions), disrupting misunderstandings and assumptions, and providing in-depth explanations are key to improving how practitioners and patients navigate the reproductive health and justice landscape.

What is an abortion?

The American College of Obstetrics and Gynecology (ACOG) defines an abortion as “an intervention to end a pregnancy so that it does not result in a live birth.”⁴

There are two types of abortion: procedural and medication

Procedural abortion is a medical procedure that uses techniques such as suction to empty the uterus. Although abortion is legal in Wisconsin up to 22 weeks after the person’s last menstrual period, it can be harder to get an abortion after the 12th week of pregnancy.⁵ Therefore, it is recommended that people seeking abortion care visit a clinic or talk to a provider as soon as possible.

Medication abortion involves taking two pills, mifepristone and misoprostol, or just misoprostol alone. To cause an abortion, a pregnant person takes these pills up to 11 weeks after the first day of their last period.⁶ These medications are safe and effective in ending a pregnancy. They can cause bleeding and cramping that is similar to having an early miscarriage or a heavy flow during one’s period.⁷ Due to state law, to receive a medication abortion from a physician in Wisconsin, the pregnant person must take the pills in the physical presence of the prescribing doctor – a non-evidence-based requirement that can create barriers to obtaining needed care.⁸ Some Wisconsinites obtain medication abortion from doctors practicing in other states or from online sources.⁹

Some people self-manage their abortions

Self-managed abortion refers to when a person obtains an abortion outside the formal healthcare system. Historical records suggest that people have had self-managed abortions since the beginning of time and they continue to do so to this day.

Self-managed *medication* abortion refers to when a person obtains a medication abortion outside the formal healthcare system. People who self-manage their abortions this way take medication abortion pills, mifepristone and misoprostol, or just misoprostol alone. When people self-manage, they obtain the pills from online pharmacies or from other groups that operate outside the formal healthcare system. See [this CORE brief](#) for more information.

For several reasons, including cultural practices and personal desire as well as lack of knowledge about, access to, and resources to obtain medication abortion, people use other techniques to self-

manage abortions. These methods include herbs, toxic substances, or inserting an object into the uterus.¹⁰ The effectiveness and safety of these means of self-managed abortion has not been rigorously studied, but observational studies document that these techniques are less effective and in some cases less safe than self-managed *medication* abortion with the same types of pills used in clinical settings.

People of all types have abortions

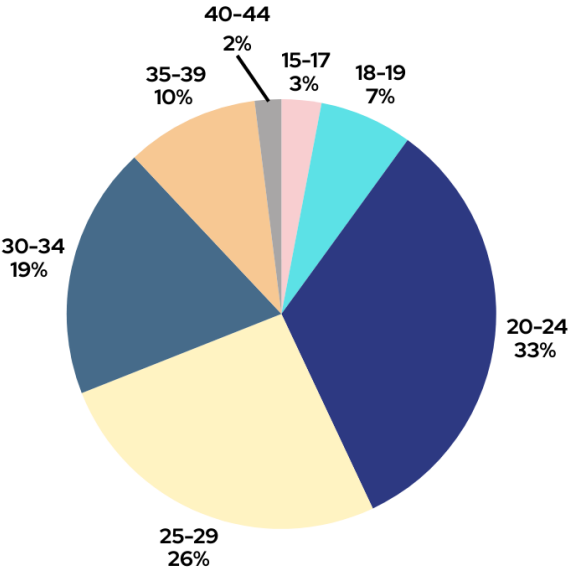
Abortion is very common – one in four people with the capacity to get pregnant have an abortion in their lifetime.¹¹ In Wisconsin and nationwide, people of all ages, races, marital statuses, and education levels have abortions, and for a variety of reasons. That being said, research and lived experience show that systemic barriers and racialized policies often restrain people’s reproductive options, including access to contraceptive care or having enough resources to parent children.¹² These inequities lead to differences in the need for abortions between groups defined by age, race, ethnicity, and income.

By law, the Wisconsin Department of Health Services (DHS) releases an annual report of abortions provided in Wisconsin. In the five years before the US Supreme Court’s 2022 *Dobbs* decision, about 6,300 abortions were performed each year in the formal healthcare system in Wisconsin.¹³

Figure 1. The age of people who received abortions in Wisconsin, January – June 2022*

*Not shown: Abortions provided to people < 15 years (<1%) and > 45 years (<1%)

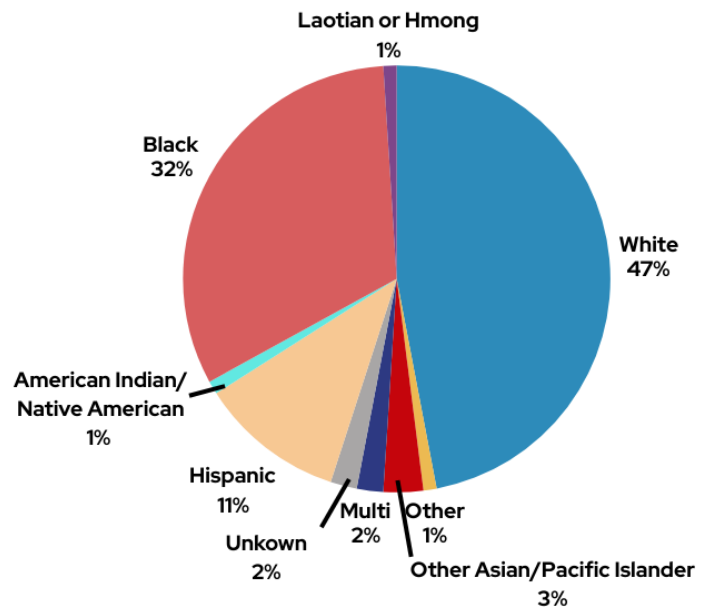
Source: Wisconsin Department of Health Services¹³



A recent DHS abortion report¹³ covers January through June 2022, before the US Supreme Court issued its *Dobbs* decision and abortion became unavailable in Wisconsin for over a year. Figure 1 shows that between January and June 2022, most (75%) abortions were provided to people between the ages of 18-34 years. More than half (61%) were received by individuals with a high school education or less. Figure 2 shows the race and ethnicity of people who received abortions in Wisconsin over the same period. While these data are not available for Wisconsin, national data show that most abortion patients are already parents with at least one child and live on low incomes.¹⁴

Figure 2. The race and ethnicity of people who received abortions in Wisconsin, January – June 2022

Source: Wisconsin Department of Health Services¹³



Abortion does not cause infertility

While many people have heard the myth that abortion may make it harder to get pregnant in the future, lots of quality research shows the opposite: abortion has no connection to a person’s future ability to get pregnant and have children. Any pregnancy, regardless of its outcome, can lead to complications. However, a pregnancy that ends in medication or procedural abortion is generally safe and rarely results in complications that could lead to infertility or the inability to have children.^{15,16} In fact, having a legal abortion is much, much safer than giving birth when it comes to complications as well as risk of mortality.¹⁷

Infertility is when someone is actively trying to get pregnant and is having regular sex without using birth control or barrier methods, but has been unable to get pregnant for at least a year¹⁸

Birth control does not cause infertility

FDA-approved birth control methods – that is, the ones available at clinics and drugstores – will not cause infertility.¹⁸ Birth control may delay your fertility (your ability to get pregnant) for a short period after stopping the method. Research shows that after stopping birth control, the vast majority of people regain their ability to get pregnant. The time to return to fertility depends on your birth control method and other individual characteristics.¹⁹ Some methods can take up to a few months to a year to return to fertility.²⁰ Your family planning goals should be considered when deciding on a birth control method.

Reproductive health clinics provide more than just abortion-related services

Reproductive health clinics, such as Planned Parenthood, provide services other than abortions. These clinics offer a wide range of resources, testing, treatment, and services such as providing birth control methods, condoms, emergency contraception (like Plan B), sexually transmitted infection testing and treatment, cervical exams, breast exams, PrEP (pre-exposure prophylaxis) for HIV,

gender-affirming hormone care, and more. A much smaller percentage of these organizations' work is abortion care. In Wisconsin, there are dozens of family planning organizations that do not provide abortion, and currently, only five clinics offer abortion services (see below).

Birth control does not cause an abortion

Abortion – whether procedural or medication – ends an existing pregnancy. Birth control and emergency contraception (such as Plan B) pills *prevent a pregnancy from ever happening*. They do this by delaying or stopping ovulation (release of an egg), preventing fertilization (meeting of an egg and sperm), or preventing implantation of a fertilized egg. Birth control and emergency contraception pills do not impact an existing pregnancy.²¹

Abortions are available in Wisconsin

In June 2022, the U.S. Supreme Court's *Dobbs* decision overturned the federal right to abortion established by *Roe v. Wade* over 50 years ago. The legality of abortion is now determined by each state. In Wisconsin, an 1849 law seen as banning abortion led all abortion clinics to stop offering services for over a year. Abortion services restarted in Wisconsin in September 2023 after a court ruled that the law does not apply to abortions. Then, in July 2025, the Wisconsin Supreme Court rejected the state's 1849 law entirely.

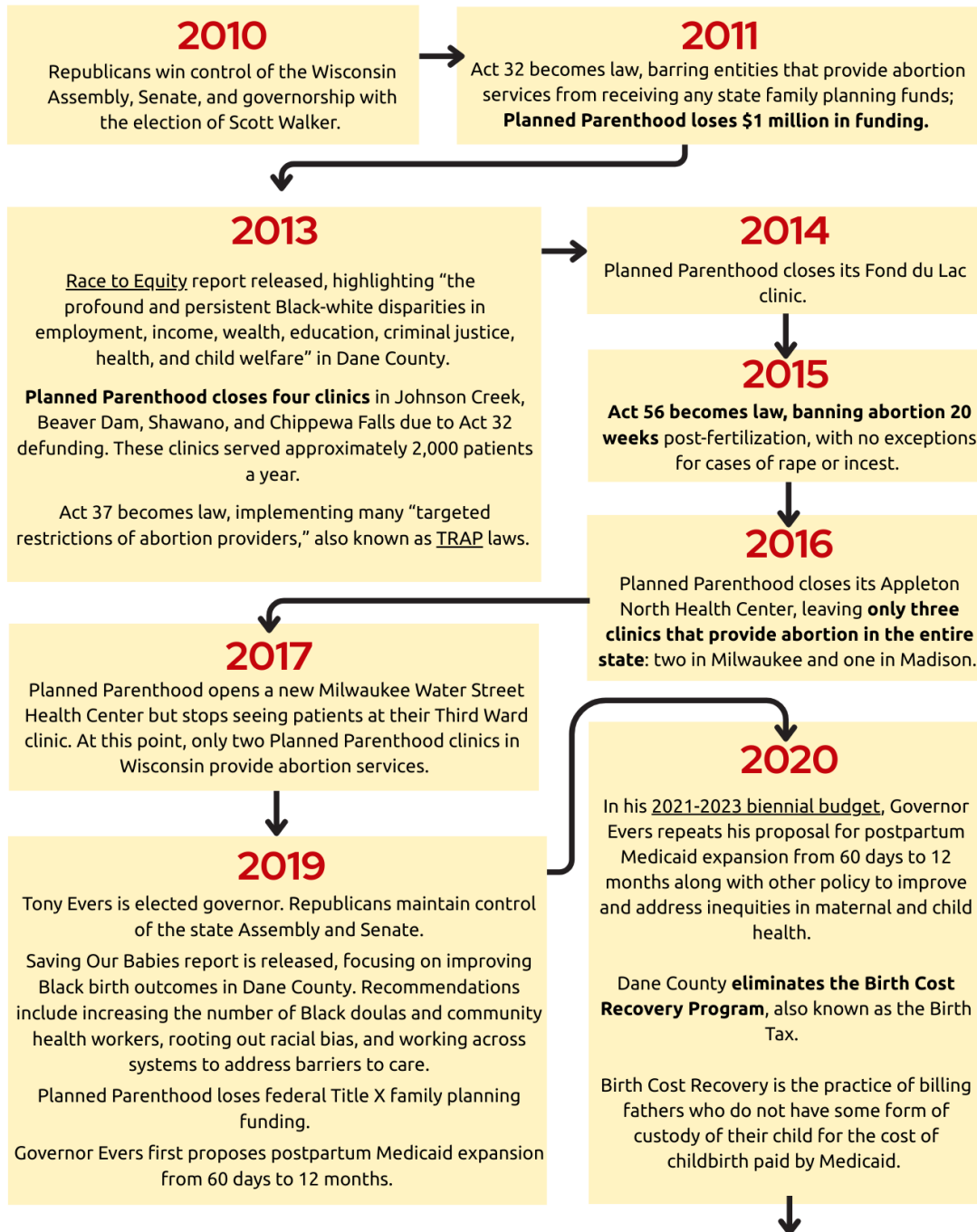
Because of confusion since *Dobbs*, it is a common misunderstanding that abortions are illegal or unavailable in Wisconsin. However, in Wisconsin, people can get abortions up to 22 weeks after their last menstrual period (20 weeks postfertilization).²² In Milwaukee, Affiliated Medical Services (E St Paul Avenue), Care For All (N 35th Street), and Planned Parenthood Water Street Health Center offer procedural and medication abortions. In Madison, Planned Parenthood East Madison Health Center (Orin Road) offers procedural and medication abortions. Planned Parenthood Sheboygan Health Center (Taylor Drive) offers medication abortions only.

All bodies have reproductive health needs

Some people believe that only cisgender, able-bodied women are affected by reproductive health issues. But in reality, reproductive health concerns everyone. Reproductive health includes access to sexual and reproductive health education, contraception, cancer screenings, and testing and treatment for sexually transmitted infections. Everyone, regardless of age, gender, or sex, is impacted by access to reproductive health services. Non-birthing people can experience reproductive health concerns such as infertility, low/high testosterone levels, erectile dysfunction, or testicular issues that directly impact their reproductive health. The assumption that reproductive health only affects birthing people excludes non-birthing people's bodily autonomy but also the shared responsibility of informed reproductive choices.²³

PRE AND POST-*DOBBS* HISTORY OF REPRODUCTIVE HEALTH IN WISCONSIN

The laws and policies that govern reproductive health access have changed over the years. Participants interviewed in this needs assessment mentioned how these changes create confusion over which laws, especially abortion-related laws, are active. Below is a timeline of reproductive health laws and policies from 2010 to 2025.



↓
2021

The [Birth Equity Act](#) is introduced; this package of 6 bills aimed to address maternal and child health disparities in Wisconsin. The bill does not pass.

↓
2022

US Supreme Court *Dobbs v. Jackson Women's Health Organization* decision overturns *Roe v. Wade*. The legality of abortion is now determined by each state.

Dobbs triggers a state law from 1849 widely interpreted as banning abortion. Abortion clinics in Wisconsin stop offering abortion care while the courts decide if the law is enforceable. The 1849 law makes **providing an abortion a felony, except to save the life of the pregnant person, with no exception for rape or incest.**

People who receive abortions, including managing their own abortions, are not criminalized under this law.

The law and the confusion it created had chilling effects on care provided to pregnant people.

Routine and necessary health care, like miscarriage management, was impacted and delayed. Health care providers and systems weighed the risk between caring for patients and reducing legal liabilities ([Cutler 2025](#)).

Wisconsin Attorney General Josh Kaul files a lawsuit arguing that the state's 1849 abortion law is unenforceable.

↓
2023

A [district court ruling](#) on the state's 1849 law finds that abortions in Wisconsin are legal under restrictions established by other state laws.

Planned Parenthood resumes abortion services in Milwaukee, Madison, and Sheboygan.

Some healthcare systems continue restrictions on providers' ability to perform abortion services, which [continues to impact](#) miscarriage management and undermine necessary patient care.

The [Birth Equity Act](#) is reintroduced and more expansive, with 6 bills and 14 policy recommendations that aim to secure comprehensive reproductive health care access and address maternal and child health disparities. It continues to be a necessary step towards policy and systems change.

Milwaukee County eliminates the Birth Cost Recovery Program or Birth Tax.

↓
2024

Affiliated Medical Services resumes abortion services in Milwaukee.

[Opill](#), the over-the-counter birth control pill, becomes available nationwide and free to individuals on Medicaid in Wisconsin. Advocacy to require private insurance to cover Opill continues.

The Sheboygan County District Attorney appeals to the state Supreme Court about the 1849 abortion law. The appeal ([Kaul v Urmanski](#)) seeks to overturn the 2023 district court ruling that abortions are legal.

The state Supreme Court agrees to hear a case submitted by Planned Parenthood of Wisconsin. The case ([Planned Parenthood v Urmanski](#)) argues that the state constitution protects the right to abortion.

↓
2025

Care for All opens in Milwaukee, providing medication and procedural abortions

The Wisconsin Supreme Court [rejects the state's 1849 law](#), ruling that the state legislature effectively repealed the 1849 ban by enacting comprehensive legislation regulating abortion over the past 50 years.

On October 1, Planned Parenthood pauses abortion care due to federal legislation that excludes Medicaid coverage for family planning clinics providing abortion care. Services resume on October 27.

PROJECT METHODS

CORE and UBUNTU Research & Evaluation conducted a comprehensive post-*Dobbs* needs assessment and power mapping activity with Wisconsin organizations, community members, and leaders connected to reproductive health and justice. The purpose was to understand the ways diverse stakeholder groups in this network considered or resisted connections between abortion and their current work in reproductive health and justice, and their relationships within the broader reproductive health and justice landscape.

Evaluation Approach

UBUNTU brought its evaluation framework to this work. First, UBUNTU prioritized holding the perspective of **Afrofuturist Evaluative Thinking**, which is critical thinking applied in the context of evaluation, motivated by an attitude of curiosity and a belief in the value of evidence, that involves identifying assumptions, posing thoughtful questions, pursuing deeper understanding through reflection and perspective taking, and informing decisions in preparation for action while radically imagining all Black people dignified and flourishing in the future.

UBUNTU also used an **Equitable Evaluation Framework**, which centers a belief that evaluation should be in service to equity. A necessary part of realizing this work is building trust and meaningful relationships with people spanning across foundation, nonprofit, community, and consultant spaces. Unfortunately, these critical pieces are often not incentivized in contracts, agreements, or MOUs, and, so, are not prioritized. We had the opportunity, in this evaluation, to dismantle old ways of working that reinforce inequity and injustice and to build new habits that liberate and explicitly manage biases and power dynamics through our relationship-building work.

Power Analysis and Stakeholder Identification

CORE and UBUNTU collaborated to co-define what holding power meant in the reproductive landscape, including discussion about the distinctions between political, geographical, institutional, and relational power. We then identified stakeholders who hold power and/or influence in relation to reproductive health, rights, and justice in Wisconsin whom we could invite to discuss their perspectives as it related to our key questions.

Our stakeholder identification process was as follows. One of the CORE team members did an online search of reproductive health and justice organizations and professionals across the state. The other CORE team member compiled a list of potential participants from existing CORE partners. Together they created an initial list of potential participants including midwives, doulas, and community health workers who serve pregnant and birthing people; family planning healthcare providers; local public health department sexual and reproductive healthcare providers; advocates; policymakers; educators; and support organizations.

To ensure that there was a mix of participants from different regions of the state, the project team

organized the list by geographic location to identify potential gaps in representation. This led the team to do a targeted search for organizations and individuals serving northern, central, and rural counties in Wisconsin.

This process resulted in an initial list of 63 individuals and organizations with power or influence related to reproductive health and justice in Wisconsin. After removing duplicate organizations and diversifying perspectives, we invited (by email or text) 45 organizations and individuals to participate in a 60-90 minute focus group or one-on-one interview.

The team sent about 10 invitations a week. Participants received up to three invitations to participate in the study. The team also invited contacts to share the invitation with their trusted networks. Further, the team invited additional reproductive health and justice leaders and advocates who were recommended by participants during interviews.

Data Collection

The project team, comprised of CORE and UBUNTU researchers, co-created the question prompts for individual interviews (see appendix). From February to June 2024, the project team conducted 33 individual interviews and one focus group with a collective of six doulas over Zoom. UBUNTU staff conducted the majority of interviews, but CORE team members also conducted some interviews and the focus group. The data collected reflect stories from a variety of perspectives, including direct care organizations, small clinics, legal practices, and mutual aid funds. Participants represented a wide range of self-identified races and ethnicities. Most participants identified as women, and over half of the participants were health care providers, including doulas, medical doctors, midwives, and registered nurses.

Towards the end of the interview questions, participants completed a power mapping activity, in which they named those who have power and influence on a four-quadrant graph (see below). Many participants explicitly named which perspective and positionality they were sharing (such as their role of employment, their passion-work, their personal beliefs, or their lived experiences) and how they switched between or integrated these perspectives to answer the interview questions.

Table 1. Primary job categories of interview and focus group participants

Job category	Number of participants	Percentage of total
Policymaker / advocate	6	15%
Community health worker	2	5%
Reproductive healthcare organization worker	10	23%
Doula	16	38%
Medical doctor	3	10%
Midwife	1	3%
Registered nurse	2	5%

Data Analysis

UBUNTU analyzed the interview data using thematic analysis, a method of analyzing qualitative data to identify common themes and patterns.

FINDINGS: PERSPECTIVES FROM PRACTITIONERS ON THE REPRODUCTIVE HEALTH AND JUSTICE LANDSCAPE IN WISCONSIN

Through this project, 39 practitioners representing 20+ organizations spanning reproductive health and justice, government, and birth work took the time to share their insights about the reproductive health landscape in Wisconsin. Though deep-rooted pain, challenges, and trauma have shaped much of the reproductive health history in Wisconsin, findings revealed opportunities for progress as well. Below, we highlight key themes and findings from the perspective of participants. We provide respondent quotes as examples of the themes we observed. To protect the anonymity of participants, we do not disclose participant names, organizational names, or titles. Instead, we use general descriptions of participants' identities.

Since one of the goals of this assessment was to understand how reproductive health and justice practitioners and advocates in Wisconsin intersect their work with abortion access, it is important to note that participants' relationship with abortion varied. Some participants provide abortion care; some actively support clients to access abortion care; and for some, abortion care is peripheral to their primary role.

On the Importance of Relationships Post-*Dobbs*

Many participants expressed the importance of building community and stronger relationships with other practitioners, clinics, and organizations post-*Dobbs*. For some, this meant cultivating new relationships; for others, this meant maintaining existing relationships to create a continuity of care to help folks get the resources they need. Additionally, participants shared that leveraging informal networks was a successful strategy to provide care for folks both pre- and post-*Dobbs*.

"Before the pandemic, we had a direct referral agreement with Planned Parenthood. The pandemic happened, and systems started falling. However, I have a meeting with them at the end of this week to put that back in place. That's one thing that I have been a stickler on is direct referrals, AKA, I like to call it continuity of care. Keeping that going because once you drop a person, you don't have any contact with them for 48, 72 hours, then you lose the person, so having a direct referral and/or having the resources in house, come meet your doula, talk to your doula, go down the hall, go to Planned Parenthood, go over there see your primary care provider, all of that good stuff, that's what I've been trying to build us back to, because we had something like that in place before the pandemic, and so I'm looking to put those pieces back in place because you don't want to lose that connection with the person." - Doula

"There were real people that needed services in front of us and we're like what in the heck are we going to do, so we did develop some relationships and I know not all clinics did this and not all clinics could do that because of where county boards sat and where health boards sat, but we had the autonomy to make some partnerships with Planned Parenthood of Illinois to be able to help individuals get to where they were going. We took a lot of data diving and research. We were calling around. We got price lists gathered so if we have an individual coming in, is it going to be more cost-effective to send them to

*Minnesota, Michigan or Illinois, what does that look like, and then just setting up the infrastructure for our staff to be able to meet with those individuals.” - Reproductive Rights Practitioner**

On Mixed Messaging about Reproductive Health

According to the reproductive health and justice practitioners we interviewed, there was a lot of mixed messaging in the reproductive landscape immediately post-*Dobbs*, due to confusion about the enforceability of Wisconsin’s 1849 abortion law. The lack of clarity led to miscommunication that was both internal to practitioners (they had to navigate their work in ambiguity) and external (confusing public-facing messages). Practitioners reported that as a result, people did not fully understand reproductive health and its expansiveness beyond abortions.

“Ectopic pregnancy, when we take care of an ectopic pregnancy, that’s an abortion, and so we had to clarify, is this an abortion? This is an abortion. This is an induced abortion; we are ending this pregnancy, but it happens to be in the tube or wherever it is. It was interesting because people like to be able to classify abortion care in the way that makes sense with their worldview, so it was hard when all of the sudden they had to think about it how we’ve always thought about it, that it’s actually integral to all parts of reproductive health care and you really can’t say, people want to say induced abortion is people who are going to Planned Parenthood and having an abortion at 12 weeks, but it’s so raw. They don’t understand how woven in abortion care is to all of reproductive health care.” - Reproductive Health and Justice Practitioner†

“We had challenges around who is somebody, because the law here of course at the time was we could only provide abortion care in the instance to save the life of the mother, and so what does that even mean, when is somebody’s life really in danger? Is that when a patient has a 10% chance of dying? We thought when we got together to define this, we were like as a group we will define as physicians what makes sense, so that we have some guidelines, because suddenly doing our normal job became impossible.” - Reproductive Health and Justice Practitioner

“This [Dobbs] impacted miscarriage care, this impacted ectopic care, this impacted all of reproductive health care, whether or not you consider yourself somebody who participates in abortion care or not, every person who does reproductive health care in the state was impacted by this, including emergency rooms and radiologists. So we had to then interface with people who weren’t used to dealing within these restrictions, which was interesting.” - Reproductive Health and Justice Practitioner

On Taking a Holistic Approach to Reproductive Justice

Interviews with practitioners revealed that they understood reproductive justice as a lifestyle as well as a public health issue. This perspective shift has allowed practitioners to take a more holistic approach to their work. Many Black, Brown, and Indigenous participants have tapped into their

* *Reproductive rights practitioner* refers to someone who works directly in advocacy or lobbying, or is otherwise employed to influence policy around reproductive issues.

† *Reproductive health and justice practitioner* refers to someone who provides direct healthcare services and operates or approaches their work with a reproductive justice framing or mindset.

cultural and community roots when providing care in the reproductive justice landscape. However, Black, Brown, and Indigenous practitioners also faced resistance from their white counterparts when they wanted to practice more holistic birthing experiences with their clients.

“Reproductive justice is about are you eating the right foods for your body type to help your fertility, do you have a nutritionist, do you have access to a nutritionist, will your doula drive you to a food bank, which is something that we do, will your doula pick up or drop off fruit for you, and then even in your postpartum period, will they help you do a meal plan because you’re running around you’re trying to heal, you’ve got some kids, you ain’t got child care, but if we got a doula that will say hey, I’ll make some food and drop it off for you. We’re making sure your basic needs are met so that the whole family is taken care of, and that’s the whole reproductive spectrum, not just can you have a baby.” - Reproductive Health and Justice Practitioner

“I tried to partner with a white-lead organization, and I’ve had so many barriers with that. I’ve had a lot of individuals who felt they weren’t trustworthy at that organization and so I had to step back because it was kind of conflicting with how I am as a person and them being able to trust me, so I had to step back from being part of a white organization because of the biases and things that they feel. It was really hard. So that was my biggest thing that was hard for me because at this organization I was pretty much used for social capital and we’re helping this indigenous student midwife.” - Parent and Traditional Midwife

On Access to Resources for Rural and Marginalized Communities

Participants shared that reproductive justice is needed for the most marginalized, including trans folks, people who are incarcerated, folks with HIV, and those who are housing insecure. Participants also raised concerns about access to care in rural areas and questions about if and how youth are being served in Wisconsin.

“I think one thing is generational barriers because there are certain things that certain generations believe about children or views that barricades them from actually gaining the knowledge that they need and I think that it is also those performative brownie points, saying we did get youth involved, so if youth don’t actually get involved, they will be like we tried. At least from me, I’ve never seen the outcome of it.” - Reproductive Health Teen Educator

“Also because we are North-Central Wisconsin, it’s very much right-leaning, conservative. It’s much more difficult for our patients to be able sometimes to even tell their family and friends what they’re doing. We have a lot more barriers, I guess is a way to say it, for the population that we help.” - Representative from a Reproductive Justice Organization

“There is a lot of work of trying to get access for individuals to be able to get contraception through pharmacies which is a good thing around the access side of things, but it has been interesting because that has all been brought forth and supported by the Republican Party and that’s because there are a lot of pharmacists in rural areas that are very conservative that refuse to offer birth control.” - Reproductive Health Practitioner

On Silos

While Wisconsin's reproductive health and justice landscape includes many passionate and talented individuals and organizations, challenges and silos persist. Participants described a lack of awareness about what others in the field offer, which could help fill gaps in their own work. Interviews also revealed that interpersonal conflicts have led to diminished trust and limited community-building, resulting in tension, avoidance, and siloed efforts.

"I see a lot of folks who are not in the real working community with one another. I say working community because I think we can have our personal communities and our working communities, and those aren't the same thing; we don't have to be friends with everybody that we organize with, but we have to be able to work together. There are a lot of assumptions that get made about it." - Reproductive Justice Activist

"It seems like we all work in silos, each area has their own particular gatekeepers or guards and who have to get to know who those people are but as I build resources I tend to share them. Like, hey, you need to know this person, so I do what I can in my little world to make sure I'm not a gatekeeper and I share what I know, but I haven't cracked that code yet." - Reproductive Health and Justice Practitioner

"To me, I feel like a lot of what we're doing currently in birth work is very disjointed. It is crazy because we're having the same conversations around things that we've been having around for years." - Reproductive Health Practitioner

On Gaps in Funding

Participants shared that funding issues create big challenges in organizational efficiency and ways to support their communities. Some organizations do not have the time and capacity to write the many grants needed to sustain their work. Others highlighted how funding is tied to visibility and power – whether an organization is “seen” enough while doing the work. Also, participants often compete for the same buckets of funding, which makes collaboration difficult and reinforces silos.

"Also, being a smaller organization, I don't have access to a person that could be just a grant's writer or work on this stuff. I have to wear all of the hats, I have to do it all while being out in the community and trying to expand my work. That's the most difficult part. The work itself is probably the easiest thing, it's just the background work of funding and who is going to help you and who can you trust." - Reproductive Health Practitioner

"Again, those that do the work don't necessarily want recognition for it, so it's hard to balance being vocal enough to where you're noticed. Again, I don't need to be noticed, but you do need to be noticed. Funders need to notice you, and those that are creating policies that change need to notice you so that they know that you're a voice that needs to be listened to. That's an imbalance because the squeaky wheel gets the grease and those that are doing the work are not always the squeakiest, we're quiet because we're working." - Reproductive Health Practitioner

FINDINGS: PERSPECTIVES FROM PRACTITIONERS ON POWER

How Power and Influence Shape their Work

Power and influence play a role in the reproductive health and justice landscape in Wisconsin. In our interviews, many participants provided insight into how these dynamics shape their work. Some mentioned a power imbalance, noting that access to resources often depends on who you know. Others pointed out that those with the most power and influence do not advocate as hard as grassroots organizations that often have less power.

"In Wisconsin, I wish that the folks who are higher on the influence list would listen to the folks lower on the influence list. Reproductive justice and especially abortion rights I think is such a contentious topic in this country, though I don't think it should be, but it has been made into this big contentious thing and it is so fragile that everyone has really big feelings about it and I wish that we could hear each other more. And that it was a much less conservative fight. I wish we just asked for exactly what we want instead of piecemeal we'll get whatever you give us sort of crumbs." - Reproductive Justice Activist

"I think that some of the challenges with the way I have experienced power within the reproductive justice arena is that there are huge levels of disconnect between the people, the need, whatever it is that need is, and the people who have the power and the decision making. It seems like there are even two different languages being spoke, and that is a huge problem because if we keep the language at the level of the office and of the power and of the leaders, how are the people who are supposed to be the ones running this big huge train, how are they supposed to know and be in the know of the conversation? To me, that's one of the biggest challenges that I face and I continue to speak on and I've had the opportunity too to work with people who are researchers, very smart, that research and produce things that could benefit the people, but when they write on it or when they put out whatever they have learned, it's just a language that is foreign to me and to our people and that's very problematic in my opinion." - Reproductive Health Practitioner

"I really wish that the folks higher on the Influence access asked for more. [...] I wish that we had more of a broad, proud, connected collective movement for reproductive justice." - Reproductive Justice Activist

Power Map of the Wisconsin Reproductive Health and Justice Landscape

As part of the data collection process, the project team used a structured activity to understand how participants observe stakeholder relationships to power in the context of their reproductive health and justice work. We asked participants to think of organizational and individual stakeholders within their sphere of work, how much power each stakeholder wields within Wisconsin's reproductive health and justice landscape, and how supportive the stakeholder is to their reproductive health and justice aims, including abortion access.

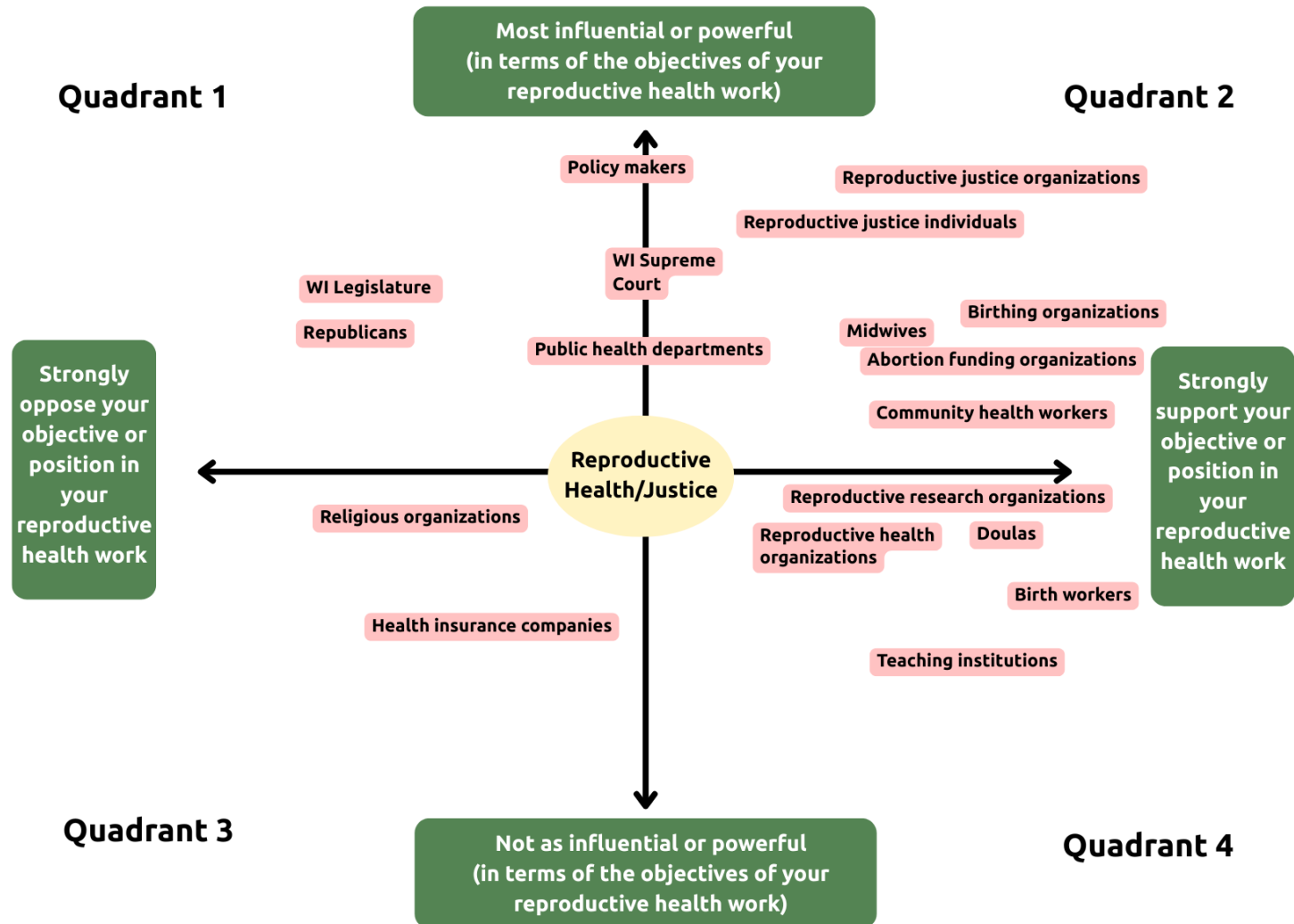
We created a graphing map tool with two axes representing support for and influence on the participants' reproductive health work. This resulted in four distinct quadrants:

- **Quadrant 1** indicates a stakeholder opposed to the participant’s reproductive health and justice goals while holding influence and power in the landscape. Stakeholders here pose the greatest threat to these goals.
- **Quadrant 2** includes stakeholders who are supportive of the participant’s reproductive health and justice aims and hold power and influence, making this category the most eligible for collaboration.
- **Quadrant 3** represents stakeholders opposed to the participant’s reproductive health and justice objectives, but lacking influence or power.
- **Quadrant 4** displays stakeholders which support the participant’s reproductive health and justice aims but do not have great power or influence.

Each participant named and placed stakeholders (organizations and/or people) on the map according to these quadrants. UBUNTU then summarized across the individual maps to create a summary, high-level power map (see Figure 3 below).

Summarization included the following steps. First, UBUNTU placed specific organizations and people named into general stakeholder categories. For example, individual participants named specific doula training programs; UBUNTU combined the individual responses into a general “teaching institution” placement. Second, for most stakeholders, respondents put the group/person into the same quadrant. However, when quadrants differed across respondents, UBUNTU averaged their location on the map. Third, for some stakeholders, respondents were split between quadrants; in that case, UBUNTU placed the stakeholder on the axes between the quadrants.

Figure 3. High-level power map of Wisconsin's reproductive health landscape



To the left, in Quadrants 1 and 3, are stakeholders who oppose reproductive health and justice-oriented goals. Those named include Republicans in the Wisconsin legislature, other policymakers, religious organizations, and insurance companies. Public health departments fall on the line between Quadrants 1 and 2; this is an average position as some participants placed them in Quadrant 1, some in Quadrant 2, and some in Quadrant 4. Meaning, some respondents experience public health departments as supportive of their reproductive health and justice aims, while some do not. Similarly, some respondents observe public health departments as having influence or power, while some do not.

To the right, in Quadrants 2 and 4, are stakeholders who engage in partnership or collaboration in support of reproductive health and justice. Quadrant 2, which depicts support and power, includes reproductive justice and birthing organizations, midwives and community health workers, and abortion funds. Engaging with these assets provide opportunities for collaboration and connections. Building new relationships and/or strengthening relationships with influential, supportive assets creates an ecosystem where respondents can push their work forward. Quadrant 4 describes those who support but do not hold great influence. Stakeholders here include teaching institutions and training programs, birth workers, and reproductive research organizations. Research organizations hold an average position, as respondents placed them in both Quadrants 2 and 4, with explanations both uplifting and deemphasizing their power. Notably, some participants described research organizations as underutilizing the power they have to push against the status quo.

FINDINGS: HOW REPRODUCTIVE HEALTH AND JUSTICE PRACTITIONERS ENVISION THE FUTURE

The best people to inform the future of Wisconsin's reproductive health and justice landscape are the people who work within it. They are strategizing on how to support their communities every day, getting them access to the resources they need. In interviews participants shared their hopes for the future of the reproductive health and justice landscape.

On Increasing Access to Reproductive Health Resources

Our interviews reveal that across the state, practitioners desire to provide more access to reproductive health resources and services to those in need. While there are political barriers to getting people these resources, there is hope that more collaboration and training will help expand access and address these gaps.

"We have large gaps in rural areas in the state as far as access to reproductive healthcare, specifically we are looking to serve patients who need LARC or who need colposcopy and cervical cancer screening, so we are training providers who travel to different counties because we have big gaps." - Reproductive Health and Justice Practitioner

"Our hope is to train providers who can travel to multiple different counties so that we can remove at least one of those barriers for people that are trying to see care." - Reproductive Health and Justice Practitioner

On Building New Relationships and Allies in the Landscape

Even though silos exist in the reproductive health landscape, participants are open to building stronger connections and communities. They like to work in a community where resources and knowledge are shared and there is reciprocity in the work. Practitioners emphasized hyper-local relationships and knowledge of the community being served. They also have clear definitions of allyship and what actions would determine if someone is an ally or not.

"I think allyship for us has been people that have come alongside and say I see what you're doing, I've heard about what you're doing, I've read your mission, this intrigues me, and let me work alongside you. Here, let me proof a grant for you, or I heard about this grant, I'm sending it your way, or here, let me introduce you to this person that I know that can also help to do this thing. It's been making connections, it's been offering dollars, it's been offering training to make sure that our doulas have training outside it, because we provide continuing education, so we've had people come in and donate their time to teach, for instance, first aid for newborns." - Reproductive Health and Justice Practitioner

"I like learning about all of these other individuals that are sharing their knowledge and expertise. I like that connection piece of puzzle, and if people are open to it, finding a way to educate ourselves and everybody else on these individuals and their different outlooks of wanting to be shared. That's my big piece. I like learning about all the small ones." - Parent and Traditional Midwife

"We just have a deeper connection with the community, and so a lot of the times we hire people who live in those communities to make sure that the people that they are seeing when you walk through our doors look like them, and they can trust it. I know as a Black woman, a lot of health systems I don't trust because I don't know how you're going to treat me, especially if I walk up in a place and somebody ain't there that looks like me..." - Reproductive Health Practitioner

"I would define allyship as knowing what we all do, continuing to be experts at what we do, but not being afraid to share information with each other. We are not in competition, there are many people that need support, whether it's housing, whether it's healthcare, whether it's food insecurity, there are many people that need our help and we, the organizations who support these individuals, I don't think we can afford to be in competition, so we have to be able to be open about what we are doing, sharing the information as I'm sharing with you and allow people to, if we are doing something that has been working for us, why should I think you're copying me, you're just taking a lesson learned and moving it forward with the work that you do. To me, that would be allyship." - Reproductive Health Practitioner

On Non-Birthing People's Role in the Landscape

As mentioned previously, creating communities of care is important and needed to support birthing persons in this work. In conversations with practitioners, there was a clear understanding that the role of non-birthing persons will be imperative to progressing reproductive justice work. Practitioners also agreed that education on how non-birthing persons can support birthing persons, and what reproductive health means for them, is needed.

"The main gap is advocacy for birthing people. I teach very heavily in my course the obligation of non-birthing people to advocate for birthing people, so to be pregnant and to be going through that process is already a full-time job. Science has proven that to carry a baby every day is equivalent of working 40 hours a week. So just being pregnant is a job. So now let's add into the fact of having to work for somebody else, how to stress about bills, having to figure out how I'm going to miss, that is literally an all consuming process, and that person has no support. So we teach advocacy one-on-one so that men and non-birthing people, with the support of this mother, can be well-versed in what does advocacy from me look like for her. I think the next thing is I want to be a change maker or a change agent in the radical black household." - Parent, Doula, and Reproductive Justice Practitioner

"Another thing was how to involve the partners, that's kind of my big thing, really making sure that partners or the father role model kind of has an important role, so then they don't feel left out. I really wanted to do more hands-on work with the whole family unit, to make sure that I strengthen the unit." - Parent and Traditional Midwife

"Reproductive justice requires men to be the foot soldiers just how Black women are the soldiers for men's rights for many years. I feel like if Black men got in line they could understand how the fight of the Black woman is the fight of the Black man, we could make some real change." - Parent, Doula, and Reproductive Justice Practitioner

On Funding and Building Organizational and Community Capacity in Reproductive Health

Organizational funding, capacity, and community impact all go hand-in-hand. More funding would allow organizations to not only build their capacity to support their communities but also better support community education efforts and intersecting movements in the reproductive health and justice landscape. Post-*Dobbs*, practitioners who understand this connection are looking to diversify their funding streams and to identify new models of funding to sustain this work outside of big corporations and funders with inflexible, restrictive spending rules.

“Ideally, clients and patients would have more information and education and holistic support that is both for their physical needs, but also their mental, emotional, spiritual, communal, familial needs. That doctors and nurses and medical professionals would be trained in more trauma-informed care, more reproductive justice informed care.” - Reproductive Health Practitioner

“What’s what we need more of, an expansion of that [a model for community organizations as grant funders], and I really wish that would be the standard of how money is given because the nonprofit industrial complex that creates all of these different mission statements and all of these things that kind of creep into the work and sometimes make activists or grass roots organizations compete with big nonprofits or organizations that have larger budgets is unfair.” - Reproductive Justice Practitioner

“I would say the other thing we are really trying to do is mesh our reproductive health funding with our human trafficking and domestic violence funding that we get for our housing programs, knowing that our clinics are a safe space for them.” - Reproductive Health Practitioner

SWOT ANALYSIS

When preparing for the future and setting the tone for improvements, it is important to understand the current context. Based on conversations around power in the interviews and UBUNTU’s own expertise, UBUNTU created a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis to showcase local, national, and global areas of support, growth, and obstacles faced by reproductive health and justice practitioners in Wisconsin. Categorizing these factors into a SWOT analysis provides a comprehensive framework for understanding the current landscape and identifying areas for improvement and growth.

Stakeholders, including policymakers and advocates, can use the SWOT analysis to critically assess the progress, challenges, and potential pathways forward to ensure equitable access to reproductive health and justice. This structured approach facilitates informed decision-making and strategic prioritization, paving the way for impactful and sustainable solutions. Those key points are highlighted in the table below.

Table 2. Reproductive Health and Justice Landscape SWOT Analysis

S (Strengths)	<ul style="list-style-type: none"> • Advances in medical technology: Improved contraceptive methods, fertility treatments, and safer abortion procedures • Educational efforts: Increased access to reproductive health education, particularly in urban and rural areas • Policy wins: Implementation of supportive policies in some regions of the country, such as paid parental leave, menstrual health initiatives, and expanded access to contraception • Intersectionality in advocacy: Growing focus on how race, gender, and socioeconomic status impact reproductive justice
W (Weaknesses)	<ul style="list-style-type: none"> • Access inequities: Geographic, racial, and economic inequities limit access to healthcare and education, especially in rural or underserved communities • Restrictive policies: Rollbacks of reproductive rights in some states, including stricter abortion laws and defunding of healthcare organizations • Stigma: Persistent cultural and societal stigma around topics like abortion, menstruation, and fertility struggles • Healthcare gaps: Lack of comprehensive reproductive healthcare services, particularly for LGBTQ+ individuals and people with disabilities • Insufficient education: Sex education remains inconsistent or absent in many regions of the state, leading to misinformation and unplanned pregnancies
O (Opportunities)	<ul style="list-style-type: none"> • Telehealth growth: Expansion of digital platforms for contraceptive counseling, abortion services, and general reproductive health support • Policy advocacy: Opportunity to pass new legislation to protect and expand reproductive rights and abortion access, especially in response to public backlash against restrictive laws

	<ul style="list-style-type: none"> ● Community-based solutions: Empowering local organizations and leaders to provide culturally competent care and education ● Research and innovation: Investment in developing more accessible, affordable, and less invasive reproductive health technologies ● Global collaboration: Leveraging international partnerships to address shared challenges and promote reproductive justice worldwide
T (Threats)	<ul style="list-style-type: none"> ● Political polarization: Heightened political divides threaten the stability and progress of reproductive rights globally ● Disinformation campaigns: Spread of misinformation on social media undermines reproductive health education and access ● Economic instability: Economic downturns could reduce funding for reproductive health programs and make care less affordable for individuals ● Climate change: Environmental changes and disasters disproportionately affect reproductive health resources and services ● Cultural backlash: Resurgence of conservative values in some regions threatens to reverse gains in reproductive autonomy and justice

LIMITATIONS

We know that this work is not complete and that at least three key limitations affected the outcomes of this evaluation project. First, access to reproductive health and justice practitioners outside of the major Wisconsin cities was a major limitation. There is a large rural-urban divide in the state that impacts us all. While we were able to connect with some practitioners who serve rural communities, conducting community engagement and outreach in those areas proved to be difficult for the Madison and Milwaukee-based project team. This challenge reflects the concerns raised by the few rural-based participants in this study, who noted difficulty reaching rural communities for reproductive health support.

A second limitation was the desire for anonymity. An 1849 state law interpreted as banning abortion led all abortion clinics in Wisconsin to stop offering services for 15 months after the *Dobbs* decision. Services resumed after a district court determined that the law does not apply to consensual abortions. Even so, some participants expressed fear talking about abortion. Organizations that provide reproductive health services were being attacked, and there were (and continue to be) calls for them to be defunded. Most of the practitioners we spoke to were concerned about how the information they shared in this project would be used. As a result, we were unable to create a virtual community database as intended, because participants were unwilling to be named on such a public list for fear of compromising their safety, the funding of their businesses, and their personal lives, as well to prevent tension within their communities.

Finally, the interviews were conducted before Trump won the November 2024 presidential election. However, this possibility was already on the minds of many practitioners. Reproductive rights, health, and justice work are heavily influenced by politics and lawmakers who have a large influence on the landscape. In the case of this project, participants already felt uneasy about how his presidency and administration may impact their work.

CONCLUSION

CORE and UBUNTU Research & Evaluation collaborated to conduct a landscape analysis of Wisconsin organizations and leaders involved in abortion-related reproductive health and justice work in Wisconsin in a period shortly after the US Supreme Court *Dobbs* decision. In interviews and focus groups, participants described obstacles to deeper engagement with abortion-related work, including organizational and interpersonal mistrust, silos, and confusion about the law. Participants also raised challenges due to abortion stigma and misinformation about reproductive health. However, from birth workers to government organizations, there are many opportunities for collaboration and progress. The assessment shows that stakeholders must rebuild trust and community and break down silos in order to advance reproductive health and justice and to serve the community more efficiently. The power map of stakeholders identifies which groups can provide the most support and power to push reproductive health and justice goals forward in the state.

REFERENCES

1. [What is the difference between reproductive health, rights, and justice?](#) National Latina Institute for Reproductive Justice. n.d. Accessed 10 September 2025.
2. [Reproductive justice](#). Sister Song. n.d. Accessed 10 September 2025.
3. [Reproductive justice](#). National Black Reproductive Justice Coalition. n.d. Accessed 10 September 2025.
4. [Dictionary](#). American College of Obstetricians and Gynecologists. n.d. Accessed 10 September 2025.
5. [What are the different types of abortion?](#) Planned Parenthood. 2019. Accessed 16 December 2025.
6. [The abortion pill](#). Planned Parenthood. n.d. Accessed 16 December 2025.
7. [What can I expect after I take the abortion pill?](#) Planned Parenthood. n.d. Accessed 16 December 2025.
8. Valley TM, Zander M, Jacques L, et al. [“The biggest problem with access:” Wisconsin legislation’s impacts on medication abortion experiences](#). WMJ 2023;122(1):15–19.
9. [Report details Wisconsinites’ demand for telehealth medication abortions despite state restrictions](#). University of Wisconsin Collaborative for Reproductive Equity. 2024. Accessed 10 September 2025.
10. Moseson H, Herold S, Filippa S, et al. [Self-managed abortion: A systematic scoping review](#). Best Pract Res Clin Obstet Gynaecol. 2020;63:87–110.
11. Jones RK, Jerman J. [Population group abortion rates and lifetime incidence of abortion: United States, 2008- 2014](#). Am J Public Health 2017;107(12):1904–9.
12. Fuentes, L. [Inequity in US abortion rights and access: The end of Roe is deepening existing divides](#). New York, NY: Guttmacher Institute, 2023.
13. [Reported induced abortions in Wisconsin, 2022](#). Madison, WI: Wisconsin Department of Health Services, 2024
14. [Abortion in the United States](#) Guttmacher Institute. 2025. Accessed 10 September 2025.
15. [How safe is an in -clinic abortion?](#) Planned Parenthood. n.d. Accessed 16 December 2025.
16. [How safe is the abortion pill?](#) Planned Parenthood. n.d. Accessed 16 December 2025.
17. Raymond E, Grimes D. [The comparative safety of legal induced abortion and childbirth in the United States](#). Obstet Gynecol 2012;119(2 Part 1):215-9.
18. [Infertility: Frequently asked questions](#). Centers for Disease Control and Prevention. 2024. Accessed 10 September 2025.

19. Girum T, Wasie A. [Return of fertility after discontinuation of contraception: A systematic review and meta-analysis](#). *Contracept Reprod Med* 2018;3:9.
20. [Getting pregnant after birth control](#). WebMD. 2025. Accessed 10 September 2025.
21. Cannon L, Higgins J, Williamson A. [How does contraception work? Not through inducing abortion](#). Madison, WI: University of Wisconsin Collaborative for Reproductive Equity, 2022.
22. Williamson A, Ufot MI, Higgins JA. [Wisconsin state laws impacting abortion access](#). Madison, WI: University of Wisconsin Collaborative for Reproductive Equity, 2025.
23. World Health Organization. [Sexual and reproductive health and rights](#). n.d. Accessed 10 September 2025.

APPENDIX

Interview Questions

1. Can you introduce yourself, and how would you define the nature of your work?
2. How would you all describe your organization: reproductive health, rights, justice, etc.?
3. What gap(s) does your organization (aim to) fill?
4. What strategies have been successful in supporting your work?
5. What has been tried and has not worked? Why?
6. Has the post-*Dobbs* decision and/or Planned Parenthood providing abortion care again affected your work/services/referrals (etc)? If so, how?
 - a. Probe: Were there any other pivots or changes that affected your work?
7. How do you define allyship in the work you do?
 - a. Probe: Who are your closest allies in the work?
 - b. Probe: Where or who do you get most of your resources to do the work?
8. How does your work with other issues such as voting rights, environmental justice, LGBTQ+ rights, and other intersecting movements?
 - a. Probe: Who are your allies in that work?
9. How have you observed power and influence in the reproductive health and/or justice landscape?
 - a. Probe: What relationships do you believe most influence which decisions get made?
 - b. Probe: What relationships do you believe hinder progress in the reproductive health and/or justice landscape?
10. What relationships are most influential in your sphere of work?
11. If you could change the current (power) structure, what would you change and why?
12. How do you want to see the data be used?
13. Is there anyone else we should talk to?