

PREGNANCY  
CENTERS  
STAND

# THE TEST OF TIME



*A Legacy of LIFE & LOVE Report Series*



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## FOREWORD



When I consider the triumphs of the pro-life movement, I think there can be no more ultimate measure of it, this side of paradise, than every resounding “yes” to new life. As a mother, as well as a convert to and leader in the pro-life cause, I am incredibly heartened by the ongoing work of pregnancy centers across our country to support women and their families in saying “yes” to Life.

For the last half-century since *Roe v. Wade*, our country has experienced untold grief from abortion. Yet where the needs were, pro-lifers went. And today our nation’s more than 2,700 pregnancy centers remain mission-driven and readier than ever to offer compassionate and professional care.

In this report, *A Legacy of Life and Love: Pregnancy Centers Stand the Test of Time*, the Charlotte Lozier Institute has once again collaborated with Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA) to share the impressive national impact of pro-life pregnancy centers in 2019. The data show the tremendous number of women and men served; staff and volunteers serving; medical services provided; education and support provided; parenting and after-abortion support program attendance; centers offering abortion pill reversal, and much more.

Reading through these pages, I was especially inspired by the pioneering doctors, nurses, sonographers, and legal experts who established early medical professionalism at pregnancy centers. Their vision persists and will no doubt continue to be a source of hope, as we encounter evermore reckless approaches in how abortion is sold.

A final thought offered in humility: As excellent and comprehensive as this report is, one can only begin to imagine the “breadth, length, depth, and height” of the legacy of our country’s families who have collectively said “yes” to a child, two children, three children, a hundred or millions of children – thanks to their experiences at life-affirming pregnancy centers.

I strongly encourage all to read this volume of hope as we work together to advance and achieve a culture of life.

*For Life,*

Marjorie Dannenfelser

President of Susan B. Anthony List

# INTRODUCTION

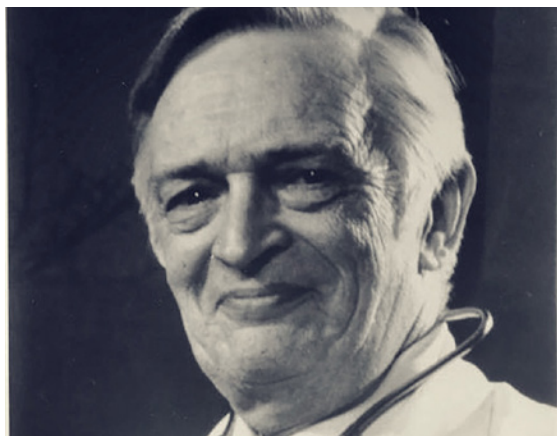


## INTRODUCTION

Since first opening their doors in the late 1960s, life-affirming pregnancy centers have engaged the expertise and life-honoring support of physicians and licensed medical professionals in their communities to extend compassionate medical care to women experiencing unwanted pregnancies. In fact, it was pro-life physicians who were involved in the establishment of many centers in their own communities as abortion was becoming legal in the United States. One of the three founding members of Alternatives to Abortion International (forerunner to Heartbeat International, or HBI) in 1971 was an obstetrician in Toledo, Ohio, Dr. John Hillabrand. Dr. Hillabrand was committed to the crucial work of facilitating compassionate medical care for new moms and their unborn babies. He and other professionals, who recognized the life-ending procedure of abortion that runs counter to longstanding medical ethics, made up the early medical roots of the pregnancy center movement.

In the words of early Christian Action Council (or CAC, forerunner to the national pregnancy center network Care Net) president Rev. Curtis Young, several factors resulted in the introduction of medical services directly into pregnancy centers on-site beginning in California during the 1980s: “the expertise, talent and accumulated wisdom” and “entrepreneurial, can-do attitude” at the center and community levels as well as the medical personnel who were already connected to the centers.

In 1984, a group of physicians and businessmen connected through a local CAC prayer group to open a new pregnancy center which would offer pregnancy confirmation ultrasounds and medical care. Dr. Geeta Swamidass, a member of



Dr. John Hillabrand, obstetrician, founder of Alternatives to Abortion International, forerunner to Heartbeat International.



Dr. Geeta Swamidass, executive director of the LivingWell Clinic, the first medical pregnancy center in the U.S. which opened in Orange, California in April 1985.



Lois Hunnicutt, RN, executive director of the Glendale Pregnancy Center, at the birth of a client's baby in 1990. The mom was a teenager who was seeking a late-term abortion. Following care at the Glendale Pregnancy Center she placed her baby for adoption and chose the adoptive parents through a licensed attorney.

services in 1989, was First Resort in Berkeley, California whose executive director was also involved in a local CAC prayer group. Then, in 1991, the Pregnancy Help Clinic of Glendale in California also added medical services. Executive director Lois Hunnicutt, RN developed the first policies and procedures manual in 1993 and medical director Dr. David Faddis brought in a licensed sonographer to train nurses about pregnancy confirmation ultrasound at the center.

Other factors also figured prominently into pregnancy centers adding medical services in compliance with state law. One catalyst was the legal case, *Shanti Friend v. Pregnancy Counseling Center*, filed in California during the late 1980's. At issue was the pregnancy center's practice of sending urine specimens to off-site labs, for centers to then deliver a test result "diagnosis." The plaintiff's legal team contended that the practice was a violation of California state law. The case ruling went against the pregnancy center group, Right to Life League of Southern California, but the result became a significant turning point for California pregnancy centers, causing a major shift to becoming medical clinics under California law. About the time the case was making its way through the court system, pharmacy-type urine pregnancy tests started becoming widely available, allowing pregnancy centers to implement pregnancy self-testing by clients on-site rather than sending off client specimens to labs. But a lesson was learned for centers to adapt their methods and policies to meet the needs of those they serve while defending against legal or legislative attacks.

The National Institute of Family and Life Advocates (NIFLA) was established

that prayer group, was asked to be the first executive director of the new medical pregnancy center, the LivingWell Clinic, which opened in Orange, California in April 1985. Dr. Swamidass had worked in the hospital of an orphanage in the small village of Kedgaon, India. She has shared, "I delivered many babies and witnessed many little ones being given up by poverty-stricken mothers, but I still did not believe in abortion."

A woman of strong Christian faith, Dr. Swamidass went on to mentor staff at nine pregnancy centers in California and Colorado, leading them to add medical services including early obstetrical ultrasound under the direction of a licensed physician. One of these centers, the second to add medical



Thomas Glessner J.D., president and general counsel of the National Institute of Family and Life Advocates (or NIFLA) established in 1993. Glessner initiated NIFLA's Institute in Limited Obstetric Ultrasound in 1998 which has since trained over 4,500 pregnancy center healthcare professionals and administrators in the legal and medical "how to's" of limited obstetric ultrasound.

in 1993 largely to help with the legal organization and oversight of pregnancy centers. The network recognized the need for adherence to laws surrounding the adding of medical services at centers and developed its "clinic conversion" model, which is still used today. NIFLA set strict standards in accordance with the American Institute of Ultrasound in Medicine and FDA guidelines requiring that ultrasounds be used for medical purposes only and only when there is a medical indication. (Only a few states in the country, such as California, New Jersey, New York and others, have a legal requirement that entities offering medical services become licensed by law as a clinic.)

Three founding NIFLA board members launched medical clinics at their existing pregnancy centers - Care Pregnancy Clinic in Baton Rouge, Louisiana (1993), Life Choices of King County in Washington state (1994), and Pregnancy Decision Health Center in Columbus, Ohio (1995). In 1994, another medical center or clinic that launched was Elizabeth's New Life Center in Dayton, Ohio.

Separate from these happenings, in 1993, a young physician, Dr. Janet Jefferies, began to organize medical services for clients at the Charlottesville Pregnancy Center in Virginia. From the start, Dr. Jefferies believed in assuring competent and caring medical services provision. As described by her husband Dr. Kurt Elward, she recognized that a rigorous approach to providing medical services and maintaining the highest standards possible was important to support women



Dr. Janet Jefferies, founder of one of the earliest medical pregnancy center models at the Charlottesville Pregnancy Center in Virginia, now Thrive Women's Healthcare of Central Virginia.



in crisis. She established care plans that put the client first, providing sound medical information as well as appropriate exams as needed. She also recruited numerous physicians to volunteer at the center which formally offered ultrasound and medical services starting in 1995.

Very sadly, Dr. Jefferies died of cancer at the young age of 32. Her legacy is the Janet Jefferies Medical Ministry, which has served thousands of women and families for 25 years with excellence and heartfelt, personal care. Dr. Jefferies' model allowed a center to operate with a high level of care before clinic models were refined.

The commitment to providing care at the highest levels resonated with physicians and health care providers at pregnancy centers across the country. They too answered a call to aid women and families with needed alternatives to abortion through the compassionate care offered as a testimony to love in action.



Registered Nurse performing a pregnancy confirmation ultrasound on a patient at Elizabeth's New Life Center in Dayton, Ohio in 1994.

The new models and practices surrounding the addition of medical services were shared across the pregnancy center movement. By 1998, a total of 50 medical pregnancy centers or clinics were recorded.<sup>1</sup> Then by 1999, the first year HBI started a "medical" category of pregnancy centers in their Worldwide Directory of Pregnancy Help, there were over 100 listed in the United States.<sup>2</sup> At that time, 50 of

Care Net's 600 affiliates had added ultrasound services.<sup>2</sup> NIFLA actively began to help increasing numbers of pregnancy centers convert their operations from counseling centers to licensed medical clinics in the late 1990s (now in 2020 having helped 1,300 become medical centers). Experts provided instruction at venues such as Focus on the Family's since-discontinued Pregnancy Resource Center conference in Colorado Springs, as well as HBI's Medical Clinic Symposiums and Care Net's medical regional consultant trainings. The adding of vital medical services greatly enhanced pregnancy center alternatives to abortion outreach, with the licensed providers ushering medical professionalism into center environments – now thriving for 35 years.

It is of no surprise that Dr. Ian Donald, the Scottish physician who pioneered the clinical use of ultrasound and co-authored the seminal paper detailing its use and containing the first fetal images through ultrasound in 1958 in *The Lancet*, was in fact a pro-life physician.<sup>3</sup> It wasn't until the 1970s that ultrasound became the standard of care in obstetrical clinical practice in the United States. Today, medical providers continue to help a pregnant woman embrace the humanity of her unborn child

through this remarkable medical technology which is the gold standard of care. The real-time imagery of ultrasound provides a glimpse of a new little life or, as often described, a window to the womb.

Medical advisors at the national networks also guide best practices at centers on current medical topics. A recent example of this has been the professional guidance issued during the 2020 global coronavirus pandemic. Many pregnancy centers report having stayed open as essential services and found innovative ways to meet the needs of their clients and communities. Essential baby supplies have been available through curbside pick-up at centers nationwide. The three largest national networks issued regular bulletins and hosted webinars to keep centers informed about precautionary and safety procedures for client services and overall operations during the various phases of the public health crisis.

Pregnancy centers, tried and true, remain beacons of help and hope in the midst of uncertainty.

Through incredible advances in medical technology shining light on the earliest stages of life to a U.S. Supreme Court challenge (and victory) for basic free speech in 2019, to an unthought-of public health crisis, pregnancy centers stand the test of time.

“ *Thirty-five years have now passed from the introduction of the first ultrasound in life-affirming pregnancy centers – beginning a revolution in medicalization of the centers that continues to thrive.* ”  
~ Chuck Donovan, President, Charlotte Lozier Institute

# METHODOLOGY



## METHODOLOGY

A project working group composed of representatives from Care Net, Heartbeat International, National Institute of Family and Life Advocates (NIFLA), and the Charlotte Lozier Institute report team conferred on the study project from start to finish starting in fall 2019 through summer 2020.

Pregnancy centers across the country completed one of two online surveys distributed by their national network, parent organization, and/or pregnancy center state coalition or regional leader. Duplicate surveys of pregnancy centers holding co-affiliation with one or more networks and/or parent organizations were internally controlled for and removed. Only surveys received from pregnancy centers affiliated with one of the three major national networks Care Net, Heartbeat International, and the National Institute of Family and Life Advocates (NIFLA) - and/or affiliated with other parent pregnancy center and medical mobile unit organizations which abide by the national ethical code “Our Commitment of Care and Competence” (see Standards section on page 63) either directly or indirectly - were included in the data analysis. Pregnancy center locations which reported seeing fewer than 25 new clients in 2019 were removed. The national estimates presented in this report represent 2,700 pregnancy center locations in the U.S. whereby brick-and-mortar pregnancy centers as well as medical mobile units constitute locations.

The “Total Value” of all services and material assistance provided by pregnancy centers in 2019 is calculated using cost estimates for services, consultations, classes, presentations to youth, and baby items provided to clients. Hours provided are



Essential baby items boutique at Agape Center on Merritt Island, Florida.



multiplied by the following mean hourly wages provided by the Bureau of Labor Statistics' Occupational Employment and Wages, May 2019 (released March 31, 2020) [https://www.bls.gov/oes/current/oes\\_stru.htm](https://www.bls.gov/oes/current/oes_stru.htm). The national mean hourly wages were used for the following licensed workers: Social Workers, All Other in local/state government (BLS OES code 21-1029) - \$29.69 per hour; Registered Nurses (OES code 29-1141) - \$37.24 per hour; and Diagnostic Medical Sonographers (OES code 29-2032) - \$36.44 per hour.

The value of consulting with new clients is equal to the number of new clients multiplied by the mean hourly wage for “Social Workers, other” as published by BLS OES (\$29.69). Registered Nurse / Diagnostic Medical Sonographer value is equal to the number of ultrasounds performed multiplied by an average of the BLS mean hourly wages for RN and RDMS (\$36.84). The RN value for STD clients is equal to the number of STI/STD clients multiplied by the BLS mean hourly wage for RNs (\$37.24). The value of free pregnancy tests is the number of pregnancy tests provided multiplied by \$9 (average cost for 1 pregnancy test). The value of free ultrasounds is equal to the number of ultrasounds performed multiplied by \$250 (average cost of an ultrasound). The value of STI/STD tests is equal to the number of STI/STD tests performed multiplied by \$27 (an average of chlamydia, gonorrhea, HIV, syphilis STI/STD tests in the 2019 Medicaid Fee Schedule). Medicaid Fee Schedule 2019: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Laboratory-Fee-Schedule-Files-Items/19CLABQ1>

The value of parenting classes and after-abortion support and recovery is equal to the number of clients attending each class/session type, then multiplied by six for parenting classes, and multiplied by five for after-abortion support sessions, then multiplied by the mean hourly wage for “Social Workers, other” as published by BLS OES (\$29.69).

The value of baby clothing outfits was based on the Salvation Army’s 2019 valuation guide’s low estimates for children’s clothing, specifically, one shirt and pants. <https://salvationarmysouth.org/valueguide-htm/> The value of new car seats was based on the low end of *Consumer Reports’* range of infant car seat prices (\$80-\$300). <https://www.consumerreports.org/cro/car-seats/buying-guide/index.htm> The value of community-/group-based SRA presentations is based on methods used by the Florida Pregnancy Care Network implementing the Florida Medicaid reimbursement rate of \$1 per minute of presenting and calculating for an average presentation length of 60 minutes to an average of 25 youth/students per presentation. (Florida Pregnancy Care Network, Inc. prepared for the Florida Department of Health.)<sup>4</sup>

The Total Value of services and material assistance figure provides a conservative estimate of the services and material aid delivered by centers in communities across the country in large part due to charitable giving and funds raised locally. As noted in this report, 17 percent of pregnancy center organizations received some government funding in 2019. A discussion about the sources of government funding can be found in the Funding section starting on page 91.

In addition, interviews were conducted with pregnancy center staffs, national network staffs and associated organizations which work with pregnancy centers to obtain data and information regarding current developments and emerging outreach.

# SERVICES RESULTS SUMMARY

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## SERVICES RESULTS SUMMARY

The service accomplishments outlined in the Results section of this report represent 2,700 pregnancy center locations in the U.S. in 2019 affiliated with one or more of the three major national networks - Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA) - and/or affiliated with other parent pregnancy center organizations (for a comprehensive list please see Notes section on page 99). Pregnancy center locations are defined as either brick-and-mortar sites or medical mobile unit sites.

The medical, education and support services provided through pregnancy center staff and volunteers in 2019 demonstrate the immense and concrete impact of pregnancy centers across America. The tables which follow highlight the national figures for 2,700 pregnancy center locations in terms of client statistics including youth attendance at group-based presentations; specific services provided; percentages/numbers of centers offering specific medical and non-medical services; numbers of medical and non-medical Americans involved in pregnancy center work;

**TABLE 1: 2019 CLIENTS STATISTICS AND TOTAL VALUE OF SERVICES**

	US Total	Value estimate / Mean hourly wage	Estimated Value of Services
<b>Total</b>			<b>\$266,764,916</b>
Consulting with New Clients	967,251	\$29.69	\$28,717,682
Free pregnancy tests	731,884	\$9.00	\$6,586,956
Free ultrasounds performed	486,213	\$250.00	\$121,553,250
RN/RDMS Hours performing ultrasounds	486,213	\$36.84	\$17,912,087
STI/STD tests performed	160,201	\$27.00	\$4,325,427
RN Hours meeting with STI/STD test clients	99,522	\$37.24	\$3,706,199
Clients attending parenting program	291,230 x 6	\$29.69	\$51,879,712
Clients receiving after-abortion support	21,698 x 5	\$29.69	\$3,221,068
Students attending group sexual risk avoidance education presentations	881,125 / 25	\$60.00	\$2,114,700
Free Baby Items provided			
Packs of diapers	1,290,079	\$10.00	\$12,900,790
Packs of wipes	689,382	\$3.00	\$2,068,146
New Car Seats	30,445	\$80.00	\$2,435,600
Baby clothing outfits	2,033,513	\$4.50	\$9,150,809
Strollers	19,249	\$10.00	\$192,490



percent of government funding received by centers; and essential baby items provided as material aid.

In addition, conservatively estimated these services and material assistance have a Total Value of \$266,764,916 or over \$266 million (see Methodology section on page 11 for tabulation methods). This figure scratches the surface of the value as well

**TABLE 2: 2019 CLIENT STATISTICS BY GENDER**

Number of Clients	Percent of Men	Percent of Women	Number of Men	Number of Women
STI/STD Test Clients	20%	80%	19,510	80,012
After-Abortion Support Clients	2%	98%	497	21,201
Parenting Education Clients	13%	87%	38,795	252,435

**TABLE 3: 2019 CENTER SERVICES AND GOVERNMENT FUNDING**

Center Services	Number of Centers	Percent of Centers
Ultrasound Services	2,132	79%
STI/STD Testing	810	30%
STI/STD Treatment	563	21%
Material Item Services	2,525	94%
Parenting/Prenatal Education Program	2,312	86%
After-Abortion Support/Recovery	1,931	72%
Group Sexual Risk Avoidance Education Presentations	979	36%
Received any Federal or State Funding (Pregnancy Center Organizations or Main Centers)	340	17%

**TABLE 4: 2019 STAFF AND VOLUNTEERS**

Total Number	2019 Total	Percent
Paid Staff	14,977	
Licensed Medical Staff	3,791	25%
Volunteers	53,855	
Licensed Medical Volunteers	6,424	12%
TOTAL WORKERS (8 out of 10 workers are volunteers.)	68,832	

**TABLE 5: 2019 STI/STD TESTS**

<b>STI/STD Tests Provided</b>	<b>Number of Centers</b>	<b>% of Centers</b>
Chlamydia	780	29%
Gonorrhea	776	29%
HIV	282	10%
Syphilis	258	10%
Herpes	143	5%
Trichomoniasis	140	5%
HPV (Human Papillomavirus)	112	4%
Hepatitis C (HCV)	108	4%
Hepatitis B (HBV)	102	4%

**TABLE 6: 2019 OTHER MEDICAL SERVICES PROVIDED ON-SITE**

<b>Other On-Site Medical Services</b>	<b>Number of Centers</b>	<b>% of Centers</b>
Childbirth Classes	742	27%
STI/STD Treatment	563	21%
Lactation/Breastfeeding Consultations	518	19%
Abortion Pill Reversal	305	11%
Fertility Awareness-Based Methods	188	7%
Prenatal Care	147	5%
Certified Dietitian/Nutritionist Consultations	97	4%
Well-Woman Exams	46	2%
Pap Tests	45	2%

**TABLE 7: 2019 MATERIAL ASSISTANCE/ESSENTIAL BABY ITEMS**

<b>Baby Items</b>	<b>Total Number</b>	<b>Average #/center</b>
Packs of Diapers	1,290,079	478
Packs of Wipes	689,382	255
Baby Clothing Outfits	2,033,513	753
New Car Seats	30,445	11
Strollers	19,249	7

as related community cost savings provided through holistic (physical, emotional, relational, practical and spiritual) pregnancy center care to women, men, youth and families.

A higher number of “smaller” pregnancy centers seeing lower numbers of clients/patients participated in the 2020 survey process. This was reflected in lower totals in some client statistics categories in the 2019 results as compared to the 2017 results.

In addition, further analysis of our 2018 national pregnancy center report results caused us to determine that a different weighting method for the two survey groups was necessary and the re-weighting was performed in 2020. (For link to the 2018 report please see Notes section on page 99). Similar to the 2019 results, centers which reported seeing fewer than 25 new clients in 2017 were also removed from the data files prior to analysis to align the methods. The newly recalculated results follow and represent the then 2,600 identified centers in the U.S. for 2017. The figures represent client statistics including youth attendance at SRA community-/group-based presentations, center services, percent of centers receiving government funding, volunteers, and the Total Value of services provided. (The estimated Total Values of SRA community-based presentations to youth, and participation in parenting classes and after-abortion support were updated using the same calculation methods used for the 2019 tabulations. See Methodology section on page 11.) Other data points reported in 2019 were not measured for in 2017.

**TABLE 8: 2017 CLIENT STATISTICS AND TOTAL VALUE OF SERVICES**

	US Total	Value estimate / Mean hourly wage	Estimated Value of Services
<b>TOTAL</b>			<b>\$231,711,487</b>
Consulting with New Clients	977,599	\$29.28	\$28,624,090
Free pregnancy tests	766,707	\$9.00	\$6,900,365
Free ultrasounds performed	476,413	\$250.00	\$119,103,280
RN/RDMS Hours performing ultrasounds	476,413	\$35.27	\$16,803,087
Clients attending parenting program	313,328 x 6	\$29.28	\$55,045,522
Clients receiving after-abortion support	20,958 x 5	\$29.28	\$3,068,264
Students attending group sexual risk avoidance education presentations	902,866 / 25	\$60.00	\$2,166,878

2017 Results continue on page 22

*“Our prayer is that you continue to reach women and men in similar situations as Brandon and I, so they too can choose LIFE.”*

**W**hen Brandon and I found out that I was pregnant, it was about a week after my 21st birthday. We were both juniors at Appalachian State University, at that time. Brandon was a starting linebacker for the football team, and I was preparing to go on a mission trip that summer to the City of Hope in Tanzania, Africa. While Brandon was surprised initially, he was prepared to tell our parents shortly after we received the news. I, on the other hand, was in complete shock, which exacerbated into fear. The amount of fear that filled my body was unimaginable. The fear of what others would think, the fear of disappointing my family, and my biggest fear of all was being inadequate as a mother. Growing up I was always a rule follower and people pleaser, so the thought of disappointing the ones I loved was terrifying. I can remember locking myself in my dorm and crying until I was physically and emotionally exhausted. I can also remember thinking “this is a problem and how can I fix the problem.” Without thinking twice, I researched an abortion clinic and scheduled an appointment. After that phone call, I can remember my head hurting so bad from crying. I said a prayer and asked God to give me peace and clarity regarding this situation. I laid down and once I woke up from my nap, we made the decision to keep our baby.

I received a Hope Center pamphlet after I was informed that I was pregnant at the school's infirmary. I was very nervous to contact the Hope Center; however, I read that I could receive a free ultrasound. Brandon attended the initial session with me. The amount of love and support that we received from the staff was incredible. We didn't feel judged or ridiculed, and most importantly the staff provided us with resources for all options regarding the pregnancy. Although Brandon and I had a big support system, in that moment we felt alone. The staff at the Hope Center gave us the confidence and reassurance that they would stand beside us throughout our unplanned pregnancy. At this time, I was six weeks pregnant. Once we saw our baby's heartbeat for the first time, we knew that there was no way that we could terminate the pregnancy. We left our initial appointment with the confidence that we could do this.

Eight months later, on December 5, 2012, we gave birth to our beautiful baby girl Ava. We decided to name her “Ava”, as it means “life”. Seven days after giving birth to Ava, I walked across the stage at my graduation ceremony receiving a bachelor's degree in Social Work from Appalachian State University. In December 2013, Brandon graduated from Appalachian State University with his bachelor's degree in Communications. On May 24, 2014, Brandon and I were married where everything began in



Boone, NC. In May 2015, I graduated with a master's degree in Social Work from the University of South Carolina.

Currently, we reside in Charlotte, NC. Brandon is employed as a Carrier on a Pit Crew, and I am an Adoption Social Worker through Mecklenburg County Youth and Family Services. Ava just turned seven years old, and we have another baby girl, Madison, who will be two in January.

If we could say one thing to the individuals that support the ministry of the Hope Center to

aid women and men with unplanned pregnancies, it would be to continue to give and to speak LIFE. Because of your continuous support, Brandon and I had the confidence to choose life. Although it was not always easy, you continued to speak life into our situation, marriage, and family. Our prayer is that you continue to reach women and men in similar situations as Brandon and I, so they too can choose LIFE.

**TABLE 9: 2017 CLIENT STATISTICS BY GENDER**

Number of Clients	Percent of Men	Percent of Women	Number of Men	Number of Women
After-Abortion Support Clients	2%	98%	487	20,471
Parenting Education Clients	13%	87%	39,552	273,776

**TABLE 10: 2017 CENTER SERVICES AND GOVERNMENT FUNDING**

Center Services	Revised 2017 Number of Centers	Percent of Centers
Ultrasound Services	1,979	76%
STI/STD Testing	679	26%
STI/STD Treatment	488	19%
Material Item Services	2,456	94%
Parenting/Prenatal Education Program	2,157	83%
After-Abortion Support/Recovery	1,831	70%
Group Sexual Risk Avoidance Education Presentations	999	38%
Received any Federal or State Funding (Pregnancy Center Organizations or Main Centers)	284	15%

**TABLE 11: 2017 VOLUNTEERS (MEDICAL AND NON-MEDICAL)**

Total Number	Revised 2017 Total	Percent
Volunteers	66,148	
Licensed Medical Volunteers	7,477	11%

# RESULTS



## RESULTS

*The ever-expanding services at life-affirming pregnancy centers have moved well into the 21st century providing an in-depth continuum of care to the women, men, youth and families they serve. Client/patient privacy and confidentiality as well as honesty and excellence in care remain central to pregnancy center outreach. They are helping women and families to flourish more than ever.*

## CLIENTS

In 2019, the 2,700 pregnancy centers represented in this report provided 1,848,376 or 1.85 million people in the United States with free services, with an estimated Total Value of Services of \$266,764,916 annually (see Table 1 in the Services Results Summary on page 16). The centers provided services to 967,251 new clients on-site which included 731,884 pregnancy tests for women and teens. Women, youth, and men received services including pregnancy testing, options consultation, sexual risk avoidance education, parenting and prenatal education, ultrasound and medical services, STI/STD testing and treatment, community referrals, after-abortion support and material assistance. A total of 881,125 youth attended community-based





sexual risk avoidance/sexual integrity presentations by pregnancy center workers. These vital services were provided at no cost to clients to help build stronger families and healthier communities.

“ *The overall experience was unbeatable! I really appreciate the time they take to talk to you as a person and not just a patient.* ”  
~ Macon, Georgia

## MEDICAL STAFF AND MEDICAL VOLUNTEERS

As the number of medical pregnancy centers or clinics in the U.S. continues to grow, from 50 in 1998 to 2,132 in 2019, so too does the number of medical professionals devoting their expertise and time at these non-profit, community-based organizations. These credentialed individuals provided ultrasounds, medical exams, STI/STD testing and treatment services, well-woman exams, fertility awareness-based education, prenatal care, lactation/breastfeeding consultations, and more. The numbers are reflective of a body of medical professionals from multiple disciplines who support and affirm the importance of high-quality, life-affirming healthcare.



Medical team volunteers at My Choice Pregnancy Services, the on-site medical office located with New Beginnings Center of Hope in Jamaica, New York.



Support Circle Clinics CEO Albert Lee and staff at the Oakland, California location. Support Circle Clinics was formerly First Resort in Berkeley, the second medical pregnancy center in the U.S. to provide pregnancy confirmation ultrasounds.

Offering alternatives to abortion is a service they recognize as needed and valued in their communities. They are also professionals who respect and provide patient-centered care.

In 2019, 3,791 licensed medical professionals were employed by pregnancy centers and this accounted for one in four, or 25 percent, of paid pregnancy center staff members. In addition, licensed medical professionals from a variety of disciplines volunteered to fill key roles with their expertise. In 2019, 6,424 licensed medical professionals gave of their time and skills at U.S. pregnancy centers on a volunteer basis.

Taken together, in 2019, 10,215 licensed medical staff and medical volunteers were providing care at pregnancy center locations around the United States.

## **NON-MEDICAL STAFF AND VOLUNTEERS**

In addition to the many medical professionals serving at pregnancy centers, 11,186 non-medical employees worked diligently at centers across the nation to help women every day.

Pregnancy centers also rely upon a large contingent of community-based volunteers to operate, provide client care and assist with client services on many levels. In 2019, eight out of 10 pregnancy workers were volunteers. (In 2008, this figure was nine of 10 workers were volunteers. The number of paid staff, including medical specialists, has been steadily increasing.) Volunteers participate in all types of

pregnancy centers operations including client services (as receptionists, client advocates, parenting class instructors, after-abortion support leaders, material assistance/resource closet/boutique workers) and overall operations (fundraising event help, community/church liaisons, mailings, gardening/ maintenance, prayer line leaders, and accounting, to name a few).

Volunteers who interact with clients are required to complete specialized training at centers and/or at the national level and abide by all formal standards at the center. The training focuses on integrity and quality of care, where honesty, compassion, and empathy towards clients are paramount. Both medical and non-medical women and men serve as volunteers on the boards of pregnancy centers.

In 2019, 47,431 non-medical personnel volunteered their time at pregnancy centers in America.



Staff and medical team at Metroplex Women's Clinic with four locations in Arlington, Texas.

## **MEDICAL SERVICES**

Medical pregnancy centers or clinics continue to expand in number across the country and in all community settings. As these results reflect, the array of medical services offered vary at each location and are always provided under the supervision and direction of a licensed physician, by licensed and/or certified professionals with specialized training, and in accordance with applicable state laws and medical standards, including state licensure if required.

Universally, pregnancy centers focus on a multi-dimensional, holistic health paradigm taking into account emotional, relational, physical, mental and spiritual health; sexual risk avoidance as primary prevention; and, increasingly, fertility awareness-based methods as a foundation for life-affirming women's reproductive health.

## PHYSICIAN SPOTLIGHT

DR. SANDY CHRISTIANSEN, M.D. | Frederick, Maryland

**D**r. Sandy Christiansen, MD is a board-certified obstetrician/gynecologist and has devoted her career to women's health and the sanctity of human life. During college, a philosophy course convinced her that life begins at fertilization; however, she states, "It wasn't human philosophy, but the gospel of Jesus Christ that transformed my life and set me on a course of a calling to advance the sacredness of human life-from conception to natural death."

During her residency, she experienced discrimination and was publicly ridiculed because she refused to perform abortions. Years later, her story provided critical testimony during the battle to preserve conscience protections.

Dr. Christiansen's pro-life pregnancy center work began in 1987 and has expanded to include local and national involvement and numerous collaborations. She is a medical director of a center in Maryland where she established and provides the medical services, including ultrasounds and STI testing and treatment. She has witnessed the devastation that abortion can cause in people's lives and is dedicated to providing women who are considering abortion medically accurate information about the potential harms associated with that choice. For her, the pregnancy center clinic is a "sanctuary where folks can come and be treated with respect and dignity and receive unhurried, compassionate care."

Since 2009, Dr. Christiansen has served as Care Net's National Medical Director promoting best practices through writing and teaching, and through training medical pregnancy personnel among the 1,100 Care Net affiliated centers. Her investment in pregnancy centers around the country has helped to create and sustain excellence in medical care.

She counts it an honor and a privilege to be a voice for the voiceless providing testimony, lectures, press conferences, and written publications in support of the sanctity of human life and conscience protections for healthcare professionals. She has battled abortion and physician assisted suicide in a variety of forums including national conferences, the United Nations, the President's Council on Bioethics, legislative bodies, and numerous national media outlets.

Dr. Christiansen is passionate about nurturing the next generation of medical professionals and as the Christian Medical Association's Maryland Representative, she enjoys mentoring medical students. "Our young people are our future; they are already leading the charge in the cause for life!"

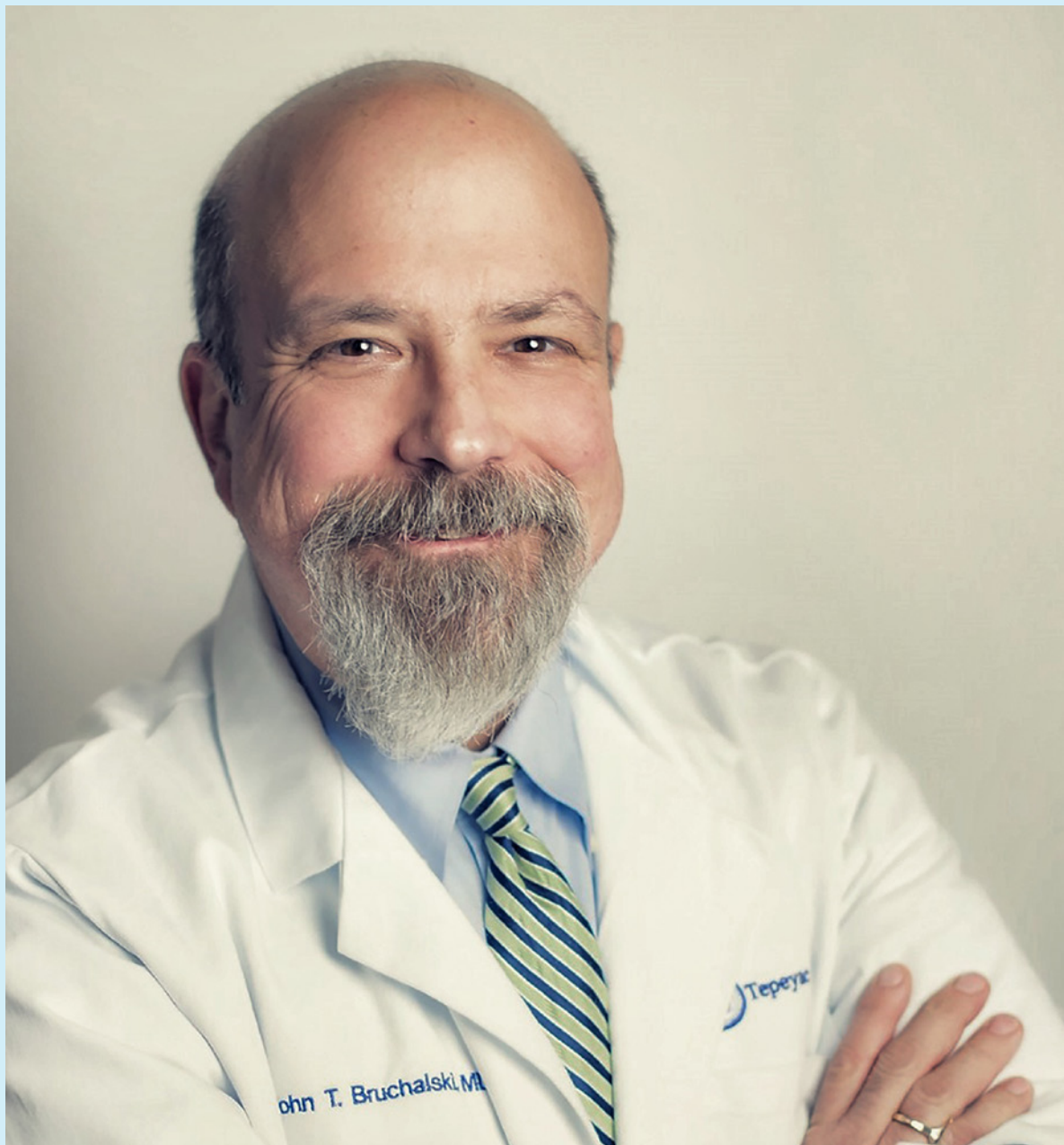
*“Our young people are our future;  
they are already leading the charge in the cause for life!”*

*~ Dr. Sandy Christiansen*



*“Hope should be solidified in your hearts given all we’ve accomplished. Lives and hearts are being changed.”*

*~ Dr. John Bruchalski*



## PHYSICIAN SPOTLIGHT

DR. JOHN BRUCHALSKI, M.D. | Fairfax, Virginia

**D**uring his training, Dr. John Bruchalski, M.D. performed abortions out of a desire to help women, but soon realized abortion did nothing of the sort. After a spiritual awakening, Dr. Bruchalski returned to the faith and felt God's call to start a clinic that truly helped women. In response, Dr. Bruchalski founded Tepeyac Family Center in Fairfax, Virginia in 1994, offering something more than medicine, a faith-based, welcoming approach that accepted all women regardless of belief, background, or financial situation. He strove to combine the best of OB/GYN quality medicine with caring for those in need while following the teachings of the Church on the sacredness of life. In 2000, he founded Divine Mercy Care, a nonprofit organization to fund the roughly 30% of Tepeyac patients who are in need, while also educating medical students and the broader community about merciful medicine.

Pregnancy center clients and patients from the surrounding areas of Virginia, Maryland, and Washington, D.C., have been referred to Tepeyac Family Center for now over 35 years.

Dr. Bruchalski as a board-certified obstetrician/gynecologist is always looking with hope towards the future of cultural change in women's healthcare. This has led him to be on the founding Board of Managers for Pro Women's Healthcare Centers (PWHC) (please see highlight on page 74). Dr. Bruchalski is seeking to grow the consortium as a haven both for women who

want better care and for doctors who want to practice excellent medicine according to their conscience.

Dr. Bruchalski's tireless leadership in the pro-life movement has led to affiliations with the Couple to Couple League, the Lejeune Foundation, Live Action, and many other pro-life efforts in America and internationally. He passionately speaks to young people at medical schools about ethics and conscience in medicine, as well as other topics such as bioethics in fertility, pregnancy centers, natural family planning, and his own faith testimony.

Dr. Bruchalski's Vision for Tepeyac has been transformational, "We treat all patients as individuals wholly in body, soul and spirit. We integrate the family into the treatment of our patients because one builds on the other, and this is healthy for society." He further shares with his co-laborers in life-affirming care, "Despite the time we now live in, hope should be solidified in your hearts given all we've accomplished. Lives and hearts are being changed."

## MEDICAL EXAMS AND OBSTETRICAL ULTRASOUNDS

Through the provision of pregnancy confirmation ultrasounds, medical pregnancy centers or clinics provide an essential medical service at no cost to women and families who are often medically underserved. Often described as “the window to the womb,” the remarkable technology of ultrasonography allows an expectant mom (and the father of baby as well as family members) to see their unborn child at the earliest stages. Because pregnancy tests are not always accurate, a licensed medical professional must diagnose and confirm a pregnancy. Confirmation of a live, intrauterine pregnancy through an ultrasound is the gold standard in obstetrical care. An ultrasound answers three critical questions that women with a positive test need to know:

1. **Am I pregnant?** The ultrasound confirms the presence of a pregnancy in the uterus. (The management of ectopic pregnancy, a pregnancy outside of the uterus, is vastly different from an intrauterine pregnancy and usually requires surgery.)
2. **Does the baby have a heartbeat?** The ultrasound confirms the presence of embryonic/fetal cardiac activity. (A woman has very different options for managing a live fetus than she does for a non-living fetus.)
3. **How far along am I?** The ultrasound provides an estimate of the gestational age. (Not all medical pregnancy centers or clinics provide gestational age. The risks and complications from both surgical and chemical/“medical” abortion dramatically increase as gestational age increases.)<sup>5</sup>



Ultrasound training at NIFLA's Institute in Limited Obstetric Ultrasound in 2019.



For these three reasons, it is recommended that women/young moms be given an ultrasound prior to making any pregnancy decisions. These results also provide the information necessary for informed consent prior to any pregnancy-related procedure. In addition, a high percentage of young women simply do not have access to the early/first-trimester obstetrical scans with the medical results being shared directly with them. The provision of this vital and time-sensitive medical information to aid in the decision-making process from six weeks' gestation, or last menstrual period (LMP), through the first trimester at no cost represents a boon for women's healthcare. The widespread availability of ultrasound services to all women in over 2,100 medical pregnancy centers or clinics found in community settings across the country helps to ease the burden of access to care. This is particularly salient for abortion-dense urban areas where alternatives to abortion outreach is especially needed, owing to the burden of demonstrated targeting by abortion facilities.<sup>6,7</sup>

Most medical centers or clinics specify that a positive urine pregnancy test be obtained on-site before an ultrasound can be ordered at the center. Referral for follow-up obstetrical care and prenatal care is provided as well as specialized medical care if symptoms warrant.

Medical pregnancy centers or clinics perform limited ultrasounds in accordance with specific standards and guidelines set forth by medical professional bodies, including the American Institute of Ultrasound in Medicine (AIUM); Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN); the American College



Registered nurse at Assist Pregnancy Center in Annandale, Virginia.

of Radiology (ACR); and the American College of Obstetricians and Gynecologists (ACOG). Under these guidelines a limited ultrasound may be performed to “confirm the presence of an intrauterine pregnancy,” which addresses the primary reason a woman visits a pregnancy center.

NIFLA, the network which pioneered the successful conversion of pregnancy centers to medical clinics via the provision of ultrasound technology during the late 1990s, has now guided over 1,300 pregnancy centers through medical clinic compliance and conversion. Since commencing its Institute in Limited Obstetric Ultrasound in 1998, NIFLA has trained over 4,500 pregnancy center healthcare professionals and administrators in the legal and medical “how to’s” of limited obstetric ultrasound. Since 2015, Heartbeat International (HBI) has similarly provided training to 672 medical professionals including nurse practitioners, physician assistants, registered diagnostic medical sonographers, MDs and DOs. In addition, NIFLA, HBI and Care Net each provide ongoing expert medical trainings and resources to their affiliates offering ultrasound and medical services. All of the national networks confer with their Physician Advisory Boards on their policies and practices.

While there are a number of groups raising funds for ultrasound placement and operation at pregnancy centers, two organizations have provided the lion’s share of funding assistance for the placement and operation of the machines at pregnancy centers – Focus on the Family’s Option Ultrasound Program (OUP) and the Knights of Columbus (KofC) since 2004 and 2009, respectively. (Please see Funding section on page 91 for more information about OUP and KofC contributions and program mechanisms.) Since 2004, Focus on the Family’s OUP and NIFLA have partnered through the Life Choice Project to help provide training and equipment for pregnancy centers to add ultrasound services.

In 2019, a total of 79 percent, or 2,132 medical pregnancy center or clinic locations including medical mobile units, provided a total of 486,213 free limited obstetrical ultrasound scans. This represents an increase from 76 percent of total centers providing ultrasounds in 2017. The estimated value of this service in 2019 was \$139,465,337 (which includes the value of ultrasounds performed \$121,553,250 and one hour of hourly pay per ultrasound for the registered nurses/sonographers estimated at \$17,912,087).

“ *Excellent service since I walked into this facility. Made me feel at home and welcomed. But most importantly feel safe from entering to the end of process. Thank you!* ”

*~ Mattawa, Washington*

## PRENATAL CARE

Early entrance into prenatal care is important for the health of both moms and babies by helping to reduce the risk of pregnancy complications. According to the National Institutes of Health, following a healthy, safe diet; getting regular exercise as advised by a health care provider; and avoiding exposure to potentially harmful substances such as lead and radiation can help to promote fetal health and development.<sup>8</sup> Monitoring and controlling existing conditions, such as diabetes and high blood pressure, are important to prevent serious complications and effects.<sup>8</sup>

Screening for STDs, risk of violence during pregnancy, and risk for postpartum depression are also components of prenatal care geared to promote optimal outcomes for moms and babies.

Referral into prenatal care is routine at medical pregnancy centers or clinics, and non-medical centers provide referrals into care as well. Some centers offer a spectrum of care ranging from a one-time health assessment visit during which prenatal vitamins are provided to full prenatal care (excluding labor and delivery). Counseling is also provided at appointments about avoiding alcohol and tobacco smoke to reduce the fetus's and infant's risk for complications, because both have been shown to increase the risk for Sudden Infant Death Syndrome among other outcomes.<sup>8</sup> The topic of the importance of daily folic acid (400 micrograms) intake which reduces the risk for neural tube defects by 70 percent is also covered.<sup>8</sup> The care also helps to ensure the medications mothers take are safe.



*“When it comes to something as precious as pregnancy, no woman should ever feel like she has no voice in the matter.*

*ABBA helps you find that voice.”*

I found out I was pregnant for the first time near the end of my senior year of high school. Although I was very scared, I was also excited and very willing to take on the challenge of motherhood. I knew with the support of my family and my boyfriend of three years, that I could do it. I had always wanted to be a mother and, although this was earlier than expected, I felt that it was meant to be, and I was ready to embrace this next chapter of my life.

Unfortunately, this chapter ended much sooner and differently than I anticipated. My family was not supportive of me keeping this pregnancy, they convinced me that I had no option but to have an abortion, and any other option was just crazy and impossible. Being 18 and naive, I believed them. I gave in to abortion. For the next two years I was depressed, lonely and yearning for the baby I lost. It was all consuming. The guilt, the sadness, the feeling that I was a mother who didn't have her baby there. And would never get to meet them.

When I was 20, I found out I was pregnant once again. And again, my whole family was dead set on abortion. I didn't know how I could do it without their support, but I also didn't know how I could survive the heartbreak of another abortion. That's when I found ABBA. From the moment I called, I felt relief. I could tell by the kindness in their voices that they could truly help me. Upon speaking with these

amazing women, I felt a glimmer of hope for the very first time.

When I visited their clinic, I started to grow a strength inside of me that wasn't there before. I decided I didn't need anyone else's approval. I was going to keep my baby, and I wasn't doing it alone. I was truly amazed and overwhelmed by the amount of support I was given. These women worked so hard and spent so much time researching options for me that I didn't even know existed. They were there to support and guide me when no one else was, and I'm not sure I could ever express how much that means to me.

I will never forget getting an ultrasound there and seeing my son at just 8 weeks development. They let me keep the pictures, which I was able to share with my boyfriend. We both fell in love with our son instantly, and he came with me the next time I visited ABBA. These women hardly knew me, but they went to every length to make sure I had what I needed to make the decision that I wanted to keep my baby. Without their generosity and kindness, I can't say I would have had the strength, or even felt I had the option, to keep my child.

My son, Jack, is now a very healthy, smart and happy one-and-a-half-year-old. He is adored by all of his family members, and none of us can imagine our lives without him. Currently, Jack's father, Andrew, and I are building our future together piece by piece. I'm working towards my



master's degree in Occupational Therapy, and Andrew works hard every day to provide for us. We are accomplishing everything we had ever hoped to accomplish for ourselves, and we have Jack here with us to celebrate our successes with.

I'm sure there are so many women out there whose lives have been completely changed by the services and women at ABBA. The importance of what they do cannot be stressed enough. When it comes to something as precious as pregnancy, no woman should ever feel

like she has no voice in the matter. ABBA helps you find that voice.

*Note: Since submission of this story to the ABBA pregnancy center in Portland, Alison and Andrew have married and also have a daughter.*

In 2019, a total of five percent, or 147 pregnancy center locations, offered some level of prenatal care beyond the provision of prenatal vitamins on-site.

“ *When I found out about my pregnancy, I was scared, angry, stressed and a mix of other emotions. I never in a million years believed I was strong enough to make it through everything. I credit my son with fully helping me heal the trauma, but before his arrival it was The Women’s Care Center that helped me get through.* ”

~ Parkersburg, West Virginia

## STI/STD TESTING AND TREATMENT

National health surveillance data from the Centers for Disease Control and Prevention (CDC) show that the American STD epidemic continues to be a significant public health challenge, with 20 million new STD infections reported every year, leading to severe health consequences.<sup>9</sup> According to the CDC, combined cases of syphilis, gonorrhea, and chlamydia reached an all-time high in the U.S. in 2018.<sup>10</sup> This included the highest numbers of syphilis and gonorrhea reported in U.S. men and women since 1991, and the most ever cases reported to the CDC of chlamydia (nearly 1.8 million cases) with the number of chlamydia cases in young women between the ages 15 and 24 increasing since 2017.<sup>10</sup> According to the CDC, it is estimated that undiagnosed STDs cause infertility in more than 20,000 women each year.<sup>10</sup>

Tragically, syphilis cases among newborns increased 40 percent from 2017, with 1,300 cases and 94 deaths from congenital – passed from mother to baby during pregnancy – syphilis.<sup>9</sup> Congenital syphilis can “lead to miscarriage, stillbirth, newborn death and severe lifelong physical and neurological problems.”<sup>9</sup> The rise in cases parallels the increase of syphilis cases in women of child-bearing age (36 percent increase from 2017).<sup>9</sup>

CDC health officials have stated, “Curbing STDs will improve the



overall health of the nation and prevent infertility, HIV, and infant deaths.”<sup>9</sup> Screening is critical for sexually active women and pregnant women to safeguard their health as well as their baby’s health.

Medical pregnancy centers or clinics provide STI/STD testing and treatment to women, and at some locations to men, in direct response to this public health crisis. Both STI/STD testing and treatment services as well as the number of infections/diseases tested for have continued to increase at medical pregnancy centers or clinics since first studied in 2008. At pregnancy centers where STI/STD testing and treatment are not available, referrals for screening/testing and treatment are routinely made.

In 2019, a total of 30 percent of pregnancy centers, or 810 center locations including MUs, were providing STI/STD testing, which is up from 26 percent of centers in 2017. One in five (21 percent), or 563 center locations including MUs, were providing STI/STD testing and treatment, which is up from 19 percent of centers in 2017. Also in 2019, the total percent of pregnancy center locations that offered testing for the following infections were: chlamydia – 29 percent (or 780 locations), gonorrhea – 29 percent (or 776 locations), HIV – 10 percent (or 282 locations), and syphilis – 10 percent (or 258 locations.) A total of 160,201 STI/STD tests were performed on 99,522 clients (80,012 women and 19,510 men), at an estimated value of \$8,031,626 (which includes the value of 160,201 STI/STD tests performed -\$4,325,427 -and one hour of hourly pay per patient for the registered nurses -\$3,706,199).

“ Today, I wasn’t lectured. Today, I had a conversation about my sexual health – without the judgment, the bias or disappointment that so commonly accompanies this topic. ”

~ Knoxville, Tennessee

## FERTILITY AWARENESS-BASED METHODS

Education about Fertility Awareness-Based (FAB) Methods is on the rise at pregnancy centers across the country. An estimated one quarter (or 23 percent) of U.S. women are currently using a fertility awareness app.<sup>11</sup> FAB methods build upon understanding of the natural process of ovulation, overall fertility and reproduction. Charting, or the tracking of physical signs or biomarkers of a woman’s cycle, is the basic tool used in FAB methods which can be used for health monitoring and family planning. An underlying premise is that ovulation is a normal and healthy physiological process not to be suppressed with drugs which can significantly affect women’s reproductive systems.<sup>12</sup> Many birth control methods block ovulation by using synthetic hormones. These include: oral hormonal contraceptives, vaginal rings, the skin patch, implants, Depo-Provera injections and hormonal IUDs.



Registered nurse talking with a patient at Hope Pregnancy Center in College Station, Texas.

FAB methods encompass Fertility Education and Medical Management (FEMM), Natural Family Planning methods and lactation methods. The CDC categorizes FAB methods into symptom-based and calendar-based designations.<sup>13</sup> Specific evidence-based FAB methods include: Billings Ovulation Method, Marquette Method, Creighton Model, FEMM, Couple to Couple League and 2 Day Method.<sup>14</sup>

Published health benefits of FAB Methods by Natural Womanhood include: they respect your body (allowing the natural process of ovulation to occur), they allow for good healthcare given that contraceptives may mask medical conditions such as endometriosis, polycystic ovary syndrome/PCOS or ovarian cysts; they contain no estrogen (as found in most hormonal contraceptives) classified as a Class One carcinogen by the World Health Organization, and they are free following the initial education to gain understanding about the process.<sup>15</sup>

While pregnancy centers present the active practice of FAB methods to married clients for family planning, the fertility education is presented to non-married women to inform and empower them to have a greater understanding, respect and appreciation for their own bodies and reproductive health decisions. Individual pregnancy centers may provide instruction on only one or two FAB methods, but there has been a trend to provide the fertility education and medical management as part of whole woman care emerging at pregnancy centers in conjunction with a growing number of life-affirming providers to whom they may refer for whole woman healthcare (please see Newer Woman Care Models section on page 71).



In 2019, a total of seven percent, or 188 pregnancy center locations, provided education about FAB methods as a service.

“ *I am very happy I chose to come here first. I think all the info and resources you provide is amazing. I'm very grateful there is such a positive resource in our community.* ”

~ Lincoln, Nebraska

## OTHER MEDICAL SERVICES

The scope of pregnancy center medical and health services continues to expand as needs present in individual communities and as qualified staff and/or volunteers with expertise become available. The standard of providing excellent care across the continuum of client services remains constant at pregnancy centers. Maternal and child health and women's health services offered at some pregnancy centers include: childbirth classes, lactation/breastfeeding consultations, certified dietitian/



Anchor of Hope medical team in Sheboygan, Wisconsin. Center provides Abortion Pill Reversal, STI/STD testing and treatment as well as pregnancy confirmation ultrasounds among its services.

registered nutritionist consultations, Pap tests and well-woman exams which include Pap tests and screenings for risk factors. These multiply the quality care provided by pregnancy centers contributing to an increase in positive health outcomes and well-being for women and babies, in turn leading to healthier communities.

Further, the life-saving intervention of abortion pill reversal is a fast-advancing medical phenomenon at pregnancy centers. It provides women who regret starting the chemical abortion process a real hope of stopping it. (Please see the Abortion Pill Reversal section on page 67 for additional information about levels at which pregnancy centers are connected to the Abortion Pill Rescue Network.)

As with all services provided at pregnancy centers, the classes and consultations are led by licensed and/or certified/registered health professionals in accordance with state and federal laws.

In 2019, pregnancy center locations provided the following services:

- childbirth classes – 27 percent of all pregnancy centers (742 centers);
- lactation/breastfeeding consultations – 19 percent (518 centers);
- abortion pill reversal – 11 percent (305 centers);
- certified dietitian/nutritionist consultations – four percent (97 centers);
- well-woman exams – two percent (46 centers); and
- Pap tests – two percent (45 centers)

“ *How could we ever thank you enough for all you’ve done for me and my family. From that first ultrasound to the last basket of goodies, you all go above and beyond! I miss you all and will always remember you.* ”

~ Helena, Montana

## MEDICAL MOBILE UNITS

Medical mobile units (MUs), sometimes called mobile clinics, provide a confidential meeting and clinic space for the provision of pregnancy testing and limited pregnancy confirmation ultrasounds (and more) on board a comfortably designed vehicle which travels to designated locations. The care is similar to other mobile medical/health care community outreach where care is brought into the community to reach those who are not able or are unwilling to travel to a facility or provider. Staff and volunteers are able to share the same life-affirming options on MUs as they do at brick-and-mortar pregnancy centers. The same model of compassionate, welcoming, and professional care offered at pregnancy centers is also present at MUs. While they



Top  
Interior of an ICU Mobile model  
medical mobile unit, operated by  
Skylark in Brunswick, Georgia.

Right  
Save the Storks bus exterior for  
Bridge Women's Center in Old  
Bridge, New Jersey.



do see scheduled appointment clients, MUs see unscheduled “walk-up” clients/patients more frequently.

In addition to urine pregnancy testing and limited first-trimester ultrasounds to confirm pregnancy, other services offered on some MUs include: options education and consultation, sexual risk avoidance/sexual integrity and relationship education, STI/STD testing and treatment, well-woman exams, prenatal education, parenting education, online Medicaid enrollment, fertility awareness-based methods, material assistance and support, and referrals for community resources, medical care, and social service agencies. In addition, the vast majority of MUs are connected to a brick-and-mortar pregnancy center where such services can also be accessed.

In 2019, over 120 MUs provided services to women and men in at least 37 states through two MU manufacturer groups, Image Clear Ultrasound (ICU) Mobile and Save the Storks, as well as independently purchased and managed MUs. Together ICU Mobile and Save the Storks provided services to over 7,300 clients on board their vehicles in 2019, with 5,206 choosing life for their baby following those services and care.



*Very clean, kind and very positive and professional.*



*~ Cabot, Arkansas*

## EDUCATION AND OTHER CORE SERVICES

### OPTIONS CONSULTATION

Options consulting is an original, core service offered at all pregnancy centers. It is the defining outreach presenting alternatives to abortion which is needed today more than ever given the increasing rate of chemical or medical abortions (also known as “the abortion pill”) in the country and worldwide.

Upon the reading of her own positive pregnancy self-test, a woman is then advised that she will need a medical professional to confirm her pregnancy. If the test occurs at a center which offers limited pregnancy confirmation ultrasounds, she is offered an appointment to formally diagnose the pregnancy. If the center does not offer ultrasound on-site, a woman is provided with referrals to providers in the community for follow up. With the woman’s permission, a client advocate will then offer to discuss the client’s three legal options: giving birth and raising the child, giving birth and making an adoption plan for the child, and abortion. The first two options represent a “parenting” option and are life-affirming.



Options consultation session with client and client advocate at Assist Pregnancy Center in Annandale, Virginia.

The up-to-date education and resources pregnancy centers maintain come from the perspective of a holistic health model. They provide women with information concerning her health and that of her unborn child in order for her to make an informed decision. Depending on a client's circumstances, education on parenting options is offered on single motherhood, co-parenting, and marriage. Client advocates explore a client's short- and long-term goals as well as challenges and joys parenting may hold in store. Clients are typically offered a number of referrals which include parenting, prenatal education, and life skills classes in addition to other appropriate community resources, all of which empower a woman with positive development and opportunities to learn and grow (with other new moms).

Adoption is the second life-affirming option that can be discussed with pregnancy and is presented as a viable parenting plan. Information is shared about the different types of adoption arrangements and relationships now possible. Adoption is presented as a loving option which can benefit a child, bless a couple who may not be able to have a child biologically, and also benefit the birth mother in giving her the chance to wait until a time when she is more prepared to actively parent. Many centers invite-in an adoption specialist to help train volunteers and workers in how best to share about adoption given the many misconceptions that exist. Clients expressing further interest receive referrals to local and licensed adoption agencies.

Medically referenced information about surgical and chemical abortion procedures and risks is available to increase a client's awareness for both her reproductive and general health. Pregnancy center client/patient paperwork, websites, staff, and volunteers all make evident that centers do not provide or refer for abortion. The health information is comprehensive in its coverage of physical and psychological risks to women's health and represents an access point to medically accurate information a woman may not readily obtain through abortion providers. Given the increased use and availability of chemical abortion, or RU-486 (sometimes referred to as "the abortion pill"), pregnancy centers have augmented their materials on the drug protocol and its risks as well. In addition, centers are providing education on the life-saving intervention of abortion pill reversal (APR) so that women are informed that an option exists if they begin a chemical abortion and then change their mind. Information about the availability of the APR protocol is not provided by abortion facilities dispensing the "at-home" chemical abortion.

Information concerning the health risks of potentially abortion-inducing morning-after or week-after pills - also known as "emergency contraception," or Plan B, and Ella, respectively - is usually available. Some pregnancy centers opt to distribute their state health department's published materials on abortion risks and procedures.

Client materials regarding women's health risks from induced abortion are published and distributed by the national pregnancy center networks. They are reviewed for medical accuracy and referencing by licensed medical professionals and credentialed experts in the fields of obstetrics, pediatrics, endocrinology, psychology, and psychiatry. These national-level experts, through careful review of

*“When I first came to this center I felt relief because they were very caring, they were very respectful of my beliefs, they validated my feelings, they gave me a support system.”*

**A**bigail’s desire to give back to her community through studying psychology stems from her own personal experience with childhood trauma and abuse. Now, thanks to a full-tuition scholarship to Regent University, that desire can become a reality.

“I’ve been through a lot of trauma in my life,” Abi said, alluding to childhood sexual abuse and the violence she suffered in a marriage she has since escaped. It was through community organizations, including her local pregnancy center, that Abi found help and the courage to choose healing.

“I really want to give back to my community and help other people who need support and need help with what they’re going through,” she explained. A bachelor’s in psychology from Regent University will be exactly what she needs to realize that goal.

Abi was nominated for the Regent Scholarship by Nancy Paltzer, the Client Services Director at Caring Pregnancy Center in Mason City, Iowa. Nancy praised Abi for being “consistently hard working” and “motivated to improve her life and that of her children.”

Abi came to Caring Pregnancy Center six years ago, pregnant and a victim of intimate partner violence. “When I first came to this center I felt relief because they were very caring, they were very respectful of my beliefs, they

validated my feelings, they gave me a support system,” she said.

Now she’s a survivor with a powerful story. Since receiving the compassion, hope, and help offered through Caring Pregnancy Center, she has referred numerous other women to the center. She also obtained certification as an Adverse Childhood Experiences (ACE) trainer and has since trained the staff at Caring Pregnancy Center and other community organizations to identify the signs of ACE and better serve affected clients.

Abi accepted the scholarship at Care Net’s 26th annual conference in St. Louis, Missouri on September 6, 2019. Abi was joined by Jo Hafermann, Executive Director of Caring Pregnancy Center, and Renee Schaefer, Abi’s Client Mentor. Kathleen Patterson, Director of the Doctorate of Strategic Leadership Program at Regent University and Care Net board member, presented the scholarship. Care Net Vice President of Center Services and Client Care Cindy Hopkins was also present.

Since 2012, in partnership with Regent University, Care Net has annually awarded a full four-year college scholarship to a pregnancy center client. In a competitive process, clients are nominated by their local pregnancy center, submitting applications that are reviewed by a scholarship committee. The successful applicant demonstrates strong leadership potential,



Abi accepting a four-year scholarship to Regent University at the annual Care Net conference in St. Louis, Missouri in 2019. Photographed with Cindy Hopkins, Care Net's vice president of center services and client care, and Care Net board member, Dr. Kathleen Patterson.

determination, academic aptitude, and the ability to thrive in Regent's rigorous program.

Care Net and Regent University awarded another full-ride scholarship at Care Net's National Conference in Orlando, Florida, September 8-11, 2020.

Abi began her degree program at Regent in Spring 2020 working towards a Bachelor's in Psychology and a minor in Criminal Justice. She is enrolled as a full-time student.

the existing and growing body of scientific literature, have concluded that induced abortion is associated with increased risk of adverse mental health effects (depression, substance abuse, and even suicide), subsequent preterm birth, breast cancer, and other physical complications.<sup>16, 17, 18, 19</sup>

“ I can be open with my client advocate and she is a great listener and gives great feedback.

~ Chambersburg, Pennsylvania ”

## PARENTING EDUCATION AND PROGRAMS

Parenting programs encompassing prenatal education during pregnancy and parenting education throughout pregnancy, infancy and early childhood are respected, core services offered by the vast majority of pregnancy centers across the country. Safer pregnancies and stronger parenting leads to healthier families. Because pregnancy centers recognize the importance of engaging fathers, in those instances where a positive relationship exists, centers encourage the father of the baby to participate in ongoing education with her. The education improves a couple’s ability to prepare for parenthood and acquire skills for child raising.

Pregnancy centers provide one-on-one prenatal education sessions throughout







Prenatal education class through Obria Medical Clinics Beginnings Prenatal Program held at the Salvation Army in Long Beach, California.

the course of a pregnancy for additional support and to complement prenatal care from a medical provider. The prenatal education helps to promote positive health outcomes for both moms and babies and the ongoing mentoring role at centers serves as a social support for expectant moms and couples. Examples of prenatal education lessons from evidence-based curricula include eating for two, what is safe in pregnancy, bonding with your newborn baby, emotions of pregnancy, infant hygiene, bonding with your unborn, caring for yourself after birth, breastfeeding – goals and benefits, and postpartum depression.

Parenting education is also provided in a one-on-one format at centers affording ongoing mentoring, education and support for new parents. Topics in parenting classes include child development, safety and injury prevention, mommy nutrition, infant nutrition, car seat safety, Sudden Infant Death Syndrome, bonding, quality child care, family rules, infant and child CPR, positive discipline strategies, single parenting and military deployment, communication skills, anger management, financial management, and hygiene. Classes also typically cover life skills topics to strengthen the development and resilience of moms - and dads - in-training, broaching strategies for stress management, job skills training, continuing education, marriage and relationship education, relationship boundaries, and conflict resolution.

Parenting education is also sometimes offered in a group format on-site at

centers or off-site at local churches, schools or other locations affording moms and dads the opportunity to bond with peers while growing their knowledge of parenting skills. These opportunities to bond with other new moms (and dads) strengthen social support networks as well as promote stronger parenting. Pregnancy center parenting classes and sessions are recognized and identified as quality education for moms, dads, and couples to foster healthy and nurturing family environments. Outside groups which refer to pregnancy centers' parenting education include social service entities, schools, and legal bodies.

The National Fatherhood Initiative (NFI), founded in 1994, has been helping to equip pregnancy centers nationwide with resources to develop responsible and involved dads. In embracing men, centers have also been increasing programming and services geared specifically towards new dads as well as those in which mom and dad can participate together. NFI's research and evidence-based materials include "Father Facts," "24/7 Dad®," "The Importance of an Involved Father," and "Tips to Help Your Child in School." The Doctor Dad™ program, a joint resource through NFI and the national network Care Net, which teaches child safety and healthcare skills to new and expectant fathers, is available through Care Net.

Parenting programs provided through pregnancy centers are typically incentive-based allowing mom and dads the opportunity to earn points or "baby bucks" currency to use towards needed baby items and more in the center's resource closet or boutique. (Please see the Material Assistance to Moms and Dads/Essential Baby Items section on page 51.)

First developed in 2000, the long-standing and widely used Earn While You Learn prenatal and parenting education curriculum, available at pregnancy centers in hard copy materials and DVDs, was launched online in 2019 as BrightCourse. The education system software is available via text and email and supported through IOS and Roku apps. Fact sheets and client worksheets for all lessons are all accessible on-line. The evidence-based materials cover a wide range of prenatal and parenting topics (some listed above) through the following modules: pregnancy/birth, first year, toddler, parenting, co-parenting, life skills, special circumstances, positive partnerships, fatherhood and added topics (such as Improve Your Child's Self Confidence, Listen So Kids Will Talk and Talk So Kids Will Listen, and Breast Pumps and Briefcases). It is estimated that in 2020 over 1,200 pregnancy center locations in the U.S. are utilizing BrightCourse for client services.

In 2019, a total of 291,230 clients participated in parenting education programs at pregnancy centers. Of these, 252,435 were women and 38,795 were men. Eighty-six percent of centers, or 2,312 centers, offered this type of parenting and prenatal education programming. The estimated value of the parenting programs in 2019 is \$51,879,712.

“ *Parenthood has given us an entire different meaning of love and we were able to share and express our love with others at the Pregnancy Testing Center! We are so glad God blessed us with an extended family!* ”

*~ James and Oona, Alabama*



## MATERIAL ASSISTANCE TO MOMS AND DADS/ESSENTIAL BABY ITEMS

Material assistance to mothers, during pregnancy through her child’s infancy and even into toddler years, is one of the longest-standing services at pregnancy centers. For decades centers have provided essential items to new moms and families during times of need. In doing so, the provision of items helps to alleviate stress, while providing premium, evidence-based health education through center programming as well as building a network of support for new moms and dads.

Centers have largely adopted an incentive-based approach to ongoing material assistance whereby material assistance outreach works in conjunction with center education courses. New moms (and dads of babies) are invited to attend parenting and prenatal education classes to earn points or “baby bucks”/CARE cash to be used in the center’s on-site resource room or boutique. Items earned may include: baby/toddler clothes, diapers and wipes, baby blankets, breast milk pumps, maternity clothes and infant formula (when requested). Larger items include pack-n-plays, strollers, cribs, and car seats. Some centers have moved away from directly providing cribs given the prevalence of recalls on this furniture item, and instead provide a designated gift card for cribs.

The resource areas/boutiques at centers also provide a way for community members to give to new moms and dads by helping to stock them with supplies, contribute financially towards and volunteer by organizing the rooms and putting together layettes filled with essentials for newborns – onesies, wash cloths, toiletries, outfits, books, and baby gifts - to be given upon the birth of a client’s baby.



Two areas of many at A Woman's Concern Hope Boutique in Lancaster, Pennsylvania. This medical pregnancy center, originally founded in 1972, maintains a large inventory of new car seats, strollers, cribs, pack-n-plays, clothing, and essential baby items on-site for clients to earn through their Strong Families parenting education program.

In times of national crisis though, such as during the COVID-19 pandemic, pregnancy centers able to open have been at the forefront of providing essential baby items on a curbside pick-up basis, without the ongoing education classes and points system.

In 2019, a total of 94 percent of centers, or 2,525 center locations, in the U.S. offered material assistance to moms and dads. These centers provided the following baby items: 1,290,079 packs of diapers, 689,382 packs of wipes, 2,033,513 baby clothing outfits, 30,445 new car seats, and 19,249 strollers. The estimated value of these essential baby items is \$26,747,835.

Note: Medical mobile units are classified as pregnancy center locations and often do not have the capacity to stock material assistance on the vehicle. This affects the overall percentage of centers offering the service. In such cases, clients are usually referred to a nearby pregnancy center.



“ Once I walked through the door at Pregnancy Help Center and the ladies welcomed me I knew that I was going to be able to have my baby.

~ Jefferson City, Missouri ”

## SEXUAL RISK AVOIDANCE/SEXUAL INTEGRITY

In 2019, 23 percent of clients who received pregnancy testing services at pregnancy centers received a negative test. In such cases, for clients who are not married, centers provide a message of risk avoidance and guidance on a wide range of topics, with education and referrals as needed and requested. This is a unique opportunity to share about risk avoidance in a confidential one-on-one setting which empowers clients to navigate their health behavior choices. As with all areas of consultation and education, consenting clients receive accurate and honest information and education to empower them in their decision-making. The consultation is intended to help women (and men) explore and navigate sexual risk avoidance behavior with basic skills and helpful ideas to practice it.

The sexual risk avoidance model envelops a whole-woman's health approach and holistic health model whereby multiple dimensions of health are taken into consideration: physical, emotional, intellectual, social and spiritual/ethical. The approach is positive and female fertility is presented as a gift to be respected and protected. Increasingly, clients are apprised of fertility education if available to equip women with resources to learn more about their bodies and biology.

Depending on resources used at a center, the benefits of refraining from sexual activity outside of marriage are shared, including freedom from concern about pregnancy, reduced risk of contracting STIs/STDs, and avoiding emotional trauma.



The approach emphasizes freedom to then pursue interests and healthy relationships. Information about healthy and unhealthy relationships is often also made available as well as safety tips and strategies for dating. Education materials made available for clients convey the risks associated with casual sex/hook-ups, multiple partners, adolescent sex, and other high-risk behaviors including sexting and online scenarios. Client materials are medically referenced and accurate, having been reviewed and approved by national networks' staff and experts.

Faith-based sexual integrity programs which focus on walking in sexual wholeness in all areas of life may be presented as an option for women who indicate interest. Such curricula span relationships, marriage, fertility and wholeness.

For clients who are sexually active, a center may directly offer STI/STD testing as a service on-site or a referral if she is not already being screened to protect both her general and reproductive health. Information about APR is also increasingly being made available at centers so women are proactively educated about the existence of the life-saving intervention.

“ *Hope Pregnancy Center helped me through a time where I thought all was lost. Little did I know this was just the beginning.* ”  
~ Darrien, Oklahoma

## AFTER-ABORTION SUPPORT AND RECOVERY

The trauma of abortion may not be identified as a source of mental health morbidity for years, even decades, after the procedure. Increased risk of adverse mental health outcomes after abortion including elevated rates of depression, substance abuse, and suicidal thoughts has been shown in peer-reviewed research publications.<sup>16</sup> Pregnancy centers have served on a long-term basis as a setting where women and their extended family can receive hope and help following an abortion experience. After-abortion recovery, support, and education have become a core outreach at pregnancy centers. Further, pregnancy centers are increasingly reaching women



Reproductive Grief Care Training for AVAIL center staff and volunteers in Manhattan, New York conducted by Life Perspectives' certified instructor Rebecca Capuano in 2019.

attending church for these needed services given the centers' links to churches in their respective communities. Outreach through pregnancy centers to women in prisons is also on the rise. The need is immense given the statistic that one in four women will have an abortion before the age of 45.<sup>20</sup>

While some centers are able to provide one-on-one individualized outreach, other centers conduct multiple sessions through one of the many published recovery programs (please see Abortion Recovery Coalition section on page 69). Many programs are faith-based but centers are increasingly making available secular studies, co-authored and reviewed by professional psychologists. Current resources have increased to include online materials. Some centers are also able to provide this specialized support to men and family members, while others are able to connect them to appropriate resources. As always, pregnancy centers make resources and referrals available to professional counselors and hotlines as appropriate.

In addition, pregnancy centers are increasing their resources for miscarriage and other reproductive loss to serve important outreach to women in their communities. The urgency of this need is receiving fresh recognition and response.

In 2019, approximately three out of four pregnancy center locations (72 percent), or 1,931 center locations, provided after-abortion recovery and support to 21,698 people (21,201 women and 497 men). The estimated value of this support service is \$3,221,068.

“ *I would not have been able to come to this level of healing without Alternatives. Alternatives is motivated toward good and healing, based in love and concern.* ”

~ Denver, Colorado

## GROUP-/COMMUNITY-BASED SEXUAL RISK AVOIDANCE PROGRAMS

Having identified an unmet need in their communities, a large percentage of pregnancy centers have provided sexual risk avoidance (SRA) programming to youth in their communities for over a quarter century. Pregnancy center workers present in a variety of settings including: public and private school sessions, health classes, after-school programs, youth groups, maternity homes, juvenile detention centers, church groups and other faith-based organizations.

A form of primary prevention based upon sound behavior change theories, SRA education implements a public health risk avoidance strategy as opposed to the sexual risk reduction (SRR) approach favored by comprehensive sex education programs. Risk avoidance is a public health strategy broadly employed for optimal

*“I will forever be humble that God broke through my life and saved his life and mine with the aid of selfless, caring individuals.”*

**O**n a spring day in 2018, Sarah walked into a Planned Parenthood under immense pressure. Already a single mother of three children, she was pregnant with her fourth, and the baby’s father had one thing in mind: an abortion. Against her better judgment, Sarah took the first drug in the chemical abortion regimen, returned home, and began to cry.

“I couldn’t look at my other three children in the face without breaking down and telling myself this baby deserves love just as much as these three in front of me,” she said. With that thought in mind, she decided to act, turning to the internet to see if there was any way she could save her unborn baby. In that moment, Sarah, like hundreds of other women, discovered a fast-growing treatment known as Abortion Pill Reversal. She quickly dialed the 24/7 Abortion Pill Rescue helpline (877-558-0333) and was put in touch with one of the network’s 800-plus medical providers in 2020.

Once she was at the doctor’s office, the baby’s heartbeat was detected, and Sarah was able to begin the Abortion Pill Reversal treatment. Used as an antidote to the abortion drug mifepristone (otherwise known as the “abortion pill” or RU-486), the reversal protocol works by flooding a woman’s body with progesterone, the natural hormone that is needed to sustain a healthy pregnancy.

“I prayed for God to help me through,”

Sarah said. “I wanted to try whatever I could to reverse the worst decision I had made.”

Today, Sarah’s life looks vastly different from the heartache she faced earlier that spring day. That’s because the little baby she thought was aborted is alive and well, having recently celebrated his first birthday. To Sarah’s immense joy, the Abortion Pill Reversal protocol worked. Her baby boy Isaiah has become an integral member of her family and has stolen the hearts of his aunts, grandparents, cousins, and siblings.

“Isaiah is starting to walk,” Sarah wrote in a message to Heartbeat International, the group that manages the Abortion Pill Rescue Network. “He’s starting to babble more and is always hungry. He is a ham and knows it. He loves jumping in on the action when his siblings are playing.” The miracle of her child’s life is not lost on Sarah. Since the experience of rescuing Isaiah from abortion, she has been overcome with unshakable gratitude and the desire to share her story with others.

“All my children bless me daily,” she wrote. “Each one taught me lessons, but Isaiah began my new life. This morning when he woke up and smiled at me it touched my soul. I will forever be grateful that there are people out there who hold life in the highest regard.” “I am ashamed I went for an abortion for my son,” said Sarah, “but I will forever be humble that God broke through my life and saved his life and mine with the aid of selfless, caring individuals.”





“One day, we will end abortion,” she continued. “And no woman will ever have to feel that regret and shame again and will either get to look with love at their child, or gift a couple with the blessing they have been praying for. I want everyone who works for APR to know just how much we appreciate their work!!”

Christa Brown, who oversees the Abortion Pill Rescue Network for Heartbeat International, says the feeling is mutual. She is encouraged by Sarah’s willingness to share her experience in the hopes of helping other moms who regret their abortions. “As a single mom, we know this last year has been difficult at times for her, but we are so proud of Sarah,” she said. “She is so beautiful inside and out. As a loving mom, she

accepts every challenge willingly in order to provide the best life for her little family.” Later this spring, Sarah will return to school to pursue further education.

As Sarah prepares for that new chapter, Brown can’t help but reflect on the rippling effects of Sarah’s decision to change her mind and rescue her baby from abortion. Not only has Sarah been restored as a mother and Christian, but her family has also experienced profound renewal. “They all love Isaiah dearly and couldn’t imagine life without him,” she said. “Abortion impacts so many and seeing the joy Isaiah has brought to this entire family makes the saving of his life even more miraculous.”

health promotion/disease prevention outcomes across many high-risk health behaviors including illicit drug use, underage drinking, violence, and smoking.<sup>21</sup> It communicates practical tools and information for practicing the behavior of risk avoidance. For those who are already sexually active, the approach promotes cessation using evidence-based behavior change health models. These youth have traditionally been funneled into a risk-reduction, physical-only focused clinical strategy by the public health community (and have not always received necessary screening for sexual assault). By giving youth the additional tools and medically accurate and referenced information, they are provided the approach geared towards optimal health outcomes including sexual wholeness.



After-abortion healing event to commemorate lives lost to abortion at Clarity Solutions center in Elizabethtown, Kentucky.

A substantial evidence base for the effectiveness of SRA as a public health strategy has been established. According to a summary by the national membership and SRA advocacy organization, Ascend, published in 2019, “twenty-five research studies of SRA programs show significant behavior changes in improving teen outcomes,” and “an additional 43 studies from the Department of Health and Human Services showed early stage positive attitudinal impacts that tend to predict decreased sexual initiation rates.”<sup>22</sup> Research is clear: when teens are having sex, as compared to those who are not, a number of negative life outcomes are more likely to occur and even persist into adulthood. These include: greater likelihood to experience a sexually transmitted infection (STI); decreased general physical and psychological health, including depression; lower educational attainment (and not necessarily linked to pregnancy); increased sexual abuse and victimization; more frequent engagement in other risk behaviors, such as smoking, drinking, and drugs; and lower likelihood to use contraception among other outcomes.<sup>23</sup>

Given the statistic that youth and young adults (ages 15-24) in the U.S. contract about 10 million STDs each year, totaling about \$8 billion in direct medical costs, SRA is helping to address and avert a public health crisis with the risk avoidance/elimination approach.<sup>22</sup> The research from the compilation above further shows that,

compared to their peers, “students in SRA education programs are more likely to delay sexual initiation; if sexually active more likely to discontinue or decrease their sexual activity; and no less likely to use a condom if they initiate sex.”<sup>22</sup>

Further, in contrast to the SRR approach, SRA education presented through pregnancy center programming does not normalize teen sex, which prevents the harm of increased risk to youth.<sup>22</sup> CDC data shows that nearly 70 percent of 15-17-year olds are not having sex.<sup>24</sup> Barna Group research has shown that “Nearly one in four teens say these sex education classes make them feel that teen sex is an expectation.”<sup>25</sup> While curricula vary, the standardized SRA approach equips and empowers youth and pregnancy center clients with critically valuable information about consent, sexual assault, and dating violence.

Poverty prevention research from the Brookings Institution published in 2007, specifically “The Success Sequence,” remains the current foundation for SRA programs. The research shows that American adults who followed three steps have a less than three percent chance of living in poverty as adults. The three steps are: finish high school, get a full-time job, and wait until age 21 to get married and have children, in that order. The findings held across race and childhood socioeconomic backgrounds in terms of a significantly decreased risk of living in poverty.<sup>26</sup> A 2017 family studies report released by the American Enterprise Institute showed “The Success Sequence” still held for Millennials.<sup>27</sup>

In addition to following a poverty-prevention, research-based model, SRA



Staff from Life Options in Yakima, Washington leads an SRA education community-based presentation in a class setting to students.

education covers topics and practical tools for practicing the behavior of healthy relationships and oftentimes strategies for healthy family formation. It follows a holistic health paradigm taking into account multiple dimensions of health: physical, emotional, social, mental and spiritual/ethical.

The risk avoidance approach also contains “universally transferrable principles” which all students and individuals can benefit from whether heterosexual, LGBTQ youth/individuals, or previously sexually active teens and individuals. These principles determined by scientific research and highlighted by Ascend include: sexual delay is a protective factor for sexual health; the fewer lifetime partners a person has, the healthier the sexual outcomes; teen sex is high risk but certain behaviors are especially risky, even with a condom; healthy relationships have a greater opportunity to develop when they are not complicated with sexual activity; setting boundaries, learning refusal skills, and acquiring date rape prevention strategies help to prevent victimization; and reserving sex for a lifetime, sexually faithful, monogamous relationship with an uninfected partner is the best protection against contracting STDs or sexually transmitted HIV.<sup>22</sup>

The organization Ascend developed and began a professional certification, the Sexual Risk Avoidance Specialist or SRAS, in 2012. SRAS is a training for uniform levels of professional expertise in SRA methodology and sexual health education at the school and community levels. Ascend designed the certification with the pregnancy center model in mind to elevate expertise, provide a standard of excellence for the field of SRA, and professional development for grantees under the Title V Sexual Risk Avoidance Program within the Welfare Reform Act of 1996, endorsed and administered by the Family and Youth Services Bureau of the U.S. Health and Human Services Department. Sexual health data, research, trends, and medical accuracy as well as the implementation of an evidence-based approach and content of successful SRA programs are examples of topical areas covered in the certification and for which program participants must demonstrate competency.

Since 2012, 1,739 individuals have received the SRAS certification, 44 percent of whom are pregnancy center workers representing centers in 42 states. Recertification is required every two years to remain current. The SRAS certification has been growing a population of specialists at pregnancy centers and at the community level able to uphold the highest standards for informing youth and pregnancy center clients to make their best health behavior decisions. The uniform risk avoidance messaging and evidence-based implementation have been further enhanced by the SRAS certification earned by over 750 pregnancy center workers in the country since the start of the certification. (The remaining roughly 1,000 certified SRA specialists are workers with stand-alone SRA organizations and Title V grant coordinators or staff who strengthen the SRA approach at the community level.)

In 2019, a total of 36 percent, or 979 pregnancy center locations, provided SRA community-based presentations to 881,125 youth at an estimated value of \$2,114,700.

“

*Even after four years, I still have a relationship with the Women's Center and have someone I can confide in.*

”

*~ Sidney, Ohio*

## COMMUNITY RESOURCES AND LINKAGES TO CARE

Community resources and referrals offered at pregnancy centers are extensive and they have been a core service at centers for five decades. From linking women to essential care and support services in their communities, pregnancy centers have established mutual referral relationships alongside others as trusted members in community networks of care. These include links to health care, community resources and social service agencies.

Referrals for resources such as job centers and skills training, education programs, peer support services to aid in drug addiction recovery, housing, adoption



Client and her baby who received care at Life Options in Grandview, Washington.

agencies and maternity homes all serve to empower women with needed information to make informed choices and take positive steps. Referrals to community agencies and programs such as Women, Infants and Children (WIC) help women gain access to important education interventions including breastfeeding and nutrition.

Essential health care referrals to private medical practices, community health centers, local and state health departments, free clinics, and social services for health insurance sign-up are important for screenings and ongoing care. Referrals to care include those for STI/STD testing and treatment, prenatal, obstetrical care and mental health services. These referrals help to improve pregnancy, future reproductive outcomes, as well as overall health. Further, the vast number of resources and referrals provided at pregnancy centers across the country help to improve physical and psycho-social outcomes for women and children by virtue of the numbers of women served in over 2,700 center locations nationwide. (For a more comprehensive listing of services, see Charlotte Lozier Institute's 2018 national report, <https://s27589.pcdn.co/wp-content/uploads/2018/09/A-Half-Century-of-Hope-A-Legacy-of-Life-and-Love-FULL.pdf>.)

Pregnancy centers also make a number of hotlines and web resources available for vital real-time assistance through grab-and-go resources and by postings in client reception areas. These include hotlines and/or web resources about the risks of “at-home abortion” with information about chemical/medical abortion, suicide prevention, intimate partner violence, domestic violence, and abortion recovery. The national hotline for victims of human trafficking is increasingly posted for clients in private locations such as bathrooms.

Two hotline/helplines specific to pregnancy center outreach are Heartbeat International's Option Line and Care Net's Pregnancy Decision Line which make support and resources available in real-time. Both helplines provide callers with reliable and immediate information about pregnancy centers and resources that are physically closest to a caller or web site visitor.

Option Line is a 24/7 live contact center at which professionally trained consultants are available via call and live chat for assistance to link women and youth with the extensive Option Line network. The site features a center locator system powered by MapQuest which displays the closest pregnancy help location via an entered zip code. The national contact center can be reached at 1-800-712-HELP (4357) and online at [www.optionline.org](http://www.optionline.org) for bilingual support in both English and Spanish. In 2019, Option Line received nearly 400,000 contacts. As of August 2020, four million individuals have received assistance from Option Line.

Pregnancy Decision Line (PDL) is designed for women and men who are looking for abortion information on the Internet and who generally would not visit a physical pregnancy center setting. The call center is staffed by professional pregnancy decision coaches who are trained to walk callers through their pregnancy decisions over the phone, and, if applicable, refer them to local resources for ongoing support, such as pregnancy centers. The call center operates five-days-a-week, eight-hours-a-

day. The website is pregnancydecisionline.org, and the national PDL phone number is 1-877-791-5475. The PDL site also features a center locator powered by Google Maps which displays the closest pregnancy center locations via an entered zip code.

“ *Very helpful and professional. I felt very supported in my choices and respected. Thank you for your help.* ”  
~ Phoenix, Arizona

## STANDARDS

High standards in care have become a centerpiece of pregnancy center services, medical and non-medical alike. Affiliates of the three largest national networks (Care Net, Heartbeat International, and NIFLA), as well as eight other networks, provide ongoing training, resources and/or services subject to an overarching national code of ethics instituted in 2009, “Our Commitment of Care and Competence” (CCC), recently updated in 2019.<sup>28</sup> (Please see a full copy of the updated CCC on page 65.)

The code provides that all medical services be under the supervision and direction of a licensed physician in accordance with applicable medical standards. The code also addresses truthfulness in all communications; client information confidentiality; rigor in screening volunteers and staff; nondiscrimination; scientific and medical accuracy; a consistent life ethic; and kindness to and compassion for clients. Compliance with all legal requirements regarding employment, fundraising, financial management, taxation, public reporting, and financial disclosure is also included in the code. Pregnancy centers maintain strict confidentiality protections as guided by federal, state and local law. A previous version of the code was instituted in 1995, “Commitment to Care,” with the subsequent updates addressing the addition of medical services and industry growth.



## Clinic Tips

Volume XVI Number 6  
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### Chemical Abortion Research Regarding Harm to Women

A new research report in the *Frontiers of Neuroscience* opens with this statement regarding chemically induced abortions: “Given the significant physiological changes that takes place during and resulting from pregnancy, as well as the relative absence of such information in relation to pregnancy termination, this study investigated the potential for developing a valid animal model to objectively assess the biological, physiological and behavioral consequences of drug-induced pregnancy termination.”<sup>41</sup>

H O P E







# *Our Commitment of*

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# CARE & COMPETENCE

- + Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
- + Clients are treated with kindness, compassion and in a caring manner.
- + Clients always receive honest and open answers.
- + Client pregnancy tests are distributed and administered in accordance with all applicable laws.
- + Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
- + Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
- + We do not offer, recommend or refer for abortions, abortifacients or contraceptives. We are committed to offering accurate information about related risks and procedures.
- + All of our advertising and communication are truthful and honest and accurately describe the services we offer.
- + We provide a safe environment by screening all volunteers and staff interacting with clients.
- + We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
- + We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
- + Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.
- + All of our staff, board members, and volunteers receive appropriate training to uphold these standards.

Topical/educational trainings and best practices materials provided by the three national networks above help to ensure industry standards are met. These have extended to best operating practices during the COVID-19 pandemic. NIFLA has two monthly publications - “Legal Tips” and “Clinic Tips” - to provide ongoing education to centers about their legal and professional duties. Heartbeat International’s Pregnancy Help Institute provides week-long training organized into four intensive tracks: leadership, development, new director, and ultrasound. The Heartbeat Academy offers pregnancy center workers access to hundreds of hours of online webinars and courses on a wide variety of topics as a constant resource. Care Net has developed its Centers of Excellence certification program which includes five online courses to further strengthen high organizational standards within the pregnancy center network. Topics include the history and philosophies of pregnancy center work, client care, medical services, client marketing, and executive leadership. In addition, other pregnancy center networks in the country increasingly provide an array of trainings and professional development opportunities as well.

Affiliates of the three largest national networks may also receive assistance with areas of legal uncertainty through receiving legal and organizational reviews. Through the end of 2019, NIFLA has conducted 1,225 legal reviews, Heartbeat International over 200, and Care Net has completed 811 legal and organizational reviews.

Other pregnancy center parent organizations, even if not officially recognizing the CCC, require their affiliates to abide by high standards of care which prioritize integrity in client care, a consistent life ethic, and adherence to legal and regulatory guidelines. Any center operating outside of the acknowledged standards receives guidance to conform from affiliate organizations. In an extreme case, a center could risk disaffiliation. Overall, noncompliance with the CCC would go against the grain of how centers strive to serve women, youth and families in their communities.

In addition, consistently high client satisfaction rates reported to pregnancy centers reflect that women, men and youth who visit centers feel respected, valued and well cared for. Client satisfaction reported to two national networks in 2019 continues to validate excellence in care at affiliated pregnancy centers around the country. At Care Net affiliated centers on average per center, 99.19 percent of clients/patients who completed a written exit survey indicated their overall experience at the center was positive. Heartbeat International affiliated centers equally reported positive client satisfaction of 99.6 percent on average per center through client exit surveys.

“ *The staff have been awesome—friendly, professional, non-judgmental – I feel valued and really good about getting the help and advice I needed.* ”

~ St. Paul, Minnesota

## EMERGING OUTREACH

### ABORTION PILL REVERSAL

Pregnancy centers exist to support women in making the choice to carry their baby to term, but increasingly they are serving women who have begun a chemical abortion and have chosen to change their mind. Medication, or chemical, abortions most commonly proceed through the two-drug regimen of Mifeprex (also named RU-486 and known as “the abortion pill” or medical abortion) and misoprostol, and continue to increase in practice in the U.S. In 2017, according to data released by the Guttmacher Institute, medication abortions accounted for nearly 40 percent of all abortions, and a preliminary Charlotte Lozier Institute analysis of 2018 state data shows the number of such abortions continues to rise. The medical phenomenon of abortion pill reversal (APR), however, continued to flourish in 2018 and 2019 as a life-saving intervention. As of the end of 2019, over 1,000 infant lives have been saved by the protocol.

The Abortion Pill Reversal Network was incorporated into Heartbeat International in March 2018 and renamed Abortion Pill Rescue Network (APRN). Culture of Life Services founded the 24/7 hotline and life-saving network of providers in 2012. In 2019, the number of providers increased by 30 percent, with over 700 providers offering APR through clinics, private practice, hospital systems, and pregnancy centers. There are also more than 200 consulting pregnancy centers that support APR by referring clients to the hotline, offering free ultrasound and providing long-term support to reversal clients.

The Abortion Pill Rescue Network hotline now has more than 30 active nurses. Heartbeat International continues to seek qualified consultants to fill this role as the needs grow for APRN as well as to recruit more physicians, physician assistants and nurse practitioners into the provider network. There were 1,875 mission critical contacts in 2019, an increase of 35 percent from 2018. (APRN mission critical equates to contacts who started the chemical abortion process and are seeking reversal information.)

If an APR provider is not available in a caller’s immediate area, the APRN Hotline consultants may provide a description of the reversal protocol to a woman’s



Queen saved by APR

own physician, another pro-life physician, midwife, nurse practitioner or ER staff.

Progesterone has been used safely off-label for over five decades to maintain pregnancy in early miscarriage cases due to low progesterone levels. This natural hormone functions during a pregnancy to do the following: prepare the endometrium, develop the placenta, inhibit contractions and keep the cervix closed. Progesterone administration for abortion pill reversal was found safe and effective in a published observation case series study involving 547 women.<sup>29</sup> A 1999 FDA review



Tig saved by APR

stated that there “is no risk of birth defects in pregnant women taking progesterone.”<sup>30</sup> Further, the abortion pill regimen of Mifeprex and misoprostol has not been shown to increase the risk of birth defects in live-born children who survive the drugs.<sup>31</sup>

The success rate of APR if taken within 72 hours after use of the first drug Mifeprex is as follows: 68 percent reversal (oral protocol) and 64 percent reversal rate (injection protocols). Many reversals have still taken place if the APR protocol is initiated beyond 72 hours of Mifeprex use. The success rate affords real hope for women who regret starting the chemical abortion process and seek to stop it. Women do not give up the right to truth about APR when they seek an abortion. The fact that over 1,000 children have been born following an initiated chemical abortion and APR since 2012 shows that women favor this life-saving option. Pregnancy centers are educating their clients about APR on an ongoing basis.

Progesterone administration for APR is approved by the professional medical group the American Association of Pro-Life Obstetricians and Gynecologists, with 4,500 members and associates (<https://aaplog.org/about-us/>).

“ I know that Tig was sent to me for a reason. He puts a smile on my face every day! I just hope other women really think before they decide to do the abortion pill, but if they do and they feel like it was the wrong decision I hope they know there is help. There’re people who care and will help you.

~ Midsy, Utah ”

## ABORTION RECOVERY COALITION

While the full impact of abortion on mental health has not been well studied in the U.S. due in part to politically motivated constraints, a significant body of research has established increased risk of negative mental health outcomes and behaviors associated with elective abortion. (Please see Conclusion, page 95.) Dozens of specialized abortion recovery and after-care organizations in the country testify to these outcomes and assist pregnancy centers, healthcare providers, social workers, counselors, churches and the public to support and refer those in need of help and healing. In 2019, these organizations came together to form the Abortion Recovery Coalition (or ARC).

ARC membership is currently composed of 35 abortion after-care ministries, hotlines and awareness programs which individually reach out to women and men in two states or more. The breadth of the members' geographic reach speaks to the need. The coalition currently has three purposes: to encourage and support each other as members, to share knowledge regarding healing after an abortion, and to stay informed about policy surrounding the issue. Coalition members meet biannually and present in-depth workshops broaching a variety of topics at annual national pregnancy center conferences.



Abortion Recovery Coalition members – (All left to right) *Back row:* Cindy Collins, Brad Mattes, Jack Harper, Sharolyn Eckerson, Sheila Harper, Chrissy Gillet, Deb Tilden. *Middle row:* Fr. Frank Pavone, Karin Barbito, Dr. Lalita Smith, Janet Morana, Joni Shepherd, Jody Duffy, Allan Parker. *Kneeling.* *Front row:* Carolyn Frandsen, Lisa Rowe, Georgette Forney. (Members not all present.)

ARC members mentor pregnancy center workers on outreach at their locations but also in jails and prisons, rescue missions, and churches. Topics ARC has provided guidance on at pregnancy center conferences include: best practices for outreach on social media; guidelines for writing testimony; simple/easy-to-grab resources; building relationships with churches; caring for other family members including fathers, grandparents, and siblings; resources including multimedia, books and Bible studies; help with creating a safe place where people feel okay to share; healing language; the impact of sexual abuse, human trafficking, and substance abuse with abortion; reaching the abortion-wounded; celebrating recovery groups; and how to incorporate abortion recovery into what a pregnancy center is already doing.

While the coalition's focus is loss after abortion, loss from miscarriage, still-birth, infant death, and infertility are also encompassed with abortion in terms of reproductive grief and loss. One area addressed with the expertise of professionals in the field of psychology is grief education, specifically related to reproductive loss. Two groups, Life Perspectives based in San Diego and Surrendering the Secret, have featured presentations on this topic exploring consistent themes found in women and men grieving a reproductive loss. They have highlighted steps along the path of grieving, while elucidating the fact that grief is not linear with a specific endpoint. Another theme addressed is that sometimes multiple layers are associated with the loss. The education equips individuals to come alongside someone who is grieving – which can be essential in the healing journey. But as stated by one presenter, “Success [for the pregnancy center worker] may simply be the invitation to heal for those who are hurting.”

Georgette Forney is the coalition's facilitator and is a co-founding member of the Silent No More Awareness Campaign which began November 11, 2002 on the steps of the U.S. Supreme Court. The Silent No More Campaign brought together two organizations, Priests for Life and Anglicans for Life. It reaches out to those hurt by abortion, encourages them to seek after-care and, when ready, to share about the negative consequences of abortion through their personal testimonies of hurt and healing. Another campaign goal is to “educate the public that abortion is harmful emotionally, physically and spiritually to women, men and families, so that it becomes unacceptable for anyone to recommend abortion as a ‘fix’ for a problem pregnancy.” Dr. Alveda King, niece of the civil right icon Dr. Martin Luther King, Jr., is a featured spokesperson for the Silent No More Campaign.

“

*Visiting this center did more than save my baby's life...it saved mine too. I was in a dark place.*

”

*~ Sydney, Alabama*

## NEWER WOMAN CARE MODELS WHICH COMPLEMENT PREGNANCY CENTER CARE

The scope of medical services offered at pregnancy care centers continues to expand. The initial model of medical services at pregnancy centers started with pregnancy confirmation ultrasounds over three decades ago. It was followed by STI/STD testing and treatment and then by mobile services on traveling medical units in the 2000s. Another wave of trending healthcare includes fertility awareness-based methods education, well-woman exams and abortion pill reversal (APR). All the while, the original underlying pregnancy center model from five decades ago consisting of pregnancy testing, compassionate alternatives to abortion, and material aid has held constant. Today, 79 percent of U.S. pregnancy centers have “gone medical.”

Obria Medical Clinics, with 20 locations in seven states, has incorporated well-woman care exams into their services at their clinics located in California with plans to make the exams standard at all locations. The exams provide for health promotion and disease prevention via a range of tests, examinations, history intake and screenings for risk factors. The network has also added STI/STD testing as a standard service, Fertility Education and Medical Management (FEMM), Telemedicine services as well as other services including fertility awareness-based methods and optimal health coaching at many locations. Obria Medical Clinics offer full prenatal care up to delivery at its Santa Ana, California location and is adding the service at its Gwinnett, Georgia location in 2020. At Stanton International, another network with five clinics in the U.S., two affiliate locations uniquely offer exams post the abortion procedure to facilitate recovery. Stanton Healthcare is in the pro-



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The banner features a smiling female healthcare professional in blue scrubs on the right side. The text is overlaid on a light-colored background.



Wellness and spa room at the Stanton Healthcare Clinic in Meridian, Idaho which opened in 2019.

cess of launching these medical exams and care in the U.S. Prenatal care is offered through the second trimester on an individual basis. Spa and wellness care as well as fertility awareness-based methods are additional service areas at Stanton Healthcare locations.

Several other networks and consortiums have emerged focusing on life-affirming, holistic women's healthcare with services that complement pregnancy center care. In doing so, they are building a paradigm which strengthens whole woman healthcare, and which reclaims true "reproductive healthcare" from the abortion industry web by honoring women, life and the family. This signifies an exciting phase of women's healthcare whereby pregnancy centers are accessing a growing network of life-affirming health care providers to whom they can refer (and in the case of Guiding Star Project with whom they can affiliate). Three groups are highlighted below.

### **GUIDING STAR PROJECT**

Founded in 2011, Guiding Star Project (GSP) affiliates offer services in four areas of women's health: pregnancy and childbirth; natural fertility and family planning; breastfeeding and postpartum; and family life. An underlying principle for all GSP services is that women's bodies are "not broken." GSP takes a holistic, proactive and preventative approach to women's reproductive health which encompasses body, mind and spirit. Leah Jacobson, CEO and founder of the GSP, states, "We reject any practice that alters, suppresses, or destroys a natural function of a woman's body. We're working to lead the way in promoting a Wholistic Feminism and deliver the



healthcare we believe that all women deserve.” This framework guides the continuum of care provided by GSP centers.

While there are varying levels of affiliation within GSP, currently, two of their eight affiliates also meet Pro Women’s Healthcare Centers’ certification requirements (described below) with one located in Tampa, Florida and the other in Cedar Valley, Iowa.

The natural fertility component of GSP outreach provides a special point of engagement for “moms and daughters” education around the time of menarche so that girls (9-13 years old) can learn about their bodies. This includes an onsite Natural Cycle Program and workshop created by a German physician, Dr. Elizabeth Raith-Paula, M.D. As described by GSP, “The Cycle Show illustrates to girls what is happening inside a woman’s body in a loving way with a respectful style using colorful materials, scarves, music and fun games.” It involves basic education about hormones and biology which provides knowledge to support and prepare girls to understand and protect their health. The Cycle Show national coordinator, Kari Beadner, is a Fertility Care Practitioner and certified doula. GSP also provides instructor training for The Cycle Show presentations.

For family planning, GSP has partnerships with a number of natural family planning (NFP) groups spanning multiple methods.

Professional lactation consultants are engaged to fulfill the breastfeeding component of care by affiliates. Postpartum support provides for continued physical and emotional support via individual appointments for a mom following the birth of her child. Gold-level affiliates also offer a medical menopause support staff.

The family life focus requires that affiliates always have a child watch area at their location while a mom is attending appointments and classes. Families’ material needs are met through parenting education programs such as Earn While You Learn



(EWYL), under which individuals and couples earn points they can exchange for such things as baby supplies and furniture.



### **PRO WOMEN'S HEALTHCARE CENTERS**

Pro Women's Healthcare Centers (PWHC) is a consortium of healthcare providers adhering to life-affirming standards of comprehensive health and medical services for whole woman care (body, mind and spirit). The licensed medical entities which PWHC certifies include: hospitals, family practices, Ob-Gyn offices, and pregnancy centers. Currently, there are 12 certified PWHC centers in the country found in the following states: Arizona (2), California (2), Colorado (3), Florida, Iowa, Nebraska, Texas and Virginia. Two locations are pregnancy centers. Two sites in process for certification are located in Louisiana and North Carolina.

The mission statement of the PWHC is "to partner with women to provide comprehensive, convenient, compassionate, high-quality medical services and access to social services that empower them to care for their health."



Pro Women's Healthcare Centers Board of Managers (Left to Right): Dr. John Bruchalski, Tepeyac Family Center, Dede Chism, Bella Natural Women's Center, Christine Accurso, Morningstar Ob/Gyn, Leah Jacobson, the Guiding Star Project, and Will Waldron, Divine Mercy Care.

When a licensed medical entity receives PWHC certification, it represents that it has met either a “required” or “encouraged” services and standards checklist for all six areas in its Mission Statement. For example, certified centers offer multiple medical services for women, including well-woman care, maternity care, fertility education, and infertility consultation. Under maternity care, prenatal care through 20 weeks with conscientious referral to a life-affirming provider is required, and full prenatal care through delivery is encouraged. In addition, PWHC standards stipulate that a location provide prescribed comprehensive care at the material, emotional, practical, spiritual and medical levels including abortion healing. All care and referrals adhere to ethics of Catholic teaching.

The PWHC consortium and certification were developed in 2016-2018 by four founding whole woman care model groups - Guiding Star Project in Ironton, Minnesota, Bella Natural Women’s Care in Englewood, Colorado, Morningstar Ob/Gyn in Tempe, Arizona, and Tepeyac Family Center. Since launching in 2018 with three locations, a PWHC expansion goal has been to certify at least one location in all 50 states.

## **GIANNA CENTERS**

Founded in 2009, the National Gianna Center for Women’s Health and Fertility has a network of nine affiliates which are independent medical practices - Gianna Centers - located in New York, New Jersey, Delaware and Pennsylvania. Affiliates offer “women and families natural, restorative and effective healthcare in line with best medical science” and “consistent with Ethical and Religious Directives for Catholic Health Care Services” - standards which all faiths can approve.

Affiliates must be independent, licensed medical practices which commit to the following: supporting a community’s network of pregnancy centers and serving as a medical resource for abortion-vulnerable women; supporting, educating, and encouraging young people to remain chaste before marriage; supporting couples who have been given an adverse prenatal diagnosis; and offering effective, pro-life medical alternatives to birth control and in vitro fertilization.

Gianna Centers offer health and fertility services based upon the Creighton Model FertilityCare™ System and NaProTechnology, developed by Dr. Thomas Hilgers at Creighton University. The approach is a “knowledge-based, holistic, restorative reproductive health program for women.” It is aimed at educating women to understand their own fertility and bodies.

“ *From the beginning I felt comfort, safety, and trust. I could trust that Dr. Nolte was on the same page as me. I didn’t need to worry if the doctor would recommend something I would be uncomfortable with.* ”

~ Gianna Center Patient/NYC, New York

## OUTREACH TO VICTIMS OF HUMAN TRAFFICKING

Pregnancy centers are increasingly recognizing the magnitude of their role in providing help and hope to female victims of human trafficking, a form of modern-day slavery that represents a global affliction. Data suggest that one in five victims of human trafficking in the U.S. are under the age of 18.<sup>32</sup> The crime causes women and girls trafficked into prostitution to undergo physical, mental and emotional devastation with long-lasting impacts.<sup>33</sup> It is common for traffickers to use a combination of mental abuse and direct violence.<sup>33</sup> In addition to severe health and mental health risks, trafficking is also associated with forced abortion and repeated abortions.<sup>33</sup>

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Laura Lederer, president of Global Centurion and nationally renowned expert on human trafficking research, published retrospective study results in 2014 which show that while trapped in trafficking: 71 percent of victims got pregnant at least once; 21 percent got pregnant five or more times; 55 percent had at least one abortion; and 30 percent reported multiple abortions.<sup>33</sup> In addition, more than two-thirds of these women (67 percent) contracted some form of sexually-transmitted infection or disease (STI/STD) and nearly 70 percent of victims reported physical injuries, most commonly to the head or face.<sup>33</sup>

As pregnancy centers across the country are learning more about the intersection of pregnancy, trafficking and forced abortion, more are receiving formal training from law enforcement agencies and experts on the issue to implement protocols and provide critically needed resources to victims. In a 2020 Charlotte Lozier Institute survey of 580 medical and non-medical pregnancy centers, 44 percent or 253 centers responded to an optional question at the end of the survey. Of these, 54 percent, or 137 centers, answered that their center has received trafficking training, and 39 percent, or 98 centers, indicated that they had ever provided services to a victim of human trafficking in the same open-ended question. Training can encompass assessing for indicators of trafficking and predatory relationships, partnering with anti-trafficking organizations, practicing a trauma-informed care

approach, as well as posting the national human trafficking resource center hotline, text direction and posters in client bathrooms. Over 200 languages are spoken on the 24/7 confidential, national human trafficking hotline.

The following three highlights are examples of pregnancy centers which have developed and specialized their outreach for victims of human trafficking and exploitation.

**LIFECHOICES HEALTH NETWORK,  
Joplin, Missouri**

Seventeen years ago, LifeChoices Health Network in Joplin, Missouri began offering STI/STD testing in conjunction with their medical program. With the addition of these services, the center hoped to reach more women from the sexual exploitation industry in their community. Karolyn Schrage, RN, executive director, and her staff soon learned that the women’s handlers didn’t want them visiting the center, so they started researching how to take the center’s services to them. They discovered an intense need in their community and over the past four years have utilized their medical services in the fight against human trafficking.

Following consultation with law enforcement task force agents and their district’s prosecuting office regarding the needs of sexually exploited and trafficked



LifeChoices executive director Karolyn Schrage, RN meeting with victim and sharing a “Go Bag” for victims of exploitation and human trafficking containing needed clothing and items to assist a woman getting to safety.



Members of the Victim Response Team on the LifeChoices medical mobile unit.

women, Schrage and her team asked, “What can we do to assist these women?” From that point, the Coalition Against Human Trafficking in Joplin took off. Schrage and her team designed their medical mobile unit (MU) for sexual health services and included ultrasound provision. They realized the need to drill down further in their intake and interviewing to better ascertain if a woman or girl was an exploited and/or trafficked victim. The center’s staff became insightful; as Schrage stated, “Just because a victim is compliant, it doesn’t make them complicit – we have to see them as survivors. We serve as advocates.” Assembled clothing and items in a duffel bag or backpack to help get a woman from point A to point B were identified by task force agents as a tangible need. The center began collecting items and assembly of the needed “Go Bags” as part of a victim-centered response.

Relationship building was integral to the response – building up the credibility of their organization opened doors with others in the community. The outreach is

viewed as a matter of social justice. LifeChoices realized that they needed to develop an accessible and understandable community-crisis response.

In addition to taking their MU to park near strip clubs, LifeChoices also visits a jail, local domestic violence shelter and rehab center. For every woman they encounter they “seek to offer her a plan to a new hope and new life be that rehab, after-care facility for trauma, or a long-term residential facility.” The organization has entered into a partnership with two private pilots who help facilitate the transportation to a planned and safe location. LifeChoices has been able to engage pro-life men for back-up and security purposes as partners in their MU efforts on a regular basis as deemed necessary.

The Victims Response Team members, selected from the LifeChoices Health Network pregnancy center, have been guest presenters at law enforcement meetings. They have also led workshops at national pregnancy center network conferences to share about their clinical care and best practices. In addition, LifeChoices has produced an inspiring 100-second video for the survivors they help, <https://vimeo.com/185352795>.

**CINDY COLLINS, SPEAKHOPE.NET,  
New Orleans, Louisiana**

Located in the close vicinity of three interstate highways, Pregnancy Help Slidell is a pregnancy center just outside of New Orleans, Louisiana and is the site of Speak-Hope.net, an outreach for victims of human trafficking. Cindy Collins, founder of SpeakHope.net and director of Pregnancy Help Slidell, is a national ministry outreach pioneer for trafficked and exploited women.

From 2011 to 2017, Collins took the center’s ministry directly to women in strip clubs in the French Quarter of New Orleans. Her focus has been pregnancy and trafficking, bringing to light the distinct intersection between trafficking and forced abortion. As noted above, 71 percent of victims got pregnant at least once while trapped in trafficking. Her goal: to bring restoration into the trafficked woman’s life by bringing help and resources. Community resources encompass legal aid, health resources, addiction and housing resources, housing help, training for employment and local church support. The pregnancy center partnered with a church doing health outreach as a clinic once a month. Women could receive needed medical care and prescriptions. As the center gained a platform it built influence with law enforcement and government. Collins implemented new policies to assist exploited and trafficked women at her center and presented education on the topic extensively to large pro-life audiences



Cindy Collins, founder of SpeakHope.net, director of Pregnancy Help Slidell, speaker, writer, hope and life advocate. Slidell, Louisiana.

including the Diocese of New Orleans. The education led to greater awareness of the problem and outreach in Louisiana, nationally and overseas.

In founding SpeakHope.net, Collins' special focus is pregnant and trafficked women (who potentially have additional children) to get them help via escape from their existing circumstances, and to bring restoration to exploited and trafficked women. SpeakHope.net affirms that a baby brings hope, new life and healing (out of something bad, the baby brings some good).

Collins also provides training directly to other pregnancy centers. She has developed online training specifically for pregnancy centers through a course available at Heartbeat International, "How Pregnancy Centers can identify and provide help to victims of Human Trafficking." She has developed an important trauma-informed care model uniquely for victims of trafficking named the "LOVED Project" (for Listen, Observe, Value, Embrace, Declare).

By continuing to collaborate with anti-trafficking centers, law enforcement and government agencies, Collins is able to provide education on the issue to the State Medicaid system, hospitals, ERs and health care workers, doctors' offices, and the foster care system. She works closely with Laura Lederer, president of Global Centurion, speaking nationally and internationally. In 2014, the two women lobbied for the passage of Louisiana's Act 565, a law which requires the posting of the National Human Trafficking Resource Hotline in outpatient abortion facilities. Women trapped in trafficking in Lederer's study had 68 percent of their abortions performed at outpatient facilities, and 30 percent of these were at Planned Parenthood.

Collins with Lederer, along with Dr. Alveda King, have founded The Life Freedom Alliance which compiles testimonies from trafficked survivors, known as Survivor Voices.

#### **WAYNE PREGNANCY CARE CENTER AND CRY FREEDOM MISSION, Goldsboro, North Carolina**

Five years ago, staff at the Wayne Pregnancy Care Center in Goldsboro, North Carolina noticed many clients were coming in without any ID, an indicator for individuals trapped in a trafficking scenario. After seeking information from True Justice International, a global anti-trafficking group in nearby New Bern, the center set out to be at the forefront of the problem. They received education to now inform and train in their community and work with the State Bureau of Investigation on a regular basis. Three and a half years later, the pregnancy center actively engages in screening, intervening and even providing housing for women being trafficked.

The contributing factors to the trafficking in Goldsboro are many - being located one hour east of Raleigh; having two major interstate highways border the county; housing Seymour Johnson Air Force Base; having coastal waterways one hour away; having a large Hispanic migrant camp located in the vicinity; and having a large Haitian migrant population. The first human trafficking court in the state was initiated





Ashley, a Cry Freedom Mission Survivor. 'I was involved in a 20 year addiction to drugs. I was being trafficked by my dealers and other people to support my own habit and theirs. I was ashamed of my lifestyle and I believed I was worthless. In 2018 I was arrested. I flipped my car three times running from the police. I had drugs in the car. I knew that when I got out of jail that something HAD to change. I met Beverly Weeks from Cry Freedom Missions while incarcerated. She placed me in a rehab center directly from jail. After 90 days of treatment, I was still lost. Beverly and Cry Freedom brought me to long term rehab. There, I received support, inner healing, 24-hour residential care, medical access, and introduced me to some strong women that I am sure will be lifelong friends and mentors. Cry Freedom Missions gave me hope when I was hopeless. They gave me worth when I felt worthless.'

in 2019 in Cumberland County to address the growing need for intervention.

In addition to providing a Human Trafficking 101 training at local churches, businesses, schools, medical centers, and the Airman's Association at Seymour Johnson Air Force base, the center partners with the State Bureau of Investigation and has undertaken to assist with rescues. Their mission is to reach, rescue and restore through an array of services and strategies. A new wing was built onto the pregnancy center to allow for private intake, interview and case management including a psych assessment and drug testing, a shower, conference area and clothing storage area. From there a woman may be taken directly to a safe house. The group works with pro-bono attorneys and Legal Aid to navigate the court system.

The pregnancy center has since opened its own safe house, Cry Freedom Mission, affiliated with the center - a 13-bed property where residents can stay for 30 days. Cry Freedom Mission partners with similar safe houses located internationally, creating awareness and a call to action. Cry Freedom Mission also operates a retail boutique where residents who learn jewelry-making may have their products sold.

The group has employed a holistic approach to: identify victims, encourage trauma counseling so they may access resources, assign a case manager and client advocate from the pregnancy center, then advocate for a two-year program which will include PTSD counseling, sexual healing, “survivor retreats,” art therapy, and equine therapy - all helping her move towards restoration and recovery. Employment, training and education, help with transportation and peer support are next steps.

The center also operates an MU which affords opportunities to provide services such as pregnancy testing and ultrasound offsite as well as build relationships with women who would not ordinarily walk through the doors of the center. Multiple online apps and social media platforms are utilized to connect with the clients. The MU team teaches life skills classes to women at a local jail and provides direct services to prostitutes in hotels. Through the use of their MU, the team reports that clients/patients at the brick-and-mortar center have more than doubled over the last three years. For safety, the MU team works closely with local law enforcement to let them know their sites of operation on a regular basis, and they also maintain a security detail of their own.

Since 2017 Cry Freedom Mission and the Wayne Pregnancy Care Center have assisted in rescuing 25 women into a safe facility.

## OUTREACH TO CLIENTS WITH OPIOID ADDICTION

The widespread opioid public health crisis in the U.S. has plagued and claimed the lives of hundreds of thousands of Americans. According to the U.S. Centers for Disease Control and Prevention, during 1999-2018, opioids were involved in 446,032 deaths in country.<sup>34</sup> Drug overdose generally is a leading cause of injury-related death in the U.S. Of the more than 67,000 drug overdose deaths in 2018, almost 70 percent involved a prescription or illicit opioid.<sup>34</sup> This equates to 115 people dying every day after overdosing on opioids. Addictions to prescription opioids, as well as fentanyl (a synthetic and often illicitly manufactured opioid) and heroin (an illegal opioid), are classified as opioid use disorders (OUD).<sup>34</sup>

Substance use disorders, including OUD, affect women across all racial and ethnic lines and all socioeconomic groups in rural, urban and suburban settings.<sup>35</sup> Pregnancy centers are attuned to the opioid public health crisis in their communities. They are aware that some of their clients need help and are on the front lines for providing resources and referrals. The following pregnancy center workers have stepped up to share their own life experiences and expertise to inform and provide critical care to improve maternal and infant outcomes as well as overall client health outcomes.

**BROOKE JOHNSON, CLIENT SERVICES DIRECTOR, WILKES PREGNANCY CARE CENTER,  
North Wilkesboro, North Carolina**

As well as being Client Services Director at the Wilkes Pregnancy Care Center in



Brooke Johnson, Client Services Director,  
Wilkes Pregnancy Care Center, North Carolina.

North Wilkesboro, North Carolina, Brooke Johnson is a certified substance abuse counselor with a Medication Assisted Treatment (MAT) program at a local methadone clinic. She brings a unique perspective to the pregnancy center given she has been in active recovery for over 11 years. The Executive Director at the center, Susan Sturgill, states, Brooke “has brought knowledge and understanding” to opioid addiction outreach.

Brooke had a baby at age 17 and went on to be a “super mom” finishing high school early, securing a good job and taking college courses despite struggling with anxiety and sadness. Following an emergency surgery, she was prescribed Vicodin, which relieved physical pain but also helped her emotionally.

She found herself taking more and more, and once the refills were finished she sought out other ways to obtain it so she could “feel her best.” She was introduced to Percocet and soon after to Roxycodone. All the while, she was parenting, going to college, and “doing it all” while using. For the next 10 years, Brooke’s \$200-a-day addiction became the most important thing in her life. When she realized it had become even more important than her son, she sought help and started attending rehab programs, doing 90 meetings in 90 days. She would relapse, however, convincing herself she needed to celebrate. She became hopeless.

She married and had another baby during which time she was able to wean herself off during the first trimester. After her son’s delivery she had Roxycodone doses delivered to her room which she snorted in the bathroom. Brooke got on her knees and asked God “to remove her addiction.” She started going for MAT at a methadone clinic. There was an immediate effect – the methadone relieved the withdrawal symptoms without producing the euphoria. The clinic program had mandatory group therapy, counseling, and daily testing for 90 days.

Brooke went back to school. Because of the stigma attached to going for treatment she told only her husband. After five years she began tapering off the treatment but she began to struggle and was diagnosed with post-acute withdrawal syndrome - her body wasn’t normally making endorphins anymore.

At a crossroads as to whether to re-enter the methadone clinic or start using,



Care Net Pregnancy Resource Center of Southeastern Connecticut in New London, the licensed outpatient clinic where Elizabeth received compassionate care and support.

Brooke chose to re-enter the facility. She experienced immediate success again with the MAT, but kept it a secret. She knew and knows it is a fight she will have the rest of her life, a disease she will have to manage.

Brooke then took the position at the Wilkes Pregnancy Care Center (where she had been at age 16 when pregnant with her first son), and later accepted a part-time position with Project Lazarus at the clinic where she was being treated. When someone learned of her undergoing treatment, Brooke was asked, “Where is your faith in God?” Brooke wants people to understand that addiction is a disease of the brain, that a baby can be born physically dependent. She knew that most likely, someone in the pregnancy center waiting room was struggling with opioid addiction. Sturgill was willing to see how Brooke could help and saw it as an opportunity to learn.

Brooke now helps bring clarity around the topic through education and direct client services. She advises clients who misuse opioids to speak with their physician and inquire about a possible referral to the treatment clinic where she will meet them. She encourages an important referral to peer support services for networking (available in many communities now). The center has a close relationship with the physician who runs the methadone treatment facility. They also help clients struggling with addiction to get plugged into an in-house treatment program. Most importantly, Brooke is able to meet with center clients and share that she has walked in their shoes and encourage them that they can get help and succeed.

**DR. MARILYN KINDIG STAHL, MEDICAL DIRECTOR,  
Heartbeat of Lima, Ohio**

Dr. Marilyn Kindig Stahl is a physician who is devoting time and passion to raising awareness and teaching communities about what she has described as the opioid pandemic. She is an Ob/Gyn who works in Dayton with Wright State University, Wright State Physicians, and Coleman Behavioral Clinic in Lima, Ohio.

Dr. Kindig Stahl's awareness and education efforts extend to pregnancy centers. Currently the medical director for the Heartbeat of Lima, Ohio pregnancy center, she recently led a regional seminar for pregnancy center workers in Ohio satisfying continuing education credits for counselors, social workers, and marriage and family therapists. The seminar was titled Opioid Addiction: Families, Pregnancy & Infants in Crisis, a Team Based Learning Seminar sponsored by Pregnancy Decision Health Center.

The seminar covers a wide range of topics on opioids and opioid addiction including: history of opioids, epidemiology, pharmacology, outpatient treatment, addiction psychiatry, MAT components, psychiatric comorbidities, pregnancy, breastfeeding, and neonatal abstinence syndrome.

Included in Dr. Kindig Stahl's seminar and central to pregnancy centers are medical industry professional recommendations concerning pregnant women who are using opioids, post-delivery protocols and information regarding infant outcomes. If a pregnant woman is receiving MAT (taking methadone or buprenorphine), she will be advised by her physician to stay on this medication during her pregnancy since going through opioid withdrawal symptoms may put both mother and baby at risk. Risks of withdrawal during pregnancy include miscarriage, preterm labor and delivery, and preterm premature rupture of membranes. Infants born from mothers receiving opioids as part of MAT or who are using opioids must be monitored for neonatal abstinence syndrome, which are withdrawal symptoms manifesting as disturbances in the newborn's central nervous system (causing a range of symptoms).

Women receiving MAT are encouraged to breastfeed in the postpartum period regardless of their opioid dosage because of low levels of buprenorphine in breastmilk and findings which show low risk of harm to infants. Infants should be monitored though. Breastfeeding may also help to decrease symptoms associated with neonatal opioid withdrawal syndrome. Understanding that weaning should be done over a period of time is important, given that the medication is excreted through breast milk and an abrupt cessation, especially if the mother is on a high dosage, may cause the infant to suffer symptoms of opioid withdrawal. Being familiar with local resources to support breastfeeding for centers to refer to is deemed essential.

Dr. Kindig Stahl is an advocate for added awareness in her home state of Ohio, which, along with West Virginia, is one of the two hardest-hit states dealing with opioid addiction. Dr. Kindig Stahl is educating pregnancy centers around the country in a new webinar through Heartbeat International's Academy courses. Her deep commitment to combatting this ongoing crisis will strengthen pregnancy center outreach and impact.

“ I am in recovery from drug addiction and I will have one year clean and sober this month, on March 12. I've had four miscarriages and with being an addict in recovery I felt as if it would happen again. I am beyond grateful that Care Net exists. They have treated me with love and respect and compassion. Being an addict I am often met with indifference and hate especially when I say that I'm pregnant. That was never the case. The women at Care Net have been there every moment and have shown nothing but grace when it comes to talking about my past.

~ Elizabeth, Connecticut ”

## MATERNITY HOMES

Maternity homes are increasingly serving an unmet need for housing for women experiencing an unexpected pregnancy. Common themes include a faith-based foundation within a home environment of six to 12 moms. At the core, what maternity homes provide – stability, safety, a positive sense of identity, community, etc- are healing elements and the home environment can have a positive impact both for moms and their developing babies.

The National Maternity Home Coalition (NMHC), housed collaboratively within Heartbeat International, continues to list over 400 faith-based, life-affirming maternity homes in the U.S., and 111 are now formally members of the coalition (up from 85 members in 2017). In 2017, 15 pregnancy centers in the country had a maternity home as part of their core ministry with an increasing trend of evident connectedness between the two entities. That number increased to 24 pregnancy centers operating a maternity home by the end of 2019. The NMHC further reports at least 93 start-up conversations during 2019. Taken together, these factors indicate a surge in maternity home interest.

One long-time program operating in conjunction with a pregnancy center is the Northwest Center located in Washington, D.C. Founded in 1993, the maternity home is a comprehensive transitional housing program providing homeless pregnant women with a supportive and safe home for up to 18 months. Staff, including a licensed social worker, work with residents to achieve goals for the delivery of healthy babies and self-sufficiency, which encompasses transitioning to the role of parent, developing healthy support networks, completing their education and/or job training, obtaining employment, and finding housing.



Healthy Meal Preparation at the Northwest Center maternity home which provided transitional housing to seven women, three infants and three unborn children in 2019. The pregnancy center and maternity home assisted 948 individuals with obtaining critical resources such as healthcare, childcare, and employment services in 2019 also. Since its founding in 1981, the Northwest Center has served 58,437 women, men, and children in the Washington, D.C. area.

A home now in the process of launching as part of a pregnancy center in Nampa, Idaho is called The Nesting Place. It is part of Lifeline Pregnancy Care Center's outreach. Previously, the closest maternity home was identified as being a distant 30 miles away. As described by Lifeline's executive director, Robin Watters, "If you can't see it, it doesn't exist to a client." Lifeline purchased a former B & B located next-door and is renovating the 75-year-old home to serve women in the community.

Maternity homes continue to identify and explore different and challenging topics affecting residents. One such topic is assisting/serving women in the early stages of addiction recovery, in particular those receiving medically assisted treatment. Given that maternity homes are receiving an increased number of calls from women who struggle with the burden of addiction, they have explored and are implementing programmatic adjustments to meet this need. The NMHC has assem-



LifeLine Pregnancy Care Center founded in 1986 (left) and the house for The Nesting Place maternity home next door (right) in Nampa, Idaho.

bled an addiction support resource to share about behavioral theory-based practices and strategies called, “Women in Progress: Maternity Housing Considerations for Women Who Experience Addiction.”

Another topic NMHC has continued to investigate for informative resource provision is trauma-informed care. As noted in our 2018 study, NMHC has helped maternity homes integrate the trauma-informed practice of Adverse Childhood Experiences (or ACE) standardized risk and resiliency questionnaires to screen for increased risk levels for short- and long-term health problems. Heartbeat International has recorded podcasts on the following topics to help strengthen housing programming: brain science, felt safety, attachment theory, and learning new strategies for life.

Mary Peterson, facilitator of the NMHC and housing specialist at Heartbeat International, reports, “Addressing housing instability in a pregnant woman’s life has far-reaching impacts - reducing cortisol levels, providing nutrition & access to care, supporting infant brain development, creating a safe environment to learn new things, and more. Maternity homes play a vital role in accompanying vulnerable women during and after pregnancy.”

In 2018, in a survey of 26 organizations, only 21% of women making unique calls



for housing entered the residential program. Those 26 organizations offered 80,361 nights of housing to 782 women. This statistic indicates an unmet need.

A population identified as not being served with needed maternity housing is college students. In 2019, Students for Life of America's Pregnant on Campus Initiative published a research study which showed that college campuses are not equipped to help pregnant college students given the lack of resources offered, including housing.<sup>36</sup> One maternity home breaking this trend is MiraVia (or the "miraculous way"), a maternity college residence which opened in 2013 and can house up to 15 students. Debbie Capen, the executive director, describes the outreach, "MiraVia is a unique maternity and after-care residence designed solely for pregnant college students. Located near Charlotte, North Carolina, on the campus of Belmont Abbey College, the program is open to pregnant students from any college or university. By providing housing, material support, child-care and a supportive community of peers, MiraVia empowers pregnant students to embrace life while continuing their higher education." MiraVia's model is one the maternity housing movement is studying closely as it provides material assistance and resources in addition to housing to an increasing number of college students.



A former resident of MiraVia's college maternity residential program.



Commons Area with residents, their children, volunteers, and staff at MiraVia maternity residence located on the campus of Belmont Abbey, North Carolina. MiraVia served 615 mothers in 2019.

Maternity homes programs continue to develop and tailor their programmatic outreach to the needs of those in their communities. In Chicago, homelessness has been identified as a leading cause of the pressure women feel to choose abortion. Aid for Women owns and operates five pregnancy centers and two residential programs which provide for continued housing for moms and their children as needed after the birth of their babies. Their first maternity home, Heather’s House, is a more traditional maternity housing setting where a pregnant woman and new mom can develop life, education, and job skills while in a safe and secure setting. The second residence, Monica’s House, serves as a transitional home for Heather’s House residents who have given birth and are either going to school or working. The environment at Monica’s House affords greater independence as residents steadily work toward their goals with the stability of secure housing.

In 2019, the NMHC honored maternity home pioneer and trailblazer Anne Pierson with a Lifetime Legacy award for her long-time service to the housing movement at the National Christian Housing Conference. Anne and her late husband Jimmy welcomed over 200 pregnant women in need of support into their home over several decades and formally founded House of His Creation in Lititz, Pennsylvania in 1972. Her work has inspired many to open maternity residences. She was also instrumental in the establishment of the National Christian Housing Conference.



Aid for Women Heather's House residents and their children in Chicago, Illinois.

## FUNDING

Due to the generosity of charitable giving at the local level, funding assistance for ultrasound equipment and accompanying training by national organizations, and tremendous volunteer support (eight in 10 pregnancy center workers are volunteers), pregnancy centers can provide otherwise-costly medical care, health care, education and support services at little or no cost to clients.

Several groups in the U.S are now raising funds for ultrasound placement and training at pregnancy centers, but two organizations have provided the lion's share of funds for placement and training purposes. Taken together since their programs began, the Focus on the Family Option Ultrasound Program (OUP) and the Knights of Columbus (KofC) national as well as state and local councils have given a total of nearly \$75 million in funding assistance for either equipment and/or aid for training to centers for ultrasound services.

Started in 2004, the Focus on the Family OUP covers 80 percent of the cost of an ultrasound machine or the cost of training for a qualifying center to become a medical clinic. The OUP specifically recognizes the critical need for the provision of limited, first-trimester ultrasound services within high-abortion areas. Two external criteria OUP requires for eligibility for its current grants are that a center directly serve a metro city population of 300,000 or more and that four or more abortion providers that actively market abortion be in the city the organization serves.

Through the end of 2019, OUP has given 1,037 grants to qualified pregnancy centers in all 50 states for ultrasound machines, sonography training, digital marketing, and medical conversion through The Life Choice Project, offered in conjunction with the National Institute of Family and Life Advocates. The total value of these OUP grants is approximately \$18.6 million.

The Knights of Columbus began its Ultrasound Initiative in 2009. The program stipulates that if local or state Knights councils raise 50 percent of an ultrasound machine cost, the national KofC group (the Supreme Council) will cover the remaining cost for a pregnancy center. Or, if the local or state council raises 100% of the cost



of a vehicle outfitted to serve as a mobile medical unit for a pregnancy center, the Supreme Council will provide 100% of the funds for an ultrasound machine to be used in that vehicle. Through the end of 2019, the Knights of Columbus have funded 1,173 ultrasound machines at more than 900 pregnancy centers (including eight mobile medical units in 2019) in all 50 states, Canada, and Mexico. This equipment is valued at \$56.3 million.

While some pregnancy centers receive government monies through various government programs and funding streams, at least 90 percent of total funding for centers is raised through private donations.

In 2019, just 17 percent, or 340 pregnancy center organizations (main offices), received government monies at some level through federal or state funding. This represents a two percent increase from 2017. Of these 340 organizations, 16 percent, or 56 pregnancy centers, used it for sexual risk avoidance (SRA) programs; 10 percent, or 34 pregnancy centers, used it for STI/STD testing and treatment services; 38 percent, or 128 pregnancy centers, used it for material assistance; and 65 percent, or 222 pregnancy centers, used it for pregnancy care services (ultrasounds/prenatal care and parenting classes).

In addition, in 2019, 17 pregnancy center organizations (less than 1 percent) submitted through Medicaid for reimbursement for STI/STD testing and treatment, pregnancy care services and well-woman exams.

Government funding sources (state and federal) for the four pregnancy center service areas are as follows:

- **SRA programming**
  - > Title V Sexual Risk Avoidance Program state block grant within the Welfare Reform Act of 1996,
  - > Title V Competitive Sexual Risk Avoidance Education Grant (SRAE),

- > SRAE General Departmental fund, a federal grant program, and
- > Teen Pregnancy Prevention Program, a federal grant program.
- **STI/STD testing and treatment**
  - > State statutory Alternatives to Abortion grants, and
  - > Medicaid.
- **Material Assistance**
  - > State statutory Alternatives to Abortion grants, and
  - > State Temporary Assistance for Needy Families, or TANF, block grant monies.
- **Pregnancy Care Services**
  - > ultrasounds and prenatal care-
    - + State statutory Alternatives to Abortion grants, and
    - + Medicaid,
  - > parenting classes-
    - + State statutory Alternatives to Abortion grants,
    - + State-funded TANF, and/or
    - + Medicaid.

Pregnancy centers and/or adoption agencies in 29 states and the District of Columbia are eligible to receive funding through Choose Life license plates. Once Kansas obtains the required 1,000 preorders of Choose Life plates, it will become the 31st state to provide funding to pregnancy centers through a license plate program. In 2021, Idaho is expected to join the ranks as the 32nd state to offer a Choose Life option. Because Choose Life license plate programs depend on citizens purchasing the plates, the amount of funding per center varies significantly. Choose Life license plate programs serve two purposes: providing funding to pregnancy centers, and supplying citizens a desirable way to publicly express their pro-life views. Notably, only four states offer a license plate supporting a pro-abortion viewpoint, primarily because pro-abortion groups have been unable to meet the minimal requirements of license plate presales. In states that offer both a pro-life and pro-abortion option, sales of pro-life plates significantly outnumber those of pro-abortion plates.

The following information provides estimates for what pregnancy centers received in federal and state funding in FY 2019, and is based in large part on the most up-to-date information publicly available for the year. Pregnancy centers were awarded 41.8 percent of Title V Competitive SRA Education program funding with 0.08 percent of centers in eligible states participating. In FY 2019, centers received 9.2 percent of the General Departmental Sexual Risk Avoidance Grant, with 0.05 percent of centers participating.<sup>37</sup> Additionally, many pregnancy centers either receive, or have received, “subgrants” under their state Title V SRAE Block Grant. States do not

publicly list these centers, but at least eight centers in four states received funding this way. With respect to the Teen Prevention Program federal grant, 0.05 percent of pregnancy centers participated, constituting less than 2% of the total funding awarded to all grantees.<sup>38</sup> Of the more recent Title X program federal monies for FY19, pregnancy centers received less than 0.7 percent of the total funds awarded<sup>39</sup> to eight pregnancy centers as subgrantee service sites out of 4,000 service sites, representing only 0.2 percent of all Title X participant service sites.

In addition, for fiscal year 2020, an estimated 12.7 percent of all Pregnancy Help Organizations (see definition on page 100 in Notes section) are expected to receive funding from state-administered Alternatives to Abortion grant programs, with average awards ranging from an estimated \$11,400 to \$198,800.<sup>40</sup> Less than one percent (or 0.8 percent) of pregnancy centers submitted for Medicaid reimbursement for the following services: ultrasound services, STI/STD testing, STI/STD treatment, and well-woman exams.



## CONCLUSION

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## CONCLUSION

The pregnancy center movement in the U.S. is now over 50 years old. From the early initiative of physicians and nurses to provide women with the best medical care to the efforts of those who have tirelessly practiced the highest ethics of care and medical professionalism at pregnancy centers throughout the country, healthcare providers have ensured that pregnancy centers stand the test of time.

Pregnancy centers continue to empower women and men with medically referenced education, sound prevention, and life-affirming choices through holistic care. The benefits are considerable to women and families. By helping women to avert a first abortion and repeat abortion, pregnancy centers:

- Promote women’s and children’s health and the overall well-being of families.
- Avert mental health impacts of abortion for women, which include elevated rates of depression, substance abuse, and even suicide.<sup>16</sup>
- Reduce rates of repeat abortion, which account for an estimated 43 percent of abortions in the United States according to abortion surveillance published by the Centers for Disease Control and Prevention.<sup>17</sup>
- Lower the incidence of preterm birth. A risk association has been identified between previous induced abortion and subsequent preterm birth in numerous published studies internationally for over three decades.<sup>18</sup>

**Alaska Pregnancy Center Coalition**  
2018 ALASKA SERVICE

*"I came in here with no hope...and now I am leaving"*

**HELPING COMMUNITIES**

6,286 Client Visits

- 578 received pregnancy tests
- 2,095 received education & social support

**ALASKA CENTERS SAVED COMMUNITIES**

- \$137,289 in health services
- \$65,993 in education & social support
- \$105,177 in supplies

MADE POSSIBLE BY: 221 Volunteers at 11,270 Hours

**Virginia Pregnancy Center Association**  
2019-2020 Community Impact Report

Pregnancy centers are life-affirming non-profit organizations that support, educate, and equip individuals facing unintended pregnancy.

Virginia pregnancy centers provide free medical, counseling, and support services for women and their partners. These services strengthen families and ensure women have the resources they need for a healthy and hope-filled future.

**Snapshot of Virginia Pregnancy Centers:**

- 43 centers
- 14,000+ clients served
- 99% positive feedback

**Our clients say:**

- "I feel like they really care and respected me (that I told them, 3/3)" -Client from Blue Ridge Pk.
- "I loved my appointment, supported and heard." -Client from 20th, Cam.

**WYOMING PREGNANCY CENTER**  
2018  
**IMPACT REPORT**

**PREGNANCY CENTERS**

Pregnancy centers are non-profit organizations that support, educate, and equip individuals facing unintended pregnancy. In Wyoming pregnancy centers provide free and confidential medical and support services for women as well as their partners. These services strengthen families and ensure women have the resources they need for a healthy and hope-filled future.

- \$413,855.00: Centers provided more than 413 thousand dollars in free services and support to Wyoming families.
- 1,345: 1,345 women and their partners were assisted by Wyoming centers in 2018.
- 99%: 99% of clients indicated on exit surveys that they had a positive experience.

**CLIENTS ARE SAYING...**

- "I love that our community offers places like this for support!" -Azar House Client, Etta, Wyoming
- "I felt accepted and supported!" -Heart to Heart Pregnancy Center, Laramie, Wyoming





- Lower the incidence of breast cancer. A risk association has been identified between previous induced abortion and subsequent occurrence of breast cancer in numerous published studies internationally.<sup>19</sup>

Pregnancy centers also continue to increase their organization at the state level. Single and multistate coalitions of centers meeting annually and biannually have significantly increased in number during 2019 and early 2020. The coalition and regional meetings provide a time to discuss regional issues, share ideas, receive trainings, and fellowship with one another. In addition, in 2019, the number of state coalition groups which compiled service data and highlighted the results through state impact reports also increased.

Expanded outreach for victims of human trafficking, clients challenged with opioid addiction, and women and men struggling with past abortion experiences through Abortion Recovery Coalition efforts are among the ways pregnancy centers in the U.S. are meeting critical needs of people in their communities and helping to provide hope and healing. Maternity home growth is fulfilling housing needs as well as stability, safety, a positive sense of identity, and community for moms and their babies. Newer models of woman care signify an exciting phase of women's healthcare whereby pregnancy centers are accessing a growing network of life-affirming health care providers. In addition, referral to a community provider or the direct provision of abortion pill reversal (APR) at pregnancy centers gives "tangible hope" to women who regret starting the chemical abortion process and seek to stop it.

The multitude of medical, education, and support services pregnancy centers provided to women, men, youth and babies in 2019 described in this study show the impact and measurable good centers are achieving. These services and material assistance have a Total Value of over \$266 million. The almost 54,000 volunteers at centers nationwide reflect investment by citizens and professionals who esteem the work being done.

From a pioneering advance into providing excellent medical care 35 years ago, to continual expansion of significant healthcare services, pregnancy centers steadily gain traction as women's health champions. The growing numbers of licensed medical professionals as staff and volunteers involved at pregnancy centers, now numbering over 10,200 in over 2,132 centers, are emblematic of this success. These findings directly speak to the concrete impact of pregnancy centers throughout the United States.

As pregnancy centers amplify their message of hope it will continue to reach the hearts and minds of millions, and the legacy of life and love will endure.

“ *I will never forget my experience at the center. They listened with care and understanding as I explained my difficult circumstances. They helped me see beyond what I wanted to see. They educated me that a baby has a detectable heartbeat at 22 days. Seeing the ultrasound made my own heart beat. I had tears in my eyes as I saw my baby's little hand wave at me. That is when I realized 'I am a mother,' and I could not take the life of my child. I started loving my baby.* ”

~ Waipahu, Hawaii

## NOTES & ACKNOWLEDGEMENTS

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## NOTES & ACKNOWLEDGEMENTS

### NOTES

To learn more about the history of the pregnancy center movement and Charlotte Lozier Institute's 2018 national pregnancy center report, "A Half Century of Hope, A Legacy of Life and Love," please visit: <https://s27589.pcdn.co/wp-content/uploads/2018/09/A-Half-Century-of-Hope-A-Legacy-of-Life-and-Love-FULL.pdf>

To learn more about the 2008 and 2010 national pregnancy center findings, please visit: A Passion to Serve I and II: <https://downloads.frc.org/EF/EF09I51.pdf>, <https://downloads.frc.org/EF/EF12A47.pdf>

Additional parent pregnancy center organizations include but are not limited to Elevate Life, Compass Care, Wels Lutheran for Life, ThriVe, Life Matters Worldwide, ICU Mobile, Human Coalition, Save the Storks, Obria Medical Clinics, PMC Network, Stanton Healthcare and others.

First called "crisis pregnancy centers," pregnancy centers have increasingly omitted the word "crisis" in their title, and more recently prefer the name pregnancy "help," "resource" or "care" centers or just "pregnancy centers."

Pregnancy centers use a variety of terms to describe a center worker who meets with women and men making pregnancy decisions. These terms include peer counselor, counselor, mentor, coach, and client advocate.

"Pregnancy center organizations" refer to each distinct 501c3 organization which may contain more than one pregnancy center location.

"Pregnancy Help Organizations" include maternity homes, adoption agencies and pro-life social service agencies as well as life-affirming pregnancy centers.

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National Maternity Home Coalition honored maternity housing pioneer Anne Pierson in 2019 with a Lifetime Achievement award. (Left to right): Beckie Perez, Leona Bicknese, Anne Pierson, Sue Baumgarten, Mark McDonald (Past and Current leadership members of the NMHC) (Photo Credit Stephanie Fears)

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## ENDNOTES

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## ENDNOTES

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