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**Alternatives to Abortion Programs:
Support for Mothers and Families**

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The full text of this publication can be found at: <https://lozierinstitute.org/alternatives-to-abortion-programs-support-for-mothers-and-families/>

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On the verge of the Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* over the constitutionality of Mississippi's 15-week abortion limitations, which could result in the dismantling of *Roe v. Wade*, there has been a steady drumbeat by the abortion industry forecasting catastrophe for mothers across the nation. In fact, Planned Parenthood goes so far as to [claim that](#) to be pro-life means all a person is "...concerned with is the life of the fertilized egg, embryo, or fetus. They are much less concerned about the life of women who have unintended pregnancies or the welfare of children after they're born."

The reality is many states have in place Alternatives to Abortion (A2A), herein "Programs," championed by pro-life advocates and legislators, which support women and unborn children during pregnancy and during the first years of a child's life. A2A Programs utilize the experience of direct services providers to expand the availability of services, which include counseling, education and material goods, as a complement to the myriad existing government programs available to those in need. In contrast, the solution Planned Parenthood is to take the life of an unborn child, ignoring the fact that [47 out of 50 European nations](#) (who we are often told are the guiding lights on progressive policy) have similar limits on elective abortions as offered by Mississippi or do not allow elective abortion at all.

These A2A Programs vary in size and scope and exist in both traditionally liberal and conservative states- and serve as effective programs that should be replicated across the country.

In general, Alternatives to Abortion Programs are set up as state programs that manage funds available to providers who deliver services to mothers and families, providing support and life-affirming alternatives to abortion. The A2A Program can be set up as direct grants from a state agency to service providers or be run through a nonprofit organization to centralize management functions. If run as direct grants, states should take care that the grant process is accessible and efficient. Requiring direct service providers to manage complex application processes for funding or manage bureaucratic procedures can undermine the overall intent of an A2A Program by diverting attention away from direct service to mothers seeking assistance during an unplanned pregnancy and toward government processes.

Following the nonprofit management model provides for the bureaucracy of government to be handled centrally and allows the service providers to remain focused on direct support of mothers and children. Additionally, it allows for increased ability to accurately measure the impact of services provided through the A2A Program and directs

dedicated resources to ensure the highest standards in service providers. In the management office model, states should take care that the management office remains effectively managed and does not itself become part of the bureaucracy.

The services provided vary, from pregnancy tests and prenatal care, to housing and nutritional support, to counseling and parenting classes. Additionally, childcare assistance, educational assistance, and job training are offered, providing assistance to mothers not just during pregnancy but into the first years of the child's life, creating a springboard for a stable and health family.

Throughout the states that have A2A Programs, the size of the program must be based on the needs of the women and families in their state. Currently, Programs vary in order to do so. For example, in [Minnesota](#), \$3.4 million is used across 33 locations to provide support, while [Pennsylvania](#), the first state to create an A2A Program, has nearly 100 centers across the state providing support through its program. This year the [Texas](#) A2A Program has garnered national attention, with the legislature providing \$100 million to their continuously expanding services of support for mothers, fathers, families, and children.

The Texas Program was created as a single line item in the state's [2005 budget](#) for \$2.5 million. In its first full year of providing services, 2007, the program provided 22,522 services to just under 4,000 clients- a far cry from the over [1 million services and 1 million material goods provided to over 100,000 clients](#) in FY2020. It is structured through main providers, including Texas Pregnancy Care Network (TPCN), Human Coalition, Austin LifeCare, and Longview Wellness Center. The main providers may then subcontract with direct service providers to provide an expansive list of services to those in need.

The scope of the services offered through the Texas A2A Program is wide-ranging. Similarly, the structure for who is eligible for support is extensive. The categories of services provided and inclusiveness of the Program should be strongly considered by states beginning or expanding upon on A2A Program. In Texas, the Program intentionally seeks to provide support outside of medical services, smartly relying on the availability of other dedicated and experienced services, such as Medicaid, to support medical needs. However, to assist in those needs, the A2A Program is designed to connect those seeking support with the correct state program to receive assistance.

By dedicating resources and efforts to service delivery in specific areas of need, the Texas A2A Program is able to deliver life-affirming support at no-cost to the client. For example, TPCN, one main provider, offers services via subgrantees including:

- Counseling, referral, and pregnancy information
- Mentoring
- Information regarding pregnancy and parenting
- Adoption information
- Referrals to maternity homes
- Referrals to county and social service programs such as financial assistance, healthcare, food benefits, and housing
- Material items such as car seats, maternity clothes, infant diapers, and formula

Importantly, the A2A Program and TPCN are structured so these services are available to women as they move through their journey of motherhood, to provide constant and continuous support when needed. The A2A Program's inclusion of service, without means testing, offers resources at no cost to any parent - biological mothers and fathers and adoptive parents - delivering services to all in need and supporting each precious life.

The A2A Program is available to [any Texas resident](#) who is a U.S. citizen or legal immigrant and is:

- The biological mother or father of an unborn child;
- The biological mother or father of a child, for up to three years postpartum;
- The parent, legal guardian or adult caregiver of a minor who is a Program client;
- A parent who has experienced miscarriage or loss of a child. These clients are eligible to receive counseling, referrals, and other relevant services for up to 90 days after the miscarriage or loss;
- An adoptive parent of a child of any age, for up to two years after adoption finalization.

Additionally, the services are uniquely designed to provide individual support, complete with hotlines that parents can call with questions, such as those relating to the development or well-being of their child. The duration of services provided, from pregnancy until 36 months postpartum, is also critical to the success of the A2A Program and its impact on the lives of the mothers and children served. Maternity homes within the A2A network illustrate the Program's intent to deliver services tailored to the individual needs of each mother or family, offering both short-term options for 90-100 days as well as long-term residential programs. For low-income families, assistance can be provided for

even longer – such as financial assistance for eligible [families with children under the age of 13](#).

The successes of the Texas A2A Program are most clearly demonstrated through client success stories of the Program. TPCN client examples can be found here: [Personal Stories- TPCN \(texaspregnancy.org\)](#).

During the COVID-19 pandemic, which increased demand for support, the TPCN broke all service records. Their ability to meet the increased need is due to the continued support and growth of the resources which have led to the current 170 service locations across the state. In incorporating service providers into the A2A Program, Texas puts a critical emphasis on developing high standards for all service providers – an effort that must be a focus for any alternatives to abortion program to ensure quality care and support are provided and maintain good stewardship of taxpayer dollars.

The experience of the [Texas Pregnancy Care Network](#) (TPCN), one provider within the Texas A2A Program, illustrates these critical efforts to ensure high-quality service delivery. TPCN develops the standards for their subcontractor service providers, which require that “all subcontractors must be non-profit, 501(c)(3) organizations with a minimum of 1 year of operational experience providing core Program services, which consist of counseling and mentoring support of childbirth.” Subcontracted providers must have, as a fundamental part of their mission, “a commitment to actively promoting childbirth rather than abortion for women who are undecided about whether or not to have the child” and provide “core services of counseling, mentoring, and education, together with support services including materials assistance and referrals to other services, when appropriate.”

To work with TPCN, providers must go through a two-step process. They must fill out an “Alignment Survey” and confirm that the provider program:

- “[H]as been providing pregnancy support and education services to clients for at least one year;
- Is a registered 501 (c)(3) tax exempt organization;
- Promotes childbirth rather than abortion in its response to a difficult or unexpected pregnancy;
- Is not associated with any entity (physically, financially, legally or via common management or shared employees) that promotes, refers, or provides abortion services;

- Agrees not to promote, refer, or provide abortions or abortifacient contraceptives to clients;
- Does not charge fees to clients for its program services;
- Agrees that spiritual counseling services will be provided by a different counselor than the one delivering reimbursable Program services (for faith-based organizations);
- Maintains policies and procedures protecting client confidentiality;
- Maintains policies and procedures ensuring clients know how to express grievances regarding the quality of services they have received;
- Agrees to have all staff and volunteers undergo annual criminal background checks, child abuse checks, and sexual offender checks;
- Maintains insurance policies for general liability, automobile, and worker's compensation;
- Maintains a policy of nondiscrimination, providing services to clients regardless of race, color, religion, national origin, gender, age, disability, and any other protected status; and
- Agrees to maintain a policy ensuring services delivery to persons of limited English capabilities."

Programs which pass this first step then send TPCN a "Full Evaluation Checklist" along with extensive documentation including proof of 501 (c)(3) status, three years of IRS forms 990, information on the program's employees and standing with the state, staff proof of degreed training, and proof of liability insurance. If the program passes this step, there is an in-person visit and inspection of physical locations.

One such provider – in fact the first provider under TPCN – is the [Annunciation Maternity Home](#) (AMH) in Georgetown, Texas. Annunciation is a maternity home that offers housing, life skills, parenting help, case management, counseling services, and on-site living facilities for up to 12 mothers and their babies and 8 teen mothers and their babies.

At AMH all services are trauma-informed, meaning that all staff have undergone training to anticipate and deal responsively with the different backgrounds clients may have experienced, such as homelessness or abuse. The "clock" doesn't begin until a child is born – to the chagrin of the Planned Parenthood narrative that support and care only exist for the unborn child. At AMH, clients are first met at an initial visit and tour before they commit to the AMH program, which is individually tailored to each mother. They are even taught how to create a daily routine with their babies while they work or attend school. The facility also has a daycare on campus which opens at 7:30 each morning.

Developing this routine and providing opportunity to further educational or professional experience create a sustainable path for mother and child, in addition to the hard skills critical to future success. The daycare is also structured to be an engaging and educational opportunity for the mothers, with clients meeting with daycare staff when they drop off their child and when they pick up their child. This interaction allows new mothers to learn about the growth of their baby and the skills to care for their child after they leave. Annunciation also works to transition clients to living independently once their child turns two, which can take between six and eight months for a full transition out of the program. During the program, clients learn a variety of life skills including menu planning, resume creation, time management, and childcare. They are also provided assistance with job searching, scholarship applications, obtaining car insurance, filing taxes, or any other skills they might need in order to live a stable, self-sufficient life with their children.

Conclusion

From Pennsylvania's first program, created in 1995 under Democratic Governor Robert Casey with a budget of \$2 million, to Texas' \$100 million A2A Program providing over 1 million services to women and families in Texas in 2020, these alternatives to abortion programs are proving to be effective avenues of support for women and children. Texas officials have gone beyond serving women in their own state to support the creation of similar programs in Nebraska and Oklahoma, states that join others such as Pennsylvania, Florida, Ohio, Georgia, Minnesota, Missouri, Indiana, Kansas, Louisiana, North Dakota, and North Carolina as states with similar programs. The efforts of Texas to develop an A2A Program that delivers a wide range of services for a sustained period of time is a model for other states to compassionately meet women where they are on their journey of motherhood and provide support for families seeking to choose life. With the success and growth of the Texas A2A Program, and their experience in offering support to other states, they should be used as a capable partner to replicate and expand alternatives to abortion programs across the entire country.

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