

PREGNANCY CENTERS OFFER

# HOPE FOR A NEW GENERATION

A LEGACY OF LIFE & LOVE Report Series 2022

A collaboration of Charlotte Lozier Institute, Care Net,  
Heartbeat International, National Institute of Family and Life Advocates,  
and Option Ultrasound Program by Focus on the Family



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## FOREWORD

### *Hope for a New Generation*

**T**he pregnancy center movement in the United States is a story of Hope for a New Generation. In the pages of this report, the latest in the Legacy of Life & Love Series, you will find a set of stunning details from that story.

This report covers a year of dramatic change and tension in the nation. On June 24, 2022, the United States Supreme Court corrected one of the worst errors in its history – the imposition of abortion on demand under the 1973 *Roe v. Wade* ruling. The decision in *Dobbs v. Jackson Women’s Health Organization* sparked a massive campaign to expand abortion. Challenged but undaunted, the pregnancy help movement responded as only it knows how, with new resources and new projects but the same traditions of love for mother, child, family, and community.

On five occasions now, leaders of the major networks of U.S. centers have come together, administered a survey, pooled data, and contributed profiles of services and clients for a comprehensive national report. This collaboration has chronicled a unique mix of

professional care and voluntary service to others. Opposed by thoughtless politicians, reflexive media critics, and now, sadly, violent extremists, the centers continue to thrive, earning the highest accolades from those who matter most, their nearly one million new clients every year.

For all this work, documented here for all to see, so much remains to be done. Opponents of pregnancy help are tragically real, but the true resistance to life and to the well-being of women is fear. That fear varies in intensity and source. Some of it is external and political, but the weightier part is internal – fear of loss of education, economic harm, or, perhaps most important of all, relationships.

For these reasons, pregnancy centers must not only offer medical and social resources, but reservoirs of emotional support, security, and companionship. Increasingly, they must signal they are in it for the long haul. We are pleased today that we can once again offer this report not only as documentation of the service of pregnancy centers across the country, but of their pledge to serve every human life in need.



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# INTRODUCTION



## INTRODUCTION



On June 24, 2022, the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health* to overturn *Roe v. Wade* ushered in a period of change

for the pregnancy help movement unparalleled in modern U.S. history. The country's over 2,750 established and battle-tested, life-affirming pregnancy centers have had an unwavering response to the shifting landscape of needs, and with others are widely expanding the support network of pro-life care. Given an estimated 32,000 more babies born as a result of *Dobbs*,<sup>1</sup> as well as an increase in abortion rates per month in specific states where abortion is still legal,<sup>2</sup> pregnancy centers are stepping up to new challenges. Centers are resolute in their mission to provide education, health care, and relational and material support to hundreds of thousands of women and families experiencing unexpected pregnancy, as has been their practice for decades. It is with enduring dedication and renewed passion to serve women, couples, and their precious unborn children that pregnancy centers are spreading their wings to reach more families with a wider spectrum of pregnancy help services and holistic, compassionate care.

In the post-*Dobbs* era, with a patchwork of states enacting laws to protect unborn children, the need for help surrounding unexpected pregnancy is only growing. At a time when many states have acted to protect unborn children from elective abortion, the valuable services of pregnancy centers remain steadfast and vibrant, whether through equipping new moms and dads with prenatal and parenting education or providing free health care and needed material items. In states where abortion is still available on demand, pregnancy centers remain a refuge for women, providing much-needed aid and hope, offering trusted education and resources in addition to free



professional health care that does not encourage abortion. The need for authentic, life-affirming and excellent care is ubiquitous. The updates below demonstrate how pregnancy centers are meeting these needs.

## PREGNANCY CENTERS SPREAD THEIR WINGS

As the more than 2,750 pregnancy centers spread their wings, they are meeting more needs with increased medicalization and health care onsite (Tables 3, 6, 9, and 10, pgs. 20-21,28), increased access to maternal and child health care (Tables 1, 3, 6, 8, 9 and 10, pgs. 19-21,28-29), increased material aid (Tables 1, 7, and 9, pgs. 19-21,28), and select referrals increasing access to a wider range of support providers (Table 8, see pg. 24). Pregnancy centers are equipping fathers for their parenting journey through increased training and resources enhancing outreach and family well-being (pg. 26). Pregnancy centers are also helping those impacted by drug-induced abortion through the use of abortion pill reversal (see pgs. 32-34). Further, new services are being offered, such as Christian counseling and case management (pg. 44). Specialized outreach to vulnerable populations likewise continues to grow. Outreach to victims of human trafficking and those caught in the commercial sex industry (pg. 41), as well as to those in migrant communities, are especially of note (pg. 46). Finally, a growing maternity home network continues to deepen its professional services and resource offerings, further enhancing the pregnancy help matrix (pg. 35).

Pregnancy centers are widely embraced as integral to the growth and success of a national pro-life safety net in a post-*Dobbs* America. More pro-life states are examining new laws and policies to protect lives and direct resources to aid families, such as detectable heartbeat laws, Safe Haven legislation, increasing postpartum Medicaid

coverage, improved adoption policies, and combatting the use of abortion drugs. The over five-decades-long experience of pregnancy centers in providing outreach in all types of communities throughout the country places them as well-established partners that are ready to assist.

## CLIENT SATISFACTION REMAINS HIGH AS LARGE NUMBER OF CLIENT SESSIONS REPORTED

One measure of the high level of care afforded to women and men at pregnancy centers that has been used for decades is the client satisfaction rate, self-reported through client exit surveys. The consistently and exceptionally high rates demonstrate positive experiences, which for this national study of 2022 data remained exceedingly high at 97.4% (pg. 19). The countless stories mothers and fathers have shared about the high quality of services, as well as the love and support of people who came alongside them at pregnancy centers, continue to reflect the gratitude of clients for the care they received and the choice they made even through very difficult circumstances. Their stories are also a testimony to their own bravery.



Client advocate session onboard an Image Clear Ultrasound Mobile (ICU Mobile) medical mobile unit in Akron, Ohio.

A new metric used in this year’s report is Total Client Sessions, both in-person and virtual (pg. 19). Following the start of the global COVID-19 pandemic, pregnancy centers adapted to provide client sessions virtually to continue their essential outreach to women and families. This innovation has led to honed virtual client education sessions which, along with onsite care, enhance pregnancy center impact. In 2022, the 2,750 pregnancy centers studied provided an estimated 16,050,312 Total Client Sessions, both in-person and virtually.



Nurse, sonographer, and nurse practitioner at Aid for Women Pregnancy Care Centers in Waukegan, Illinois.

### SHIFT TO MORE MEDICAL AND PAID STAFF

As pregnancy centers have proliferated, the type and number of staff have changed. The increased medicalization of centers has witnessed more medical professionals being attracted to serving women and families through pregnancy centers. And with centers better able to pay them as staff, they are not relying as much on volunteers filling these roles. The results of this national study correspondingly show that the rise in the number of paid staff in 2022 from 2019 was a 17.8% increase, and the proportion of paid staff to volunteers also changed (Table 4, pg. 20).

### RESILIENCE AND DEDICATION AMID VIOLENT ATTACKS

In a shocking turn of events, following the leak of the *Dobbs* decision draft on May 2, 2022, there began a rise of domestic violent extremism against pro-life pregnancy centers, organizations, and religious institutions in the U.S. These attacks only increased after the final *Dobbs* decision was released in June 2022 and included vandalism, arson, firebombing, and other property damage. More than 60 attacks were reported by pregnancy centers between May 3, 2022, and August 21, 2022.<sup>3</sup> Since the publishing of this report, at least 90 such attacks have been reported targeting pregnancy centers.<sup>4</sup>

Furthermore, according to FBI Director Christopher Wray while testifying before a Senate

Mountain Area Pregnancy Services in Asheville, NC was vandalized on June 6, 2022 before the release of the *Dobbs* decision on June 24. The graffiti on the sidewalk read: “If abortions aren’t safe, neither are you!” The pregnancy center spent more than \$90,000 for restoration, new glass, paint, new siding under the roof, and the replacement of the old security system with a new one.





Homeland Security Committee Hearing in November 2022, since the *Dobbs* decision was handed down 70% of abortion-related threats of violence in the U.S were directed at pro-life groups.<sup>5</sup>

Yet, despite the intensity and frequency of these attacks, pregnancy centers and their workers collectively responded to the new threats with courage and resilience.

One pregnancy center organization/pro-life medical network with four locations in New York, CompassCare, experienced one of the worst violent attacks, and then with swift and committed community support built back better than ever.

On June 7, 2022, the CompassCare pregnancy center in Buffalo was firebombed, causing \$500,000 of damage and injuries to two firefighters.<sup>6,7</sup> The same day, the center's CEO, Rev. Jim Harden, declared, "CompassCare will rebuild because women deserve better. CompassCare will not stop serving because pre-born boys and girls deserve protection."<sup>8</sup> Directly following the firebombing, community members committed to the good work of CompassCare showed an incredible display of faith under fire, providing medical space locally so that CompassCare's patient services could be relocated while the Buffalo facility was rebuilt. Within just 52 days, the pregnancy center was reopened with a plan to increase the square footage by 30% in order to allow even more women to be cared for both in person and through telehealth.<sup>9</sup>

While the pro-abortion domestic terrorist group Jane's Revenge appeared to take responsibility for the firebombing, no arrests were made.<sup>10,11</sup> The same CompassCare office was then vandalized on March 16, 2023, by another extremist. CompassCare filed a lawsuit against perpetrators involved in both attacks in October 2023, citing a lack of investigation by both the FBI and DOJ given that "there have been over 300 pro-abortion domestic terror attacks on pro-life entities since the leak of the *Dobbs* decision and only one conviction."<sup>12</sup>



Rev. Jim Harden, CEO of CompassCare pregnancy center organization with four locations in New York.



Some of the firebombing damage at the CompassCare in Buffalo, NY on June 7, 2022. The arsonists graffitied "Jane was here" on the building, referring to the group Jane's Revenge which had been promoting a "Night of Rage" ahead of the potential reversal of *Roe v. Wade*.



Grand re-opening ceremony of CompassCare in Buffalo, NY on August 1, 2022 after the firebombing attack. The day included a ribbon-cutting and press conference where local, state, and federal elected representatives, as well as church leaders, spoke.



Heidi Matzke, executive director of the Alternatives Pregnancy Center in Sacramento, California testifying before the Senate Committee on the Judiciary on July 12, 2022.

Pregnancy center executive director Heidi Matzke of Alternatives Pregnancy Center in Sacramento, California, testified before the U.S. Senate Judiciary Committee on July 12, 2022, about the vital work of pregnancy centers and the need to protect them amidst violent attacks. Matzke described two threatening incidents her center endured. In the first, a man approached her center in the morning hours armed with a machete. In the second, a woman attempted to drive off with the center’s medical mobile unit. In both cases, the center’s security acted to prevent crime and violence. “We have been forced to hire

24-hour on-site security,” Matzke explained. “We’ve had to reinforce doors and bulletproof our walls. We’ve had to paint our building with anti-graffiti coating. We’ve added cameras, armed our staff with pepper spray, and stopped running our mobile clinic because of threats of violence.” Matzke also stated that her center has had to spend approximately \$150,000 to keep staff, volunteers, and their patients safe, adding it was money that could have been used for other purposes.<sup>13</sup>

Given the gravity of these unprecedented attacks against pregnancy centers, on September 20, 2022, members of the U.S. House of Representatives introduced the Protect Pregnancy Care Centers Act of 2022, which outlined and condemned the violence against pregnancy centers and called for an Inspector General report on domestic violent extremism against centers.<sup>14</sup> In addition, a House Resolution was signed in January 2023 recognizing the important work of pregnancy centers to support pregnant women, infants, and families. The resolution also condemned the “radical attacks” on centers and other pro-life groups and called on the Biden administration to “uphold public safety and to protect the rights” of pro-life organizations.<sup>15</sup>

In the wake of these violent attacks and added financial burdens to offset property damage and vandalism, however, the pregnancy center community has remained resilient and strong. The perpetrators did not succeed. Individual community members and partners have come alongside pregnancy center workers in the face of these threats to provide additional support. National pregnancy center networks provided and continue to provide guidance to centers about best practices for safety and security. Pregnancy center workers have remained dedicated and focused, and centers have kept their doors open to serve women and families with excellence as they always have – as the results of this national study show. The material goods and services provided by U.S. pregnancy centers in 2022, for example, far exceed those provided in 2019 (see Results, Tables 1, 7, and 9, as well as “Pregnancy Centers Stand the Test of Time”).

## LIVES SAVED THROUGH PREGNANCY CENTERS

Perhaps no other impact of pregnancy center outreach is more profound than children’s lives being saved from abortion and their mothers and families being spared the tragedy of an abortion experience.

While this national study did not measure lives saved at pregnancy centers, another recent

analysis published by CLI in 2022 examined a nationally representative de-identified dataset collected by Care Net for this purpose. Of the total number of pregnant women assessed as being at-risk for abortion who chose to carry and give birth to their child after visiting a pregnancy center, it was estimated from the Care Net data that 828,131 unborn babies' lives were saved during the five-year period between 2016 and 2020 as a result of women visiting pregnancy centers.<sup>16</sup>

In addition, the Care Net data showed a significant impact of both ultrasound viewing and the presence of the baby's father at the ultrasound on the decision of women at risk for abortion to choose life for their child.



Mom and dad who visited a pregnancy medical center in Tupelo, Mississippi, received an ultrasound and chose life for their son. Together the couple then attended parenting education classes at the pregnancy medical center.

CLI has also analyzed data from Focus on the Family's Option Ultrasound Program, which provides grants to qualifying pregnancy centers for the placement of ultrasound machines, among other purposes (see more under "Funding through Charitable Contributions and Government" below). Since 2004 when the program began, recipient centers have tracked, de-identified, and reported the number of patients at risk for abortion who received an ultrasound, as well as each client's decision to carry their child to term.

From 2004 to the end of 2022, the estimated number of babies' lives saved for pregnancy center clients was more than 492,676. By May 2023, that figure reached a milestone of 500,000 lives, and by the end of 2023, the number continued to rise to 508,032 estimated lives saved.

Lastly, abortion pill reversal, or APR, is now increasingly available to women through their



local pregnancy medical center. APR is a potentially life-saving measure to biologically stop the process of drug-induced abortion if a woman regrets starting one. This medical protocol is offering hope to women who regret taking mifepristone, the first of two drugs in the regimen for drug-induced abortion.

The Abortion Pill Rescue Network (APRN), now based out of Heartbeat International in Columbus, Ohio, first provided APR in 2012. From that year through the end of 2023, APRN statistics show over 5,000 babies' lives saved through the administration of the protocol worldwide.

As shown in the 2022 results, 27% (or 738) of pregnancy centers are able to provide and oversee the APR protocol, as well as provide ongoing resources and support for women following drug-induced abortions (Table 6 and 10, pgs. 21, 29). Given that drug-induced abortions now constitute the vast majority of all abortions in the U.S., APR represents a life-saving option providing increasing hope for a new generation of women. A section of this report is devoted to this topic (pg. 34), as well as two client stories about women who sought help through APRN, received APR and ongoing support through their local pregnancy centers, and then gave birth to their children.

### FUNDING THROUGH CHARITABLE CONTRIBUTIONS AND GOVERNMENT

The sustained high level of charitable giving to pregnancy centers at both the community level and through national organizations has enabled pregnancy centers to focus on service provision and expansion at no or very little cost to women and families. The services and material items distributed through centers remain largely free of any cost.



Since 2004, Focus on the Family's Option Ultrasound Program (OUP) has been equipping pregnancy centers with the critical medical technology of ultrasound as well as providing qualifying centers with the tools to incorporate excellent medical care into their outreach.

In 2022, Focus OUP distributed 306 grants to pregnancy centers encompassing new ultrasound machine placements, sonography training, digital client marketing, service enhancement, center medical conversion, and medical mobile units. In 2023, OUP distributed another 510 grants in these areas to centers nationwide. From 2004 to the end of 2023, OUP placed 596 new ultrasound machines at U.S. centers and provided 2,347 grants to pregnancy centers totaling over \$46.5 million in value.

The Knights of Columbus (K of C) has been another generous group in its charitable giving to uphold pregnancy center work. For 15 years, K of C has placed new machines via their Ultrasound Initiative and more recently established grants through their Aid and Support After Pregnancy (ASAP) program to both pregnancy centers and maternity homes. Through these initiatives, hundreds of ultrasound machines have been placed and millions of dollars' worth of donations have been contributed to pregnancy centers and maternity homes. In 2022, this included 165 new ultrasound machines placed (valued at over \$7.8 million) with an additional \$6.19 million in donations, and through the ASAP program, \$1,974,400 in donations to 701 recipient pregnancy centers and maternity homes. In 2023, K of C contributions included 150 new ultrasound machines placed (valued at over \$6.6 million) with an additional total \$5,262,836 in donations, and through the

ASAP program, \$5,069,343 in donations to 1,268 recipient centers and homes. From 2009 to the end of 2023, K of C placed 1,793 new ultrasound machines in pregnancy centers.

A third organization based out of Indianapolis, PreBorn!, has been giving charitably through grants to centers since its founding in 2007, and has now placed more than 355 ultrasound machines in areas with especially high abortion rates. The group placed 69 ultrasound machines in U.S. pregnancy centers in 2022<sup>17</sup> and another 83 in 2023.<sup>18</sup> The organization has also provided a range of grants in faith-based training to pregnancy centers.

In 2022, just 17% of pregnancy center organizations (which refers to each distinct 501(c)(3) organization, which may contain more than one pregnancy center location), or 357 main offices, reported receiving state or federal government funding (see Table 3, pg. 20).

2022 saw several increases of funding for pregnancy centers on the state level, however. One state, Arkansas, issued its first funding allocation for pregnancy centers.<sup>19</sup> Two states enacted legislation to significantly increase their funding for pregnancy centers: Ohio and Florida.<sup>20,21</sup> Collectively, these increases, along with Arkansas' funding, equate to approximately \$40 million in new money for funding pregnancy help organizations, including pregnancy centers. Additionally, one state has pursued tax credits specifically for pregnancy centers. Louisiana Senate Bill 41, enacted in 2023, will provide up to \$5 million in tax credits to Louisiana citizens who donate to pregnancy centers.<sup>22</sup>

2023 was a banner year for pregnancy center funding. Three states issued their first funding allocation for pregnancy centers: Iowa, Tennessee, and West Virginia. Kansas added a new program to fund pregnancy centers. Three states significantly increased their funding for pregnancy centers: Ohio, Texas, and Florida. Altogether, these programs and increases equate to approximately \$76.5 million more in funding for pregnancy help organizations, including pregnancy centers. Additionally, three states pursued tax credits specifically for pregnancy centers. In addition to Louisiana's Senate Bill 41, both Alabama (House Bill 208) and Nebraska (Legislative Bill 606) currently have similar bills pending for up to \$10 million in tax credits each.

## INVITATION

The continued deep impact of pregnancy centers is undeniable based upon the newly released results in this national pregnancy center report. Pregnancy centers are foundational to the growing network of care, shining hope to and casting a vision for a new generation of Americans. We invite you to read through this new report highlighting the 2022 impact of the inspiring and life-saving work pregnancy centers continue to do, the powerful accounts of those they serve, and the contributions of the many women and men determined to improve upon the extension of life-affirming pregnancy help in a post-*Dobbs* America.

*“The pregnancy help movement is among the most dramatic stories in the history of American community service. Health care professionals, counselors, and volunteers from every walk of life have composed a symphony of service for women, babies and families in need.”*

**CHUCK DONOVAN**  
Strategic Adviser  
Charlotte Lozier Institute





Waiting room at Northlake Crisis Pregnancy Center in Covington, Louisiana

The Charlotte Lozier Institute (CLI) partnered with Care Net, Heartbeat International, National Institute of Family and Life Advocates (NIFLA), and Focus on the Family Option Ultrasound Program leadership to conduct its 2023 national pregnancy center study. The project began in the fall of 2022 and data analysis was completed in early 2024.

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 NIFLA), and/or affiliated with other parent pregnancy center and medical mobile unit organizations that abide by the national ethical code “Our Commitment of Care and Competence,”<sup>23</sup> were included in the data analysis. Pregnancy center locations that reported seeing less than 25 new clients in 2022 were removed. The national figures presented in this report represent 2,750 pregnancy center locations in the U.S., where brick-and-mortar pregnancy centers as well as medical mobile units constitute center locations.

The “Total Value” of all services and material goods provided by pregnancy centers in 2022 was calculated using cost estimates for services, consultations, classes, presentations to youth, and baby items provided to clients. Hours provided are multiplied by the mean hourly wages provided by the Bureau of Labor Statistics’ (BLS) Occupational Employment and Wage Statistics.<sup>24</sup> The national mean hourly wages were used for the following licensed workers: Social Workers, All Other in local/state government (OES code 21-1029) - \$30.94 per hour; Registered Nurses (OES code 29-1141) - \$42.80 per hour; and Diagnostic Medical Sonographers (OES code 29-2032) - \$40.58 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, All Other as published by BLS OES. Registered Nurse / Diagnostic Medical Sonographer hours are equal to the number of ultrasounds performed multiplied by an average of the BLS mean hourly wages for Registered Nurses (RNs) and Diagnostic Medical Sonographers. The RN hours for STD/STI clients are equal to the number of STD/STI clients multiplied by the BLS mean hourly wage for RNs. The value of free pregnancy tests is the number of pregnancy tests provided multiplied by \$9 (average cost for one pregnancy test). The value of free ultrasounds is equal to the number of ultrasounds performed multiplied by \$250 (the

estimated average cost for a “Fair Price,” first-trimester obstetrical ultrasound according to Healthcarebluebook.com for multiple U.S. zip codes). The value of STD/STI tests is equal to the number of STD/STI tests performed multiplied by \$28 (an average of chlamydia, gonorrhea, HIV, and syphilis tests in the 2022 Medicaid Fee Schedule).<sup>25</sup>

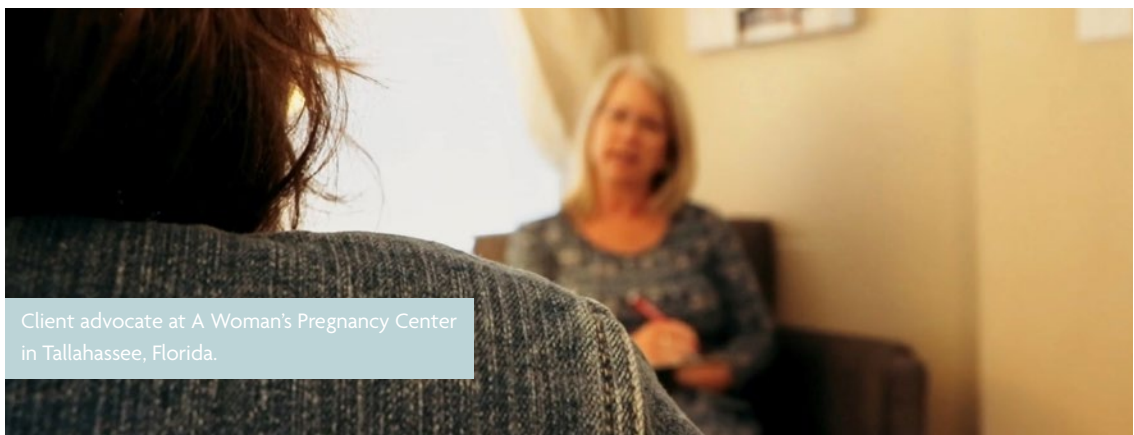
The value of parenting classes and after-abortion support and recovery is equal to the number of clients attending each class/session type, then multiplied by six for parenting classes, and multiplied by five for after-abortion support sessions, then multiplied by the mean hourly wage for “Social Workers, other” as published by BLS OES (\$30.94). The value of baby clothing outfits was based on the Salvation Army’s 2022 valuation guide’s low estimates for children’s clothing—specifically, one shirt (\$2) and pants (\$3) = \$5.<sup>26</sup> The value of a new crib, \$150, is based on the lower end of Consumer Reports’ estimates.<sup>27</sup> The value of strollers (new and used) is \$15. The value of one new can/container of infant formula is \$20 based upon the average cost of a 12.5 ounce can of Enfamil formula at Walmart. The value of a pack of diapers is based upon the average of low to high estimated per diaper cost and calculated for a pack of 40 (\$11.20 per pack).<sup>28</sup> The value of wipes is \$3 per pack, based on a rough average of the retail cost per 100 pack of wipes at Walmart. The value of new car seats, \$80, was based on the lower end of Consumer Reports’ range of infant car seat prices (\$70-\$550).<sup>29</sup> The value of community/group-based Sexual Risk Avoidance Education (SRAE) presentations is based on methods used by the Florida Pregnancy Care Network, calculated by dividing the total number of students who have attended presentations by 25 (the average number who attend presentations), multiplied by the product of the average length of each presentation (60 mins.) and \$2.50 (the cost per minute of the education).<sup>30</sup>

The Total Value of services and material assistance figure provides a conservative estimate of the free services and goods delivered by centers in communities across America, in large part due to locally raised funds and charitable giving. As noted in this report, 17% or 357 of pregnancy center organizations received some government funding in 2022.

In addition, interviews were conducted with and statistics received from pregnancy center staff, national network staff, and associated organizations that work with pregnancy centers to obtain statistics and information regarding current developments and emerging outreach.

“ *It seemed warm and welcoming. They wanted to talk to me, they wanted to know me, they wanted to know my story.* ”

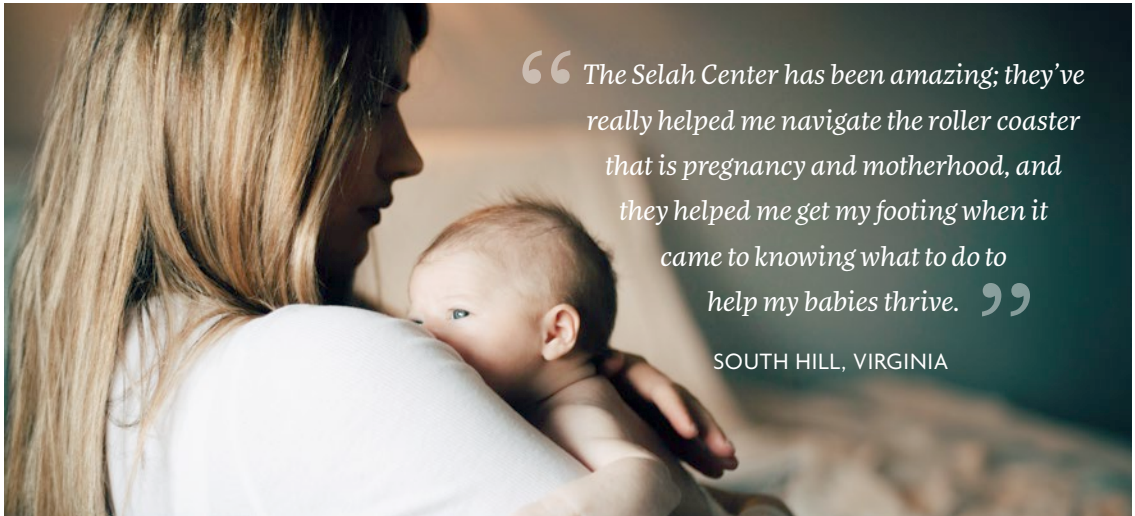
GRAND RAPIDS, MICHIGAN



Client advocate at A Woman's Pregnancy Center in Tallahassee, Florida.







“ The Selah Center has been amazing; they’ve really helped me navigate the roller coaster that is pregnancy and motherhood, and they helped me get my footing when it came to knowing what to do to help my babies thrive. ”

SOUTH HILL, VIRGINIA

**T**he service and material item totals highlighted in the Results section of this report represent 2,750 pregnancy center locations in the U.S., counting both brick-and-mortar sites and medical mobile units as separate center locations. Each pregnancy center is affiliated with one or more of three major national networks – Care Net, Heartbeat International, and National Institute of Family and Life Advocates (NIFLA) – and/or affiliated with other pregnancy center organizations or coalitions (for a more detailed list of the additional parent organizations, please see the Notes section on pg. 59).

The medical, health, education, and support and material aid services provided by pregnancy center staff and volunteers in 2022 reflects the extraordinary and deep impact pregnancy centers are having in communities across the U.S. The following tables break down client statistics including youth attendance at group-based education presentations; specific services provided; percent/numbers of centers offering specific medical and non-medical services; the number of medical and non-medical staff and volunteers involved in pregnancy center work; the percent of government funding received; numbers of essential baby items provided as material assistance; and a material resource client statistic.

This year, a new metric of Total Client Visits from both in-person and virtual pregnancy center sessions, as well as client satisfaction measured through both datasets analyzed for the national figures, are being highlighted. Given that pregnancy center impact multiplies with each visit as clients obtain additional services and grow in their relationship with a pregnancy center for support, the number of Total Client Visits helps to quantify depth of impact.

The Total Value of Material Goods and Services for 2022 is conservatively estimated at \$367,896,513, up from \$266 million calculated for 2019. This figure does not take into account the full scope of community cost savings pregnancy center care amounts to for families and communities through their multi-dimensional health paradigm encompassing physical, relational, emotional, and spiritual health.

“ I felt like my anxiety and worries have diminished tremendously after talking with you guys. ”

MARTINSBURG, WEST VIRGINIA

## NEW 2022 METRIC FOR PREGNANCY CENTER WORK AT 2,750 US CENTERS

Total # of Client Sessions, In Person and Virtual	16,050,312
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## CLIENT SATISFACTION

Percent Client Positive Experience/Satisfaction (self-reported)	97.4%
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**TABLE 1: 2022 CLIENT AND SERVICES STATISTICS, WITH TOTAL VALUE OF GOODS AND SERVICES**

	US Total		2022 Value Estimate/Mean Hourly Wage	2022 Estimated Total Value of Free Goods and Services*
<b>TOTAL</b>				<b>\$367,896,513</b>
Consulting with new clients	974,965		\$30.94	\$30,165,417
RN/RDMS hours performing ultrasounds	546,683		\$41.69	\$22,791,214
RN hours meeting with total number of STD/STI test clients	104,559		\$42.80	\$4,475,125
Pregnancy Tests	703,835		\$9.00	\$6,334,515
Ultrasounds performed	546,683		\$250.00	\$136,670,750
STD/STI tests performed	203,171		\$28.00	\$5,688,788
Clients attending parenting and prenatal education programs	409,409	x6	\$30.94	\$76,002,687
Clients receiving after-abortion support	20,863	x5	\$30.94	\$3,227,506
Youth attending group sexual risk avoidance education presentations	660,064	/25	\$150.00	\$3,960,384
<b>Material Goods provided:</b>				
Packs of diapers	3,590,911		\$11.20	\$40,218,203
Packs of wipes	1,216,438		\$3.00	\$3,649,314
New car seats	43,192		\$80.00	\$3,455,360
Baby clothing outfits	4,256,274		\$5.00	\$21,281,370
Strollers	30,188		\$15.00	\$452,820
New cribs	23,486		\$150.00	\$3,522,900
New cans/bottles of infant formula	300,008		\$20.00	\$6,000,160

\*A small percentage of pregnancy medical centers charge a low-cost fee for STD/STI testing.

**TABLE 2: 2022 CLIENT STATISTICS BY GENDER**

Clients Served	Percent of Women	Percent of Men	Percent Unknown	Number of Women	Number of Men	Number Unknown
STD/STI Test Clients	83%	14%	3%	86,563	14,680	3,316
After-Abortion Support Clients	96%	3%	1%	20,070	656	137
New Clients	92%	7%	1%	895,237	66,892	12,836
Parenting/Prenatal Education Clients	89%	10%	1%	363,322	42,473	3,614

**TABLE 3: 2022 CENTER SERVICES AND GOVERNMENT FUNDING**

Center Services	Number of Centers Providing	Percent of Centers
Ultrasound Services	2,248	82%
STD/STI Testing	988	36%
STD/STI Treatment	776	28%
Material Item Services	2,454	89%
Parenting/Prenatal Education Programs	2,411	88%
After-Abortion Support/Recovery	1,974	72%
Group Sexual Risk Avoidance Education Presentations	621	23%
Trained Outreach to Victims of Trafficking	253 (out of 1,484 centers*)	17%
Received any Federal or State Funding (Pregnancy Center Organizations or Main Centers)	357	17%

\*Data for this outreach was collected for only one of the two datasets analyzed in this study.

**TABLE 4: 2022 STAFF AND VOLUNTEERS**

Total Number	2022 Total	Percent
Paid Staff	17,646	
Licensed Medical Staff	4,779	27%
Volunteers	44,930	
Licensed Medical Volunteers	5,396	12%
<b>TOTAL WORKERS</b> (7 in 10 workers are volunteers.)	<b>62,576</b>	

“ Everyone made me feel safe, listened to, and respected. ”

**EUGENE, OREGON**

**TABLE 5: 2022 STD/STI TESTS**

STD/STI Tests Provided	Number of Centers Providing	% of Centers
Chlamydia	974	35%
Gonorrhea	965	35%
HIV	321	12%
Syphilis	292	11%
Herpes	171	6%
Trichomoniasis	300	11%
HPV (Human Papillomavirus)	114	4%
Hepatitis B (HBV)	155	6%
Hepatitis A	81	3%

**TABLE 6: 2022 OTHER MEDICAL AND HEALTH CARE SERVICES PROVIDED ON-SITE AT PREGNANCY CENTERS**

Other Medical and Health Care Services Provided On-Site	Number of Centers	% of Centers
STD/STI Testing	988	36%
STD/STI Treatment	776	28%
Lactation/Breastfeeding Consultations	742	27%
Abortion Pill Reversal	738	27%
Fertility Awareness-Based Methods	314	11%
Prenatal Care	118	4%
Certified Dietitian/Nutritionist Consultations	80	3%
Well-Woman Exams	93	3%

**TABLE 7: 2022 MATERIAL ASSISTANCE/ESSENTIAL BABY ITEMS**

Total number of Material Resource Clients – 808,737

Material/Baby Items	Total Number Provided	Average #/Center
Packs of Diapers	3,590,911	1,306
Packs of Wipes	1,216,438	442
Cans/Bottles of Formula	300,008	109
Baby Clothing Outfits	4,256,274	1,548
New Cribs	23,486	9
New Car Seats	43,192	16
Strollers	30,188	11



## THIS IS MY STORY

**My now-husband James and I were childhood friends, knowing each other since we were 10 years old. We had been together a short time when we became pregnant.**

We believed the timing wasn't right for children. He did not want me to have an abortion but said if that's what I decided then he would be 100 percent supportive. My decision to have an abortion was purely based on the unknown about the pregnancy and fear.

At the Planned Parenthood they asked me if I wanted to know how many babies I was carrying. It didn't click with me because I thought it was a generic question. The worker said there were two babies. Then they gave me the mifepristone to take during the appointment.

About ten hours after leaving the Planned Parenthood, I deeply regretted taking the abortion pill. I googled abortion pill reversal or reverse abortion hoping to find immediate help and was given the number for Culture of Life Family Services.

When James and I got to Culture of Life it had been nearly 24 hours since taking the abortion pill. I told the lady at the front desk that I was the one who had just called. By that point I was bleeding and I was very scared. (I later learned my baby was detaching from my uterine wall due to the

## FIRST PERSON | SAM & JAMES

MISSION VALLEY, CALIFORNIA

*“ I am a loving, proud mother today who is madly in love with the greatest gift God could ever give anybody. For that I am eternally grateful. ”*

abortion drug.) I was just sitting there praying that God would save my babies and that I would dedicate their lives to him and do anything to save them.

Debbie, the nurse at Culture of Life, gave me an ultrasound to see if there was evidence that our babies were still alive. She showed them to me on the ultrasound and showed me their hearts beating. One baby's heart rate was a lot slower than the other's. A feeling of relief fell over me. Then I became worried again if they were going to make it. Because I was so far into the abortion, I needed to have the injection version of the progesterone.

Culture of Life cared for me throughout the abortion pill reversal progesterone treatments and my pregnancy. We suffered a heartbreak at 16 weeks along, losing one of our twins. The team at Culture of Life have been there from the beginning with comfort, answers, and most importantly, a shoulder to cry on. They were not only there to save my baby, but have still to this day contacted me to check on my baby girl, Charleigh. They even gave me a shower. **Without them I would not be a mother or the person I am today. The abortion pill reversal has changed our lives for the better.**

I have also had the opportunity to share my story with others who struggled with the same decision that I faced. I want to say it may feel that you are alone in a pregnancy but there are a lot of people out there, including myself, that will help you through it all. Finding out you're pregnant may be scary at first but then the excitement starts. God has a plan for you and your baby!

We could never imagine our lives now without Charleigh, now seven, and our four-year-old son – without our kids. My husband James is the best dad and loves both our kids so much.

## CORE OUTREACH

## ONGOING CARE

Pregnancy centers have provided crucial services and support to women and families experiencing unexpected pregnancies for over five decades, offering a trusted environment of care for the whole person (physical, emotional, social, and spiritual). Post-*Dobbs*, centers, together with partnering organizations, are now spreading their wings to expand the pro-life safety net to encompass an extended framework of care for pregnancy help.

Specialized core services provided at pregnancy centers, medical and non-medical alike, include options consultation, parenting and prenatal education programs, material assistance/baby items, sexual risk avoidance education delivered onsite and through community-based education presentations to youth, after-abortion support and recovery programs, and community resources with linkages to care.<sup>31</sup> These offerings serve to equip and empower women with the knowledge, care, tools, and authentic support needed to help both them and their partners on their parenting journey. Centers also serve to increase family as well as individual health and well-being by enhancing both relational and informational support.

National core services delivered in 2022 as compared to 2019 reflect an increase in both the number of pregnant women seeking care at centers and those who are returning to centers for additional education and support services. Specifically, in 2022 there were percentage increases in the total number of ultrasounds performed (+12%); the total number of clients (moms and dads) completing/participating in prenatal and parenting education (+41%); and in the total material goods delivered (+194%), with new



New mom who received ongoing care, pregnancy education, and support at a pregnancy medical center in Nevada.

**TABLE 8: 2022 ADDITIONAL CENTER SERVICES**

Center Services	Number of Centers Providing	Percent of Centers
Adoption Information	2,645	96%
Adoption Agency (onsite)	129	5%
College/University Outreach	630	23%
Professional Counseling	274	10%
Safe Haven Location	162	6%
Services for Men	1,634	59%
Housing Referrals	2,038	74%
Medical Referrals	2,234	81%
Abortion Information	2,546	93%

“ I left this center feeling full of love and hope and optimism for the future. ”

JERSEY CITY, NEW JERSEY





New mom who was a college student at the time and received pregnancy support and ongoing care from a pregnancy medical center in Maryland. She is photographed with her daughter.

cribs and containers of infant formula newly counted as items in 2022 (Table 9, pg. 28).

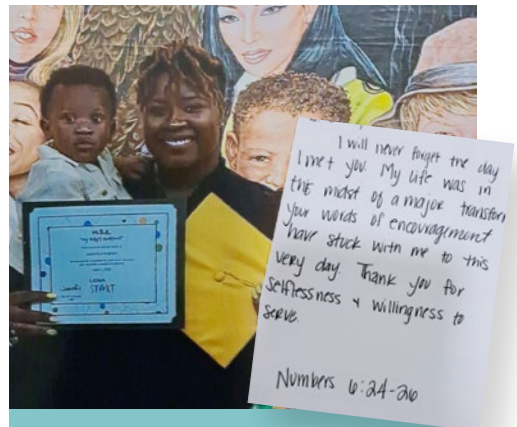
The total number of clients receiving material services in 2022 was 808,737 (Table 7, pg. 21), and this figure represents a baseline measure. In addition, an important new metric for 2022 is that of total client sessions (both in-person and virtual), which was 16,050,312 (pg. 19).

The scope of referrals for connecting women and men to community resources as well as the provision of focused outreach on- and off-site (such as services for men, outreach to individuals victimized by human trafficking, college/university campus outreach, and professional counseling) continue to broaden at pregnancy centers. The results in Tables 3, 6, and 8 illustrate the wide range of information, referrals, and care encompassed by a significant number of centers. The broad expanse of resources for pregnant women at the state level has been further organized and formalized by networks such as Her PLAN to fill service gap needs in the areas of care coordination and mentorship; health and well-being; financial assistance; work; education; material or legal

support; recovery and mental health; prenatal diagnosis; and care for children (see pg. 53).

Research indicates that approximately 95.7% of abortions are performed for elective or unspecified reasons, rather than rape or incest, risk to a woman's life or a major bodily function, other physical health concerns, or abnormality of the unborn baby.<sup>32</sup> In addition, Pew research found that 39% of women aborting in 2020 had never previously given birth.<sup>33</sup> Further complicating women's decisions is the potential influence of coercion leading to unwanted abortion. In one recent study, 70% of women who had an abortion described it as inconsistent with or contrary to their own values and preferences, including 14% who described it as unwanted and 10% who felt coerced.<sup>34</sup> Pregnancy centers seek to address both elective and unwanted abortion by shining a light on the ongoing, personalized care they can provide to help a new mom facing unique challenges. They help her realize she has more than one option, as well as pointing her to the myriad supports available in the community which centers can help her navigate.

In addition, the importance of drawing in men has been further elucidated in recent research. In a 2021 study commissioned by the national pregnancy center network Care Net and conducted by Lifeway Research, 38% of surveyed men reported that the most influential person on their partner's decision to abort was him, the father of the baby.<sup>35</sup> This finding confirms earlier research from 2015 in which women similarly reported that the person



Mom who received support at a pregnancy medical center in Alabama with her son, along with handwritten card she wrote to her advocate at the center after receiving her diploma.

“ Open Arms is amazing and friendly! The skills, knowledge and services they offer are priceless. Thank you very much for all the preparation and confidence you gave us as new parents. ”

HAYDEN, IDAHO

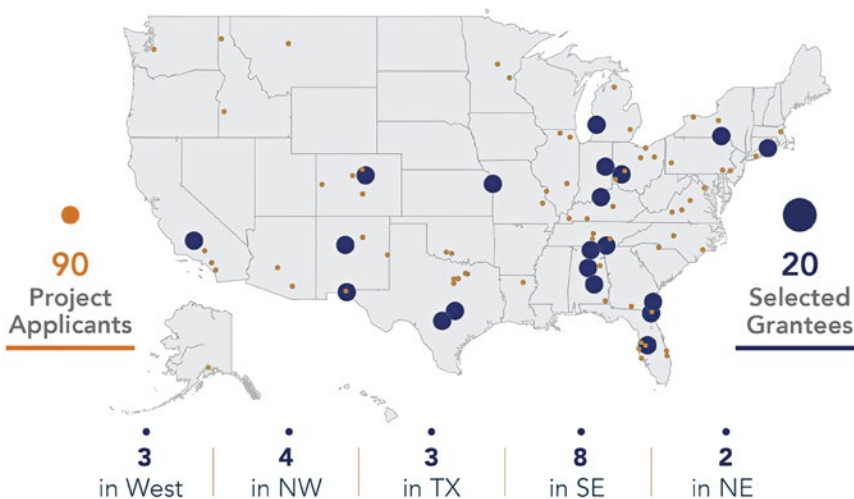
most influential in their abortion decision was the father of the baby.<sup>36</sup> Pregnancy centers seek to address these factors by inviting in couples, when appropriate, to facilitate healthy dialogue and information sharing, while maintaining priority care to women as their clients.

Fathers are indeed essential to the flourishing of their children as well as having a significant impact on their partners' pregnancy decision, as noted by Care Net. In light of this, the network launched 10 pilot fatherhood programs in various states across the country in 2021, named the National Fatherhood Project. Building upon initial findings, 20 fatherhood programs began in 2023 at selected pregnancy centers and were studied for benchmark goals. The online version of the network's program for new and expectant fathers, *Doctor Dad*<sup>®</sup>, was the centerpiece for each site location. Care Net also provided in-depth trainings, consultations, on-site visits, and other focused resources for fathers and for churches to the site locations over the 12-month period. The 20 centers participating in the 2023 National Fatherhood Project saw a 39% increase in total men served, reaching 6,185 fathers. There was also a 72% increase in total men who attended parenting education or support classes. In addition, 17 of these centers graduated 25 client dads from all eight sessions of *Doctor Dad*<sup>®</sup>.



Couple who attended prenatal and parenting education classes at a pregnancy medical center in Pennsylvania prior to the birth of their daughter (their first child). The dad continues to attend the center's fatherhood group.

### Care Net's 2023 National Fatherhood Project 20 Selected Grantees - Site Locations in the U.S.





Material resource/baby item rooms at pregnancy centers in Minnesota (left) and Wisconsin (above).

No conversation about the approach to and high level of care found at pregnancy centers would be complete without highlighting the well-honed and honored standards through which they operate. The national ethical code “Our Commitment of Care and Competence” has been adopted by the Leadership Alliance of Pregnancy Care Organizations, a network of pregnancy center organizations, including the three most well-known national networks which the vast majority of U.S. centers affiliate with – Care Net, Heartbeat International, and the National Institute of Family and Life Advocates. The Commitment of Care and Competence was adopted for their affiliated pregnancy centers to abide by in concert with other mainline pregnancy center organizations. The full code addresses compliance on a wide range of topics including training, standards of care, a consistent life ethic, legal and regulatory requirements, and a provision which states that all medical services be under the supervision and direction of a licensed physician and in accordance with applicable medical standards. The code was last updated in 2019. (See the full code on pg. 39.)

The proliferation of pregnancy help available through pregnancy centers strives to meet changing and increased needs in a post-*Dobbs* America. The results from 2022 point to the fact that centers are adapting and implementing innovative approaches to meet new challenges.

## INCREASED MEDICALIZATION OF PREGNANCY CENTERS

Pregnancy health-related services offered through a holistic care paradigm have been central to the approach pregnancy centers have taken for decades. The results of this and past national studies reflect one such holistic care trend: the increased medicalization of pregnancy centers.<sup>37</sup> A large percentage of pregnancy centers are medicalizing by providing greater numbers of both professional medical and health care services onsite (Tables 1, 3, 5, 6, 9, and 10, pgs. 19-21, 28-29). The percentage of centers providing such services in the U.S. has risen to 82% (or 2,248 of 2,750 centers) in 2022. This burgeoning medical care has attracted an increasing number of medical professionals – nurses, physicians, nurse practitioners, nurse midwives, registered diagnostic medical sonographers, and others – who desire to help women and families with ethical, compassionate, and free health care. And pregnancy centers are increasingly able to employ them as paid staff.

The spectrum of services at pregnancy centers, from obstetrical ultrasound to diagnose pregnancy, to evidence-based prenatal education that provides critical guidance in areas of nutrition, safety, wellness, parenting, and more, to childbirth classes and lactation consultations, all

help promote healthy pregnancies and outcomes for moms and babies. While each center differs in its service offerings, the array of care fulfils an important role both in connecting new moms to critical obstetrical/prenatal care and resources, and in following up with them regularly to help avoid risk of complications for both mothers and their babies.

Obstetrical ultrasound for the diagnosis of pregnancy remains the hallmark service provided at pregnancy centers that offer medical services (hereafter “pregnancy medical centers”). Ultrasounds are performed by trained medical professionals to answer three important questions:

- (1) Is a woman pregnant? The ultrasound also determines if the pregnancy is in the woman’s uterus. (If ectopic or outside of the uterus, this usually requires surgery.)
- (2) Does the baby have a heartbeat? The ultrasound determines cardiac activity.
- (3) How far along is the pregnancy? The ultrasound provides an estimate of the gestational age.

Ultrasound remains the gold standard for pregnancy diagnosis and accurate gestational age estimation.<sup>38, 39, 40</sup> It provides needed medical information desired by women who visit pregnancy centers.



Staff physician assistant greeting a client at Women’s Resource Medical Centers in Las Vegas, Nevada.

**TABLE 9: PERCENT INCREASE IN SPECIFIC SERVICES TOTALS IN 2022 AS COMPARED WITH 2019**

Service	2019	2022	Percent Increase
Total # of ultrasounds performed	486,213	546,683	+12%
Clients attending Parenting and Prenatal Education	291,230	409,409	+41%
STD/STI Testing Clients	99,522	104,559	+5%
STD/STI Tests total	160,201	203,171	+27%
Value of Material Services/Baby Items Delivered*	\$26,747,835	\$78,580,127	+194%

\*Note: New Cribs and Containers of Infant Formula were not reported in the 2019 Results

“ Guiding Star just gave us the resources we needed, the time frame, the support and we just would suggest it for any woman who’s going through any stage. It was a safe place to be and it just made a hard situation so much easier. Very grateful! ”

SIouxLAND, IOWA

**TABLE 10: PERCENTAGE POINT INCREASES IN SPECIFIC MEDICAL AND HEALTH CARE SERVICES IN 2022 AS COMPARED TO 2019**

Service	% of Pregnancy Centers providing in 2019	% of Pregnancy Centers providing in 2022	Percentage Point Increase
Ultrasounds	79%	82%	+3%
Parenting and Prenatal Education	86%	88%	+2%
STD/STI Testing	30%	36%	+6%
STD/STI Treatment	21%	28%	+7%
Lactation/Breastfeeding Consultations	19%	27%	+8%
Abortion Pill Reversal	11%	27%	+16%
Fertility Awareness-Based Methods	7%	11%	+4%

Obstetrical ultrasound provides the most accurate real-time medical information a woman needs to make a decision about her and her baby’s health. All pregnancy medical centers in CLI’s study provide ultrasounds free of charge to their patients, thereby increasing access to this high level of care. Further, the services are delivered in accordance with industry guidelines as outlined by the American Institute of Ultrasound in Medicine (AIUM), the American College of Radiology (ACR), and other groups.<sup>41</sup>

The Centers for Disease Control and Prevention (CDC) surveillance and guidance continue to emphasize that sexually transmitted infection (STI) testing must remain a public health priority, particularly in light of the continued syphilis and congenital syphilis epidemics.<sup>42</sup> Sexually transmitted infection testing and treatment are vital preventative care services protecting women’s and men’s health, including future fertility, as well as maternal and child health. Pregnancy medical

centers are providing increased access to such testing and treatment at very little or no cost to patients.<sup>43</sup> (For a list of STD/STI tests provided at centers, see Table 5 on pg. 21.)

Abortion pill reversal (APR) services similarly continue to expand throughout the country at pregnancy centers, assisting women who regret beginning a drug-induced abortion and want the option to stop the abortion to save their baby (see Table 9). The next section of this report is devoted to a discussion of these developments, demonstrating the dramatic life-saving impact of the APR protocol (see pg. 32 as well as client stories on pgs. 22 and 51).



Staff nurse meeting with a patient at Alabama Pregnancy Test Center, a pregnancy medical center in Vestavia Hills, Alabama.

Education on fertility awareness-based (FAB) methods of family planning also continues to rise as a

newer service offered at pregnancy centers. The CDC categorizes FAB methods into symptoms-based and calendar-based methods.<sup>44</sup> FAB methods education encompasses basic biological information about female fertility and medical management, lactation methods, and various natural family plan-



Medical and other staff at Pregnancy Resource Center in Grand Rapids, Michigan.

ning methods. (For additional information about this topic, please see “Pregnancy Centers Stand the Test of Time.”)

Pregnancy centers played a significant role in helping women and babies during the 2022 national infant formula shortage. Given over half of infants in

America depend on formula from birth to one year, the fact that pregnancy centers increased access to free and reliable formula by distributing 300,008 containers during 2022 reflects their integral role in the country’s maternal and child health matrix for infant formula (see Table 1, pg. 19).<sup>45,46</sup>

### INCREASES IN SPECIFIC MEDICAL AND HEALTH SERVICE TOTALS FROM 2019

In 2022, there were increases from CLI’s previous national report (containing 2019 data) in both the total number of specific medical and health care services delivered, as well as in the number/percentage of centers providing these specific services. The results in Tables 9 and 10 indicate these increases.

#### INCREASE IN PAID MEDICAL STAFF

In 2022, in addition to an increased number of paid staff at pregnancy centers, there was a demonstrable increase in licensed medical professionals: 4,779 individuals, up from 3,791 in 2019 (see Table 4, pg. 20). While the total of paid and volunteer licensed medical professionals at centers nationwide remained steady at 10,175, the proportion of paid medical staff to medical volunteers increased. Pregnancy medical centers are employing a growing number of medical staff and are less reliant on medical volunteers.



Staff nurse providing patient with an ultrasound at Obria Pacific Northwest – Washington Clinic, Port Angeles location.

#### NEWER MEDICAL AND HEALTH SERVICE AREAS

Pregnancy medical centers are augmenting their services to integrate additional offerings into their scope of medical and health care, thereby enriching their holistic and life-affirming spectrum of services and expanding them to a broader group of women and men. While each center varies in the type of care provided onsite, a sampling of newer services and service areas includes health coaching, life coaching, managed care, preconception health, postpartum support (including referrals for screening), reproductive loss, after-abortion care and recovery, and men’s health.

“ Without the sonogram at Embrace I would have chosen abortion. Now my beautiful baby boy is happy and healthy and at home with me. ”

WICHITA, KANSAS

Pregnancy centers remain resolute in providing alternatives to abortion to promote positive women’s and children’s health outcomes and well-being, and decrease the physical, mental, and social health risks associated with abortion. These risks, many of which have been studied and documented in peer-reviewed research, include elevated rates of depression, substance abuse, and suicide; repeat abortion; preterm birth; and breast cancer. (See “Pregnancy Centers Stand the Test of Time.”)

## MEDICAL MOBILE UNITS/CLINICS

Both in 2022 and 2023, Medical Mobile Units/Clinics (MMUs), overwhelmingly operating through brick-and-mortar pregnancy centers, increased in number and continued to travel to communities in need of abortion alternatives – particularly those specifically targeted by the abortion industry. The vast majority of MMUs affiliate with either ICU Mobile or Save the Storks (STS), both of which have helped to hone standards of care and operations in addition to innovating medical mobile outreach. Their affiliates serve thousands of women annually on board their vehicles. A number of pregnancy center MMUs, however, have remained independent.

In 2022, ICU Mobile had 36 affiliated MMUs operating in 22 states and reported serving 4,158 clients (72% of MMUs reporting). In 2023, the group had 37 affiliated MMUs on the road in 22 states and reported serving 4,366 clients on board (81% reporting). As the pioneer of mobile medical ministry, since 2013, ICU reports having seen many miracles through their fleet of mobile ministries. In that time, more than 18,000 decisions for life have been made.

In 2022, Save the Storks reported having 87 affiliated “Stork Buses” or MMUs operating in 30 states. In 2023, the organization placed an additional 13 MMUs, bringing their total to 100 Stork Buses operating in 33 states. The group reports that, on average, 79% of pregnant clients utilizing Stork Buses choose life for their child. STS has partnered with 125 U.S. pregnancy centers either to support brick-and-mortar operations or launch an MMU.

A newer MMU group is Vans for Life, based in San Antonio, Texas. Vans for Life saw initial success in providing services outside of high-volume abortion facilities in San Antonio. They have since placed their MMUs in three different states and have produced an additional six MMUs ready for placement by the end of 2023.

In December 2023, Save the Storks marked a milestone delivering the 100th Stork Bus/MMU from their headquarters in Colorado Springs, Colorado to Pregnancy Resource Center in Maryville, Tennessee.



An ICU Mobile Medical Unit which operates as Image Clear Ultrasound of Cuyahoga County, Ohio. ICU Mobile National Ministry, which was founded in 2009 and pioneered mobile unit outreach, has its headquarters in Akron, Ohio.

## DRUG-INDUCED ABORTION AND ABORTION PILL REVERSAL

Drug-induced (also known as “chemical”) abortions now represent over half of U.S. abortions, accounting for 54% of all abortions in 2020 and 53% of non-hospital abortions.<sup>47</sup> The most widely used regimen involves the combination of two drugs – Mifeprex (mifepristone) and misoprostol. Mifeprex blocks hormonal (progesterone) support to a developing baby, causing placental disruption and embryonic or fetal

death. Misoprostol, taken 24-48 hours later, induces contractions causing a woman to expel her dead baby.

Euphemistically named “medication abortion” by the abortion industry to imply healing, “drug-induced abortion” is more appropriate given that a drug is introduced to kill a developing baby. The method of abortion is also widely referred to as “the abortion pill.”

Since the U.S. Food and Drug Administration (FDA) first approved Mifeprex with restricted distribution regulations in 2000, the abortion industry has systematically pushed to roll back safety standards for women using this drug. Mifeprex is also distributed in accordance with a Risk Evaluation and Mitigation Strategy (REMS) due to risk of sepsis and other serious adverse events.<sup>48</sup> While originally approved in 2000 for use up to seven weeks (49 days) of gestation by the FDA, in 2016, despite a lack evidence to show safety and positive evidence indicating higher failure rates at later gestational ages that increase health risks for women, the FDA approved Mifeprex for use up to 10 weeks of gestation. The relaxed guidelines for use of Mifeprex during increased gestational age was heralded as a victory for abortion advocates in the waning months of the Obama Administration.<sup>49</sup>

Drug-induced abortion via Mifeprex comes with a variety of documented medical and social health risks. For example, the complication rate of drug-induced abortion is four times that of surgical abortion, and as many as 1 in 5 women will experience a complication. Fifteen percent of women will experience hemorrhage, while 2% will have an infection. Drug-induced abortion is also more likely to send women to the ER, with the rate of drug-induced abortion-related emergency room visits increasing over 500% between 2002-2015, according to one study.<sup>50</sup> The risks are not limited to physical health, however, as coerced drug-induced abortion by both abusive partners and traffickers is also a very real danger. The emotional toll of drug-induced abortion further compounds these issues, as accounts of women passing their dead babies at home have led them to share about negative mental health outcomes.<sup>51,52</sup>



*They supported me through the abortion pill reversal.*

“ *They supported me emotionally as well as physically with all of the education that I needed to make it through my first trimester.* ”

*Thanks to them and their support I was able to deliver my son.*

ATTLEBORO, MASSACHUSETTS





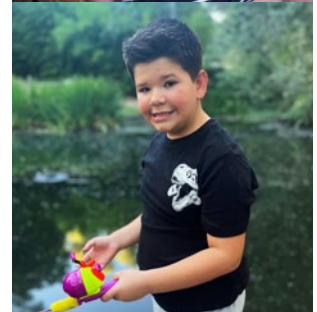
Staff nurse at Lifeline, a pregnancy medical center in Kirksville, Missouri, provides care to women through abortion pill reversal (APR).

In addition to the changing legislative landscape of abortion in states post-*Dobbs*, even earlier in July 2020, the abortion industry obtained a court order that temporarily blocked the FDA's requirement for the drug to be dispensed in person. In response, the FDA challenged this and obtained a stay from the Supreme Court; however, in April 2021, the FDA announced it was voluntarily suspending enforcement of its in-person dispensing requirement temporarily during the public health emergency of the COVID-19 pandemic.<sup>55</sup> Then in December 2021, the FDA made this change permanent, decisively altering abortion provision in the United States. The abolition of the in-person requirement led to the increased use of Mifeprex both through telemedicine and through "self-managed abortions" (also known as "self-induced," "at-home," and "DIY" abortion). These unsupervised drug-induced abortions outside of a medical setting have left women with the increased danger of self-managing complications alone.<sup>56, 57, 58</sup> This risk only further increased when two of the largest U.S. pharmacies, CVS and Walgreens, began selling abortion drugs in March 2024.<sup>59</sup>

The in-person dispensing requirement had enabled abortion providers to accurately determine gestational age as well as confirm an intrauterine location of the pregnancy. Both of these are essential for women's safety. Confirming gestational age is essential because the risks associated with drug-induced abortion increase as gestational age increases. Confirming the location of the pregnancy is essential in order to determine whether the pregnancy is ectopic so this can be medically addressed. If the pregnancy is ectopic but missed, the symptoms of a ruptured ectopic pregnancy might be mistaken for those of a drug-induced abortion, potentially causing the woman to fail to seek emergency care and resulting in catastrophic bleeding or death. The removal of the requirement for a woman to be seen and medically assessed in-person has lowered the standard of care for American women and heightened risks to their health and safety.

Post-*Dobbs*, with 14 states that effectively restrict abortion, 24 states and D.C. where abortion is legal permit drug-induced abortion via telehealth with no restrictions. Twelve other states where abortion is legal have at least one restriction on drug-induced abortion via telehealth.<sup>53</sup>

More states restricting abortion has given rise to "abortion tourism," whereby women are traveling out of state to obtain abortions where it is legal. With the median self-pay price of drug-induced abortion increasing from \$495 in 2017 to \$560 in 2020, the abortion industry and its supporters market and in some cases provide financial assistance to women traveling farther away from their homes for both drug-induced and surgical abortion.<sup>54</sup>



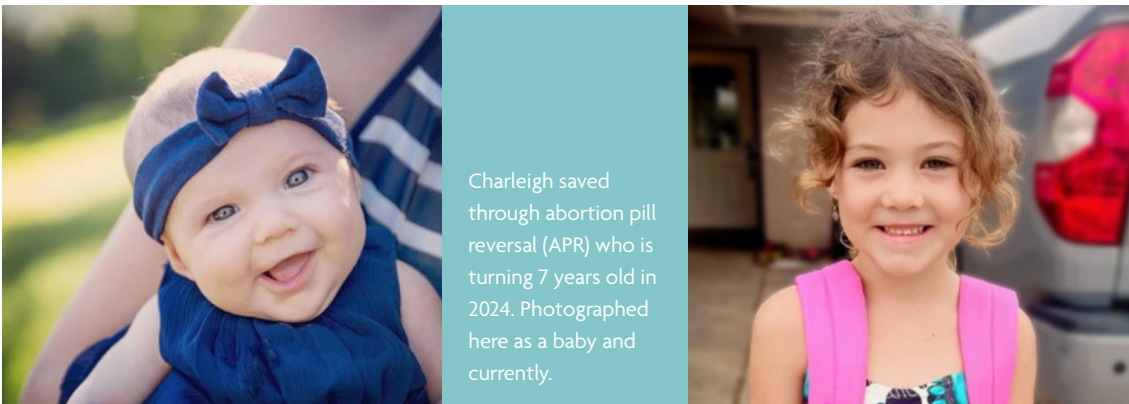
Little boy saved through abortion pill reversal (APR) who is turning 11 years old in 2024. Photographed above as a baby and currently.

The U.S. Supreme Court heard oral arguments in the case *FDA v. Alliance for Hippocratic Medicine* in March 2024 which would ultimately determine whether or not the pre-2016 and pre-2021 Mifeprex distribution safeguards and REMS should be reinstated. As of the publication of this report, a decision is expected in June 2024.

### **ABORTION PILL REVERSAL THROUGH ABORTION PILL RESCUE NETWORK**

The rise of drug-induced abortions is being combatted by a rescue route for women who regret beginning such an abortion. To counter the progesterone-blocking action of Mifeprex, physicians have been drawing upon the more than decades-long, medically established procedure of administering progesterone to prevent miscarriage.<sup>60</sup> The progesterone administration process is called “abortion pill reversal” (APR).

In instances where women started the APR protocol within 72 hours of taking Mifeprex, peer-reviewed research has shown 64% to 68% of the pregnancies were saved.<sup>61</sup> In addition, that same research indicated no increased risk of birth defects from APR, and a lower preterm delivery rate than in the general population. The successful APR protocol has been replicated in an animal model as well as through clinical findings.<sup>62</sup>



The Abortion Pill Rescue Network (APRN), founded in 2012 under another name and renamed and housed under Heartbeat International since 2018, connects women seeking to reverse their drug-induced abortions to medical providers able to oversee the APR protocol as well as provide ongoing support and care. By the end of 2022, APRN reported assisting women in all 50 U.S. states and 86 countries. APRN also reported that, on average, 150 women start the APR process each month and over 4,000 children’s lives have been saved through the APR process since first recorded in 2012 through 2022. As of the end of 2023, that number has risen to over 5,000 children’s lives. The network has grown to include 1,400 providers, clinics, and hospitals.

The desperate and suspense-filled accounts women and couples have shared about their quest for help and subsequent successful APR experiences are the most compelling evidence of the halted abortions and celebrated choices for life. (Two such stories are contained in this report.)

As stated on APRN’s website, “[N]o woman should ever feel forced to finish an abortion she regrets.”<sup>63</sup>

### **PREGNANCY CENTERS**

As drug-induced abortions have proliferated in the U.S., pregnancy centers are seeing women in

an increased capacity who 1) have taken the abortion pill regimen, undergone the abortion and then visited a pregnancy center, and 2) regret starting the abortion after taking the first pill and desire to initiate the life-saving care of APR through medical provision at that center.

As stated in the previous section, 27% (or 738) of pregnancy centers are now able to provide care to women seeking APR in collaboration with APRN. This figure has more than doubled from 11% (or 305) of centers providing APR support in 2019. As noted by APRN, pregnancy center medical personnel will assess a woman, provide a prescription for progesterone, provide an ultrasound to confirm the viability of the baby, oversee continued progesterone treatments for a minimum of two weeks, and refer for ongoing support at the pregnancy center.

Both of the surveys collecting data for this national pregnancy center study asked centers a series of questions regarding clients' experiences and drug-induced abortion. Specifically, one question asked, "Did your center hear stories from women about their experience with a [drug-induced] abortion/abortion pill in 2022?" Centers that responded to this question reported on whether the women they heard from experienced any of the following: Negative emotions/mental health effects - 53%; Physical complications that ended in an emergency room visit - 30%; Failed abortion - 22%; Received abortion pill reversal treatment - 22%; and Other - 8%.

Another survey question asked centers to report a rough estimate of the number of women they served in 2022 who shared that they had undergone a drug-induced abortion. For the 881 centers that responded to this question, the total number of women was 17,696.

It is clear given the results above that pregnancy centers will continue to play a vital role in shepherding women through the often life-saving APR process. APR represents the new frontier in alternatives to abortion care at pregnancy centers.

“ Seeing him on the ultrasound was so emotional...to know that he was SAFE. I was so grateful and happy. ”

ANNAPOLIS, MARYLAND

## MATERNITY HOMES

Maternity homes provide safety, shelter, life skills, and a nurturing community for women. They

continue to grow both in number, including those which are part of a pregnancy center organization, and in the depth and scope of their services.

The Maternity Housing Coalition (MHC) is a part of Heartbeat International and “provide[s] training and tools, facilitate[s] exchanges of knowledge and experiences, and foster[s] fellowships among members.”<sup>64</sup> In 2022, MHC reported that 425 maternity homes exist in 48 states, and in 2023, that number rose to 458. Of these, 159 were affiliated with MHC in 2022, and 174 in 2023.<sup>65</sup> The MHC affiliates served an estimated 954 women annually with housing and services in 2022, and an estimated 1,044 in 2023. In addition, 38 pregnancy centers operated a maternity home, up from 24 in



2019, which rose to 46 centers in 2023. Further, in 2023, an additional 35 new “start up homes” were recorded by MHC.<sup>66</sup>

Greater housing opportunity, specifically long-term housing, was one area of service expansion in 2022 and 2023 at some maternity homes. MHC has observed a trend that residents are requiring a longer length of stay to become stable, and many homes are opting to open their own transitioning housing and apartments following the residents’ stay at the various styles of maternity home. (For various styles of maternity home see “Pregnancy Centers Stand the Test of Time.”)

Valerie Harkins, director of the Maternity Housing Coalition, notes, “In the past when residents completed [a] traditional maternity home stay experience and likely had increased education and/or a job, they had a higher chance [of] a solid start and independence. Factors including increased cost of living and the fact that women entering maternity housing programs have an increased incidence level of trauma necessitate more services aimed at continued care to meet her and her child’s/children’s needs.”

According to Harkins, the provision of both childcare and daycare by maternity homes is another area of expansion in services in response to the shortage in childcare in general, and specifically affordable childcare. The expansion affords maternity home residents increased access to both childcare and quality childcare. Harkins made a distinction between the two: “Often if residents are able to secure childcare that is within their range of affordability it is severely lacking in standards of quality. A few of these key factors include staff per child, early childhood literacy resources, comfortable heating & cooling, educational toys, and educated staff members.”

MHC is helping equip maternity homes nationwide with best strategies to meet the needs of women who have courageously chosen life for their babies and are seeking to make positive choices for their and their children’s futures.



Hannah’s Nest for daycare in Mentor, Ohio. Hannah’s Home maternity home opened Hannah’s Nest in 2020.

“ All the staff of Lifehouse have my back. In my heart I know Lifehouse saved my life and my daughter’s life. ”

LOUISVILLE, KENTUCKY

Willow and her daughter Ella\* were actual residents of Hannah's Home.

Willow was able to have Ella cared for at Hannah's Nest daycare.



## HANNAH'S HOME AND HANNAH'S NEST FOR DAYCARE WITH WILLOW'S STORY

By Vicki Krnac

Executive Director  
Hannah's Home  
Mentor, Ohio

Willow came to our home in February 2023. She was at the time nine months pregnant and fleeing domestic violence, searching for safety and stability for herself and her baby. Due to the domestic violence, there were severe health concerns for both Willow and her baby. With many prayers, Willow's daughter, Ella, was born healthy but needed medical follow-up for two small holes in her heart.

At Hannah's Home maternity home, before opening our daycare, we found that daycare cost equaled 46% of a single parent's income. This made sustainable stability for our moms and babies difficult. Therefore, we opened Hannah's Nest to provide accessible and affordable daycare. Hannah's Nest's goal is "[w]ith Christ as our foundation ... to provide cognitive, social-emotional, physical and creative support and learning for our babies. We also aim to promote stability, structure and a strong spiritual foundation for our mothers through their babies."

In addition to Hannah's Nest being newly opened, Hannah's Home was in the construction phase of apartments for extended housing when Willow moved in. The apartments are estimated to lengthen Hannah's Home resident stays from one and a half to three years.

Willow adjusted well to the new momma life – balancing school and a new job. Willow was able to use daycare for Ella during both school and work hours. This provided her the opportunity to catch up on her car note, pay her monthly bills, and even save money. Change takes time. Building routines and healthy rhythms of life for sustainable stability takes time.

Willow recently moved from our phase 1 community-focused floor to our phase 2 – the apartments! This will allow Willow to focus on her family while continuing to make decisions towards sustainable stability. We were thrilled to recently celebrate six months with Willow and full heart recovery for her daughter Ella!

\*Name and image changes are for illustrative purposes and to protect privacy.



Mom with her baby who received prenatal education classes and ongoing support at a pregnancy medical center in Pennsylvania.

“

*Peaceful and welcoming environment with wonderful, kind, and thoughtful staff. Never had a better medical experience.*

”

HELENA, MONTANA

## OUR COMMITMENT OF CARE AND COMPETENCE<sup>67</sup>



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Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.

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Clients are treated with kindness, compassion and in a caring manner.

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Clients always receive honest and open answers.

---

Client pregnancy tests are distributed and administered in accordance with all applicable laws.

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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.

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Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.

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We do not offer, recommend or refer for abortions, abortifacients or contraceptives. We are committed to offering accurate information about related risks and procedures.

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All of our advertising and communication are truthful and honest and accurately describe the services we offer.

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We provide a safe environment by screening all volunteers and staff interacting with clients.

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We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.

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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.

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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.

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All of our staff, board members, and volunteers receive appropriate training to uphold these standards.

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UPDATED 2019





# OUTREACH:

## To Exploited Women and Individuals Victimized by Human Trafficking

Agape Women's Center, First Baptist Church | Merritt Island, Florida

Founded over 30 years ago by First Baptist Church of Merritt Island, Agape Women's Center (AWC) serves the Merritt Island coastal and island areas with many traditional services of a pregnancy medical center. These services include pregnancy and options education, adoption referrals, pregnancy testing, pregnancy confirmation ultrasounds (limited), STI testing, pregnancy/parenting education, a baby boutique to provide clothing and supplies, miscarriage support, and after abortion support, all of which are free of charge to clients and patients. In addition, AWC is engaged in a unique outreach to women and other individuals trapped in the commercial sex industry within both local and surrounding communities.

The special outreach to exploited women began when a woman visited AWC for a pregnancy test and ultrasound. The red flags suggesting that she was an individual victimized by human trafficking were originally missed. Ann Marie Gustke, the center's director since 2020, shared that the woman did not present herself as Gustke imagined a trafficked victim would. It was only after the appointment, in conversation with a friend, that Gustke realized it was probable that this client was indeed being trafficked.

The center then contacted the client for a follow-up appointment, during which Gustke's suspicions were confirmed after the woman's client advocate asked her more in-depth questions. The client indicated she was not ready at the time to leave the industry, but the experience opened AWC's eyes to the reality that human trafficking was happening in their own community and impacting the clients they serve. It was this young woman who helped

launch AWC on a journey to reach exploited and at-risk women.

AWC was aware that strip clubs were a gateway to trafficking and also a way that many single mothers earn a living. Gustke was determined to take Agape's ministry of human dignity and worth to more of these exploited women by approaching local beachside adult clubs. Two clubs are fairly close to the center and AWC's outreach to them had different results. Agape staff approached club management about having a presence in the clubs to share with women working there about AWC services. From there, AWC added a weekday Bible study open to anyone but designed with this group of women in mind.

What AWC staff and volunteers soon learned is that women working at these clubs



Ann Marie Gustke, executive director of Agape Women's Center at the organization's Drop-In Center on Merritt Island. The Drop-In Center provides women with a place for "safe conversations" and "a safe place to briefly rest" with laundry, shower, hygiene items, and food boxes for pick up every week.

are often trapped in horrible personal situations, hate their jobs, have no friends, and are lonely. The women in this industry are also particularly at-risk for unplanned pregnancy and STIs, so the pregnancy center is a natural connection point where women can receive life-affirming services and care, with hope and encouragement to move away from the exploitation of their work.

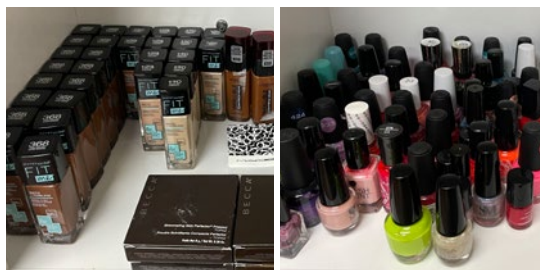
At the first club, the Agape team developed a great relationship with management who trust Agape and don't feel threatened by their presence. The management even invited them to regularly visit for a couple of hours in the dressing room with women, where the team is afforded precious time to share with and love on women to reflect to them their dignity and worth.

The second club required a more tenacious approach from Gustke and her team. Management there has been more controlling of the work setting, issuing permission for Agape to come only around 2 a.m. The club's security cameras also caused concern for all parties. It was clear fairly quickly that this access door was being shut, though women from this club still reach out for AWC services, and another door was opening.

As of 2023, AWC's strip club outreach extends to three clubs, reaching nearly 200 women monthly.

Through community-donated items, Agape puts together gift make-up bags, containing lipstick, eye shadow, lotions, and chocolate, to bless women they visit in the clubs. The center's baby boutique is another great resource for women as they earn points and visit AWC to choose baby items with those points.

Gustke describes the conversations at the clubs as short and sweet. Women often introduce themselves first with their stage name and then their real name. At visits and upon



Community-donated items for "gift make-up bags" Agape Women's Center staff take to give women at clubs they visit.

sharing the gift bags, the Agape team has received heartfelt and unmasked comments such as the following: "Thank you for coming," "Nobody has cared or done something like this before," "People look down on us," and, "I had a horrible week." Women will also sometimes cry when receiving a gift. Questions such as, "Will you pray with me?" and, "Do you like me because it's your job or because you really like me?" represent additional special moments of trust.

Outreach to industry management is another ministry for Agape which arose spontaneously. Gustke shares that many of the primarily male managers have been involved in the industry for years and are not apt to share publicly what they do – in a sense, some of them are also trapped in the industry, she notes. The women say management at the first club treats them well, and has communicated to the Agape team and visiting chaplain that anything they can do to help the young women is welcome. It is a relationship where the individuals running the club are not intimidated by the pregnancy center and chaplain.

Worlds collide when children of Agape team members and children of club management end up on the same flag football team. Frank recognition without reservations breaks down barriers and extends Agape's ministry of unconditional love to those engaged in long-term work in the industry. It affords



Agape Women's Center life skills internship program class session.

opportunities to speak truth about the inherent worth of every person and the importance of affording human dignity to all.

Agape uses Jericho Outreach Ministry in Iowa as a valuable resource from which staff receives ongoing mentoring for their outreach to women in the commercial sex industry. Jericho is currently bringing their message of true hope and deliverance into six clubs in Iowa.

Gustke describes herself as somewhat naïve when she first entered the director position at Agape. With a communications degree, background in leading worship, love for women's ministry, and short experience volunteering at a Midwest pregnancy center, her eyes were quickly opened to the real possibility of center clients being trapped in adult club work against their will.

Another related, growing area of AWC involvement is outreach to individuals victimized by human sex trafficking. Being in close proximity to both Interstate 95 (which runs north and south along the Eastern U.S.) as well as a number of strip clubs in the area (a known magnet for sex trafficking) increases the risk that those in the AWC service population could be trafficking individuals. One More Child is an anti-trafficking ministry run by Florida Baptist Children's Homes which trains Agape staff and volunteers regarding screening and risk factors for trafficked individuals. This training includes guidance to nurses who

conduct and review medical histories for basic risk factors such as a woman having multiple UTIs, as well as asking whether a client has a cell phone or ID – both of which can be confiscated by traffickers from women under their control.

Agape has also opened a drop-in center on Merritt Island with food, clothing, and a washer and dryer where Agape staff place their cards printed with "Pregnant? You can go to Agape." The drop-in center is open and operating during normal AWC hours. At the drop-in center, women can pick up food boxes every Wednesday, receive basic hygiene products, do laundry, and even shower. "Above all, they can have safe conversations," Gustke emphasized, "and a safe place to briefly rest. Some of these girls are being trafficked. We are seen as a respite for them." The relationship built with



Leticia, photographed here with her daughter, is the woman from the beginning of this highlight who visited AWC. She has left the industry and is now working a job which respects her dignity. She credits AWC for rescuing her and her baby. She says she is a new person. On April 19, 2022, Leticia contacted Gustke, who was able to share with this former client that she was the reason they started the outreach to exploited women. Gustke burst into tears to be reconnected.

One More Child will enhance AWC’s ability to serve as a helpful resource for the drop-in center operation and outreach.

AWC’s latest initiative is a life skills internship program open to pregnancy center clients, drop-in center clients, and club outreach contacts. Women apply and interview as they would for a job. The program meets once a week for 12 weeks (about 3 months) covering life skills such as time management, personal finance, and cooking. Each participant is assigned a mentor. At the end of the program,

AWC connects participants with community business partners for mentorship and prospective employment.

In short, exploited women in this central Florida coastal community are becoming more aware of those in the area, like Agape Women’s Center, who are there to serve and love them with a broad range of supports, services, and healing avenues. The environment of the pregnancy center is being transported to sites of need where bodies and souls can be healed.

## OUTREACH:

### Christian Counselor Partnership and Case Management

Bartow Family Resources | Cartersville, Georgia



Staff and volunteers of Bartow Family Resources with the organization’s medical mobile unit in Cartersville, Georgia.



Care Team Specialist and case management professional, Tonya Chatmon, at Bartow Family Resources.

Founded in 1989, Bartow Family Resources is a pregnancy center organization located in Cartersville, Georgia composed of both a medical care arm called “The Clinic” and a resources arm called “Babies & More.” The organization additionally operates a mobile medical clinic to increase its service and care provision in surrounding communities.

The Clinic’s licensed medical professionals provide pregnancy testing, abortion education, limited obstetrical ultrasound, and STI testing and treatment, all free of charge. The latest addition to The Clinic’s services is abortion pill reversal, a proven intervention used to

stop a drug-induced abortion in progress and potentially save the life of the unborn child.<sup>68</sup>

Babies & More pledges to walk with new moms (and dads) until their baby turns three years old. Babies & More also provides for individualized parenting education in an incentive-based format. This allows new moms and dads to earn points and then shop within the center for necessities such as diapers, wipes, and formula.

Bartow also refers clients to mental health services. Kim Lewis, executive director of Bartow since 2019, shared that leadership began to perceive this need when they noticed

that “so many clients were taking medications for anxiety and depression or talking about suicide attempts. We knew we were not addressing the whole person if we did not address the mental health of our clients. While we cannot be all things to all men, we knew we could partner and refer to those who were licensed to provide that piece.” Lewis is keenly aware of the center’s growth and changes in services given her service on the board of the organization since 1998.

Prior to the COVID-19 pandemic beginning in 2020, the organization had a third wing: the Relationship Center. At the Center, 10 trained lay counselors (volunteers) could meet with women to discuss a range of relationship issues including trauma and divorce. With the realities of the pandemic, however, volunteer mentors and the Relationship Center director were struggling to meet face-to-face with clients. In addition, Lewis was concerned about the need for Bartow clients to be meeting with licensed counselors rather than trained lay leaders.

In 2021, the first intervention Bartow implemented to meet mental health needs was to open part of their building to a Christian counselor so clients and patients could access the care onsite and at a reduced rate. They were aware that four other licensed Christian counselors were located within a five-mile radius, yet the appeal of a down-the-hall-travel distance seemed worth a try. The agreement with Etowah Counseling for counseling referral was that, for up to 10 sessions per client, the center pays \$50 per hour and a Bartow client or patient pays \$10 per hour. The agreement opened up licensed professional services to clients and patients thereby increasing access to care.

The back wing of the Bartow Family Resources building has been remodeled adding over 2,000 square feet for additional counseling rooms. All counseling and mental health services are provided by the licensed

professionals working with Dr. Chris Bruton of Etowah Counseling.

Another service Bartow has introduced is case management, which involves working with at-risk clients to navigate obstacles to choosing life and parenting. Work, education, housing, transportation, and mental health are all evaluated. A case management professional, Tonya Chatmon, known to the clients as the Care Team Specialist, was hired as part of the client care team to follow up one-on-one with clients, meeting identified needs and finding solutions within the local community of resource providers. Patients from The Clinic are channeled directly into case management and the follow-up represents 16 to 25% of overall Bartow Family Resources clients each month.

Since adding the case management component of care, Bartow has seen more abortion-minded, abortion-determined, and abortion-vulnerable women choose life for their children. Of the 150 such decisions for life in 2021, 25 came from women involved in case management. Lewis views this significant development as helping the organization achieve its mission on many levels.

Another outreach-enhancing training Bartow has added over the last six years is from the anti-trafficking program Out of Darkness. Bartow County is located 40 miles north of Atlanta next to the Interstate 75 corridor running north and south between Atlanta and Chattanooga, Tennessee. As such, it is an area of high risk for sex-trafficked individuals. Due to the intersection between trafficked victims and forced abortions, as well as the prevalence of STIs, The Clinic may serve women and girls being trafficked. In addition to taking advantage of the training provided by Out of Darkness, the organization keeps abreast of similar guidance provided by national affiliates with expertise in this area to be equipped to provide critical resources and referrals to help rescue trafficked individuals.

Through the addition of onsite licensed counselors and case management to its existing array of services, Bartow Family Resources is blazing new territory in pregnancy center

outreach for mental health and health wellness. This further builds on the holistic women's health paradigm pregnancy centers have championed for decades.

## OUTREACH:

### Growth and Mobilization of the Service Arm of the Pro-Life Movement in the Lone Star State, Texas

The second week into the nationwide lockdown due to the coronavirus pandemic, a number of Texas pregnancy center directors and one in-state pregnancy center national consultant decided to start a group to regularly meet online. Terry Williams, a long-time consultant with the national pregnancy help network Care Net, organized the weekly Zoom meetings as a forum for prayer and discussion of pregnancy center developments and best practices during the pandemic. Projects which have emerged illustrate the power of pro-life service mobilization and the “stronger together” theme.

In early 2021, during one of the weekly Zoom meetings, a Dallas area director shared about beginning the development of an interactive map highlighting the locations of pregnancy centers, life-affirming medical mobile units, and abortion facilities operating in Texas. Simultaneously, 2020 abortion statistics for the

state of Texas were released showing that Hispanic women represented the largest demographic undergoing abortions in the state.<sup>69</sup> While examining these developments together, Corpus Christi center director Jana Pinson expressed that it “breaks [her] heart that there’s no center at the border.” Pinson’s center had been contacted the afternoon before by a 16-year-old near Laredo, Texas looking for pregnancy help. Pinson spoke with the youth and tried to arrange either transport to the Corpus Christi center – a 2 hour and 15-minute drive – or to meet her. Sadly, the San Antonio abortion center was much closer. Similar calls followed to the Corpus Christi center that same week.

Birthing out of heartbreak for these young women, the group began brainstorming about what they would need to open a center at the Texas-Mexico border.

Their first idea was to have area pregnancy centers with medical mobile units (MMU) take



Staff at the Laredo Life Center with volunteer executive director Jana Pinson (center)



Mom and baby who visited a pregnancy center for support services.

turns driving their MMUs to the border areas to serve women and families there. They subsequently discovered, however, that there was an existing pregnancy center, Laredo Life Pregnancy Center, about 150 miles south of San Antonio near the border, which operated for a few hours one to two days a week. After praying about next steps, Terry Williams and pregnancy center directors Jo Markham, Carol Dodd, and Jana Pinson drove down to visit Sandy, who was the center director in Laredo at the time. Sandy had young children of her own to care for and therefore welcomed ideas and assistance to grow Laredo Life Pregnancy Center. This included hiring more staff, board training, training more volunteers, development, and much more.

What took place next was a widespread team effort to map out development where a desert of life-affirming pregnancy help services exists. Upon hearing of the need and, importantly, the openness of Laredo Life Pregnancy Center to receive assistance, state and national partners acted. The international pregnancy center network Heartbeat International provided a \$10,000 Life Launch grant to Laredo Life<sup>70</sup> and an anonymous donor gave two separate gifts of \$10,000. National groups Focus on the Family, ICU Mobile, and PreBorn! also contributed with trainings and the provision

of a future medical mobile unit when the center itself becomes established as a pregnancy medical center. Training will also be provided in the future for a nurse to staff the medical mobile unit.

Terry Williams, who provides client services and board trainings at the national level for Care Net, led both a board and client advocate training to help equip the center for excellence in operations.

Yet the work of growing new and long-lasting pregnancy center outreach takes time and strong investment from those in the local community with a passion to serve women and families.

During 2021, Laredo Life's staff grew and by early 2022, eight client advocates were trained –an essential element of pregnancy center client care. Also in 2022, Laredo Life hosted a Festival for Life and Run for Life as well as fostered connections communitywide across health fairs, schools, and churches.

As Williams and the directors further reflected, it was realized that the border towns and valley towns have a unique set of challenges to consider when planning for pregnancy center planting: crime, economic depression, lack of investment in growing tourism, industrial weakness, and drugs crossing the border from Mexico. But Williams shared that there is an awareness of the need and that these areas have a deep sense of culture, family, and church community. "It takes [a] person who has vision and a calling," she commented.

Church engagement, Williams believes, whether in border towns or valley towns, should take a uniform tone and approach: "What can we do for you? How can we equip your congregants? We are about pro-abundant life, strengthening the family, and discipling."

The goal of encouraging churches to focus outward has also extended to other border town areas such as Eagle Pass, about 125 miles north-



Texas pregnancy centers 2023 ranch retreat in San Marcos, Texas.



Life Ambassadors of Texas Board of Directors at the 2024 Texas Rally for Life.

west of Laredo, where similar pregnancy center efforts are underway. Replicated investment by national partner organizations, state pregnancy center leaders, and local visionaries has led to growth in outreach in Eagle Pass.

Nearby pregnancy centers have also played an important role in supporting Laredo Life Pregnancy Center and its leadership. Pregnancy centers in Abilene and Cisco have regularly financially gifted the Laredo center. And in late 2022, Laredo Life came under the guidance of Pregnancy Center of the Coastal Bend, an organization consisting of five pregnancy centers, which Jana Pinson directs. Pinson shepherded Laredo Life's approval through the Texas Pregnancy Care Network (TPCN) in August 2023, a significant development allowing for the generation of funds through the State of Texas' Alternatives to Abortion allocation of state funding.<sup>71</sup>

During Laredo Life's first diaper giveaway in summer of 2023, with just 18 hours' notice under the new TPCN approval, women and families lined up around the block in 108-degree heat to receive a box of diapers. An estimated 580 boxes were given away that day, and the following Monday 14 women came through the Laredo Center doors for services and care. Word about the tangible and compassionate outreach offered at the pregnancy center spread fast in the border town community.

The Laredo Life Pregnancy Center and those along the border are works in progress and are building momentum. In Laredo, under Pinson's guidance and with the support of both state and national partners, Laredo Life Center's trajectory is high and long.

The center is currently a NIFLA Life Choice Project member, a program that helps centers transition to become pregnancy medical centers. This is good news, as the need in the border area continually increases with pro-abortion forces keen to both promote and increase the availability of drug-induced abortion in the Rio Grande Valley.

In 2023, the Texas center directors' weekly Zoom meetings continued, and the collaborative endeavor has only grown. According to Williams and Markham, 100 directors have signed up and anywhere from nine to 40 directors attend the weekly call. Williams says it's a time for both business and encouragement. Guest speakers such as Roland Warren, president of Care Net, are given 10-minute slots to inform the group. In Warren's case, in one meeting he discussed a recent Care Net-hosted men's conference and findings from a groundbreaking report on men and abortion.<sup>72</sup> The center directors also have a shared Google drive where resources are posted, including a Tips card ("Your Rights After Roe"), a new center form on Abortion Pill Reversal, a State Impact Report produced jointly by Care Net and the



Charlotte Lozier Institute, as well as an inspirational artistic collage of individual pregnancy center logos in the state.

The meetings have even extended into ranch retreats for directors in San Marcos, two of which have already been held in 2022 and 2023. The directors characterized the retreats as a time of “iron sharpening iron” as they reflected on the successes and challenges in the life movement both in Texas and nationwide since the overturning of *Roe*.

The latest project of the Texas pregnancy center director collaborative has been the launch of the Life Ambassadors of Texas, a coalition network uniting pregnancy center leadership in the state.

According to their website, “The Life Ambassadors of Texas, Inc. is a statewide net-

work of pregnancy support organizations, providing advocacy and educational support for member organizations, enabling and assisting them in their mission to support pregnant women and their families in need in Texas.” Listed benefits of membership include provision of a unified voice for centers in the state; access to quick responses to ever-changing state regulations; support for new or struggling organizations; opportunities for shared marketing and services; ability to speak into pro-life legislation collectively; and access to a space to share ideas, materials, training, and prayer requests.<sup>73</sup>

As events have unfolded in Texas since the pandemic, the pregnancy help movement there has witnessed a renewal and strengthening as centers have worked together to amplify their life-saving work for such a time as this.

## OUTREACH:

### State Initiatives, Alliance for Life Missouri

Today, pregnancy centers in almost every state enjoy the camaraderie and benefits of a coalition of pregnancy help organizations, but this has not always been the case. Formed in 2001 under the vision of Marsha Middleton and other leaders of the Missouri pregnancy center community, Alliance for Life Missouri (AFLMO) blazed the trail that many of the current state coalitions have followed. In its 22-year history, AFLMO has grown to include<sup>73</sup> members serving in almost 100 locations throughout Missouri and into Kansas. AFLMO members include pregnancy centers, maternity homes, adoption agencies, and after-abortion recovery organizations.

Birthing out of the need for pregnancy help organizations in Missouri to learn from and support one another to advance a culture of life, AFLMO now serves in multiple capacities. This includes serving as one of the management

agencies for Missouri’s multimillion-dollar Alternatives to Abortion services grant program,<sup>74</sup> holding an annual conference, providing training, and coordinating a prayer network. Much of AFLMO’s success can be attributed to strong leadership. Marsha Middleton, AFLMO’s CEO, has taught at multiple national conferences, inspired and helped coalition leaders in other states, and advocated for pregnancy help organizations at the Missouri State Capitol, resulting in the enactment of state tax credits for donors to almost 80 qualifying life-affirming pregnancy help nonprofits.<sup>75</sup>

Throughout our nation, 45 state coalitions support pregnancy centers by building relationships, trust, and unity among fellow members. They advocate for themselves with strong unified voices to legislators and others and share the positive impact that they have on

communities. With the help of their coalitions, pregnancy centers have invested in the lives of millions of people annually with medical, educational, and support services at no cost to the centers' clients. These services annually save their communities hundreds of millions of dollars.

AFLMO is committed to serving women, men, and families with faith, hope, and love.<sup>76</sup>

Prayerfully, AFLMO's efforts will continue to be replicated until every state has a robust coalition.



AFLMO'S CEO Marsha Middleton (first standing row, second from left) with 20 directors of AFLMO members and three clients with their children meeting with Missouri Governor Mike Parson in Jefferson City in February 2020.

*None of what we have in Missouri would be possible without God. When I look back at where we started and where we are today, it is humbling to know that God has allowed us to grow to this point. Our hope is that every state in the nation will formalize, because there is strength in numbers and we can do so much more together than we could ever do apart. With this unity, we will cause the enemy to shake in his boots.*

**MARSHA MIDDLETON**  
CEO ALLIANCE FOR LIFE MISSOURI

*My experiences with HeartReach have always been amazing. I appreciate all the things they have offered me.*

**WASILLA, ALASKA**



## A HEARTBEAT AWAY

I am young. My parents are strict, especially my dad.\* And I had a lot of things going on in my head, like “What will my dad think? My mom? My family, my friends, the people around me – What would they think? How would they look at me? What will the changes be in my life? What will I have to sacrifice?” At that time, I didn’t know if I was ready for that.

So, I did some research online. At first, we were going to go to Florida, but we didn’t. We ended up going to North Carolina to do an abortion.

They eventually did give me the pill. It was a group of us, and we all had to take it at the same time. [Then my boyfriend Jacarri and I drove home.] Then literally, that night, I had a dream that I gave birth to a baby girl. And I felt like I felt all of the emotions, from the contractions to looking at her. I feel like I felt everything. And it kind of made me sad. So, I called ... I forgot who I called, it was somebody on Google. I looked up “reverse abortions,” and I called. Then they referred me to you guys [Crossroads Pregnancy Clinic]. Michelle, she texted me and she called me and she said she’d get me in the office and get me the progesterone to reverse the abortion. I kept taking the progesterone and everything just got better. And then I did end up telling my parents. And so, after that, everything’s just been okay. I’ve just been trying to take one step at a time and figuring everything out, especially with school.

Finding you guys [at Crossroads] has really helped us. I love how friendly everyone is. If I need some groceries, someone will give me some groceries. Or if I’m hungry, someone will give me food. It’s just like I have a whole bunch of mothers now. My mom is an hour and forty minutes away, and I have that here. I really appreciate that.

## FIRST PERSON | DEYANA & JACARRI

FAYETTEVILLE, TENNESSEE

“When we all saw their baby’s heartbeat, we all collectively let out a sigh of relief. Jacarri smiled, ear to ear, and Deyana did too. It was good and strong.”

STAFF, CROSSROADS PREGNANCY CENTER



Deyana was awarded the Unplanned Movie Scholarship on behalf of Heartbeat International and Ashley Bratcher of the movie *Unplanned* on November 13, 2023. From left to right: Amanda Curtis, Crossroads Pregnancy Clinic executive director, Jacarri, Deyana, and their son Kaizen.

In Deyana’s own words from her scholarship application: “Education is one way to the key to success. I want to get my bachelor’s degree in social work at the Alabama A&M university, and then eventually get my master’s degree. This is easier said than done. I’m currently expecting a baby boy. Everything I do is for him, for me and for my grandmother. She helped me so much through my first year of school and when I got pregnant, she didn’t want me to give up on school, she wants me to keep going. I want to keep going. Although my plans have altered because of my pregnancy I still want to keep going and finish what I started. I don’t want an unfinished college education. My dreams still matter, and they can still be accomplished but I know it’s all up to me.”

\*Excerpted from Deyana’s Vimeo at Crossroads Pregnancy Clinic ([vimeo.com](https://vimeo.com))



# EMERGING OUTREACH:

## HER PREGNANCY AND LIFE ASSISTANCE NETWORK (HER PLAN)



In this new era after the overturn of *Roe v. Wade*, claims from the abortion lobby that the pro-life movement abandons women once their babies are born and that abortion is the quick-fix answer to an unexpected pregnancy have never been louder. They have also never been more evidently false.

The compassionate care and faithful service of more than 3,000 pregnancy centers and maternity homes nationwide stand as a bulwark in the face of this lie.<sup>77</sup> Pregnancy centers are a testament to the pro-life movement's unconditional love for both mother and child. Her PLAN (Her Pregnancy and Life Assistance Network), a project of Susan B. Anthony Pro-Life America, exists to uplift the vital work of pregnancy centers, maternity homes, and medical, social, and material support providers and connect them with other life-affirming providers, churches, and community organizations.

When a woman faces an unexpected pregnancy, often the pregnancy isn't the crisis. Often,

it is the circumstances around her, such as a lack of resources or support, that have caused her to believe she needs an abortion. Her PLAN's seven categories of care encompass providers who meet her in whatever circumstances she may be facing and surround her with support throughout her pregnancy and years down the road.<sup>78</sup> These seven categories of care are care coordination and mentorship; health and well-being; financial assistance, work, or education; material or legal support; recovery and mental health; prenatal diagnosis; and care for children.

Her PLAN's online directory enables providers to quickly find one another and connect clients with other providers who specialize in meeting their unique needs. In addition, Her PLAN strives to both assess and fill service gap needs through its directory work.

The online directory has grown quickly since its inception and currently includes over 3,700 provider listings in 25 states.

Her PLAN’s Pathways to Life guide inspires and equips churches and community leaders to help them both.<sup>79</sup> The guide gives churches and community leaders ideas for how to engage or deepen their engagement in serving moms and babies in their communities. Included in the guide are ideas for collaborating with local pregnancy help centers, curricula, articles, book suggestions, and more. Her PLAN helps communities and local support providers collaborate to empower women with comprehensive support so they can plan for their futures and their babies’ futures without resorting to abortion.

To enroll in the directory, download the Pathways to Life guide, or to connect with the Her PLAN team, visit [herplan.org](http://herplan.org).

Her PLAN is honored to uplift the work of pregnancy centers, institutions which are at the heart of the pro-life movement. Pregnancy



centers empower women to choose life, encourage them to pursue their dreams, and walk alongside both them and their children every step of the way, offering real help and lasting hope.

## EMERGING OUTREACH:

### HUMAN COALITION



Human Coalition works alongside pregnancy centers to help women seeking abortion find the life-saving help and hope they need. To fulfill this mission, Human Coalition engages in a variety of services and initiatives, including marketing outreach, a contact center offering advice and counseling, innovative telecare, local pregnancy centers, church outreach, and more.

“As pioneers in market research, data analytics, and digital marketing best practices, we’re able to effectively reach women considering an abortion,” explains Jeff Bradford, president of Human Coalition. Through telecare offered

by Human Coalition, new moms can speak with a nurse who provides immediate counseling, sometimes within minutes of a woman discovering she is pregnant. However, the decision to choose life often happens at pregnancy centers. During the initial call, the nurse schedules an appointment with a local pregnancy center. This is where the hard work begins, says Bradford, of “rescuing a baby from abortion and providing the long-term support and care the mother needs to raise her new child.”

Human Coalition’s Contact Center is staffed with trained professionals who directly link inbound calls, chats, and texts to appointments

at its telecare clinic or pregnancy centers nationwide, including at the seven centers Human Coalition owns and operates. These include centers in Atlanta, Charlotte, Cleveland, Dallas, Fort Worth, Pittsburgh, and Raleigh. The group utilizes insights-driven, innovative marketing strategies to reach families at risk for abortion in these cities in particular.

“Whether a pregnancy center works with Human Coalition directly or through a public/private partnership,” says Bradford, “it does so with a heart for a unified pro-life movement where the care for the mom and the child take center stage.”

Through a standard survey question regularly asked to Human Coalition clients through telecare and its pregnancy centers, Human Coalition found that 76% of women seeking an abortion say they would prefer to parent if their circumstances were different. This accords with peer-reviewed research conducted by Charlotte Lozier Institute, showing that nearly 70% of abortions are unwanted, inconsistent with women’s preferences, or

coerced.<sup>80</sup> Human Coalition observes that there are many issues women face when confronted with an unexpected pregnancy, but the most common fear they hear is of not having the support needed to raise the child on their own. Often, women feel frightened and incredibly isolated.

Human Coalition contends that the abortion industry purposefully targets and exploits women seeking an abortion, manipulating them to believe abortion is their only option.

In response, the more than 2,700 pregnancy centers across the country are standing in the gap, showing women that abortion is unnecessary because there are real and better alternatives to such a tragic decision. Bradford concludes, “No woman should stand alone, and no woman should feel she has to choose abortion to thrive. Human Coalition exists to support pregnancy centers to do what they do so well by connecting them with more women experiencing an unexpected pregnancy to eventually make abortion unthinkable and unnecessary.”



# CONCLUSION



# PREGNANCY CENTERS AND COMMUNITY MOBILIZATION

**A remarkable history to bookend the rise and fall of Roe.**

**T**he nationwide expansion of pregnancy center care as part of the pro-life safety net is providing hope for a new generation of Americans. It is reminiscent of similar community-level mobilizations over 50 years ago, pre-Roe, as the legality of abortion was increasing. Then as now, concerned citizens sprang into action to support moms and babies with alternatives to abortion. One such case involved the pregnancy medical center A Woman's Concern (originally named "Birthright of Lancaster"), located in Lancaster, Pennsylvania. As told by one of its co-founders, Lena Hohenadel, the following excerpt details the first meeting at an individual's home in the fall of 1971 and what happened next:

By the conclusion of that meeting, the group had divided into two action groups. The first would work as Pennsylvanians for Human Life, addressing legislative issues and launching a speakers group to educate the public to the reality of abortion.

Virginia Duvel, a mother of five, shared information about Birthright, Inc., a Canadian based organization. Those in attendance felt strongly that any effort to combat the legalization of abortion should be coupled with action to assist those who would contemplate terminating the life of their baby. It was agreed that any such service entity should be non-political, non-sectarian and non-judgmental so as to welcome all those in our community who needed assistance.

Virginia, and young mothers and professional counselors, Mary Ellen Gallagher and Lena Hohenadel moved immediately to establish Birthright of Lancaster, Inc., creating and implementing a plan that included fund development, a volunteer training module, manual and organizational structure. Some of those who volunteered assisted with the host of details that this effort entailed, while others began their training as volunteer counselors in earnest. This latter group numbered about forty. Organized and prepared for the unknown, the office opened on East King Street on June 1, 1972.

We had a host of well educated volunteers, willing and able to give their time at the office and on the 24 hour live hotline. Gaps in necessary prenatal services to single mothers were rapidly identified. As quickly as those gaps were identified, services were created. Volunteers created a Pre[n]atal and Parenting program, the first of its kind to target young and single mothers to be. Others worked to fulfill needs for maternity housing, for pre-adoption counseling, and even maternity clothing. Easy access to social work, legal and medical professionals w[as] instrumental in allowing Birthright of Lancaster to operate with efficiency and speed. The overwhelming need for services led Executive Director of Catholic Charities of Lancaster Mark Gallagher and his Board to vacate their offices on Orange Street to enable burgeoning Birthright of Lancaster to have a larger and more visible office. Services continued to be added as needed, including pre-adoptive care for infants and adoption counseling and small groups for young mothers. A first paid counselor was employed to direct and implement some services.

Word spread by word of mouth. Speakers entered schools, churches and social groups such as Rotary to educate the public to what was Birthright of Lancaster. Advertisements in community and college newspapers, radio and TV appearances also spread word of our work. Our work spoke for itself.

This story is emblematic of the origin and growth of the pregnancy center movement as a whole, a movement from which ironclad support and quality care for women and babies over 50 years

strong has been built. Today, this support and care continue to expand in the wake of unprecedented attacks and new challenges. In 2022, this equated to over 16 million Total Client Sessions and over \$367 million in Total Services and Material Items with a tremendous 97.4% Client Satisfaction Rate. The post-*Dobbs* work has begun.

Yet, the need for pregnancy center work is ever-present. The pro-abortion Guttmacher Institute reports that abortion in the United States increased overall by 8% from 2017 to 2020, “reversing 30 years of a declining abortion rate.” The 2023 rate is also forecasted by Guttmacher to have increased from 2020. Reasons for the increase listed by Guttmacher include the rise in interstate travel for abortion, an increase in abortion access in states that passed protective abortion policies post-*Dobbs*, and greater availability of abortion provided by telehealth.<sup>81</sup>

While abortion rates vary from state to state and community to community, access to pregnancy centers and their steadfast loving support for the women, men, and children they serve will remain across America – in-person, virtually, and on the road through Medical Mobile Units/Clinics. The guideposts have changed, with millions of Americans seeking a time when abortion will be unthinkable. Advanced life-affirming pregnancy center care proceeds from strength to strength through broadened care, increased medical and health care, abortion pill reversal, outreach to men, growth of strategic services, church engagement, state-level organization, a growing number of maternity homes with expanded care, developed and honed referral networks, specialized care to vulnerable populations, and more.

The call for active participation in and civil support for pregnancy centers remains for individuals whose hearts are convicted about advocating for the rights of the unborn and the authentic empowerment of women. The message of hope will only continue to grow.

*“If it wasn’t for their help and support my daughter most likely wouldn’t have been here today because I thought I didn’t have options. I would have missed on this little bundle of joy and a lifetime of happiness from motherhood. I can never thank these incredible women enough for doing what they do. Zoe Women’s Health Center has shown me it is possible and there is more than one option.”*

**ROCKPORT, MAINE**

Lena Hohenadel,  
co-founder of  
Birthright of Lancaster  
at A Woman’s Concern  
present day.



# NOTES & ACKNOWLEDGMENTS

## NOTES

- To learn more about the history of the pregnancy center movement and Charlotte Lozier Institute's previous national pregnancy center reports, please visit: <https://lozierinstitute.org/pcr/>. For the first collaborative national reports from 2008 and 2010 produced prior to CLI's founding, please visit A Passion to Serve I and II: <https://downloads.frc.org/EF/EF09I51.pdf>, and <https://downloads.frc.org/EF/EF12A47.pdf>.
- 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." Centers providing medical services are also referred to as "pregnancy medical centers."
- "Pregnancy Help Organizations" include maternity homes, adoption agencies, pro-life social service agencies, and life-affirming pregnancy centers.
- The following groups provided statistics and information to CLI upon request: Care Net, Focus on the Family Option Ultrasound Program, the Knights of Columbus, PreBorn!, Abortion Pill Rescue Network, Save the Storks, ICU Mobile, Maternity Housing Coalition, Human Coalition, and Her PLAN.
- Some results for "Hope for a New Generation" are updated in this May 2024 publication from the December 2023 release, as new data was received in early 2024.

## ACKNOWLEDGMENTS

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## NOTES

1. Daniel Dench, Mayra Pineda-Torres, and Caitlin Myers, “The Effects of the Dobbs Decision on Fertility,” IZA DP (IZA Institute of Labor Economics, November 2023), <https://docs.iza.org/dp16608.pdf>.
2. See for ex. “#WeCount Report: April 2022 to June 2023” (Society of Family Planning, October 24, 2023), [https://societyfp.org/wp-content/uploads/2023/10/WeCountReport\\_10.16.23.pdf](https://societyfp.org/wp-content/uploads/2023/10/WeCountReport_10.16.23.pdf).
3. Jonah McKeown, “TRACKER: Pro-Abortion Attacks in the U.S. Continue (Updated),” Catholic News Agency, July 21, 2022, <https://www.catholicnewsagency.com/news/251553/map-vandalism-attacks-continue-at-pro-life-centers-across-us>.
4. “Tracking Attacks on Pregnancy Centers & Pro-Life Groups,” CatholicVote (blog), June 9, 2022, <https://catholicvote.org/pregnancy-center-attack-tracker/>.
5. Timothy Nerozzi, “Pro-Life Centers Targeted by 70% of Abortion-Related Violent Threats since Dobbs Decision: FBI,” Fox News (Fox News, November 17, 2022), <https://www.foxnews.com/politics/pro-life-centers-targeted-70-abortion-related-violent-threats-dobbs-decision-fbi>.
6. “Hochul and Dems Refusing to Denounce Violence Against Pro-Life Medical Office,” CompassCare (blog), June 8, 2022, <https://www.compasscarecommunity.com/2022/06/hochul-and-dems-refusing-to-denounce-violence-against-pro-life-medical-office/>.
7. Anthony Reyes and Eileen Buckley, “Amherst Police: Fire at CompassCare Being Investigated as Arson,” ABC 7 WKBW, June 7, 2022, <https://www.wkbw.com/news/local-news/amherst-police-fire-at-compass-care-being-investigated-as-arson>.
8. “CompassCare’s Buffalo Office Firebombed by Abortion Terrorists,” CompassCare (blog), June 7, 2022, <https://www.compasscarecommunity.com/2022/06/compasscares-buffalo-office-firebombed-by-abortion-activists/>.
9. “Firebombed Pregnancy Center Executive Forgives Arsonists—Federal Legislation Unveiled,” CompassCare (blog), August 2, 2022, <https://www.compasscarecommunity.com/2022/08/fire-bombed-pregnancy-center-executive-forgives-arsonists-federal-legislation-unveiled/>.
10. CompassCare, “Supreme Court Suspends Release Schedule, Without Roe-Reversal — Jane’s Revenge Takes Responsibility for Buffalo Firebombing, Promises Escalation of Violence,” CompassCare (blog), June 15, 2022, <https://www.compasscarecommunity.com/2022/06/supreme-court-suspends-release-schedule-without-roe-reversal-janes-revenge-takes-responsibility-for-buffalo-firebombing-promises-escalation-of-violence/>.
11. “Jane’s Revenge: Another Communiqué,” Jane’s Revenge (blog), June 15, 2022, <https://janesrevenge.noblogs.org/2022/06/15/janes-revenge-another-communicue/>.
12. “First Pro-Life Group Does What DOJ Refuses—Sues Pro-Abortion Extremists,” CompassCare (blog), October 10, 2023, <https://www.compasscarecommunity.com/2023/10/first-pro-life-group-does-what-doj-refuses-sues-pro-abortion-extremists/>.
13. Congress Holds Hearing on the Consequences of Supreme Court’s Abortion Decision — 7/12/22 (CNBC Television, 2022), <https://www.youtube.com/watch?v=veDrsG8qesM>.
14. Christopher Smith, “Protect Pregnancy Care Centers Act of 2022,” H.R. 8926 (2021), <https://www.congress.gov/bill/117th-congress/house-bill/8926/text?s=1&r=92>.
15. “Expressing the Sense of Congress Condemning the Recent Attacks on Pro-Life Facilities, Groups, and Churches,.” Pub. L. No. H.Con.Res.3 (2023), <https://www.congress.gov/bill/118th-congress/house-concurrent-resolution/3/text>.

16. Moira Gaul and Jeanneane Maxon, "Lives Saved Impact at U.S. Pregnancy Help Centers," Charlotte Lozier Institute, June 23, 2022, <https://lozierinstitute.org/lives-saved-impact-at-us-pregnancy-help-centers/>.
17. "2022 Annual Report" (PreBorn!, 2022), <https://preborn.com/finance/2022-annual-report/>.
18. "2023 Annual Report" (PreBorn!, 2023), <https://preborn.com/finance/2023-annual-report/#annual-report>.
19. Jimmy Hickey Jr., "An Act to Make an Appropriation for Pregnancy Resource Center Grants for the Department of Finance and Administration," Senate Bill No. 102 (2022), <https://www.dfa.arkansas.gov/images/uploads/intergovernmentalServicesOffice/Act187.pdf>.
20. "Executive Order 2022-09D," [governor.ohio.gov](https://governor.ohio.gov), April 29, 2022, <https://governor.ohio.gov/media/executive-orders/executive-order-2022-09D>.
21. Thad Altman, "HB 7065 - Child Welfare," Pub. L. No. 7065 (2022), <https://www.flsenate.gov/Session/Bill/2022/7065/BillText/er/PDF>.
22. Beth Mizell and Kathy Edmonston, "Act. No. 437," Senate Bill No. 41 (2023), <https://www.legis.la.gov/legis/ViewDocument.aspx?d=1333282>.
23. "National Commitment of Care and Competence," NIFLA, accessed February 16, 2024, <https://membership.nifla.org/national-commitment-of-care.asp>.
24. "Occupational Employment and Wage Statistics," U.S. Bureau of Labor Statistics, April 25, 2023, [https://www.bls.gov/oes/current/oes\\_stru.htm](https://www.bls.gov/oes/current/oes_stru.htm).
25. "22CLABQ4," CMS.gov, 2022, <https://www.cms.gov/medicare/medicare-fee-service-payment/clinical-laboratory-fee-schedule-files/22clabq4>.
26. "Donation Value Guide," The Salvation Army Thrift Stores, accessed February 20, 2024, <https://satruck.org/Home/DonationValueGuide>.
27. "Consumer Reports - Cribs," Consumer Reports, accessed February 20, 2024, <https://www.consumerreports.org/search/?query=cribs>.
28. Kevin Brasler, "Diaper Prices," Consumers' Checkbook Magazine, November 2017, <https://www.checkbook.org/national/how-to-save-on-diapers-and-formula/>.
29. Emily A. Thomas and Jen Stockburger, "Car Seat Buying Guide," Consumer Reports, September 18, 2023, <https://www.consumerreports.org/babies-kids/car-seats/buying-guide/>.
30. Data drawn from Florida Pregnancy Care Network, Inc. prepared for the Florida Department of Health. Florida Pregnancy and Parenting Support Services Program Compliance Manual, Remuneration for Services p. 9, published October 2023. Based upon valuation of service research conducted by Zierke Consulting for FPCN, 2022.
31. Descriptions of these core services can be found in the Charlotte Lozier Institute's previous pregnancy center report: "Pregnancy Centers Stand the Test of Time," A Legacy of Life & Love Report Series (Charlotte Lozier Institute, 2020), [https://lozierinstitute.org/wp-content/uploads/2023/01/Pregnancy-Center-Report-2020\\_FINAL.pdf](https://lozierinstitute.org/wp-content/uploads/2023/01/Pregnancy-Center-Report-2020_FINAL.pdf).
32. Tessa Longbons, "Fact Sheet: Reasons for Abortion," Charlotte Lozier Institute, January 14, 2023, <https://lozierinstitute.org/fact-sheet-reasons-for-abortion/>.
33. Jeff Diamant and Besheer Mohamed, "What the Data Says about Abortion in the U.S.," Pew Research Center (blog), January 11, 2023, <https://www.pewresearch.org/short-reads/2023/01/11/what-the-data-says-about-abortion-in-the-u-s-2/>.
34. Tessa Longbons, "Hidden Epidemic: Nearly 70% of Abortions Are Coerced, Unwanted or Inconsistent with Women's Preferences," Charlotte Lozier Institute, May 15, 2023, <https://lozierinstitute.org/hidden-epidemic-nearly-70-of-abortions-are-coerced-unwanted-or-inconsistent-with-womens-preferences/>.

35. Care Net, "Care Net Study of Men and Abortion," accessed April 9, 2024, <https://www.care-net.org/mens-survey>.
36. "Study of Women Who Have Had an Abortion and Their Views on Church" (Care Net, 2015), 15, <https://research.lifeway.com/wp-content/uploads/2015/11/Care-Net-Final-Presentation-Report-Revised.pdf>.
37. Throughout this section, a pregnancy center is considered "medicalized" if they at least offer ultrasound (and possibly more medical services).
38. "Methods for Estimating the Due Date: Committee Opinion Number 700," ACOG, May 2017, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/05/methods-for-estimating-the-due-date>.
39. "WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience" (World Health Organization, November 28, 2016), <https://www.who.int/publications/i/item/9789241549912>.
40. Zilma Silveira Nogueira Reis et al., "Quality of Pregnancy Dating and Obstetric Interventions During Labor: Retrospective Database Analysis," *JMIR Pediatrics and Parenting* 3, no. 1 (April 15, 2020): e14109, <https://doi.org/10.2196/14109>.
41. For more information regarding these standards and industry guidelines, as well as the history of pregnancy medical centers, see: "Pregnancy Centers Stand the Test of Time," A Legacy of Life & Love Report Series (Charlotte Lozier Institute, 2020), [https://lozierinstitute.org/wp-content/uploads/2023/01/Pregnancy-Center-Report-2020\\_FINAL.pdf](https://lozierinstitute.org/wp-content/uploads/2023/01/Pregnancy-Center-Report-2020_FINAL.pdf).
42. "Sexually Transmitted Infections Surveillance, 2022," Centers for Disease Control and Prevention, January 29, 2024, <https://www.cdc.gov/std/statistics/2022/default.htm>.
43. A very small number of pregnancy medical centers charge a nominal fee for STI testing because of the lab they partner with for testing.
44. "Classifications for Fertility Awareness-Based Methods," Centers for Disease Control and Prevention: Reproductive Health, March 27, 2023, <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/appendixf.html>.
45. "Facts About Nationwide Breastfeeding Goals," Centers for Disease Control and Prevention, August 7, 2023, <https://www.cdc.gov/breastfeeding/data/facts.html>.
46. Maria Kalaitzandonakes, Brenna Ellison, and Jonathan Coppess, "Coping with the 2022 Infant Formula Shortage," *Preventive Medicine Reports* 32 (January 30, 2023): 102123, <https://doi.org/10.1016/j.pmedr.2023.102123>.
47. Rachel K. Jones et al., "Medication Abortion Now Accounts for More Than Half of All US Abortions," Guttmacher Institute, February 22, 2022, <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions>.
48. Kathi Aultman et al., "Deaths and Severe Adverse Events after the Use of Mifepristone as an Abortifacient from September 2000 to February 2019," *Issues in Law & Medicine* 36, no. 1 (2021), <https://stenoinstitute.org/wp-content/uploads/2021/02/Deaths-and-Severe-Adverse-Events-after-the-use-of-Mifepristone-as-an-Abortifacient-from-September-2000-to-February-2019-copy5.pdf>.
49. Sabrina Tavernise, "New F.D.A. Guidelines Ease Access to Abortion Pill," *The New York Times*, March 30, 2016, sec. Health, <https://www.nytimes.com/2016/03/31/health/abortion-pill-mifeprex-ru-486-fda.html>.
50. Charlotte Lozier Institute, "Fact Sheet: Risks and Complications of Chemical Abortion," Charlotte Lozier Institute, August 23, 2023, <https://lozierinstitute.org/fact-sheet-risks-and-complications-of-chemical-abortion/>.



51. Tom Evans, "Ambulance Dispatches and 999 Calls Responding to Abortion Pill Concerns Have Risen by 64% since 2019," GBN Britain's News Channel, August 30, 2022, <https://www.gbnews.com/news/ambulance-dispatches-and-999-calls-responding-to-abortion-pill-concerns-have-risen-by-64-since-2019-gb-news-investigation/359311>.
52. Tessa Longbons and Katherine Rafferty, "Study: Women Report Abortion Drug as More Difficult Choice Than Abortion Pill Reversal," Charlotte Lozier Institute, January 17, 2024, <https://lozierinstitute.org/study-women-report-abortion-drug-as-more-difficult-choice-than-abortion-pill-reversal/>.
53. "The Availability and Use of Medication Abortion," KFF (blog), March 20, 2024, <https://www.kff.org/womens-health-policy/fact-sheet/the-availability-and-use-of-medication-abortion/>.
54. Ushma D. Upadhyay et al., "Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017–20," *Health Affairs* 41, no. 4 (April 2022): 507–15, <https://doi.org/10.1377/hlthaff.2021.01528>.
55. Janet Woodcock, "April 12, 2021 Letter from Acting Commissioner of FDA to Maureen Phipps, CEO of ACOG, and William Grobman, President of Society for Maternal-Fetal Medicine," April 12, 2021, <https://sbaproflife.org/wp-content/uploads/2021/04/govdoc20210412-226601.pdf>.
56. Ingrid Skop, MD, "No-Test Chemical Abortion Provision: Can It Be Justified?," Charlotte Lozier Institute, April 28, 2022, <https://lozierinstitute.org/no-test-chemical-abortion-provision-can-it-be-justified/>.
57. Abigail R. A. Aiken et al., "Association of Texas Senate Bill 8 with Requests for Self-Managed Medication Abortion," *JAMA Network Open* 5, no. 2 (February 25, 2022): 8, <https://doi.org/10.1001/jamanetworkopen.2022.1122>.
58. Ingrid Skop, "Chemical Abortion: Risks Posed by Changes in Supervision," *Journal of American Physicians and Surgeons* 27, no. 2 (2022): 56–61.
59. Doina Chiacu, "CVS, Walgreens to Begin Selling Abortion Pill This Month," Reuters, March 2, 2024, <https://www.reuters.com/world/us/cvs-walgreens-begin-dispensing-abortion-pill-this-month-nyt-2024-03-01/>.
60. "1968 ~ 2018 A Half Century of Hope," A Legacy of Life & Love Report Series (Charlotte Lozier Institute, 2018), <https://lozierinstitute.org/wp-content/uploads/2018/09/A-Half-Century-of-Hope-A-Legacy-of-Life-and-Love-FULL.pdf>.
61. George Delgado et al., "A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone," *Issues in Law & Medicine* 33, no. 1 (2018): 21–31.
62. Christina Camilleri and Stephen Sammut, "Progesterone-Mediated Reversal of Mifepristone-Induced Pregnancy Termination in a Rat Model: An Exploratory Investigation," *Scientific Reports* 13, no. 1 (July 6, 2023): 10942, <https://doi.org/10.1038/s41598-023-38025-9>.
63. "Abortion Pill Rescue Network," Heartbeat International, accessed April 1, 2024, <https://www.heartbeatinternational.org/our-work/apr>
64. "Maternity Housing Coalition - Mission," Maternity Housing Coalition, 2024, <https://www.natlhousingcoalition.org/about-us/mission>.
65. "Maternity Housing 2022 Impact Report" (Heartbeat International, 2022).
66. "Maternity Housing: 2023 Impact Report" (Heartbeat International, 2023).
67. "Our Commitment," Heartbeat International, 2019, <https://www.heartbeatinternational.org/about/our-commitment>.
68. Charlotte Lozier Institute, "Abortion Pill Reversal: A Record of Safety and Efficacy," Charlotte Lozier Institute, September 24, 2021, <https://lozierinstitute.org/abortion-pill-reversal-a-record-of-safety-and-efficacy/>.

69. Tessa Longbons, "Abortion Reporting: Texas (2020)," Charlotte Lozier Institute, March 22, 2022, <https://lozierinstitute.org/abortion-reporting-texas-2020/>.
70. "Pregnancy Help Center Life Launch Grant," Heartbeat International, accessed October 24, 2023, <https://www.heartbeatinternational.org/life-launch-grant>.
71. "Alternatives to Abortion," Texas Health and Human Services, accessed October 24, 2023, <https://www.hhs.texas.gov/services/health/women-children/alternatives-abortion>.
72. "Care Net Study of Men and Abortion," Care Net, accessed October 24, 2023, <https://www.care-net.org/mens-survey>.
73. "Life Ambassadors of Texas," Life Ambassadors of Texas, accessed April 5, 2024, <https://lifeambassador-softexas.com/>.
74. "Alternatives to Abortion," Missouri Department of Social Services, accessed October 23, 2023, <https://dss.mo.gov/fsd/a2a/>.
75. "Pregnancy Resource Center Tax Credit," Missouri Department of Social Services, accessed October 23, 2023, <https://dss.mo.gov/dfas/taxcredit/pregnancy.htm>.
76. "Our Mission and Vision," Alliance for Life Missouri, 2024, <https://allianceforlifemissouri.com/about/our-mission-and-vision>
77. Moira Gaul, "Fact Sheet: Pregnancy Centers – Serving Women and Saving Lives (2020 Study)," Charlotte Lozier Institute, July 19, 2021, <https://lozierinstitute.org/fact-sheet-pregnancy-centers-serving-women-and-saving-lives-2020/>.
78. "What Her PLAN Does," Her PLAN Pregnancy & Life Assistance Network, accessed October 24, 2023, <https://herplan.org/about/>.
79. "National Pathways to Life: A Guide for Churches to Help Pregnant and Parenting Moms in Need," Her PLAN Pregnancy & Life Assistance Network, accessed October 24, 2023, <https://herplan.org/national-pathways-to-life/>
80. David C. Reardon, Katherine Rafferty, and Tessa Longbons, "Hidden Epidemic: Nearly 70% of Abortions Are Coerced, Unwanted or Inconsistent with Women's Preferences," Charlotte Lozier Institute, May 15, 2023, <https://lozierinstitute.org/hidden-epidemic-nearly-70-of-abortions-are-coerced-unwanted-or-inconsistent-with-womens-preferences/>.
81. "Number of Abortions in the United States Likely to Be Higher in 2023 than in 2020," Guttmacher Institute, January 16, 2024, <https://www.guttmacher.org/news-release/2024/number-abortions-united-states-likely-be-higher-2023-2020>.





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