

PREGNANCY CENTERS

Rising to the Occasion with Unwavering Care



A LEGACY OF LIFE & LOVE
Report Series 2025



Life Services and Women's Clinic staff at A Caring Pregnancy Center (ACPC) in Pueblo, Colorado by the center's bus bench.

Cover Images:

Top: Mother who visited a pregnancy medical center in South Carolina with her son;

Middle: Adoptive mother, birth mother, and their son from Cassidy's Story in Montana on pg. 32;

Bottom: Mother, father, and daughter from Glenda and Alejandro's Story in Arizona on pg. 36.



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

Birth is a precious event representing hope and new beginnings. It is fitting, then, that on July 4, 2025—the birthday of the United States—the One Big Beautiful Bill was enacted. This act defunded taxpayer support of big abortion for an entire year, signifying the biggest pro-life victory since the U.S. Supreme Court overturned *Roe* in 2022 and a fresh start for life-affirming pregnancy centers.

Abortion has become increasingly politicized, and abortion advocates continue to spread misinformation. But where pregnant women are in need, pregnancy resource centers courageously stand in the gap. This fourth installment of Charlotte Lozier Institute’s Legacy of Life & Love Series details how pregnancy centers have seen more new clients, provided more medical care, and distributed more material goods in 2024 than ever before. Data from the past eight years reveal clear national trends of growth, with many core services increasing year over year. Additionally, many centers now offer a wider range of physical, spiritual, emotional, and social support—fully equipping women’s families to not only choose life, but to thrive.

This report features poignant stories of some of those families. From abortion pill reversal, to healing after pregnancy loss, to regaining hope amid homelessness, each story exemplifies how pregnancy centers rise to meet needs with unwavering care. And while families’ needs are growing in

demand and complexity, pregnancy centers, through resourcefulness, adaptability, and love, are uniquely positioned to help women and families. The life-affirming support of pregnancy centers is bolstered by Susan B. Anthony Pro-Life America’s Her PLAN initiative, a complementary outreach effort to ensure pregnancy help is accessible to as many women as possible.

The information in this report proves that, despite opposition from abortion advocates, pregnancy centers remain undeterred in their mission. In the words of Heartbeat International’s Legal Counsel Danielle White, “The real public good—the real compassionate community care—happens in the quiet, everyday work of life-affirming clinics that have been doing more with less for decades.”¹

As highlighted in this report, this everyday work is driven by passionate volunteers and medical professionals striving to meet the growing needs of their communities. Most importantly, client satisfaction remains high—a testament to the high-quality care provided by pregnancy centers. The following stories and statistics show how pregnancy centers reflect the heart of the pro-life movement—by doing the hands-on, community-centered work to help end abortion, accompany pregnant women and couples, celebrate life, and support families after birth with education and resources.



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INTRODUCTION



Waiting room at Hope Pregnancy Center in Tulsa, Oklahoma.

In the wake of the U.S. Supreme Court's 2022 decision in *Dobbs v. Jackson Women's Health Organization*, which returned the authority to regulate abortion to state and federal legislatures, life-affirming pregnancy centers have stepped up to meet the needs of pregnant women and families across a varied and changing national landscape. In 2024 alone, U.S. pregnancy centers served a record number of women, men, and families with medical and support services, material goods, and resources. As a decades-long decline in induced abortions reversed course between 2018 and 2024,² the documented levels of care and support provided by pregnancy centers during this same period steadily rose as evidenced in studies conducted by the Charlotte Lozier Institute (CLI). These include increases in provision of medical care, attendance of mothers and fathers at prenatal and parenting education sessions, and distribution of essential baby items, among other categories of care. As a rising tide lifts all boats, so too, the rise of pregnancy centers' unyielding professional care and holistic support during this season of need is strengthening families and deepening the impact on American communities for good.

This image shows the embryo alive in the uterus 7 weeks post-fertilization (or 9 weeks of gestation), recorded using fetoscopy. (Image credit: The Center for Bio-Ethical Reform)



Changing U.S. Abortion Trends

Divergent state policies exemplify the changing dynamics of abortion in post-*Dobbs* America, with some states codifying protections for unborn children and safeguards for women’s health, and others having little to no limits on abortion and passing laws that enable abortionists to circumvent pro-life laws and place women at heightened risk for serious adverse health outcomes.

Legal protections for unborn children have been introduced, passed, signed into law, and/or successfully enacted in 25 states for the entirety or a portion of the time since *Dobbs*.³ Although subsequent decreases in brick-and-mortar abortions were documented in a majority of these states soon after the *Dobbs* decision, these decreases have been offset at the national level by increased numbers of abortions reported in states with

permissive abortion laws and the subversion of abortion prohibitions by abortionists, operating under “shield laws” which immunize them from prosecution, who mail abortion drugs into pro-life states.⁴ The first full year following *Dobbs* (2023), for example, was characterized by an 11% increase in abortions since 2020.⁵

This upward trend is in large part due to the expanded availability of drug-induced abortion via the two-drug regimen of mifepristone (brand name ‘Mifeprex’) and misoprostol. Two main factors have contributed to the expanded availability of drug-induced abortion: the removal of the in-person dispensing requirement for mifepristone in 2021 by the U.S. Food and Drug Administration, and the consequent growth in the number of virtual (or “telemedicine”) abortion providers in pro-abortion states who send abortion drugs to women in their own states and in pro-life states.⁶ It is therefore no surprise that drug-induced abortions accounted for 63% of all abortions in states without prohibitions from conception in 2023, as compared to 53% of such abortions in 2020.⁷ And according to one report by #WeCount, mail-order abortions and those provided through telemedicine contributed to a continued rise in abortions in 2024.⁸ Despite this, in-person abortions (either surgical or drug-induced) still constitute the majority of U.S. abortions.⁹

Abortions provided without an in-person visit place women at heightened risk for adverse health outcomes.¹⁰ This is because these “self-managed” drug-induced abortions lack critical physician oversight and screening procedures to determine patient age, health status, whether the pregnancy is ectopic, and whether the woman is experiencing coercion. Necessary in-person follow-up care also may not occur when drug-induced abortions are self-managed. Additionally, in the case of anonymous internet sales, it may be difficult or impossible to verify that the abortion drugs are actually mifepristone/misoprostol, or to obtain dosage or patient information. Worse, when telemedicine abortion providers prescribe to people in states with pro-life laws from across state lines— such as from California, Colorado, Massachusetts, and New York—they may never face legal accountability should anything happen to these women, due to the above-mentioned abortionist “shield laws” existing in such states.¹¹ According to #WeCount, an average of 12,330 abortions per month were performed under shield laws by the end of 2024.¹² In addition, the pro-abortion Guttmacher Institute reports that over 169,000 women traveled to other states to obtain abortions in 2023, and 155,000 in 2024.¹³

For further discussion of the medical and social health impacts of drug-induced abortion, see Charlotte



Nurse manager and sonographer at Hope First, a pregnancy medical center in Jacksonville, North Carolina.

Lozier Institute's previous report *Hope for a New Generation: A Legacy of Life & Love Report Series 2022*.¹⁴

Pregnancy centers are rising to meet these unprecedented needs, both for in-state residents and out-of-state visitors traveling for abortions, by providing critical medical care, needed health information, holistic and compassionate support, and importantly, abortion pill reversal (APR) for those women and couples seeking to stop the drug-induced abortion process (see “Abortion Pill Reversal” section below). Research published in 2025 shows that the percentage of reproductive-aged women with a history of pregnancy or testing for pregnancy who had ever visited a pregnancy center ranged from 11.6% to 20.2% in the four states studied (one between 2018-2019, and three between 2019-2020).¹⁵ Pregnancy center stories contained in this report authentically portray the vital help provided to women and couples experiencing such a need for in-person, life-affirming care—care that is trustworthy and professional. These women and couples found the safe harbor they were looking for in a pregnancy center.



Nurse meeting with patient at Hope Clinic, a pregnancy medical center in Hattiesburg, Mississippi.

Pregnancy Centers Address Reasons Women Choose Abortion

When a woman visits a pregnancy center and expresses that she is thinking of having an abortion, pregnancy center advocates and workers seek to understand the factors affecting her decision. This enables them to better understand her concerns and attempt to bring to bear what the center can offer to both support and affirm her as well as her child. In the case of couples, center workers listen to both individuals' concerns.

Past studies have identified a variety of reasons that motivate abortion decisions, including financial struggles, issues of timing, partner-related reasons, and the need to focus on other children, among others.¹⁶ A more recent CLI analysis of data from eight states that reported reasons showed that elective and unspecified reasons, as opposed to serious physical health concerns, accounted for 95.9% of cases where women chose to have abortions.¹⁷

Pregnancy centers can offer a wide range of care and resources related to financial concerns, including certain kinds of no-cost early pregnancy medical care, no-cost prenatal and parenting education classes that often include financial skills training, free needed baby items when parents attend these classes (for example, diapers, clothing, new car seats, and infant formula), and no-cost ongoing support spanning after-/post-abortion healing care, birthing classes, breastfeeding consultations, and professional counseling. Women are

also afforded the opportunity to see their unborn children via ultrasound at medical centers, thereby increasing the level of health information from which to make an informed decision. In addition, advocates and center workers can assist with community resources and healthcare linkages. Centers may be able to assist with partner-related issues, as well, by being a safe place to invite a woman to talk through her concerns and, as appropriate, for the partner to visit and discuss the pregnancy. Likewise, for other topics, advocates talk through options and potential resources with women, serving as a sounding board for their greatest apprehensions and fostering relational support on many levels.

More recent research has shown perceived pressure to abort and direct coercion to be additional reasons women choose to have an abortion.¹⁸ Related to perceived pressure to abort, a sizable number of women reported they would have preferred to give birth if they had received more support from others or had more financial security.¹⁹ A rising number of pregnancy centers are providing critical trained outreach to individuals being trafficked who are at increased risk for coerced abortion.^{20,21}



Advocate and client in a session at Real Options, a pregnancy medical center in Allen, Texas.



Sonographer showing patient her baby's ultrasound at a pregnancy medical center in Kansas.



Importantly, pregnancy centers understand that the involvement of a child's father is vital for their well-being.²² Research has also found that fathers are highly influential in their partner's pregnancy decision.²³ Pregnancy centers validate fathers and continue to prioritize the engagement of fathers through their programming, special projects, and care, with the goal of strengthening families and benefitting maternal and child health outcomes.

The Role of Pregnancy Centers in the Broader Pro-Life Safety Net

Pregnancy centers have long sought to meet women and couples where they are by understanding their unique concerns and wide-ranging needs during unexpected pregnancy. Recent policy papers by CLI focused on a few of these key challenges, offering federal policy recommendations to better meet women's needs regarding childcare, perinatal substance abuse, housing, and transportation.²⁴ An observation from one of the papers can be extended to the other areas: that "gaps remain, particularly in the accessibility and integration of services for pregnant and parenting women in need."²⁵ Because of this, reforms (for example) to reduce child care costs and increase access by rethinking regulations would impact struggling pregnant and parenting mothers, especially since inadequate childcare can also be a barrier to a mother's employment.²⁶ Additional reforms such as promoting the availability of doulas for maternal health support are also worthy of consideration.²⁷ Including and beyond these particular reform proposals, there is much work to be done to bolster strong pro-life safety net policies.

While pregnancy centers as a whole cannot solve all of these challenges, they have served and do serve as



Parenting class session with advocate, mom, and child at The Well Pregnancy Resource Center in St. George, Utah.

reliable hubs for linkages to a whole host of community help and service access points. In addition, the ongoing, strong relational support experienced through weekly connections with the pregnancy center provide opportunities for dedicated pregnancy center staff and volunteers to identify areas of greatest need and assist women and couples with concrete steps to take and referrals to move forward. The real-life client stories contained in this report illustrate the key role pregnancy center support can play in the broader pro-life safety net (see pgs. 30-36).



Mom who visited a pregnancy medical center in New Jersey and underwent abortion pill reversal successfully after taking mifepristone. She gave birth to her youngest daughter, also pictured here with her older sister. She shared, “I was so grateful that my baby was strong and healthy throughout everything. If it weren’t for First Choice, I wouldn’t be here with my daughter.”

Highlighted Care in 2024

Abortion Pill Reversal

No other intervention has been more significant for mothers and fathers who desire to halt a drug-induced abortion than abortion pill reversal (APR). APR provides a chance to rescue the pregnancy soon after the ingestion of the first abortion drug through the administration of the hormone progesterone (a naturally occurring hormone that has safely been used to treat irregular periods and endometriosis, support lactation and thyroid function, and prevent preterm birth for years).²⁸ Peer-reviewed research has shown that in cases where women started the APR protocol within 72 hours of taking Mifeprex, 64-68% of the pregnancies were saved with no increased risk of birth defects.²⁹ According to the Abortion Pill Rescue Network (APRN), statistics show more than 7,000 children’s lives had been saved by the APR protocol as of June 2025.³⁰ Over 1,000 providers, clinics, and pharmacies are part of APRN worldwide and APR is available in all 50 states and 96 countries.³¹ In 2024, 29% of pregnancy centers provided APR as a service (see Table 6, pg.18).

BrightCourse and HopeSync

BrightCourse is a video-streaming service built to be used by pregnancy center providers to help educate clients on issues related to pregnancy, birth, prenatal care, adoption, parenting, life skills, relationship education, coparenting, and more.³² Launched in large part as an innovative response to the COVID-19 pandemic, BrightCourse is now being used by over 2,600 U.S. pregnancy center locations both onsite and virtually for client convenience. Forty-four of the lessons included in the BrightCourse curriculum are physician-approved and evidenced-based, and were viewed 268,000 times in the last year. Additionally, there were a total of 851,803 evidence-based lessons administered in 2024, with 107,600 unique clients taking the classes last year. BrightCourse also contains 12 courses specifically for fathers in both English and Spanish. The curricula contain a total of 853 client lessons (703 in English and 150 in Spanish).³³



HopeSync is a communication and texting platform that helps pregnancy centers connect more effectively with clients.³⁴ In addition to its primary function as a messaging platform, HopeSync also contains over 250 physician-approved videos and resources which were provided to pregnancy center clients 75,000 times during the past year. Also during the past year, a total of 216,000 pregnancy center clients were served through HopeSync.³⁵

BrightCourse and HopeSync are representative of the high-caliber, professionally-approved, evidence-based health and skills-based education women, men, and youth are receiving through pregnancy centers nationwide.

Care Net’s Texas Fatherhood Project

Pregnancy centers strive to strengthen families by increasing engagement with and providing education and services for fathers.

In 2021, the national pregnancy center network Care Net began devoting time and resources to training center staff on how to connect with fathers. It developed the Doctor Dad® program, which teaches dads how to care for moms during pregnancy as well as their babies after birth. The network then studied the delivery and impact of its Doctor Dad® Basic Training Program at 20 center sites across the country for its 2023 Fatherhood Project.³⁶

Given the program’s success, Care Net launched The Texas Fatherhood Project in 2024 to study an expanded and Spanish language version of their Doctor Dad® courses across five Texas pregnancy centers in San Antonio (two locations), Boerne, Lake Jackson, and Waller. For the Texas Project, the program was

Parents and their daughter who received medical services, parenting education, and resources at Care Net Pregnancy Center of Albuquerque, New Mexico. The father participated in the center’s Doctor Dad® program and shared, “I wanted to change my role from son to dad. From husband to dad.” He added, “Becoming a new parent is often challenging, especially with the first baby. It was such a relief to know that my wife and baby were in your capable and caring hands. Your attentiveness and dedication were evident in every interaction from the way you manage their needs to the warmth and compassion you consistently showed.”



augmented to include a facilitator’s course and curriculum with additional topics of co-parenting and marriage, personal health and habits, and work and finances, providing information and helping fathers set goals in these areas.³⁷

The 2024 male client data across the five Texas centers showed a 63% increase in male clients served, a 21% increase in men present for ultrasounds, a 71% increase in men served through STD testing, a 60% increase in men who attended parenting education or support classes, and a 115% increase in men who graduated from a full parenting education or support program (including Doctor Dad® and additional programs).³⁸

Maternity Housing

Maternity homes are an integral housing resource for pregnant women with nowhere else to go. They provide safety, shelter, help with a spectrum of life skills, and exposure to a nurturing community for residents in a variety of settings. The scope of services at maternity home programs has widened to address increasingly identified needs of residents in both the short and long term.³⁹ The number of U.S.-based homes continues to rise, with pregnancy centers continuing to open maternity homes and vice versa.⁴⁰

At the end of 2024, the Maternity Housing Coalition (MHC), a program of Heartbeat International (HBI), reported a total of 498 life-affirming, faith-based maternity homes in the U.S. (both those affiliated with the Coalition and those not affiliated), up from 458 in 2023. They also reported that there were 53 HBI-affiliated pregnancy centers operating a maternity home, up from 46 in 2023, and an estimated 1,206 women served by HBI-affiliated maternity homes each year.⁴¹ During 2024, the Maternity Housing Coalition officially surpassed 200 affiliated maternity homes across the U.S., rising from 85 affiliates out of approximately 400 total life-affirming, faith-based maternity homes in 2017.^{42, 43} According to the Coalition, the diversity of homes now range from dormitory-style housing on university campuses, to homes with family environments for women, to homes that are opening apartment complexes for women to be able to have long-term stable housing.⁴⁴ Maternity homes, says Valerie Harkins, executive director of MHC, are driven by innovation, creativity, and excellence to serve women and families with extended care.



Senior staff teaching a course at the National Institute of Family and Life Advocates’ Institute in Limited Obstetric Ultrasound, which trained 396 pregnancy medical clinic professionals in 2024. Established in 1998, the Institute has now trained over 6,000 healthcare professionals and administrators in the legal and medical how-tos of obstetric ultrasounds in a pregnancy center setting.

Charitable and Government Funding

Hallmarks of pregnancy center care include a commitment to excellence in services provided, compassionate, relational and professional delivery of care, and for the vast majority of services and material items, no or very little cost of care. To sustain these efforts, charitable support for pregnancy centers is provided at the community level and through national organizations committed to equipping pregnancy centers with medical technology, a variety of grants, and financial donations.

Private Funding

Focus on the Family is one such organization, and it has been committed to supporting the work of pregnancy centers for over 20 years. Their Option Ultrasound Program (OUP) distributes grants to pregnancy centers for the enhancement of medical care with technology. In 2024, OUP awarded 562 grants to pregnancy centers, providing ultrasound machines, medical center conversions, registered nurse/center trainings (including training for adoption, abortion pill reversal, and sonography), and grants for extended hours of operation. Since its inception in 2004, OUP has granted over \$61 million to pregnancy centers resulting in over half a million babies saved from abortion. Focus on the Family seeks to develop every pregnancy center as they serve women facing unexpected pregnancies.

PreBorn!



Since 2009, another generous, national faith-based group committed to the mission of supporting mothers and families, the Knights of Columbus (KofC), has been placing new ultrasound machines in pregnancy centers to increase the level of medical care.⁴⁵ More recently, since 2022, KofC has increased its charitable giving to both pregnancy centers and maternity homes through its Aid and Support After Pregnancy (ASAP) program.⁴⁶ In 2024, KofC's contributions included 124 new ultrasound machines (valued at over \$5.6 million) placed in pregnancy centers. Also in 2024, the Supreme Council of the Knights of Columbus and 1,783 local councils donated over \$5.4 million to 1,132 pregnancy centers and maternity homes through the ASAP program.

Founded in 2007, PreBorn! is a third national, faith-based organization devoted to enhancing medical care through the provision of free ultrasound machines as well as financial support and resources to pregnancy centers.⁴⁷ In 2024 alone, PreBorn! placed 105 new ultrasound machines in centers.⁴⁸ And from 2007 to the end of 2024, the organization placed more than 460 new ultrasound machines in pregnancy centers, provided more than 1,030,000 pregnancy tests, and through its support helped to save over 337,000 babies.⁴⁹

Government Funding

In 2024, just 18% of pregnancy center organizations (i.e., each distinct 501(c)(3) organization, which may contain more than one pregnancy center location),⁵⁰ or 370 main offices, reported receiving state or federal government funding (see Table 3, pg.17).

Lawmakers across the country, reflecting the desires of their constituents, have taken meaningful steps to support women facing unexpected pregnancies. In 2024, this commitment was reflected in approximately \$182 million in state funding directed toward pregnancy centers and other pregnancy help organizations, including maternity homes and adoption agencies (for a full definition of “pregnancy help organizations” see the Notes section on pg. 37).⁵¹ This surge in support signals a growing recognition of the critical role these organizations play in offering compassionate, life-affirming alternatives to abortion.

New state-funded programs were launched in 2024 in Arkansas,⁵² Kansas (for one of its two programs),⁵³ Utah,⁵⁴ and Tennessee.⁵⁵ Meanwhile, five states—Florida,⁵⁶ Louisiana,⁵⁷ Oklahoma,⁵⁸ Texas,⁵⁹ and West Virginia⁶⁰—increased their investment in existing initiatives, demonstrating a renewed emphasis on strengthening the pro-life safety net. At least 11 states, including Kansas (for one of its two programs),⁶¹ Georgia,⁶² Indiana,⁶³ Missouri,⁶⁴ Nebraska,⁶⁵ North Carolina,⁶⁶ North Dakota,⁶⁷ Ohio,⁶⁸ South Carolina,⁶⁹ Iowa,⁷⁰ and Wisconsin,⁷¹ continued to operate established programs with stable funding levels, ensuring the ongoing delivery of essential services to women and families in need. The combined funding for new programs and increased funding for existing programs totaled over \$150 million.



West Virginia Pregnancy Center Coalition day at the capital on March 19, 2025.

Beyond direct appropriations, several states have created avenues for individual citizens to support this work. For example, as of February 2025, residents in five states can claim a tax credit on their state income tax returns for contributions made to pregnancy centers, offering a financial incentive to give generously.⁷² In 34 states and the District of Columbia, supporters can also purchase “Choose Life” license plates, with the majority of proceeds benefiting local pregnancy centers.⁷³

Together, these state-level actions reflect a coordinated, compassionate response to the needs of women navigating unplanned pregnancies. The continued growth of these programs illustrates a clear and widely held understanding that supporting mothers, babies, and families requires both public commitment and community-based care.⁷⁴

Invitation

The following pages of this report contain results illustrating the extraordinary national impact of pregnancy centers in 2024. Impact results are also highlighted at four separate timepoints over the last eight years during which CLI has conducted studies of U.S. pregnancy centers, demonstrating the rise in specific medical care and support services. This increase in services delivered to women and families translates into an increase in help and hope.

Finally, we invite you to read the real-life stories which follow the presentation of this data, stories that compellingly illustrate the impact of pregnancy centers on lives served and saved through the unwavering care that they provide across America.



Futures Pregnancy Care, a pregnancy center located in Lyndonville, Vermont.

“

I honestly could have never done this all by myself. I felt supported. I felt welcomed. I felt a sense of relief. I didn't have to pay anything. It wasn't all about the money, it was about just having support.

EAST MEADOW, NEW YORK

METHODOLOGY

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 in a project working group to conduct its 2024 national pregnancy center study. The project began in the fall of 2024 and data analysis was completed September 2025.

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 to report their calendar year 2024 statistics. 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,”⁷⁵ were included in the data analysis. Pregnancy center locations that reported seeing less than 20 new clients in 2024 were removed. The national figures presented in this report represent 2,775 pregnancy center locations in the U.S., where brick-and-mortar pregnancy centers as well as medical mobile units constitute center locations, and where the weighting of pregnancy medical centers (centers that offer ultrasounds and/or STI testing) was capped at a total of 2,248 center locations.

The estimated total value of all services and material goods provided by pregnancy centers in 2024 was calculated using cost estimates for services, consultations, classes/education/support sessions, presentations to youth, and baby items provided to clients. The average length of each new client consultation, education session, after-/post-abortion support session, and medical appointment is equal to one hour. Estimated total values



Moms and Children's material resource room at Life Choice Pregnancy Center in San Bernardino, California.

also involved multiplying by mean hourly wages provided by the Bureau of Labor Statistics' (BLS) Occupational Employment and Wage Statistics, which include cross-industry, private, federal, state, and local government workers, for mid-year 2024.⁷⁶ The national mean hourly wages were used for the following licensed workers: Social Workers, All Other (OES code 21-1029) - \$35.91 per hour; Registered Nurses (OES code 29-1141) - \$47.32 per hour; and Diagnostic Medical Sonographers (OES code 29-2032) - \$44.49 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. The value of Registered Nurse/Diagnostic



Material resource boutique at Adira Clinic, a pregnancy medical center in Katy, Texas.

Medical Sonographer Hours performing ultrasounds is 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 (\$45.91). The value of RN Hours meeting with STD/STI test clients is equal to the number of STD/STI patients 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 21 U.S. cities). The value of STD/STI tests is equal to the number of STD/STI tests performed multiplied by \$29 (an average of chlamydia, gonorrhea, HIV, trichomoniasis, and syphilis tests in the 2024 Medicaid Fee Schedule).⁷⁷

The value of prenatal/parenting classes and after-/post-abortion support and recovery is equal to the number of clients attending each class/session type, then multiplied by six for prenatal/parenting classes (the average number of classes attended), multiplied by four for after-/post-abortion support sessions (the average number of sessions attended), then multiplied by the mean hourly wage for "Social Workers, All Other" as published by BLS OES (\$35.91). (Note: In this study, "after-/post-abortion sessions" includes both single-only sessions as well as programmatic multi-sessions.) The value of baby clothing outfits was based on the most recent Salvation Army valuation guide's low estimates for children's clothing—specifically, one shirt (\$2) and pants (\$3) = \$5.⁷⁸ The value of a new crib, \$160, is based on the lower end of Consumer Reports' estimates.⁷⁹

The value of strollers (new and used) is \$20.⁸⁰ 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).⁸¹ 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).⁸² The value of community/group-based Sexual Risk Avoidance Education (SRAE)



Nurse manager onboard Go Mobile Clinic, a medical mobile unit serving Southwest Indiana.

presentations is based on methods used by the Florida Pregnancy Care Network (FPCN), 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 minutes) and \$2.50 (the cost per minute of the education).⁸³

The estimated total value of services and material goods figure provides a conservative estimate of the free services and material items delivered by pregnancy centers in communities across America, in large part due to charitable giving and funds raised at the community level. As noted in this report, 370 pregnancy center organizations (or 18% of the total) received some government funding in 2024.

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 outreach and care. Pregnancy center client stories were collaborated on with the center staff who served each family.

“ Life Choices was amazing. They didn't judge. They helped with any baby essentials we could need. The parenting classes were amazing ... I knew I found a group of moms that was for me. BURLINGTON, WISCONSIN

2024 RESULTS

The service, client, material item, and pregnancy center worker (staff/volunteer) totals outlined in the following Results tables represent 2,775 pregnancy center locations in the U.S. during calendar year 2024. Pregnancy center locations are defined as either brick-and-mortar sites or medical mobile unit sites. Each pregnancy center in the study is affiliated with one or more of the three major national networks—Care Net, Heartbeat International, and the National Institute of Family and Life Advocates (NIFLA)—and/or affiliated with other parent pregnancy center organizations.⁸⁴

The following tables highlight the immense medical, health, education, support and material aid services provided by U.S. pregnancy centers in 2024. A breakdown is included for the following areas: client statistics, including total client sessions (in-person and virtual) and youth attendance at group-based education sessions; client satisfaction; specific services provided; percentage/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 percentage of pregnancy center organizations that received government funding; and numbers of baby items received as material assistance.

Note that “Total After-/Post-Abortion Support Clients” includes both single-session clients as well as group-based programmatic clients in 2024 (Table 1). Previous years' results have tallied only group-based programmatic after-/post-abortion support clients.

The Total Value of Services and Material Goods for 2024 is conservatively estimated at \$452,475,801 (see Methodology section for calculation methods). This figure does not represent the full scope of services provided to women, men, youth, and families and total benefits to communities.



“ I was welcomed by kind and empathetic staff. After talking a bit about myself, my situation, and my uncertainty, we discussed the options I had. Rather than feeling judged or pressured, I felt supported and encouraged.

SIOUX FALLS, SOUTH DAKOTA

2024 PREGNANCY CENTER RESULTS FOR 2,775 US CENTERS

Total Number of Client Sessions, In Person and Virtual	3,799,816
--	------------------

CLIENT SATISFACTION

Percent Client Positive Experience/Satisfaction (Self-Reported)	98.0%
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TABLE 1: 2024 CLIENT AND SERVICES STATISTICS, WITH TOTAL VALUE OF SERVICES AND MATERIAL GOODS

	US Total		2024 Value Estimate/Mean Hourly Wage	2024 Estimated Total Value of Free Goods and Services*
TOTAL				\$452,475,801
Consulting with New Clients	1,012,976		\$35.91	\$36,375,968
RN/RDMS Hours Performing Ultrasounds	636,514		\$45.91	\$29,222,358
RN Hours Measured by Total Number of STD/STI Test Patients	108,708		\$47.32	\$5,144,063
Pregnancy Tests	700,268		\$9.00	\$6,302,412
Ultrasounds Performed	636,514		\$250.00	\$159,128,500
STD/STI Tests Performed	239,948		\$29.00	\$6,958,492
Clients Attending Prenatal and Parenting Education Programs	397,616	x6	\$35.91	\$85,670,343
Clients Receiving After-/Post-Abortion Support	24,363	x4	\$35.91	\$3,499,501
Youth Attending Group Sexual Risk Avoidance Education Presentations	685,183	/25	x60 min x\$2.50	\$4,111,098
Material Goods provided:				
Packs of Diapers	6,353,386		\$11.20	\$71,157,923
Packs of Wipes	1,604,996		\$3.00	\$4,814,988
New Car Seats	39,628		\$80.00	\$3,170,240
Baby Clothing Outfits	4,980,839		\$5.00	\$24,904,195
Strollers - New and Used	36,143		\$20.00	\$722,860
New Cribs	23,889		\$160.00	\$3,822,240
New Cans/Bottles of Infant Formula	373,531		\$20.00	\$7,470,620

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

TABLE 2: 2024 CLIENT STATISTICS BY GENDER

Clients Served		2024 Total	Percent
New Clients		1,012,976	
	Female	926,632	91.5%
	Male	77,200	7.6%
	Unknown	9,144	0.9%
STD/STI Test Patients		108,708	
	Female	96,052	88.4%
	Male	12,233	11.2%
	Unknown	423	0.4%
After-/Post-Abortion Support Clients		24,363	
	Female	23,300	95.6%
	Male	720	3.0%
	Unknown	343	1.4%
Prenatal/Parenting Education Participants		397,616	
	Female	352,219	88.6%
	Male	43,164	10.8%
	Unknown	2,233	0.6%

TABLE 3: 2024 CENTER SERVICES, GOVERNMENT FUNDING, AND CHURCH SUPPORT

Center Services	Number of Centers Providing	Percent of Centers
Ultrasound Services	2,239	81%
STD/STI Testing	1,022	37%
STD/STI Treatment	813	29%
Material Item Services	2,549	92%
Prenatal/Parenting Education Programs	2,354	85%
After-/Post-Abortion Support/Recovery	2,147	77%
Group Sexual Risk Avoidance Education Presentations to Youth	740	27%
Trained Outreach to Individuals Victimized by Trafficking	867	31%
Received Any Federal or State Funding (Pregnancy Center Organizations or Main Centers)	370	18%
Average Number of Churches Supporting Each Center Location	37	

TABLE 4: 2024 STAFF AND VOLUNTEERS

Workers	2024 Total	Percent
Paid Staff	18,562	
Licensed Medical Staff	5,152	28%
Volunteers	47,051	
Licensed Medical Volunteers	4,935	12%
TOTAL WORKERS (72% are volunteers)	65,613	

TABLE 5: 2024 STD/STI TESTS

STD/STI Tests Provided	Number of Centers Providing	% of Centers
Chlamydia	985	35%
Gonorrhea	988	36%
HIV	332	12%
Syphilis	349	13%
Herpes	192	7%
Trichomoniasis	376	14%
HPV (Human Papillomavirus)	131	5%
Hepatitis A	96	3%
Hepatitis B (HBV)	175	6%

TABLE 6: 2024 OTHER MEDICAL AND HEALTHCARE SERVICES PROVIDED ON-SITE AT PREGNANCY CENTERS

Other Medical and Healthcare Services Provided On-Site	Number of Centers	% of Centers
Childbirth Classes	1,224	44%
Lactation/Breastfeeding Consultations	748	27%
Abortion Pill Reversal*	808	29%
Fertility Awareness-Based Methods	361	13%
Prenatal Care	170	6%
Certified Dietitian/Nutritionist Consultations	73	3%
Well-Woman Exams	130	5%

*Abortion Pill Reversal includes both prescribing and consulting centers.

TABLE 7: 2024 MATERIAL ASSISTANCE/ESSENTIAL BABY ITEMS

Material/Baby Items	Total Number Provided	Average #/Center
Packs of Diapers	6,353,386	2,290
Packs of Wipes	1,604,996	578
New Cans/Bottles of Infant Formula	373,531	135
Baby Clothing Outfits	4,980,839	1,795
New Cribs	23,889	9
New Car Seats	39,628	14
Strollers - New and Used	36,143	13

TABLE 8: 2024 ADDITIONAL CENTER SERVICES

Center Services	Number of Centers Providing	Percent of Centers
Adoption Agency (onsite)	94	3%
College/University Outreach	643	23%
Professional Counseling	369	13%
Safe Haven Location	133	5%
Services for Men	1,686	61%
Housing Referrals	2,084	75%
Medical Referrals	2,255	81%
24-Hour Helpline	874	31%
Spanish-Speaking Client Assistance	1,825	66%
Case Management	161	6%



“The parenting classes really helped me prepare because I did not know anything about having a baby. They showed me how to take care of myself, [and] take care of my baby.

CINCINNATI, OHIO

Time Series Highlights and Trends: 2017 - 2024

Through its Legacy of Life & Love report series, the Charlotte Lozier Institute has now conducted four large-scale national studies quantifying the impact of U.S. pregnancy centers for years 2017, 2019, 2022, and 2024 (see *A Half Century of Hope: A Legacy of Life & Love*, *Pregnancy Centers Stand the Test of Time*, *Pregnancy Centers Offer Hope for A New Generation*, and this report, all found at <https://lozierinstitute.org/pcr/>). During this eight-year period, the multi-faceted work of U.S. pregnancy centers has continued to increase across most service areas, people served, and material items distributed. The continuum of care has remained firm as centers have continued to address physical, emotional, relational, practical, and spiritual needs. Further, the



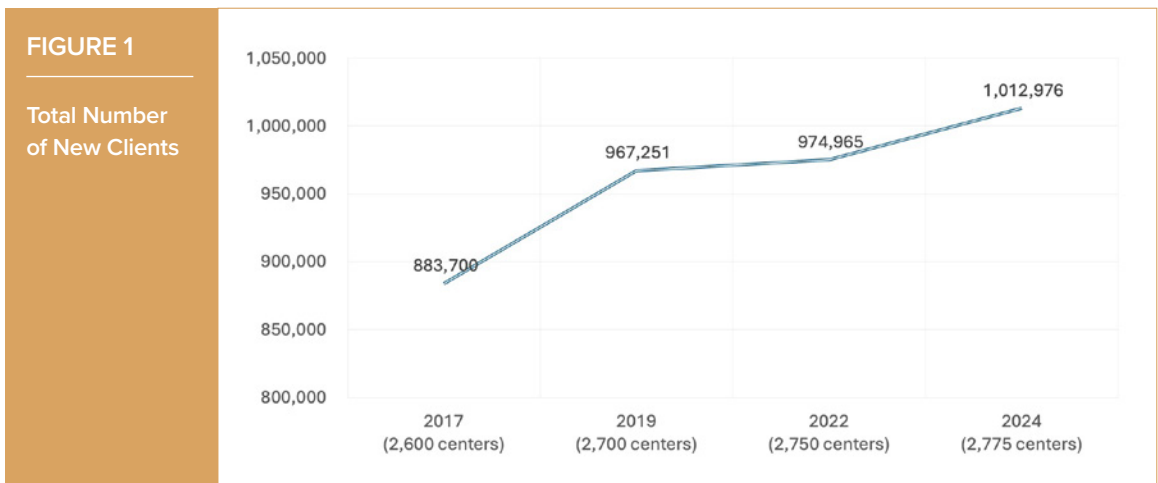
Staff nurse performs ultrasound at Mosaic Virginia, a network of four pregnancy medical centers and two maternity homes in northern Virginia.

impact has only deepened post-*Dobbs* as increasing numbers of women, couples, and families have sought the vital support life-affirming pregnancy centers have been honing for over five decades throughout every state in the nation.

Highlights from national CLI studies during the eight-year period (2017-2024) are depicted in the time series figures in the following pages. Discussion of the trends shown is accompanied by comments and analysis from leading experts with the national pregnancy center networks and the groups collaborating on this study project.

New Clients

New Clients being served at pregnancy centers have steadily increased from 883,700 in 2017 to now over one million in 2024 (Fig. 1). The number of pregnancy center locations included in each study has increased from 2,600 (2017), to 2,700 (2019), to 2,750 (2022), to 2,775 (2024). While the number of pregnancy center locations in the U.S. exceeds 3,000, it has been the intent of our studies to err on the side of conservative estimates for the center totals as well as the valuations of services and material goods delivered by centers.



Anne O'Connor, J.D., vice president of legal affairs at the National Institute of Family and Life Advocates, states: "More than a million women and their families have found hope and essential support through pregnancy centers last year—and that number continues to grow each year. This steady rise is a powerful reminder of the vital difference these centers make in women's lives. Time and again, women and couples are drawn to pregnancy centers because of the genuine care, encouragement, and practical help they receive—support that gives them the confidence and strength to make healthy choices for themselves and their unborn babies."

Client Satisfaction

Studies have shown that the leading way women learned about pregnancy centers in their communities was by word of mouth, indicating positive experiences.⁸⁵ The Client Satisfaction metric in our study, based on self-reports, is one of the most important and telling determinants of the care experienced at pregnancy centers. Our studies only directly measured client satisfaction during 2022 and 2024, and the tremendously high rate of 97.4% in 2022 has been improved upon, rising to 98.0% in 2024.



Seeing my son for the first time on the ultrasound,
it was just one of those moments.
It's like, wow, I have life in me right now.

GREENVILLE, SOUTH CAROLINA

"Gaining points on a satisfaction level can be as hard as raising your grade point average," said Jor-El Godsey, president of Heartbeat International. "Yet by bringing woman-focused consistent care and quality services, the pregnancy help movement has actually managed to improve upon an already high level of satisfaction."

Total Ultrasounds Performed

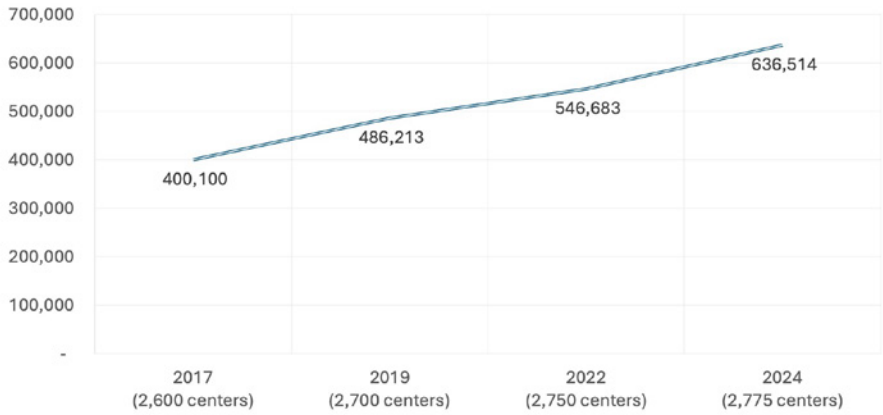
The provision of free obstetrical ultrasounds at pregnancy centers by licensed medical professionals remains a gold standard medical service critical to ensuring safety in pregnancy and women's healthcare.

Ultrasounds are performed at pregnancy centers in accordance with standards contained in the national ethical code "Our Commitment of Care and Competence" (see pg. 29). Regardless of the reason a woman is coming in for an ultrasound (such as having a positive pregnancy test and wanting to know how far along she



FIGURE 2

Total
Ultrasounds



is, or having taken abortive drugs and wanting to see what has happened or to reverse her abortion through abortion pill reversal), the reason most centers perform ultrasound exams in all of these situations is to confirm the presence of a living intrauterine pregnancy.

The rising trend in the total ultrasounds performed at pregnancy centers between 2017–2024 is a strong indicator of the need for this free medical care (Fig. 2). The total number of ultrasounds performed in 2024 was 636,514. Heartbeat International’s senior director of medical impact, Christa Brown, R.N., observes: “As the abortion industry continues to dispense abortion pills without prior assessment or even the benefit of a telehealth visit, these results reveal that Pregnancy Help Medical Clinics are stepping up in greater ways to meet the medical needs of women and families. Women are seeking information about their pregnancies, as evidenced by the 16% increase in ultrasounds since 2022.”

Dr. Sandy Christiansen, national medical director at Care Net, commented: “As an Ob/Gyn physician, I am astounded by the numbers presented in this report because they represent thousands of lives saved and touched by the Christ-like support and skilled medical care provided by centers. From 2017 to 2024, there was a 60% increase in the number of ultrasound exams—each one affecting three lives: babies spared from death, and women and men protected from the heartache and risks associated with abortion. Priceless.”

Director of advocacy for children at Focus on the Family, Steve Spriggs, also shared his thoughts on the significance of ultrasounds for families: “The continued upward trend in ultrasounds provided upholds their irreplaceable value in conversations surrounding choice. The significance of seeing life firsthand, for both women and men, often reshapes perspectives that can change the choice ... for life. Women are more able to choose the safest and most healthy path for their health and for their baby.”

STD/STI Testing and Treatment

The total number of sexually transmitted infection tests performed has also continued to rise, reaching nearly 240,000 in 2024 (Fig. 3). Both STD/STI testing and treatment services provided by licensed medical professionals increased at centers nationwide from



Nurse and patient at Advice & Aid Pregnancy Center, a pregnancy medical center in Overland Park, Kansas.

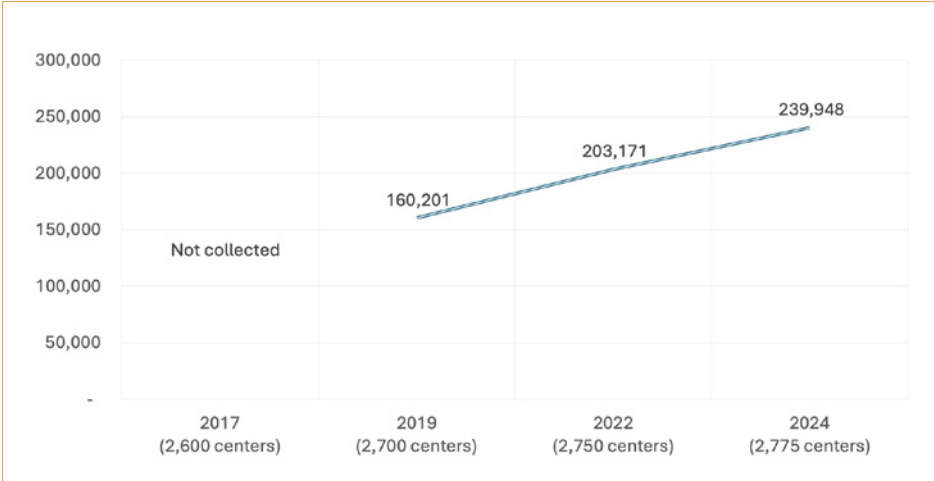


FIGURE 3
Total STD/STI Tests

2017–2024 (Figs. 4). This in most cases meant free or else low-cost medical care is available to women and in some cases to men at centers.

“From 2022 to 2024, the data reveal increases across the board in medical services,” Dr. Sandy Christiansen stated. “More women are utilizing STI services, with nearly a quarter million tests performed in 2024 representing a 12-million-dollar value. Women in communities across the nation are recognizing their local pregnancy center as the preferred source for women’s healthcare needs.”

Other Medical and Healthcare Services

Medical and healthcare services beyond obstetrical ultrasound and STD/STI testing and treatment have continued to expand and enhance care provision at pregnancy centers. Abortion pill reversal, lactation/breastfeeding consultations, and education on Fertility Awareness-Based Methods have each increased in the number and percentage of centers where they are offered across the country (Fig. 5).

Dr. Karen Poehailos, assistant medical director at the National Institute for Family and Life Advocates, reflected: “As a family physician, I greatly value services that improve maternal/fetal health and women’s health overall. Pregnancy centers do incredible work towards both of these ends. They provide services to women that improve maternity care and pregnancy outcomes, including sexual risk avoidance and STI

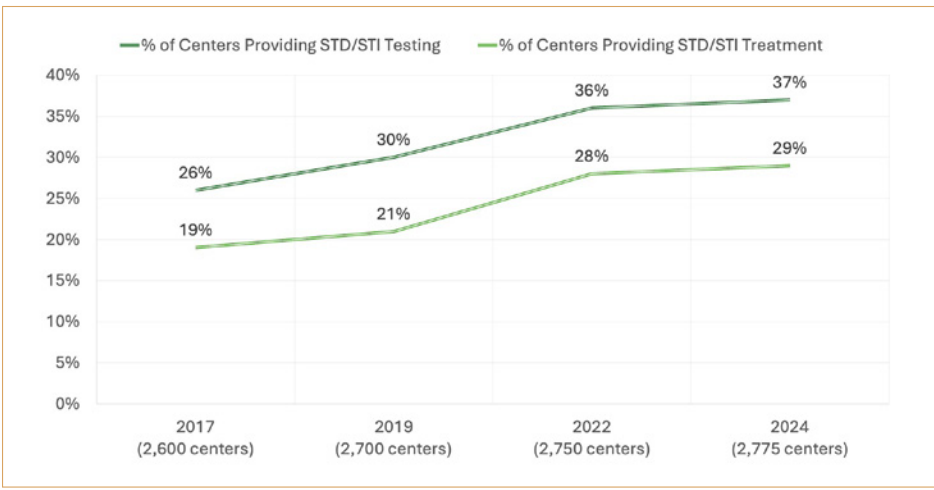
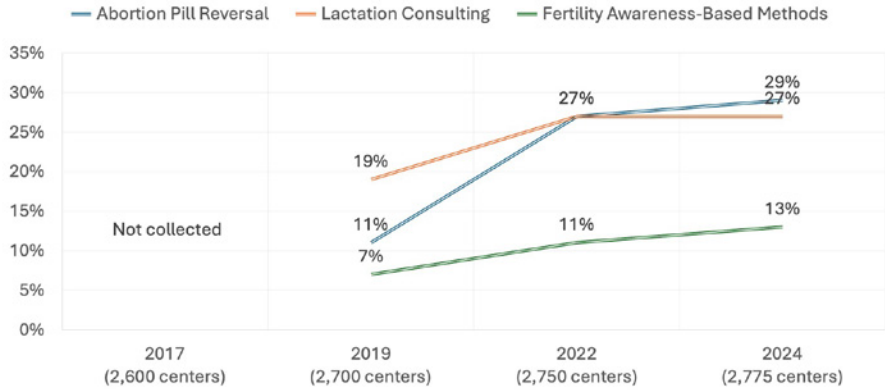


FIGURE 4
Percent of Centers Providing STD/STI Testing and Treatment

FIGURE 5

Percent of Centers Providing Other Medical and Healthcare Services



testing/treatment. The increase in new clients over the past eight years points to the fact that women trust the care provided to them in these settings.”

Prenatal and Parenting Education



The lessons help me to be a better parent and taught me about what I can do to be successful. Jodi has been my friend over the years and has helped me to grow in courage, wisdom, and knowledge.

WILMINGTON, DELAWARE

The significant increase in prenatal and parenting education attendance, particularly post-*Dobbs*, reflects increased numbers of moms and dads being equipped at pregnancy centers with evidenced-based curricula providing pregnancy, birth, prenatal and parenting education, life skills, and strategies to help increase maternal and child health outcomes and family well-being (Fig. 6). The support encountered during these sessions is yet another layer of critical care provided to families by pregnancy centers.



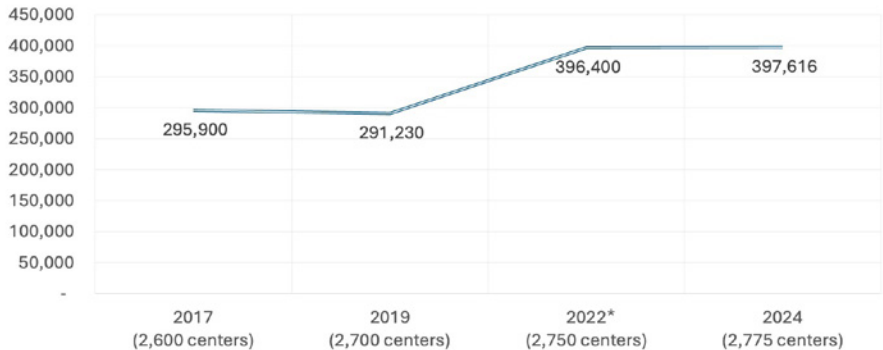
Reception at Obria Medical Clinics of Oregon located in Lebanon, Oregon.

and essential role fathers play in the parenting journey. Together, these trends reflect a powerful shift: from isolated pregnancy support to comprehensive, relationship-centered care that strengthens the whole family. This is the direction pregnancy centers are moving, and it’s a testament to their ongoing mission to serve with compassion, integrity, and excellence.”

According to Roland Warren, president and CEO of Care Net: “Prenatal and parenting education has become a vital part of the support offered at many centers. These programs empower mothers and fathers with knowledge, confidence, and practical skills, equipping them to thrive in their roles as parents. Many centers are recognizing that the support system around a woman—especially the involvement of fathers—has a profound impact on outcomes for both mother and child. Including men in education, mentoring, and support programs not only strengthens families but also honors the unique

FIGURE 6

Total Prenatal and Parenting Education Participants



* 2022 value is updated due to new information obtained during 2024 cycle

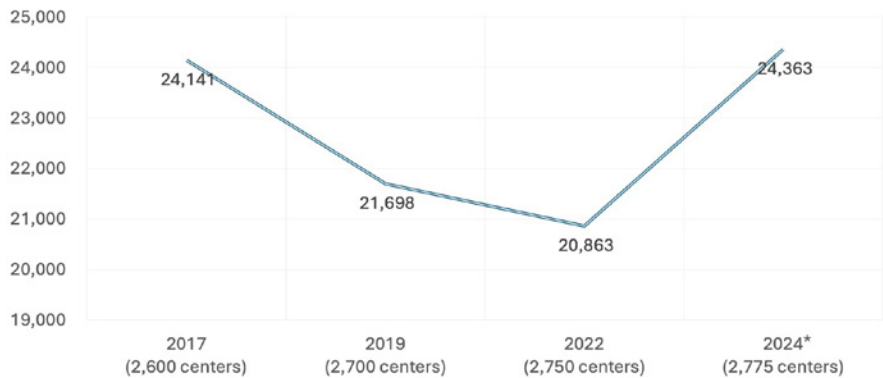
After-/Post-Abortion Support

Non-medical after-abortion support, also known as post-abortion support, has been a core service at pregnancy centers for decades. Tracie Shellhouse, vice president of ministry services at Heartbeat International, describes the care as follows: “Post-abortion support at pregnancy centers offers a safe, compassionate space for women and men to process regret, grief, confusion, and trauma after an abortion. Through peer groups, personal mentoring, and compassionate care provided in a nonjudgmental environment, they find help and hope, which leads to measurable healing, restored relationships, and improved well-being. This ongoing care makes clear that pregnancy center help does not end with an abortion decision but walks with individuals through every chapter of their story.”

While data regarding after-/post-abortion support has largely been collected through counting group-based programmatic sessions, in 2024 single-session support was added to the data totals. An indication that single-support sessions should be included in the count was that, in our 2022 study, 881 centers reported that a significant number of women clients (17,696) shared that they had experienced a drug-induced abortion in 2022. Further, 53% of the centers reported that their clients experienced negative emotions/mental health effects following their drug-induced abortion. It stands to reason that many of these women sought out after-/post-abortion care at the relevant pregnancy centers, though many likely did not

FIGURE 7

Total After-/Post-Abortion Support Clients



* 2024 total includes single-session support in addition to multi-session, group programmatic support

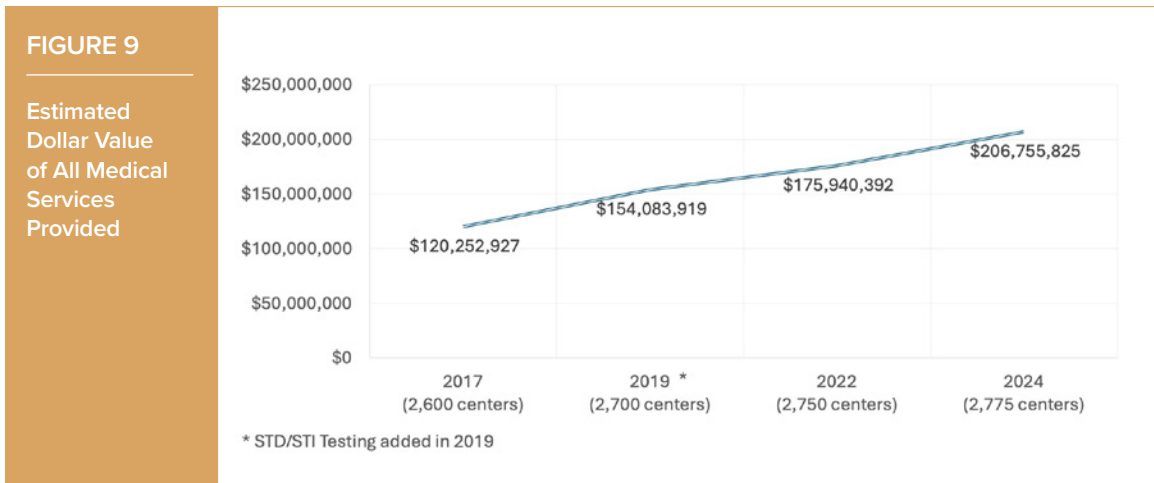
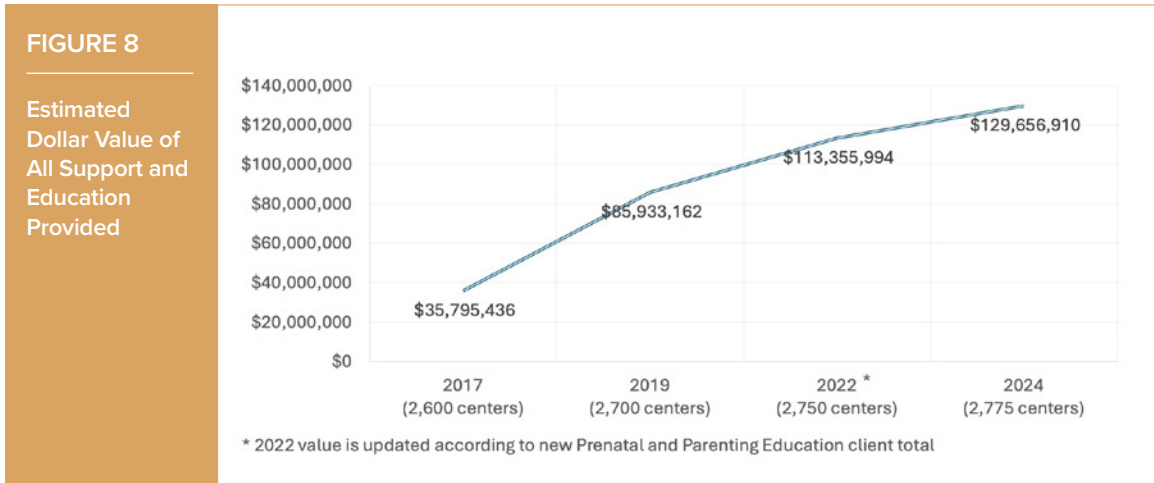
attend multi-session, group-based programs and instead opted for briefer, one-on-one private sessions. In fact, women and men seeking after-/post-abortion support rose to 24,363 in 2024 following a decline between 2017-2022 (Fig. 7). This is a trend we will continue to monitor in our studies.

Estimated Dollar Values of Pregnancy Center Care

“ They [Assure Women’s Center] just didn’t judge me. That they were there because they cared about not only me, but also my baby was very critical and very important to me. It helped me a lot.

OMAHA, NEBRASKA

The rising estimated dollar values of care provided at pregnancy centers illustrate broad increases across categories of services, material goods, as well as in total (Figs. 8, 9, 10, and 11). These include: All Support and Education (\$129,656,910 in 2024, up 262% since 2017) (Fig. 8); All Medical Services (\$206,755,825 in 2024, up 72% since 2017) (Fig. 9); All Material Goods (\$116,063,066, up 334% since 2019, with two additional items added in 2022 and 2024 – new cribs and containers of infant formula) (Fig 10.); and All Services and Material Goods (\$452,475,801 in 2024, up 181% since 2017) (Fig. 11). (Please see Notes section on pg. 37.)



Tom Glessner, president of the National Institute of Family and Life Advocates, states: “To achieve a culture of life in America the effectiveness of pregnancy centers must continue to expand and grow. This recent report indicates great success in making this happen. Since 2017, the value of annual life-affirming services and material goods provided by pregnancy centers has almost tripled to over \$450 million. This upward trend will surely continue as more and more women, men, youth, and families encounter the dynamic work of pregnancy centers.”

He added, “In the battle to protect and defend the sanctity of human life, pregnancy centers are clearly leading the way in America today.”

The rising care provided to women, men, and families indicates that pregnancy centers and those who support them are willing and able to meet essential needs in this post-*Dobbs* era. They stand ready with 65,613 workers, 72% of whom are volunteers and over 10,000 of whom are licensed medical professionals.

The greatest impact of pregnancy centers which cannot be fully measured remains the families’ lives changed for the better, and the babies’ lives saved and welcomed into the world. This brings us to the compilation of a number of client stories which represent thousands of such courageous, vivid, and awe-inspiring accounts taking place daily at pregnancy centers across America.

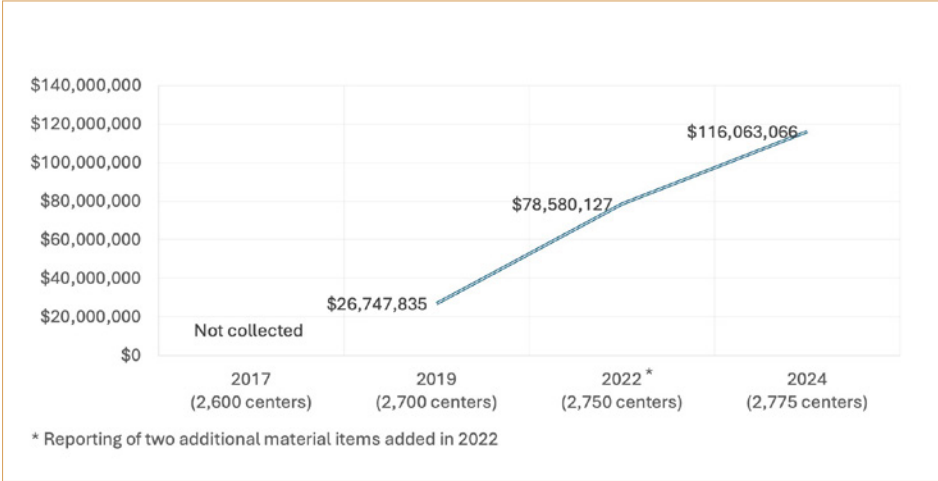


FIGURE 10
Estimated Dollar Value of Material Items Provided

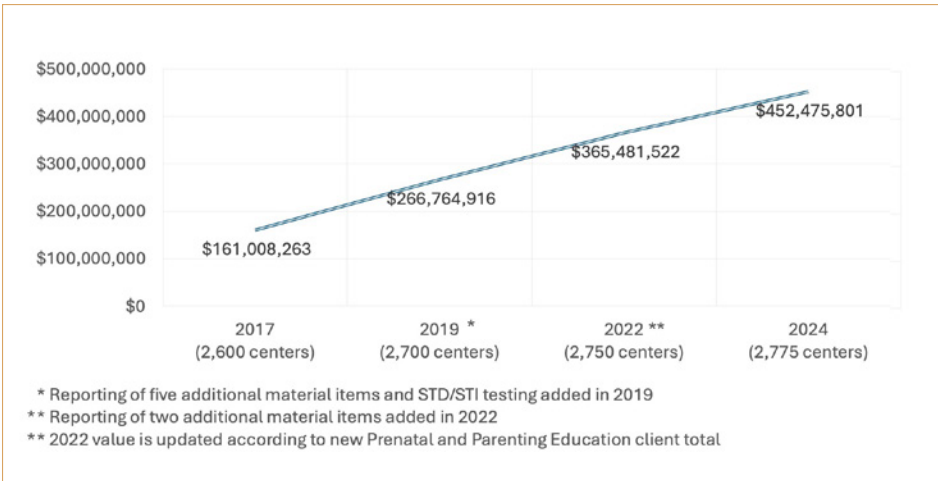


FIGURE 11
Estimated Dollar Value of All Services and Material Goods Provided



Reception area at Shreveport Pregnancy Center, a pregnancy medical center in Shreveport, Louisiana.

“

I was going through a lot of stuff in my personal life and this was just a safe place for me where I could come and be open and honest about where I was at in my life. Portico was honestly the only place that gave me any kind of hope.

MURFREESBORO, TENNESSEE

OUR COMMITMENT OF CARE AND COMPETENCE



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

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

Clients always receive honest and open answers.

Client information is kept securely and confidentially and only released with the client's signed authorization or as required by law.

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

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

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

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

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

We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.

All services are provided in accordance with pertinent and applicable laws. Medical services are provided in accordance with medical standards, under the supervision and direction of a licensed physician (or advanced clinical provider as permitted by law).

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

UPDATED 2024

PREGNANCY CENTER STORIES

*First-person stories of women and families finding hope
and life-affirming solutions through assistance
from a pregnancy center
in their community.*



AAGUST'S STORY | FLORIDA

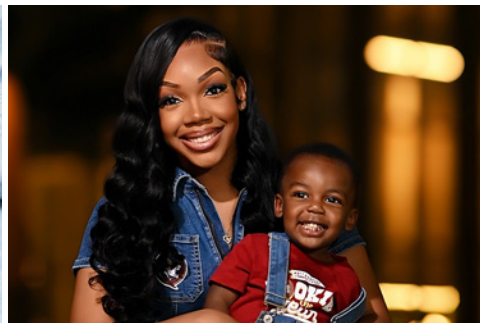
When Aagust found out she was pregnant, she recalls, *“I was very scared and knew that I did not want a baby at that time. I was afraid of what my parents would say since I was in nursing school. Having a baby seemed impossible.”* She believed the only way out of her situation was to take the abortion pill. That afternoon, she took the first pill at the Planned Parenthood abortion center and went home with her bag of pills to take the next day.

However, when she got home, she immediately began having doubts. Not knowing what to do, she called her mom. Her mom got on the internet and found Abortion Pill Rescue Network (APRN). Within minutes, Aagust was talking with the APRN nurse and they set up an appoint-

ment with the local abortion pill reversal provider at Mosaic Sexual Health Clinic, part of A Women’s Pregnancy Center.

Aagust was soon at Mosaic receiving her ultrasound. *“The moment I first saw my baby on the ultrasound, my life was complete. I was nervous about being a mom, but I knew I could do it.”* The staff at Mosaic cared deeply for Aagust and answered all her questions. They gave her the first dose of progesterone and connected her to an obstetrician. They continued to follow up with Aagust through her pregnancy and seven months later, Carter Jay came into the world. *“He is the smartest, most active little boy ever and I love him so much. God used Mosaic to save my baby and I am forever grateful. I graduate in May 2024 and my son and I are doing great!”*

*“The moment I first saw my baby on the ultrasound,
my life was complete.”*



CASSIDY'S STORY | MONTANA

When Cassidy found out that she was pregnant she was not expecting it. She had been sexually assaulted. Her courageous story, including the help she received from LaVie pregnancy medical center, is shared in her own words below.

“We found LaVie online and I remember my friend calling one of the nurses and they offered to speak with me the day of. When I got there, I met a nurse named Kristi who prayed over me. And if there’s anything that anybody can offer you at a time like that, it’s prayer. I knew that I did not want to terminate the pregnancy, but I also wasn’t ready to be a mother. So, LaVie introduced me to another birth mother who came in and spoke with me and ended up becoming a very important person in my life.

“She walked me through the whole adoption process. They were very clear on making sure that I understood the situation and process, and I found a young couple who

came from a ranching background. They were exactly what I wanted as far as two people to raise my child. I knew in my heart that was what I needed to do because it wasn’t about me anymore. It was about him. I haven’t and will never walk through a harder decision than placing my baby in the arms of another couple, but it was the best thing I’ve ever done or could ever do.”

LaVie helped with all of Cassidy’s ultrasounds, pregnancy classes, and more. She continues: *“On top of having the support of LaVie, I also had the support of the other birth mother they had introduced me to. I don’t know that I would have made that decision without LaVie’s help but I don’t regret it one bit. And it was because they made sure that I understood that I had other options. He’s almost seven now. Not only do I have a good relationship with him, but I have a good relationship with his parents and their family.”*



TAYLEEN & GERALD'S STORY | PENNSYLVANIA

Tayleen, a former Marine, had been pregnant with triplets and sadly lost them at 25 weeks. She and her husband, Gerald, were devastated. The following year, she was pregnant again and felt afraid due to her experience. *“It was hard because anytime I felt any type of stomach pain, it made me very paranoid,”* she shared, *“and so I started looking on my phone to see what type of services I could find that would help me confirm the pregnancy. And that’s when Align came up.”*

Tayleen remembers how special it was when she first went to Align Pregnancy Services: *“For me to go into that appointment and hear my baby’s heartbeat for the first time, I just started shedding tears because to be in a position after everything we’ve been through, it was just like a magical moment is how it felt.”*

Tayleen formed a strong bond with her client advocate, Kristin, and the Align team, particularly during prenatal education classes and parenting classes after her daughter was born. Her husband also attended the classes. *“The people here at Align, they really are like family,”* explained Tayleen. *“They check up on me. They love seeing my daughter, and I love bringing her to see them.”*

Align also helped restore Tayleen’s faith in God. *“I enjoy every week that I get to spend with Kristin, and we received a lot of answered prayers throughout my pregnancy and my time here at Align. And it’s helping me open up my faith and give my heart to God.”* She reflected, *“God met me in my pain that I had from losing them [her triplets] by giving me Vanessa.”*

“...we received a lot of answered prayers throughout my pregnancy...”



MICHELLE'S STORY | GEORGIA

Consumed by severe addiction, Michelle found herself homeless and pregnant. This is Michelle's story, as she told it.

"I was staying with the father of the baby. I was making money for him by having other individuals come to the house and getting paid. When I found out I was pregnant, obviously that wasn't good for business, so he told me I have to have an abortion immediately or move out. I came to The HOPE Center because I just wanted to see if I was really pregnant. I came in and got that ultrasound, it was just a blinking light, and she said that was the heartbeat.

"Honestly, I went back out and used even more. I thought, there's no way a baby will make it through this. When I called them and went back for the second visit, I literally just wanted confirmation that I had in fact killed my son. In that ultrasound room, something happened that I just can't explain. When I saw him waving and when I saw him moving, it was real and it was amazing. I started thinking, just for a second, that maybe, just maybe, there's another life out there, that I don't have to live like this."

After deciding to continue her pregnancy, Michelle left the baby's father and her living situation. Living in her car, and unsure of her future, she turned to The HOPE Center for help. *"Everything that I could possibly need, I know my needs are definitely met here at The HOPE Center,"* said Michelle. *"They have so many different supporters and avenues that are all working together for the greater good."*

Michelle received resources through programs at The HOPE Center and referrals to help her get into a rehabilitation program. *"The HOPE Center saved my life and saved my son's life, and if it wasn't for them, he wouldn't be here right now,"* Michelle reflected. *"I had joy that I didn't think was possible. That void that I had for so long, that heaviness, that emptiness, was finally full.*

"I had the most amazing, beautiful little boy that anybody could ever ask for. There's nothing more important than a human life, and there's no amount of money that you can put on that."



MAI'S FAMILY STORY | MINNESOTA

Moving from Vietnam in early 2023, Mai, her husband, and their two young sons found themselves struggling to adjust to a new way of life in the United States. Mai's husband, after applying to nearly 100 jobs, was still only able to find temporary employment. That's when the family learned they were expecting another little one. *"Then how we can carry the baby?"* Mai thought. *"And we want to be more stable first. And my husband did not have insurance, so we cannot afford to go see a doctor."*

Being new to the area, finding resources and care for the family was difficult. However, Mai soon discovered the help she was looking for at Options for Women Cornerstone. Mai described her initial experience there as follows: *"She [her Registered Nurse] say, 'How are you?' She looked at my eyes. For the first time I feel like somebody really care for me since I came here. This is the first time I can pour out my emotion to somebody."* That same day, Mai received a pregnancy test and then an ultrasound with Cornerstone's OB/GYN, confirming that she was indeed pregnant.

Feelings of helplessness and a roller-

coaster of emotions became the new normal in Mai's day-to-day life. As her emotions turned into frustration, Angie, the certified life coach at Cornerstone, along with the team of RNs and client advocates, started classes with Mai to help her understand the various struggles she was experiencing in her pregnancy and how she could better care for herself and her children.

As Mai continued to walk through her pregnancy, she received many resources through Cornerstone's boutique. She not only stocked up on diapers and wipes but was also able to get maternity clothes for herself and clothes for her boys. With help and support from Cornerstone, Mai's family is continuing to grow and her relationship with her husband has been strengthened.

"I see that Jesus love through the way they talk to me, the way they care for me," Mai reflected. *"I see that God is loving me and showing me that he cares for me. They are like life preserver. They rescue me. They pull me from darkness to light. Now I see that God has better plan for me and my family."* Mai gave birth to a beautiful baby girl earlier this year.



GLENDA & ALEJANDRO'S STORY | ARIZONA

Glenda shares her story about receiving care and services at a pregnancy center in Arizona. *“I was in a hard situation. I went to a clinic that I had been to before and I knew that I could trust them. I went in for the pregnancy test, but I already knew the test would be positive. I was offered an ultrasound right away. When I saw her, I fell in love so fast. I also heard her heartbeat!*

“I knew her father would want me to have an abortion, so I decided not to tell him that I was pregnant until I was 15 weeks and then I took him into the clinic to see the baby. He was not so convinced.” The pregnancy medical center shared medically accurate information with him about his developing baby and about abortion. Glenda shares: *“He did not believe what they were saying about abortion, but he went home and Googled*

abortion, and then he also knew we could not get an abortion. He became protective of both me and the baby.”

The professional medical care and ongoing material services Glenda received at the pregnancy center provided her with essential support during and after her pregnancy. Glenda went on to have a beautiful baby girl, Jailyne. She is thankful, saying: *“The clinic has helped me in many ways, but the important service that I received was the ultrasound where I saw my baby for the first time.”*

As she reflects on her time with the pregnancy center, she shares: *“I am not alone. I have grown stronger in faith and have support. Thank you to all who keep the pro-life message alive and offer health care to women who are faced with difficult circumstances.”*

“I am not alone.

I have grown stronger in faith and have support.”



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 2009 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 medical clinics,” or “pregnancy medical clinics.”
- ▶ “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, Maternity Housing Coalition, Care Net’s Texas Fatherhood Project, Bright-Course, HopeSync, and the National Institute of Family and Life Advocates’ Institute in Limited Obstetric Ultrasound.
- ▶ Some 2022 numbers from CLI’s national pregnancy center report *Hope for a New Generation* have been updated in this report due to new information—specifically, Prenatal and Parenting Education total clients. The update includes related valuations of services.
- ▶ Figures in the Time Series Results 2017-2024 on pages 26 and 27 record the estimated dollar value of services and material goods provided by pregnancy centers (Figs. 8, 9, 10, and 11). Percent increases are provided over the eight-year period. Increases in wages, which have averaged 4.64% annually since 2017, are captured in the increased values of both Medical Services and Education and Support Services (<https://www.ssa.gov/oact/cola/awidevelop.html>). Valuations of several new material goods distributed by pregnancy centers are conservative estimates and undershoot the annual inflation average of 3.78% since 2019 (https://www.bls.gov/regions/mid-atlantic/data/consumerpriceindexannualandsemiannual_table.htm).

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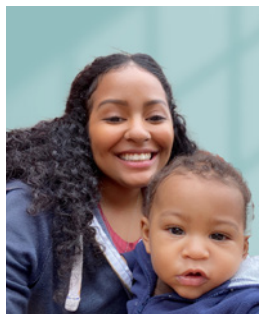
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Scenes from pregnancy centers around the country, reading L-R from the top left to bottom right: mom and newborn baby with family members who received care at Assure Women's Center in Omaha, Nebraska; nurse manager onboard the medical mobile unit of Real Choices in Chula Vista, California; material resource room/boutique at Charis Pregnancy Clinics in Salt Lake City, Utah; medical mobile unit team at Pregnancy Care Center in Fresno, California; advocate and client session at Charis Pregnancy Clinics in Salt Lake City, Utah; and moms and babies who received care (in order) at Alpha House Pregnancy Resource Center in Bolivar, Missouri; Piedmont Women's Center in Greenville, South Carolina; Pregnancy Care Center in Fresno, California; and A Door of Hope Pregnancy Center in Wilmington, Delaware.





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