

# A Passion to Serve

How Pregnancy  
Resource Centers  
Empower Women,  
Help Families, and  
Strengthen  
Communities



*Pregnancy Resource Center  
Service Report, Second Edition*

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## INTRODUCTION

*A Passion to Serve: How Pregnancy Resource Centers Empower Women, Help Families and Strengthen Communities, (Second Edition)* builds upon the original Pregnancy Resource Center (PRC) report released in 2009 (available electronically at [www.aPassiontoServe.org](http://www.aPassiontoServe.org)). The new report includes updated data from 2010 to quantify the positive impact that PRCs are making upon the local and national community. With statistics and real-life anecdotes, this report records the development of the three major pregnancy resource networks: Care Net, Heartbeat International, and the National Institute of Family and Life Advocates (NIFLA). It also shows how this vital pregnancy help movement continues to flourish and offer a vast array of pregnancy and sexuality-related services, education, support, and outreach.

PRCs fill a dire need by offering abortion alternatives to women (and men) facing an unexpected pregnancy. In 2010, PRCs served over 2.3 million people with pregnancy assistance, abstinence counseling and education, community outreach programs and referrals, and public health linkages. A conservative estimate of community cost savings for these services during 2010 is over \$100 million.



## AT A GLANCE: PRC IMPACT IN 2010

The following data represents 1,969 pregnancy centers in the U.S. affiliated with Care Net, Heartbeat International, and/or NIFLA.

Service Community	Total Number	Estimated Cost Saving*
Consulting with New Clients	963,000	\$ 24,076,000
Pregnancy Tests	720,000	\$ 4,323,000
Ultrasounds Performed	230,000	\$ 57,485,000
Students Attending Abstinence Class	1,430,000	\$ 7,149,000
Clients Attending Parenting Program	292,000	\$ 7,300,000
Clients Receiving Post-abortion Support	22,000	\$ 556,000
<b>Total Community Cost Savings</b>		<b>\$ 100,888,000</b>

In addition to specific cost savings, pregnancy centers drew on the help of 71,000 volunteers who performed an estimated 5,705,000 uncompensated hours of work in 2010.

\*Estimates were compiled using the following cost data: Mean hourly wage of social workers, *Bureau of Labor Statistics, Occupational Employment and Wages, May 2010*. <http://www.bls.gov/oes/current/oes211029.htm>. The social worker mean hourly wage of \$25 was used to compile cost estimates for intake counseling, parenting classes, and post-abortion support. In the United States, the average prices of \$6 for an over-the-counter pregnancy test and \$250 for an ultrasound were used in the calculations. Estimates were rounded to the thousands, including total cost savings.

*“Newborn life is also served by centres of assistance and homes or centres where new life receives welcome. Thanks to the work of such centres, many unmarried mothers and couples in difficulty discover new hope and find assistance and support in overcoming hardship and the fear of accepting a newly conceived life or life which has just come into the world.”*  
 - Blessed John Paul II, *Evangelium Vitae*

## HISTORY OF THE PREGNANCY HELP MOVEMENT

For over 100 years, young women facing unexpected pregnancies have found support from charitable organizations ranging from Catholic Charities and Jewish Maternity Homes to the Salvation Army. The first modern pregnancy center began helping women and families in California in 1968. Within three years there were nearly 70 such groups providing practical help and emotional support to young unmarried women facing untimely pregnancies. In 1971 many of them came together to form Alternatives to Abortion, the first U.S. association of nonprofits dedicated to rescuing as many lives as possible from abortion. Immediately, Alternatives to Abortion, later known as Heartbeat International, began tracking nonprofit pregnancy resources by publishing the *Worldwide Directory of Pregnancy Support Services*, today known as the *Worldwide Directory*.

Following *Roe v. Wade*, the 1973 U.S. Supreme Court decision legalizing abortion, a variety of groups joined forces to educate the general public and lobby Congress on the harsh realities of abortion. Among those groups working to protect life on Capitol Hill was the Christian Action Council. Later renamed Care Net, they opened their first pregnancy center in 1983. In 1994 the National Institute of Family and Life Advocates (NIFLA) was established to provide legal counsel to PRCs. NIFLA later became the first national pregnancy center organization to promote the acquisition of ultrasound technology. NIFLA has also provided training in ultrasound use and raised pregnancy center standards to include medical resources for women. For a more in-depth history and timeline of the Pregnancy Help Movement, please see the original “A Passion to Serve, A Vision for Life” at [www.aPassiontoServe.org](http://www.aPassiontoServe.org).



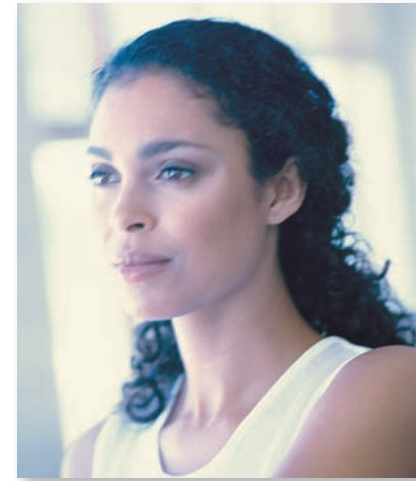
## METHODS

The accomplishments of the nearly 2,000 pregnancy centers featured in this report were estimated using two online surveys completed by

pregnancy centers affiliated with Care Net, Heartbeat International, and NIFLA. The data represent only pregnancy centers in the U.S. affiliated with one or more of these organizations. Sources include hundreds of public reports filed with the Internal Revenue Service by PRCs and data from Focus on the Family’s Sanctity of Human Life Division.

## PROVIDING ALTERNATIVES TO ABORTION

Fifty million abortions are estimated to have been performed in the U.S. between 1973 and 2008 (the latest year for which definitive data are available).<sup>1</sup> Providing abortion alternatives and abortion recovery outreach, PRCs help women achieve better health for themselves and their children. Helping women avert an abortion, or multiple abortions, the centers promote maternal health and child wellbeing to lower the incidence of preterm birth. A risk association has been identified between previous induced abortion and subsequent preterm birth in numerous published studies internationally for over two decades.<sup>2</sup> PRCs also reduce the rate of repeat abortions which, according to the U.S. Centers for Disease Control (CDC) (reporting data for 2008, which is the most recent data available), account for at least 36 percent of abortions.<sup>3</sup> PRCs help avert adverse mental health impacts of abortion on women, including elevated rates of depression, substance abuse, and even suicide.<sup>4</sup>



*“Women in every part of the United States, and in dozens of countries worldwide, turn to pregnancy centers for help, hope, and healing. Reminding the American people about the scope of this movement for Life makes this report from Family Research Council incredibly valuable. Encouraging and expanding the work of these centers is absolutely essential if the scourge of abortion is to be ended in our nation.”*

- Marjorie Dannenfelser, President, Susan B. Anthony List

## Megan and Ava

Women's Choice Network: Oakland Center and Pregnancy Resource Center of the South Hills, Pittsburgh, PA

When I found out I was pregnant, I was scared and believed everything I had been told. "Having a baby will ruin your life." I made an appointment for a medical abortion using the pill RU486. The abortion clinic staff made the pill sound so simple – like taking a Tylenol. But what I first thought was the answer to my prayers soon caused more worries.

My anxiety worsened as the abortion day grew closer. I wanted to stall the abortion appointment until I felt 100% confident about my choice. One day while riding the bus, I saw a billboard that read, "Pregnant and scared?" I decided to call the number on the billboard. I was nervous – I just wanted to hear something hopeful. The woman who answered the phone listened, and didn't judge. She gave me information and set me up with an appointment at a local pregnancy center.

The visit to the pregnancy center changed my life. I saw my baby on an ultrasound as a real person. I was able to see past my fears and experience the joy of a new life. I felt a renewed sense of purpose and my capabilities of being a mother and an overwhelming responsibility to myself as a woman. The support and love the staff showed me gave me the validation I so desperately needed. They reminded me, when I was too scared to remind myself, that I didn't need to succumb to pressure caused by fear, and that I could choose the life I wanted.



Ultrasound enabled Megan to see her baby, Ava, as a "real person." She explains, "the support and love the center showed me gave me the validation I was searching for all along."

## Tina and Isabella

Care Net Pregnancy Center of Cochise County, Sierra Vista, AZ

My boyfriend said there was only one option: abortion. After all, what would our parents say? What would the people at our church think?

I obediently scheduled an appointment, but before the date arrived, I was overwhelmed with doubts. I knew I couldn't do it. Desperate for help and options, I turned to the phone book and found the Care Net Pregnancy Center of Cochise County.

I scheduled an appointment to meet with a peer counselor. She sat down with me and helped me go over all of my options and really listened to my needs. I didn't feel judged, I just felt cared for.

After meeting with my counselor, I knew that I wanted to keep this baby. I still had fears about how this decision was going to affect my future, but the staff from the pregnancy center was there for me throughout my pregnancy. They offered me parenting classes as well as listening ears to hear my needs and fears, shoulders to cry on and ready prayers.

And now, I have a beautiful little daughter, Isabella. When I look at my daughter, I still cannot believe that I almost considered abortion. Life as a single mother is not bed of roses, but the love that I have for my daughter and the love that she gives to me makes it all worthwhile.

I am so thankful for the love and support I received at the Care Net center and for their continuing friendship and prayers!



Options counseling, non-judgmental care and support, as well as continuing friendship and prayers, were all provided to Tina, shown here with her daughter Isabella.

## THE REAL WAR ON WOMEN AND BABIES

PRCs have been besieged by malevolent political attacks over the last few years. NARAL Pro-Choice America has collaborated with pro-abortion legislators to introduce bills that would force pregnancy centers to post signs in their waiting rooms and in advertising, indicating that they do not perform or refer for abortion. These unconstitutional “disclaimer” bills have been introduced, and defeated, in Maryland, New Mexico, Oregon, Virginia, and Washington. In Virginia the bill was withdrawn after the doctor testifying for it conceded that the NARAL study—foundational to the bill—had methodological flaws and was biased. The doctor further indicated that she would not alter her own medical practice because of such a study. The Virginia legislature went on to pass a resolution honoring the work of PRCs. In the Washington state legislature, Senator Cheryl Pflug, a nurse, countered the testimony of a Planned Parenthood doctor who said there was absolutely no connection between abortion and breast cancer.

She went online during the hearing and found a study by the Fred Hutchinson Cancer Research Center (University of Washington) that says abortion is a risk factor for breast cancer. She pointed out that the study also indicates there are 19 other studies drawing the same conclusion.

These harassment bills have also been introduced at the local level in Baltimore and Montgomery Counties in Maryland, New York City, Austin, Texas, and San Francisco, California. Federal judges have ruled that the “disclaimer” bills in Baltimore County and New York City are unconstitutional.

By driving hostile legislation, the abortion industry clearly seeks to thwart the life-saving work of PRCs. Unfortunately, expectant mothers as well as their unborn babies are the ones who suffer. Unlike abortion facilities, PRCs provide positive alternatives out of a passion for life, not financial gain.



*“I applaud all of the men and women serving at Pregnancy Resource Centers across America. These individuals work daily to provide hope, practical resources, and personal mentoring to individuals facing uncertain times and difficult decisions. Through the compassion and caring of volunteers, countless women are empowered to choose life for themselves and their babies. Pregnancy Resource Centers are the most powerful force in our society for life and I commend them for all they do.”*

- Rep. Vicky Hartzler (MO-4)

## ENHANCING MATERNAL AND CHILD HEALTH

### ***Clients and Volunteers***

PRCS reach over 2.3 million people each year, through a combination of client services including pregnancy tests, ultrasound and medical services and abstinence education, options consulting and education, as well as parenting and childbirth classes.

PRC services are generally provided at little or no cost to clients, in large part thanks to individual charitable donations and the high proportion of volunteers who work at the centers. Care Net, Heartbeat, and NIFLA affiliates together utilize the services of more than 70,000 volunteers who devote themselves to tasks as varied as fundraising, center refurbishing, bookkeeping, and lay/peer counseling. Even the medical personnel who assist centers are often volunteers as well. NIFLA’s Institute in Limited Obstetrical Ultrasound alone has trained nearly 2,500 nurses, physicians, and other medical and management personnel. NIFLA’s medical and legal training and advisement seeks to facilitate the Medical pregnancy centers to serve the women and unborn in their communities with much integrity, compassion and excellence in care.

### ***Medical Services***

Medical services are offered at little or no cost to clients. Medical pregnancy clinics operate today under the license of a physician-medical director and, where required, under state licensure as well.

Medical services are provided by numerous certified and licensed professionals as well as trained specialists proficient in a wide range

of maternal and child health areas. These specialty areas include obstetrical medical care and nursing, ultrasound, childbirth classes, labor coaching, and midwife services. After birth, some PRCs are able to offer lactation consultation, nutrition consulting, and social work. These professionals are typically community-based volunteers. The list of services is exemplary, and centers vary greatly in the number and kinds of such services offered. Our survey found that approximately 54 percent of PRCs offer ultrasound services.

### ***Ultrasound Services and Medical Exams***

The growth in the number of medically oriented pregnancy centers has been impressive. With the equipment and training provided by Focus on the Family's Option Ultrasound Program (OUP), the Knights of Columbus Ultrasound Program, and NIFLA, the number of centers "converting" to medical clinics is expected to remain high. OUP absorbs 100 percent of the clinic conversion costs in areas with high abortion rates as well as 80 percent of the cost of ultrasound machines and sonography training. The Knights' national organization works in cooperation with local Knights councils to raise 100 percent of funds for machines and associated costs. In 2008 there were approximately 700 medical PRCs, but by 2010 the number had grown to over 1,000. Both Care Net and Heartbeat International, under their Physician Advisory Boards, have provided regular, ongoing training for their medical clinic affiliates.



The approximately 1,000 medical PRCs that provide limited ultrasound deliver this service at little or no cost to women. In 2010, close to 230,000 ultrasounds were performed at pregnancy medical centers. These services provide confirmation of pregnancy, determine if the pregnancy is viable (through fetal cardiac activity), establish if it is a uterine or ectopic pregnancy (which can be life-threatening), and measure how far along the pregnancy is by verifying the developing baby's gestational age. The centers then refer the new mom for follow-up obstetrical care to ensure entrance into prenatal care. When adverse medical conditions are suspected, women are referred into specialized medical care.

Ultrasound services are provided by these centers under strict national medical guidelines issued by the American Institute in Ultrasound Medicine (AIUM), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Radiology (ACR) for the above stated reasons, as this is information a woman uncertain about her pregnancy plans needs, and is essential for "informed consent" and her "right to know" prior to any procedure. Under these guidelines a limited ultrasound may be performed to "confirm the presence of an intrauterine pregnancy." At a pregnancy center, often the first question asked by a woman considering abortion is, "Am I pregnant?" Thus, medically oriented pregnancy centers can use the ultrasound to confirm a viable pregnancy and answer her question.

### ***Prenatal Care in Centers***

Pregnancy medical clinics often make direct referrals to prenatal care for their patients who are pregnant. However, a growing number are also providing prenatal care on-site. Services range from an initial prenatal care appointment, which includes a health assessment and prenatal vitamins, to full prenatal care (excluding labor and delivery). These prenatal medical services are sometimes provided by a volunteer staff of physicians, nurse practitioners or midwives, and sometimes they are billed to Medicaid. Occasionally, the PRC partners with physicians who provide services off-site or within the center's medical clinic.





Early entrance into prenatal care is beneficial to both moms and babies. Information on folic acid intake is particularly important to prevent birth defects. Early entrance into prenatal care is also vital to detect gestational diabetes and hypertension; to receive counseling on harmful behaviors such as smoking and substance abuse during pregnancy; and to be screened for HIV, other STDs, risk of violence during pregnancy, and risk for postpartum depression. Finally, prenatal care is essential to preventing low-birth weight and preterm birth.

*“Pregnancy centers are a crucial component of the culture of life we as Americans are trying to foster in the face of increasing pressures to devalue human life. Those who work and volunteer at pregnancy centers should be proud and congratulated for the work they do for these too-often overlooked and marginalized women and children, and for all they do for our entire society’s health.”*

- Rick and Karen Santorum

### **STD Testing and Treatment Referral**

About ten years ago, centers began to test and refer for sexually transmitted diseases (STD). In 2008, over 200 medical PRCs nationwide offered STD testing and treatment, whereas in 2010 as many as 260 offered this service. The variety and virulence of these diseases place the utmost importance on early detection, whether or not the client is pregnant and in need of longer-term assistance. Some STDs and sexually transmitted infections (STIs) carry with them the long-term risk of causing infertility, thus affecting future childbearing, and detection is imperative for both current and future reproductive health. Testing provides the opportunity to discuss the need for behavior change to avoid infection and transmission to others. Risk avoidance education through lay and peer counseling is always available at both medical and non-medical centers, and counselors are making an increasing number of group presentations to youth. Additionally, for women seeking abortion, certain STDs also raise the risk of physical complications from abortion, a further threat to women’s health.

The CDC reports that untreated STDs may lead to significant long-term health problems, in particular for adolescent girls and young women.<sup>5</sup> PRCs are meeting this priority public health need by regularly referring at-risk individuals for testing, offering front-line services, or partnering with local health departments and private laboratories in various models of operation.

### **Community Networks and Public Health Linkages**

The advent of new and accepted maternal and infant care interventions has multiplied the impact of PRCs through linkages to care and services promoting positive health outcomes. PRCs play a critical role in referring women for necessary health care and support services across the country. PRCs play an active role in caring for the whole woman, including physical, psycho-social, emotional and spiritual needs.

Positive maternal and child health effects result from referrals to free clinics. PRCs also refer women to local and state health departments, community health centers, private medical practices, and social services for health care appointments. Such referrals increase the screening for and identification of risk factors affecting pregnancy and postpartum outcomes, prenatal care, ongoing obstetrical care, and testing for STDs which can affect pregnancy outcomes.



Referrals to community agencies expose women to key education interventions spanning childbirth, breast-feeding, nutrition, sudden infant death syndrome (SIDS), unintentional and intentional injury prevention, and child safety seat instruction. PRCs also refer women with children to such government and community programs as Women, Infants and Children (WIC) and health care entities addressing immunizations, testing for developmental milestones, and child safety interventions.

PRCs frequently seek to cooperate with school health teachers and nurses, women’s health clinics, and local youth leaders. The high number of mutual, referring relationships and partnerships PRCs have with community agencies demonstrates the widespread and established trust placed in PRCs to provide accurate information and appropriate help. The centers are thereby also trusted to provide beneficial and vital follow-up referrals for care. PRCs are embedded within almost every type of community across the country. The significance of facilitating active community referral is borne out in the centers’ success in overall enhancement of maternal and child well being.

# Community Referrals

Adoption Agencies

American Red Cross [www.redcross.org](http://www.redcross.org)

Behavioral Counseling

Breastfeeding Classes

Catholic Charities

<http://www.catholiccharitiesusa.org/>

Child Protective Services

Childbirth Classes

Childcare Programs

Christian Counselors

Churches

Community Health Centers

Dental Services

Domestic Violence Support and Outreach

Drug and Alcohol Addiction Support

Financial Assistance

Food Banks and Pantries

GED Completion

Grief Support

Head Start <http://www.nhsa.org/>

Housing Support

Immunization Programs

Job Centers and Skills Training

Legal Aid/Assistance

Marriage Enrichment Programs

Maternity Homes

Medicaid

<http://www.cms.gov/home/medicaid.asp>

Medical Services

Mental Health Services

Mentoring Programs



Mothers of Preschoolers (MOPS)

<http://www.mops.org/>

Natural Family Planning

Nutrition Classes

Option Line

<http://www.optionline.org/>

Parenting Classes

Paternity Testing

Postpartum Depression Care

Prenatal Care

Perinatal Hospice

Prescription Assistance

Rape Reporting, Counseling and Care

Relationship Counseling

Salvation Army

<http://www.salvationarmyusa.org/>

Sexual Abuse Counseling

Shelters for Runaway and Homeless Youth

Social Services

State Children's Health Insurance Program (S-CHIP)

<https://www.cms.gov/home/chip.asp>

State Health Departments

<http://www.cdc.gov/mmwr/international/relres.html>

STD Testing and Treatment

Suicide Prevention

Support Programs for

Women Leaving Prostitution

Temporary Protection Orders

Transportation Help

Women Infants & Children (WIC)

<http://www.fns.usda.gov/wic/>

YWCA

<http://www.ywca.org/>



## Nurse Sonographer South Carolina

I'll always recall a very special young couple from several years ago at Piedmont Women's Center. The young girl and her boyfriend came into our center (next to the abortion clinic) looking for RU-486. We clearly stated that we do not perform or refer for abortions, but they agreed to stay for counseling.



After meeting with a peer counselor, the girl agreed to have a limited OB ultrasound. As the boyfriend was waiting to go in and see the ultrasound scan, I told him what I often have to tell other young men. I said, "She needs

you to be a man. She needs you to tell her, 'I want us to have this baby and I'll be a father to the baby and support you both!'"

The scan showed a tiny embryo, just a few weeks old, but I was unable to see a heartbeat. After seeing the ultrasound, the girl took a deep breath and said, "I don't want to have an abortion." The boyfriend agreed that he did not feel right about it either. I offered a second ultrasound a few weeks later if she didn't have any symptoms of miscarriage. The girl returned with a family member for a repeat scan showing an 8-week embryo. This time we could see the heartbeat, and the mom-to-be was very excited. The staff at the center was able to meet her baby after the birth, and friends at a local church showered her with baby gifts. What a joy!

## LifeChoices Medical Clinic & Resource Center Joplin, Missouri

It was a day in May, 2011. Within 22 minutes, twenty-five per cent of our town including churches, businesses, schools and a major hospital were gone. Following the worst tornado recorded in over 50 years, LifeChoices of Joplin, MO responded in the early hours.

"Come on over, we'll make it work. You can use our exam rooms, our ultrasound machines, our phones, and access our internet. Many of your clients have already been our clients – they know LifeChoices – they feel safe here – come on down."

The call went out and LifeChoices' clinic became home to seven OBGYN physicians and staff ready to see clients and offer medical services to a community in ruins. A newly built educational addition to the clinic was turned from classroom to distribution center. Formula, water, diapers, wipes, every supply needed for a newborn baby, arrived from sister clinics across America. Volunteers came to unpack, repack and deliver essential supplies to shelters and homes.



The opportunities for full-circle medical intervention were phenomenal. RN's and physicians rushed through the hallways taking turns using the ultrasounds and medical supplies in our clinic. At LifeChoices clinic, there was no lull in any medical services provided. Dozens of ultrasounds were completed, follow-up treatment for positive STIs was given, and many clients were educated, tested and scheduled for physician follow-up. Time and again, the team heard from our clients, "You were there for me before and now you are here for me again!" LifeChoices of Joplin, MO clinic was able to provide a safe shelter and reach a devastated community with love and hope in action.

## CONSULTING AND EDUCATION

PRCs focus on educating the women who come in for help with a pregnancy decision by listening to them and learning about their situations. Compassionate staff and/or a trained volunteer provide each woman with educational materials while offering emotional support and care to equip her with personal development skills. Using medically referenced materials, a staff member or volunteer provides the client with accurate information on all pregnancy options to empower her to make an informed decision about the future of her pregnancy and her family. A staff member or volunteer connects the client with necessary resources and referrals either within the center or in the community and helps her to create a vision for her future. Dedicated PRC staff and volunteers provide clients with practical help infused with unconditional love.



PRCs provide peer counseling in a one-on-one, confidential and uplifting setting. Staff and volunteers work to restore dignity to the medically underserved client who very often has been exploited and abandoned. The client is empowered as a staff member reconnects her with her inherent worth and the inestimable value of the child she is carrying. In addition, PRCs often provide one-on-one mentoring and

ongoing education on maintaining healthy interpersonal relationships. In 2008, Heartbeat International, in partnership with CEU Outlet, Inc. (an organization that provides professional training certification), introduced the Life Affirming Specialist (LAS) professional certification. This designation, developed specifically for those serving faithfully in the pregnancy help movement, indicates the holder has continued education surrounding pregnancy, abortion, abortion recovery, client

*“The more than 2,000 pregnancy care centers across the country are an expression of charity and genuine love for people dealing with life-changing situations. The outpouring of local support over the years shown by supporters, organizers, and staff embody the spirit of volunteerism and truly make pregnancy care centers one of the most important grassroots movements in American history.”*

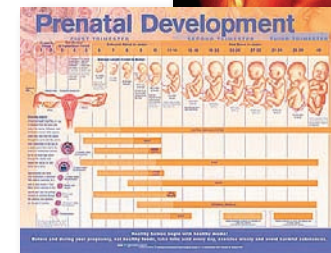
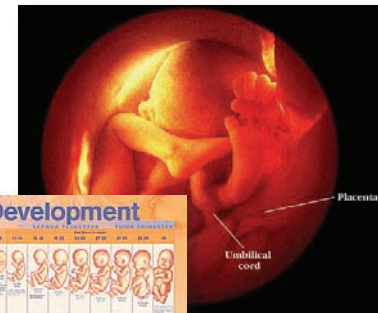
- Rep. John Boehner (OH-8), Speaker of the House

programs, sexual integrity, and/or other related life affirming issues. In addition, Heartbeat provides Contact Hours (separate from the LAS) for nurses through trainings and webinars.

## Prenatal/Fetal Development

Prenatal development education has been a primary method for PRCs to inform women about the changes taking place in early pregnancy and the dramatic development of human life inside of them. Using educational pamphlets, fetal development models, videos, and other media, staff members provide further instruction about the dynamic changes facing both mother and baby. Accurate and medically referenced materials are provided to illustrate the physical and physiological development in the early stages of life. From the baby's heartbeat at 22 days, to facial features at seven weeks, to nerve receptors in the face, the palms of the hands, and the soles of the feet that can sense delicate touch at nine weeks, women are well informed about their pregnancies and their developing babies.

Pregnancy center staff provides the mother with education on prenatal care so that she and her baby have the best chance for healthy outcomes. PRC staff/volunteers inform their clients about the importance of eating well, getting exercise, avoiding smoking and alcohol, and coping with morning sickness or discomfort during pregnancy.



## Options Education

A positive pregnancy test result is the prelude to acknowledgment that, under the law, a woman has essentially three options: parent the child, place the baby for adoption, or abort the baby. Pregnancy centers strive to provide the most up-to-date information on each of these three options enabling women to make the best choices both for their own health and that of their unborn children.

Education on parenting options is presented to clients regarding both single motherhood and marriage, depending on the client's situation, belief system, and other relevant factors. Short-term and long-term challenges may be discussed with the lay counselor as well as the woman's goals for the near future and for life. Referrals to other education sources, support groups, and other services are explored. Supplemental education and support are provided through parenting and life skills classes, among many others, which help foster nurturing environments for the child as well as positive development for moms.

Accurate and medically referenced health education about the risks (both physical and psychological) of surgical and medical (RU-486) abortion is provided to women to increase their awareness and empower them to make more informed decisions regarding their reproductive and overall health. Centers make the statement up front to clients, in writing and orally, that they neither provide nor refer for abortion. Information about induced abortion procedures is offered to women in the form of physician-certified descriptions of the various methods and through medically referenced literature. Additionally, information is made available about the morning after pill, or Plan B, and its possible abortifacient mechanism of action.



Materials distributed by the national networks and used at PRCs are reviewed by national-level experts in the fields of medicine, psychiatry, and psychology who have identified large bodies of published scientific research showing induced abortion to be associated with increased risk of subsequent preterm birth, breast cancer, and mental illnesses – including post-traumatic stress disorder, substance abuse, and even suicide.<sup>6</sup> A variety of professional bodies have established that these associated women's health risks derive from induced abortion.

Many centers offer counseling and referrals for adoption -- a loving option that can give new mothers the chance to rebuild their lives while affirming life and providing their children with the benefits of family life. Counselors present the adoption option and share information about the various adoption arrangements now available, thus empowering the mother to make a better-informed decision. The

centers then refer to agencies with special expertise in adoption that can provide detailed guidance. Heartbeat International lists nearly 200 nonprofit adoption agencies in its comprehensive annual Worldwide Directory of pregnancy help ministries, some of which are Heartbeat affiliates.

*"I strongly commend the life-affirming work of pregnancy care centers. The success rates and national expansion of these pregnancy care centers are a testament to their invaluable work in the lives of communities and individuals over the years. These networks provide services that are often unavailable elsewhere to expectant mothers. The work of these hard-working employees and volunteers will be a major component in bringing about a society that acknowledges and edifies life in all its forms."*

- Rep. Daniel Lipinski (IL-3)

## Abstinence Education

The goal of abstinence education is to provide insight and incentive to practice the form of prevention that is available only through refraining from risky behavior. Abstinence-centered information and education provide tools to resist behaviors that are freighted with physical and emotional cost.

For clients with negative pregnancy tests who are not married, the primary prevention message of sexual abstinence is presented in a one-on-one confidential setting to help the client avoid the risk of STDs, unexpected and out-of-wedlock pregnancy, sexual trauma, and emotional harm. Medically referenced information is offered to clients concerning the risks of casual sex, adolescent sex, multiple partners, and other high-risk behaviors. This includes information on the hazards of STIs. Counseling on sexual risk avoidance is essential for adolescents and young women who make up a significant percentage of the PRC client population.



*Counseling on sexual risk avoidance is key for adolescents and young women, who make up a significant percentage of the PRC client population.*

Surveys of teenagers with a history of sexual activity have shown that a majority wish they had waited to become involved.<sup>7</sup> Counselors provide necessary information on how, and reasons why, to return to practicing abstinence through effective skills that assist teenagers in identifying and averting high-risk behaviors and situations. These reasons include not only disease prevention and health promotion, but also the benefits of pursuing interests and healthy relationships without the continual dangers associated with premarital sexual activity.

Heartbeat International's comprehensive Sexual Integrity Program™, used in more than 300 centers, teaches sexual wholeness, including not only physical but also emotional, social and spiritual health, and respect for the gift of fertility.

*"We live in a time when 45 percent of unborn black babies are aborted in the United States and in urban areas like Washington, DC, if you are a black baby you are more likely to be aborted than not (60 percent of all black pregnancies end in abortion). Pregnancy Resource Centers are beacons of love and hope around the country and especially in urban areas as they care for and support young women who are facing an unplanned pregnancy."*

- Bishop Harry R. Jackson, Jr.

Senior Pastor, Hope Christian Church  
President, High Impact Leadership Coalition

## SUPPORT PROGRAMS AND COMMUNITY OUTREACH

Ongoing support and education for women who visit PRCs have been core services in centers since their inception. While centers vary widely in the number and sophistication of their programs, several types of classes and services are almost uniformly offered, including parenting classes and material assistance to mothers. These core support services also include healing outreach to women suffering the ill effects of abortion, especially given the high percentage of women affected. Additional outreach to the community is provided through informational presentations on topics such as center services and programs, abstinence education, Healthy Marriage programming, abortion risks and the need for informed consent. These community presentations span local schools, health venues, women's groups, partnering organizations, and churches.

## Parenting Classes

Parenting education has become a core service provided to equip new mothers and fathers to be stronger and more nurturing parents. Nationally, over 78 percent of centers offer this specialized education either through direct services on premises or in nearby churches,



*New moms Rachel, Tiya, and Jalisa participate in classes on parenting. Classes give new moms opportunities to connect and build relationships with other new moms.*

schools, and other locations. Curriculum topics span child development, bonding, nutritional counseling, communication skills, finance management, safety and injury prevention, family rules, anger management, positive discipline strategies, and hygiene. In 2010, more than 292,000 clients attended PRC parenting programs.

Classes also typically cover life skills topics to strengthen the development and

resilience of mothers-to-be, strategies for stress management, job skills training, and continuing education. Classes may also educate participants regarding healthy marriage, relationship boundaries, and conflict resolution. The meetings often provide opportunities for women to connect and grow with other new moms, aiding in the building of a social support network. Additionally, a number of centers have incorporated joint trainings with fathers who choose to participate. Recognized and respected as offering first-rate training for mothers, fathers and couples, the pregnancy center parenting classes receive community referrals from schools, social service entities, and legal bodies.

## Material Assistance to Mothers

Nearly every center provides clients with material support for pregnancy and infant care, which may include maternity clothing, baby clothes and furniture, housing assistance, nutritional counseling and resources. Recognizing that needs exist during pregnancy and afterward, centers provide everything from prenatal vitamins to diapers, cribs, and car seats. Immediate needs are swiftly met.

*Continued on page 24*

## Garrett and Ahna Roney

Testimony before congress, January 25, 2011

My wife Ahna and I want to share our story of how the Pregnancy Care Center (PCC) helped turn a difficult time into a much welcomed blessing. In July of 2009, Ahna and I both were just 17, rising high school seniors. We thought Ahna was pregnant and we were terrified. What would happen? How would we be viewed? Could we get through this difficult time?

Ahna and I called PCC not knowing what to expect. Ahna explained our situation and they were very understanding. So, we went for a pregnancy test and found out that Ahna was, indeed, pregnant. How would we tell our parents, family and friends? Our mentor helped us, and Ahna and I began discussing marriage. At PCC, I could talk to my mentor and get his advice. I loved Ahna very much and I had planned to marry her one day. I eventually proposed. We continued coming to the center for classes on relationship, fatherhood, healthy pregnancy and to work with our individual mentors.



With the practical help and emotional support of the staff and volunteers at Pregnancy Care Center, Ahna and I were able to face each day with more hope and confidence. Now we have a beautiful daughter named Emma Grace. Our lives might have been very different without PCC. I'm an 18-year-old husband and father, and I have learned so much. I know there are challenges ahead, but PCC has given us the tools to build a healthy relationship so we can face the challenges and build a healthy family.

The practical and emotion support from Pregnancy Care Center turned an unplanned pregnancy into the creation of a new family unit for Garrett and Ahna Roney.

## Heartbeat of Miami

Serving more than 15,000 clients since 2007, Heartbeat of Miami's two locations offer culturally appropriate ministry in an urban area with one of the densest concentrations of abortion facilities in the nation.

Thirty abortion facilities in one city is the harsh reality that prompted Heartbeat International to rally Miami leaders to develop a city-wide plan for two ultrasound-equipped pregnancy centers: the first in 2007 in Hialeah, a Miami neighborhood besieged with seven abortion facilities, and the second in North Dade in 2008.

Heartbeat of Miami provides basic pregnancy services, peer counselors, medical professionals, and essential resources in a bilingual and culturally sensitive emphasizing outreach to Hispanic and African-American women. Services include pregnancy tests, limited ultrasounds, information on alternatives to abortion and education on sexual health, abstinence, parenting and abortion procedures. Plus, Heartbeat of Miami offers an abortion recovery program for women and men.



On average, 15 to 20 women come in each day looking for a safe place to turn and information they can trust. Over 65% of clients are pregnant and more than half would abort their child if the centers were not there to assist them.

"Most of the women who visit our clinic find themselves in turmoil and fear, yet they leave with hope and knowledge that God has a perfect plan for their lives and that He does not make mistakes," according to Heartbeat of Miami Executive Director Martha Avila.

As one client commented, "I thank Heartbeat of Miami for their support and words that it was OK for me to have my baby. That was all I needed to hear."

Heartbeat of Miami is affiliated with Heartbeat International.

The programs are often designed to supplement this instant help by providing clients with incentive-based opportunities to obtain additional material help as they pass vital milestones in their education and prenatal care plans. One widely recognized program offered in centers nationwide is “Earn While You Learn.”

## **Abstinence Education Community Programs**

Abstinence education fundamentally is a positive prevention strategy for good health. It has been offered increasingly through pregnancy centers to audiences in a host of settings over the past 15 years, including public and private school health classes, special presentations, and after-school programs; community youth groups; faith-based youth groups; church groups; juvenile detention centers; and maternity homes. The demand for this form of risk avoidance prevention education, following the prevailing comprehensive model for youth regarding alcohol, drugs, tobacco, and violence, has increased due to the dearth of such education in public and private schools and the larger community. Abstinence education is a vehicle for PRCs to deliver accurate and medically referenced health messages to an estimated 1.43 million teenagers and adults each year; 52 percent of PRCs offer such classes.

## **Abortion Recovery**

Mental health after-effects of abortion are significant and can emerge years and even decades after the procedure occurred. The impact can be felt by women, their partners, and their families alike. Large numbers of women are suffering after abortion. A recent meta-analysis revealed that women who have abortions are at increased risk for anxiety, depression, substance abuse, and suicidal thoughts.<sup>8</sup> The same study showed that ten percent of all mental health problems in women can be attributed directly to abortion. PRCs and recovery groups embrace women who need help and healing.

As a result, post-abortion support groups and education are a growing component of pregnancy center services. Approximately three-fourths of centers offer abortion-recovery services; over 22,000 clients visited a PRC to receive post-abortion support in 2010.



*“The prophet Jeremiah received a word from the Lord that said, ‘Before I formed you in the womb I knew you.’ (Jeremiah 1:5A NKJV). This biblical truth serves as the foundation of the lifesaving work through the pregnancy care centers in all 50 states and in countries around the world.”*

*- Franklin Graham, President and CEO  
Billy Graham Evangelistic Association Samaritan’s Purse*

## **SPECIAL INITIATIVES**

### **Option Line**

PRCs are located in all 50 states, Canada, Mexico and overseas. Experience has shown, however, that an increasing number of PRC clients are finding information and making contact by using the Internet at late hours when centers are closed. To supplement the local providers’ hours of operation and to accommodate the privacy concerns of women seeking help, Heartbeat International and Care Net co-established Option Line in 2003.

This live contact center based in Columbus, Ohio, provides 24/7 assistance to women and girls seeking information about pregnancy resources. The national contact center at 1-800-712-HELP and www.OptionLine.org provides (in English and Spanish) immediate information and connects callers in real time with services in their community. Increasingly, Option Line is able to use online tools to enter center scheduling calendars and set appointments for callers. Option Line averages more than 19,000 contacts per month while its web site averages 600,000 visitors per year. Since 2003, Option Line has responded to more than 1.5 million contacts.



### **Option Ultrasound Program**

Beginning in January, 2004, Focus on the Family in Colorado Springs, CO, began the Option Ultrasound Program (OUP) with the specific purpose of training and equipping centers interested in offering ultrasound to their clients. For a woman who is leaning towards



abortion, seeing her child on the ultrasound often changes her decision about choosing life for the baby.

To provide ultrasounds, PRCs must work under the direction of a licensed physician complying with all local and state laws. Focus provides a generous 80 percent of the total costs (anywhere from \$13,000-\$30,000) when a center is approved for an OUP grant; the center covers the remaining 20 percent. Since its inception, OUP has awarded over 530 grants for ultrasound machines, sonography training or NIFLA's medical clinic conversion program, The Life Choice Project. FOCUS estimates that at least 100,000 precious lives have been spared as a result.<sup>9</sup>

## Urban Initiatives

The concentration of abortion facilities in urban, minority and poorer areas of the U.S. is well-known. In the most recent year for which data is available, 87 percent of all U.S. counties had no abortion facility, but 65 percent of all U.S. women lived in the small proportion of counties that did have abortion facilities.<sup>10</sup> Women with an income below 100 percent of the federal poverty level obtain 42 percent of abortions nationally.<sup>11</sup> Recognizing these factors, the abortion industry has put a vast majority of its businesses in metropolitan areas with many of them in predominantly minority communities.

The result is a startling and disparate impact of abortion on minority groups. Together African-American and Hispanic women are subject to 57 percent of all abortions performed in the U.S.<sup>12</sup> By way of example, in May, 2010, Planned Parenthood, the nation's largest abortion provider, opened a 78,000-square-foot facility in Houston, TX, the largest abortion facility in the nation; the new location is in the midst of four predominantly minority communities.

For this reason, over 10 years ago, Heartbeat launched an "Urban Initiative" in New York City, with initiatives following in Miami,



*Planned Parenthood of Houston - the largest abortion facility in the nation.*

Los Angeles, and Pittsburgh. Heartbeat modeled proactively what was working in pregnancy centers, identifying the neighborhoods of greatest need, and developing new and strong ministries to serve the women and families in those communities. In 2007 and 2008 Heartbeat rallied local leaders to assist in opening two centers in the heart of Miami to serve the predominantly Hispanic and African-American communities.

In 2005, Care Net also launched an Urban Initiative to locate new pregnancy help services in neighborhoods where poverty is rampant and abortion alternatives are few. In November 2008 center-city Philadelphia celebrated the opening of H.O.P.E.

Center of People for People, Inc., an outreach of Greater Exodus Baptist Church. In 2011, Care Net opened a center in Detroit, MI, with plans to launch other centers in urban areas in the U.S. over the next three years.

The resolute goal of these initiatives is outreach to the underserved as evidenced by their high abortion rates and limited access to pregnancy centers. A number of centers in urban settings have been advancing in level of care and sophistication or services for several years. One such center is Pregnancy Resource Center of Charlotte, North Carolina. Founded in 1982, PRC of Charlotte has been attracting urban women for a growing range of services. The center served over 2,800 clients in 2010. The Center offers limited medical services as well as educational and material support. The Center established community partnerships as their reputation among clientele grew. Word of mouth is their number one referral source, and speaks to the level of trust local women's health advocates place in this agency.



## Fatherhood Initiatives

While the immediate needs of women facing unexpected pregnancy are the primary focus of pregnancy centers, assistance to fathers and the formation of healthy, two-parent families are essential goals as well. Working with the National Fatherhood Initiative (NFI), the nation's premier fatherhood organization, founded in 1994, PRCs in 43 states have committed to engaging fathers so that they can acquire the skills needed to become involved and responsible fathers. Because many of the couples engaged by pregnancy centers are "fragile families," the NFI-PRC partnership includes education regarding the value of marriage for the couple and their children alike. The goal of these efforts is long-term transformation: It's not just about saving the baby, but raising the child, thereby increasing the probability that the cycle of unexpected pregnancy can be broken.



## International Network

The work of planting PRCs and providing compassionate care sweeps across every inhabitable continent and continues to flourish around the world. Care Net has extended its national network to include 64 centers in Canada. Heartbeat International, with 79 affiliates in Canada, has extended the pregnancy help movement's outreach to another 50 countries with 339 international affiliates, restoring the dignity of women, encouraging motherhood, and celebrating the importance of family.

Heartbeat International has trained thousands of leaders, professionals, and laypeople outside of the U.S. in core areas of pregnancy

counseling, post-abortion programs, and life-affirming community outreach. Heartbeat conferences and trainings have inspired and equipped both international leaders and laypeople who return to their respective countries impassioned to serve the unmet needs of distressed women and children.

A shining example of this occurred through a Heartbeat International conference in 1999 when a local couple in Zambia started a post-abortion support group which led to the creation of a PRC, a maternity home for African women with AIDS, an orphanage, a community feeding program, and a young men's home (also supported by LIFE International). Today this one couple's efforts have been expanded across Zambia and even into neighboring countries.

Similar examples of Heartbeat affiliates exist on multiple continents. Heartbeat has connected with local community organizations and national/regional umbrella groups to form networks of service providers around the globe.

Since its inception in 1971, Heartbeat International has published its annual Worldwide Directory which contains contact information for pregnancy centers, pregnancy medical centers, maternity homes, social services, adoption agencies, abortion recovery programs, and others. The 2011 edition of the Worldwide Directory includes 3,700 U.S. life-affirming nonprofits and an additional 1,700 entities around the world.



Young woman and her baby living at the Sara Rose Maternity Home in Kitwe, Zambia, an outreach of LIFE International.

*"This respect for life is evident in communities throughout our Nation where people are reaching out, in a spirit of understanding and helping, to women with crisis pregnancies and to those who bear the spiritual and emotional scars of abortion. Such efforts strengthen the bonds of affection and obligation that unite us and assure that the family, the primary guardian of life and human values, will continue to be the foundation of our society."*

- President Ronald Reagan  
January 14, 1985 excerpt from National Sanctity of  
Human Life Day Proclamation

## STANDARDS

In 1995, Care Net, Heartbeat International and NIFLA, along with other national networks, developed a standard “Commitment of Care” which addresses such issues as scientific and medical accuracy, truth in advertising, compassion, nondiscrimination, patient confidentiality, staff training, and a consistent life ethic. In 2008, a new statement, “Our Commitment of Care and Competence,” was approved by the aforementioned groups as an ethical code of practice for life-affirming PRCs and medical clinics. The commitment expands the pregnancy help movement’s determination to comply with applicable legal requirements regarding employment, fundraising, financial management, taxation, medical licensure, and operation standards.

Additionally, each of the three national groups provides its affiliates with legal reviews. To date, NIFLA has performed 960 individual legal reviews for 1,200 affiliates, and Care Net has performed more than 730 legal reviews.



## CONCLUSION

The hallmarks of pregnancy center operation are that funds are raised locally and spent locally, deployed to meet immediate needs, and devoted to basic services, not costly overhead. Less than 10 percent of the income of the nation’s PRCs derives from governmental sources. More than 80 percent of the centers covered by this report receive no public funding at all. This practice ensures that the centers minimize burdens on the taxpayer and engage their local communities to provide sustainable support.

Annual combined center income nationwide is at least \$200 million. Based on a sample of approximately half of both types of centers (PRCs and medical PRCs) drawn from their recent 990 tax returns filed with the IRS, estimated annual income for the resource centers is \$85 million and for the medical centers is \$109 million.

While approximately half of the centers nationwide operate with total revenue at or below \$125,000 per year, the largest centers have budgets as high as \$4 million. The outpouring of private support for the PRCs is one of the strongest assurances that their work will continue to thrive and reach millions of Americans.

Every day in the U.S., PRCs assist an average of 6,500 Americans, female and male, young and old, with sexuality and pregnancy-related concerns. The reach of America’s pregnancy centers and the scope of their success continue to attract new attention.

Pregnancy Resource Centers assist women and their unborn children. They counsel couples. They offer free and confidential pregnancy care. Pregnancy Resource Centers truly do empower women, help families, and strengthen communities.



## ENDNOTES

- 1 Guttmacher Institute, In Brief: Fact Sheet, “Facts on Induced Abortion in the United States,” January 2011, p. 1 ([http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.pdf](http://www.guttmacher.org/pubs/fb_induced_abortion.pdf)).
- 2 R. Van Oppenraaij, et al., “Predicting Adverse Obstetric Outcome after Early Pregnancy Events and Complications,” ESHRE Amsterdam 2009 Scientific Overview, Meeting Abstract O-017. June 29, 2009; Byron Calhoun, et al. “Cost Consequences of Induced Abortion as an Attributable Risk for Preterm Birth and Impact on Informed Consent,” *The Journal of Reproductive Medicine*, no. 2 (2007): 929-937.; Carolina Moreau, et al. “Previous Induced Abortions and the Risk of Very Preterm Delivery: Results of the EPIPAGE Study,” *British Journal of Obstetrics and Gynaecology*, no. 112(2005): 430-437.; Pierre Ancel, et al. “History of Induced Abortion as a Risk Factor for Preterm Birth in European Countries: Results of the EUROPOP Survey,” *Human Reproduction* 3, no. 19 (2004) : 734-760.; Brent Rooney, et al., “Induced Abortion and Risk of Later Premature Birth,” *Journal of American Physicians and Surgeons* 8, no. 2 (2003): 46-49; John Thorp, et al. “Long-term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence,” *Obstetrical Gynecological Survey* 58, no. 1 ( 2003); 67-69.; Jay Iams and Vincenzo Berghells, “Care for Women With Prior Preterm Birth” *American Journal of Obstetrics & Gynecology* 203, no. 3 (2010): 89-100; LF Watson, et al., “Modelling prior reproductive history to improve prediction of risk for very preterm birth” *Pediatric and Prenatal Epidemiology*, no. 24 (2010): 402-415.
- 3 “Abortion Surveillance – 2008,” Morbidity and Mortality Weekly Report, U.S. Centers for Disease Control, November 25, 2011.
- 4 Priscilla Coleman, “Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009,” *The British Journal of Psychiatry* (2011) 180-186.; Priscilla Coleman, et al. “Induced Abortion and Anxiety, Mood, and Substance Abuse Disorders: Isolating the Effects of Abortion in the National Comorbidity Survey,” *Journal of Psychiatric Research*, no. 43 (2009): 770-776.; Willie Pedersen. “Abortion and Depression: A Population-based Longitudinal Study of Young Women,” *Scandinavian Journal of Public Health*, no. 36 (2008): 424-428.; DI Rees, et al. “The Relationship Between Abortion and Depression: New Evidence from the Fragile Families and Well Being Study,” *Medical Science Monitor* 13, no. 10 (2007): CR430-CR436.; DM Ferguson, et al. “Abortion in Young Women and Subsequent Mental Health,” *Journal of Child Psychology* 47, no. 1 (2006): 16-24.; John Thorp, et al. “Long-term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence,” *Obstetrical Gynecological Survey* 58, no.1(2003): 67-69.; VM Rue, et al. “Induced Abortion and Traumatic Stress: A Preliminary Comparison of American and Russian Women,” *Medical Science Monitor* 10, no. 10(2004): SR5-16.; Priscilla Coleman, et al., “Substance Use among Pregnant Women in the Context of Previous Reproductive Loss and Desire for Current Pregnancy,” *British Journal of Health Psychology* 10, no. 2 (2005): 255-268.
- 5 “Sexually Transmitted Diseases,” *HealthyPeople.Gov*. Nov. 23, 2011. (<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=37#five>)
- 6 Priscilla Coleman, “Abortion and mental health.”: 180-186.; Priscilla Coleman, et al. “Induced Abortion and Anxiety, Mood, and Substance Abuse Disorders”: 770-776.; Willie Pedersen, “Abortion and Depression: A Population-based Longitudinal Study of Young Women,” *Scandinavian Journal of Public Health* 2008 no.36: 424-428.; DI Rees, et al. “The Relationship Between Abortion and Depression”: CR430-CR436.; DM Ferguson, et al. “Abortion in Young Women and Subsequent Mental Health.”:16-24; John Thorp, et al. “Long-term Physical and Psychological Health Consequences of Induced Abortion”:67-69.; VM Rue, et al. “Induced Abortion and Traumatic Stress: SR5-16. ; Priscilla Coleman, et al., “Substance Use among Pregnant Women “: 255-268; P Xing, et al., “A case–control study of reproductive factors associated with subtypes of breast cancer in Northeast China”: 1.05-1.52; L. Khachatryan, et al. “Influence of diabetes mellitus type 2 and prolonged estrogen exposure on risk of breast cancer among women in Armenia.”:953-971.; Jay Iams and Vincenzo Berghells, “Care for Women With Prior Preterm Birth”: 89-100; LF Watson, et al., “Modelling prior reproductive history to improve prediction of risk for very preterm birth”: 402-415.
- 7 Lauren Olsho, et al., “National Survey of Adolescents and Their Parent: Attitudes and Opinions About Sex and Abstinence,” *Abt. Associates, Inc.*, February 26, 2009. [http://www.acf.hhs.gov/programs/fysb/content/docs/20090226\\_abstinence.pdf](http://www.acf.hhs.gov/programs/fysb/content/docs/20090226_abstinence.pdf)
- 8 Priscilla Coleman, “Abortion and mental health.”:180-186.
- 9 “Option Ultrasound. Revealing Life. To Save A Life,” *Heart Link*, October 31, 2011, <http://www.heartlink.org/pdf/DonorOUPUpdate.pdf>.
- 10 RK Jones and K. Kooistra, ,”Abortion Incidence and Access to Services In the United States, 2008”, *Perspectives on Sexual and Reproductive Health*, 2011.
- 11 Guttmacher Institute, “Facts on Induced Abortion,” p. 1 ([http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.pdf](http://www.guttmacher.org/pubs/fb_induced_abortion.pdf)).
- 12 Karen Pazol, et al., “Abortion Surveillance --- United States, 2008.” *Center for Disease Control* 60, no. SS15 (2011): 1-41.



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*For more information about pregnancy resource centers and this report,  
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