

1968 ~ 2018
*A Half Century
of HOPE*



A Legacy of LIFE & LOVE



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INTRODUCTION



A half century ago, as legal abortion was gaining ground in the United States, a campaign was afoot to offer hope to women considering abortion. The first free-standing pregnancy center in North America opened its doors in 1968 in Toronto, Canada, under the name of Birthright. Thus began a distinct, new “service arm” of the pro-life movement, offering compassion and practical assistance to women facing unexpected or unwelcomed pregnancies.

From the start to this very day, this campaign has been “a testimony to love in action.”

Efforts in the United States to support women experiencing unwanted pregnancy date back to the early 20th century with the creation of charitable organizations such as Jewish Maternity Homes, Catholic Charities, and the Salvation Army. With the passage of legislation permitting abortion in states like Colorado (1967), California (1967), Oregon (1967), North Carolina (1967), New York (1970), Alaska (1970), Hawaii (1970) and Washington (1970), people of faith similarly began to mount an intensified, care-oriented response to assist women in need and confront the demeaning of maternity and the devaluing of human life.

The work focused on discerning ways to deliver hope as well as tangible assistance to women. Louise Summerhill, the founder of Birthright, traveled to the U.S. to share about their non-judgmental, confidential, and free pregnancy outreach model, “rooted in love



Louise Summerhill (center), founder of Birthright, Toronto, Ontario, Canada with Dr. Eugene Diamond (on right), co-founder with his wife, Rosemary, of the Chicago Birthright pregnancy center.
Estimated date of photo 1969-1970.

for both” mom and baby. The first free-standing centers with pregnancy distress counseling services in the U.S. in 1969 and the early 1970s were associated with Birthright and were found in locales such as Atlanta and Chicago. The first identified pregnancy counseling hotline named “Lifeline” was founded in May 1971, in the Los Angeles area by Margaret Nemecek, and it received 759 calls by the end of that year.

Others involved during this period had firsthand experience in another part of the world where immense loss of life occurred. One of these individuals was Eleanore, or Lore, Maier, a co-founder of the global network, Alternatives to Abortion International (AAI). Her family’s only survivor in Nazi Germany, Maier later served as a court reporter during the Nuremburg trials as the judges heard cases of



Margaret Nemecek, founder of “Lifeline” pregnancy hotline in the Los Angeles area in 1971. Nemecek later opened the Whittier Life Center in Whittier, California. She is photographed here (seated) with her daughter Corie Austin (on left), the current director of Whittier Life Center, her granddaughter Ashleigh (standing), a past volunteer at the center, and great-grandson, Maximus. *Photo taken in 2010.*



Lore Maier, co-founder of Alternatives to Abortion International, forerunner to Heartbeat International.

extermination of human beings committed for reasons of race, religion, or disability or as part of medical experimentation. Maier and others understood the fallout for all involved – mothers, fathers, family members, the medical community itself – and the deep value of humanitarian service in combatting disrespect for human life.

The initial efforts to provide help to women experiencing difficult pregnancy decisions were largely led by Roman Catholic individuals and groups. In 1971, AAI was established in Ohio, consolidating approximately 60 to 70 of the pregnancy test centers and hotlines which had formed up to that date in the country. The classic definition of a pregnancy center was established as a community-based entity that 1) provides intentional intervention services on-site to create an alternative to abortion and 2) follows a compassionate model of care respecting the dignity and privacy of women. The aspiration was one of “saving and changing lives.” In the 1970s and through the 1980s this help included pregnancy testing, options consultation, and – always - emotional, relational, spiritual, and practical assistance.

The crucial need for abortion alternatives reached a crescendo in 1973 with *Roe v. Wade* and its companion case, *Doe v. Bolton*, legalizing abortion in all 50 states through all nine months of pregnancy for any reason. Abortion rates rapidly rose as this new “liberty” spread like a wildfire. Pregnancy centers rose to the fore as focuses of rescue and relief.

Evangelicals soon mobilized to join the cause. In 1975, the Christian Action Council

(CAC) based in Washington, D.C. was devoted to lobbying Congress and providing education within evangelical churches. The CAC opened its first center in Baltimore, Maryland, in 1980 and transitioned to church-based efforts in 1983. In 1999, the CAC was renamed Care Net and to this day it continues to provide an evangelistic focus.

AAI changed its name to Heartbeat International in 1992. Heartbeat continued publishing its Worldwide Directory of pregnancy support resources, initiated by AAI in 1972, tracking and listing maternity homes, adoption agencies, abortion recovery programs, social services, and pregnancy centers of all types.

In 1985, International Life Services (ILS) was founded in Los Angeles by another co-founder of AAI, Sister Paula Vandegaer, with expertise in social services outreach. The mission and services of ILS extend to the protection of human life from conception to natural death.

The National Institute of Family and Life Advocates (or NIFLA), was established in 1993 and pioneered the medical clinic conversion of centers with ultrasound technology. In addition to ultrasound technology and training, NIFLA specialized in legal organization of centers and continues to provide these services today.

Other center parent organizations have emerged over the past four decades, extending the reach of abortion alternatives to even more communities. These groups include but are not limited to Elevate Life, Compass Care, Wels Lutherans for Life, Thrive, Life Matters Worldwide, ICU Mobile, Human Coalition, Save the Storks, Obria Medical Clinics, PMC Network, and others.

Some 45 years after the ruling in the landmark case *Roe v. Wade*, the fear of early laborers has been fulfilled; the toll taken by surgical and chemical abortion in the United States exceeds 60 million lives, not to mention the millions of women and men deeply wounded and adversely affected by abortion experiences. It is estimated that one in four women will have an abortion by the age of 45. Lost in this number is the double harm to women, as sex selection abortion bears witness to the fact that the bearers of children, women, are those whose existence is being disproportionately targeted in many countries.

Striving tirelessly to reverse this tide, centers have dramatically expanded across the country, numbering an estimated 2,750 currently, providing hope to millions of Americans who have found their doors. Lives have been saved and changed for the better. Children have been welcomed and spared despite difficult circumstances and apparent lack of resources. Center outreach has now grown to include a vast array of services at no cost to clients. Hope has been rekindled as centers shine beacons of light everywhere they locate.

The legacy of the pregnancy center “revolution” is one of both life and love rippling out to bless generations of families – clients and caregivers alike. The realization that life itself is a legacy gifting, enhanced by center outreach, is breathtaking. One has only to glance at the half-century of client stories and photos gathered here to understand the implications. The possibility that entire families and generations connected to early clients

might not exist today, were it not for the care and encouragement these clients received years ago, validates the life-saving work being done day in and out.

Recognized as one of the greatest volunteer-based movements in history, pregnancy centers hand down a legacy of love to protect unborn children as well as assist women and men facing some of the most difficult situations life has to offer. Children in families involved in this work often grow up close to the setting and develop a deep passion for it. They have in turn become a foundation for a new generation committed to building a culture of life in America.



NIFLA founder and president, Tom Glessner, and vice president of legal affairs, Anne O'Connor, with supporters awaiting the *NIFLA v. Becerra* decision outside the U.S. Supreme Court in June 2018.

Although the pregnancy center movement is one of goodwill, it has experienced relentless attacks almost since its inception, largely propagated by pro-abortion forces. Public relations and state-based legislative attacks aimed at the centers' credibility have accelerated over the past two decades. Due to their adherence to industry standards, centers have been able to stave off baseless claims and maintain high levels of credibility as demonstrated in public opinion polling, client satisfaction surveys, and public recognition at all levels of government.

On June 26, 2018, the U.S. Supreme Court delivered a major victory for pro-life centers dealing with these attacks. The case involved a 2015 California law, AB-775, the so-called Reproductive FACT Act, which targeted pro-life centers by forcing them to distribute or display information to patients – such as a sign in the waiting room – on how to obtain a state-funded abortion. NIFLA, defending a group of 135 California centers, filed suit challenging this legislation. The Court ruled 5-4 that the abusive law violated the free speech rights of licensed and unlicensed (non-medical) centers alike. The result should serve as a major deterrent to abortion industry efforts to shut down pro-life agencies that serve women across America.

Pregnancy centers have grown into a global movement and remain “a testimony to love in action.” This report highlights the tremendous service contributions of pregnancy centers, several of the incredible life stories in which they have played a significant role, the numerous ways in which centers enhance maternal, women’s, and child health, and their massive contributions to family and community well-being in the United States.

We invite you to take a closer look and join your friends and neighbors in this noble cause.

~ Marjorie Dannenfelser | *President, Susan B. Anthony List*

~ Moira Gaul, MPH | *Associate Scholar, Charlotte Lozier Institute*

“ The movement is an absolute miracle. ”

SISTER PAULA VANDEGAER

Co-founder of Alternatives to Abortion International, and Founder of International Life Services

IMPACT AT A GLANCE

2017 U.S. PREGNANCY CENTERS COMMUNITY COST SAVINGS

	2017 FIGURES	SAVINGS ESTIMATE PER ITEM	2017 TOTAL SAVINGS
Consulting with New Clients	883,700	\$29	\$25,874,736
Free Pregnancy Tests	679,600	\$9	\$6,116,400
Free Ultrasounds	400,100	\$250	\$100,025,000
Registered Nurse/Medical Sonographer Hours	400,100	\$35	\$14,111,527
Clients Attending Parenting Program/Prenatal Education	295,900	\$29	\$8,663,952
Clients Receiving After-Abortion Support	24,100	\$29	\$705,648
Students Attending Community-Based SRA Presentations	1,102,200	\$5	\$5,511,000
TOTAL			\$161,008,263
Total Number of Volunteers	67,400		
Non-Medical Volunteers	59,900		
Medical Volunteers	7,500		

Client and service data represent 2,600 pregnancy centers in the U.S. and are rounded to the nearest hundred. (Please see Methods section for further information about the data collection, analysis, and notes on public cost savings estimates.)



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SECTION I

SERVICE SUMMARY: A LEGACY OF LOVING CARE

The depth and breadth of life-affirming pregnancy centers today are impressive. Half a century ago, free pregnancy tests, options consultation, and material assistance represented the core client services available. An ever-increasing array of vital services, including medical services, are now offered at no cost to clients. Client privacy and confidentiality remain foundational in service provision as well, fortified by provider integrity and honesty in care. While excellence in care for women, moms, and babies continues, increased support is being provided to men and dads to strengthen family well-being.

METHODS

The service accomplishments outlined in this report represent 2,600 pregnancy centers in the U.S. affiliated with one or more of the three major national networks – Care Net, Heartbeat International, and NIFLA – and/or affiliated with other parent pregnancy center organizations, including International Life Services, Human Coalition, and others (please see Introduction). Sources include published materials from the three major national networks as well as Focus on the Family’s Sanctity of Human Life Division and the Knights of Columbus.

A working group composed of leadership representatives from Care Net, Heartbeat International, NIFLA, and the Charlotte Lozier Institute report team conferred on the project from start to finish.

Pregnancy centers across the country completed one of two online surveys distributed by their national network, parent organization, and/or pregnancy center state coalition or regional leader. Duplicate surveys of pregnancy centers holding co-affiliation with one or more networks and/or parent organizations were internally controlled for and removed. Only surveys received from pregnancy centers affiliated with one of the three major national networks or with another pregnancy center parent organization were included in the data analysis.

Public cost savings estimates were compiled using the following cost data: Mean hourly wages, Bureau of Labor Statistics, Occupational Employment and Wages, May 2017. https://www.bls.gov/oes/current/oes_stru.htm. The national mean hourly wage for social workers in local/state government in 2017 was \$29.28 per hour (OES code 21-1029). This wage was used to estimate cost savings from client intake sessions, parenting classes, and after abortion support. The national mean hourly wage for registered nurses in 2017 was \$35.36 per hour (OES code 29-1141) and the wage for registered diagnostic medical sonographers was \$35.19 per hour (OES code 29-2032). An average of these two occupations’ wages of \$35.27 was used to estimate cost savings from ultrasounds performed at pregnancy centers. In the United States, average prices of \$9 for an over-the-counter pregnancy test and \$250 for an ultrasound were used in the calculations.

The 2010 findings cited in this report represent the services of 1,969 pregnancy centers in the U.S. surveyed in 2011, which were affiliated with Care Net, Heartbeat International, and/or NIFLA (please see Notes section for further information).

CLIENTS AND VOLUNTEERS

In 2017, pregnancy centers provided nearly 2,000,000 people in the United States with free services, with estimated community cost savings of at least \$161 million annually (please see “Impact at a Glance: 2017 U.S. Pregnancy Centers Community Cost Savings,” Introduction). Women, youth, and men received services including pregnancy tests, options consultation, sexual risk avoidance education, parenting and prenatal education, ultrasound and medical services, community referrals, and material support. These vital services were provided at no cost to clients.

Pregnancy centers rely upon a high percentage of community-based volunteers to operate and provide client care on many levels. Nine in 10 people involved at pregnancy



centers are volunteers engaged in client consultation and education, reception, fundraising, center upkeep, and accounting. In addition, licensed medical professionals from a variety of disciplines volunteer to fill needed roles with their expertise to improve the health of individuals and families in their community.

Volunteers who interact with clients are required to complete specialized training at centers and/or at the national level. The training focuses on integrity and quality of care, where honesty, compassion, and empathy towards clients are paramount.

In 2017, it is estimated that 67,400 volunteers gave of their time at pregnancy centers represented in this report, of which 7,500 are estimated to be medical professionals. To date, NIFLA (since 2003) and Heartbeat (since 2015) have provided training in the provision of limited obstetrical ultrasound to nearly 3,300 and 286 medical personnel,



The Pregnancy Centers of Central Virginia (PCCV) founded in 1984 in Charlottesville, Virginia is composed of four locations serving women, men and families in a nine-county area. PCCV has provided free services to more than 25,000 women since opening and was the first pregnancy center in Virginia to offer limited ultrasounds as a medical service in 1995. PCCV operate through small staffs and the support of 300 volunteers.

respectively, including RNs, registered diagnostic medical sonographers (RDMSs), physician assistants, nurse practitioners, MDs, and DOs. NIFLA has trained an additional 796 management professionals in the medical pregnancy center or clinic setting.

“ My own personal experience is that they are the real deal. Every step along the way. The women who work there have strong bonds and run with integrity, honesty, love, nurturing, and care. ”

STEPHANIE

Hawaii

ENHANCING MATERNAL AND CHILD HEALTH, WOMEN'S HEALTH, AND FAMILY WELL-BEING

MEDICAL SERVICES

Due to the high level of charitable giving at the local level and robust volunteer support, medical pregnancy centers or clinics can provide otherwise costly medical care and services at little or no cost. Medical pregnancy centers provide services under the supervision and direction of a licensed physician, and in accordance with applicable state laws and medical standards, including state licensure if required.

A wide range of credentialed specialists and licensed medical professionals provide health care and health-related services at local pregnancy centers. Service areas include: obstetrical medical care and nursing, ultrasonography, labor coaching, lactation consulting, midwife services, health education, nutrition consulting, childbirth classes, grief/bereave-



Left: Medical staff of Pregnancy Resource Center of Charlotte, North Carolina founded in 1982. Right: A Registered Diagnostic Medical Sonographer (RDMS) at Hope Life Center, Sterling, Illinois founded in 1986.

ment counseling, and social work to name a few. Centers vary immensely in the types of services offered.

Specialized medical volunteers may be sought out as a need presents itself in individual centers and, conversely, if a particular specialist offers to volunteer his/her expertise, a center may begin a new class or have the professional available to meet with clients. The grassroots nature of pregnancy centers allows for flexibility in their community-based health services provision. This is a tremendous strength when operating in different communities and settings with unique needs across the country.

Universally, pregnancy centers focus on primary prevention risk avoidance as well as a holistic health paradigm with respect to reproductive and sexual health as opposed to a one-dimensional, physical-health-only approach.

PERSONAL
STORY



Holly, Melody's daughter as a child.

MELODY | Boulder, Colorado

In November 1975, secure in a successful job, Melody decided she needed a new beginning. Her want? – somewhere she didn't have to live up to someone else's expectations.

With her father's blessing she moved from Pennsylvania to Colorado where she had friends and never looked back. Intrigued and enamored with the natural beauty of the Rocky Mountains, she recalls sitting on a park bench and thinking, "This is God's country!" She describes her transition time as regretfully not having "grounding" in her faith, and she became pregnant.

Melody visited A Caring Pregnancy Center in Boulder. She shares, "They wanted me to know that I had options and didn't have to have an abortion. They helped me with maternity clothes and said they would be there for me, help me, and pray for me. Knowing people were praying for me was special." Melody prayed "if that was really you God who loved me before, I'm willing to come back to you and have this baby." She felt the responsibility of choice lifted from her. She knew she was not alone.

During her eighth month of pregnancy, Melody's doctor examined her and said, "I don't know how to tell you this but I can't hear the baby's heartbeat." Thinking the baby had died, he insisted they go to the nearest hospital. Melody remembers the monitor being placed on her and the medical team not being able to find a heartbeat. She cried out in her heart of hearts, "God, I want this baby." All of a sudden, "bleep, bleep, bleep," there was her baby's heartbeat.

Holly was born in December 1982 during one of the biggest snowstorms in Colorado history. It was discovered that the umbilical cord had been wrapped around Holly's neck.

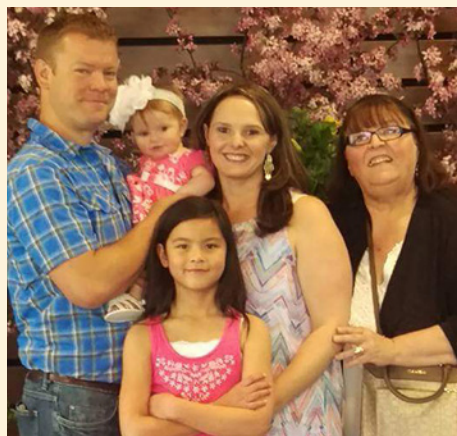
She was born with severely clubbed feet, folded up perpendicular by her legs. Melody remembers praying and asking for two things, “I don’t care if I have to carry this baby the rest of her life. I know club feet can be difficult, but may she be able to wear pretty shoes and be able to dance.”

At seven months, Holly received her first surgery with little casts placed on her feet. At seven years old, Holly received her second and final surgery done by the best orthopedic surgeon in Colorado at Denver Children’s Hospital. She was able to wear pretty shoes. Later she was able to join the dance team at her church!

Melody recounts four-year-old Holly asking about her dad and if he loved her. “Oh Holly, you need to know how wanted and loved you are. You were a very special gift to me from God.” Holly grew up knowing God her Heavenly Father.



Melody with her granddaughter, Savannah.



Holly’s husband Mike, their daughter Savannah, Holly, Melody (from left to right) and Holly’s step daughter, Magnolia (in front). Holly and Savannah grace the back cover of this report as well.

Melody recalls her grandfather giving her a blessing when she visited him. As the first born of 11 grandchildren, Melody was the only single mom. “I’m so proud of you for having this baby,” her grandfather said. “I decided I have something I want to give you now.” He gave her an early inheritance check for \$1,000. This gift meant the world to Melody.

Now 35 years old, Holly and her husband of two years have one very young daughter with another baby due in November, and she’s a step mom to a 10-year-old daughter. They live close to Melody, who treasures being an active grandmother. Melody keeps in touch with the volunteer, Yvonne Williams, she met from A Caring Pregnancy Center in 1982, which is how we are able to share this story.

Ultrasound Services and Medical Exams

Ultrasound provision has been the most expansive medical service at pregnancy centers over the past two decades, after first being offered at centers as early as the 1990s. In 2008, there were approximately 700 medical pregnancy centers or clinics offering ultrasound. This number has grown almost a decade later to 1,944 - or more than seven in 10 centers offering ultrasound in 2017, with 400,100 ultrasounds performed. This number is up from five in 10 centers and 230,000 ultrasounds performed in 2010. Confirmation of pregnancy through ultrasounds has enabled medical pregnancy centers or clinics to provide a critical medical service at no cost to women and families who are often medically underserved. The estimated community cost savings of this service in 2017 was over \$114 million (includes the value of ultrasounds performed and one hour of pay per ultrasound for the registered nurses/sonographers).



Staff performing ultrasound at Metroplex Women's Clinic, Arlington, Texas which was founded in 1984.

Because pregnancy tests are not always accurate, a licensed medical professional must diagnose and confirm a pregnancy. An ultrasound answers three critical questions that women with a positive test need to know:

1. Am I pregnant? The ultrasound confirms the presence of a pregnancy in the uterus.
2. Does the baby have a heartbeat? The ultrasound confirms the presence of embryonic/fetal cardiac activity; and,

3. How far along am I? The ultrasound provides an estimate of the gestational age. (Not all medical pregnancy centers or clinics provide gestational age.)

These results provide the appropriate information necessary for informed consent prior to any pregnancy-related procedure. Most medical centers or clinics specify that a positive urine pregnancy test be obtained on-site before an ultrasound can be ordered at the center. Referral into follow-up obstetrical care and prenatal care is provided as well as specialized medical care if symptoms warrant.

Portrayed as “the window to the womb,” this remarkable technology of ultrasonography allows an expectant mom (and the father of baby as well as family members) to see their unborn child at the earliest stages.

Medical pregnancy centers or clinics perform limited ultrasounds in accordance with specific standards and guidelines set forth by medical professional bodies, including the American Institute of Ultrasound in Medicine (AIUM); American College of Obstetricians and Gynecologists (ACOG); Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN); and the American College of Radiology (ACR). Under these guidelines a limited ultrasound may be performed to “confirm the presence of an intrauterine pregnancy,” which addresses the number one reason a woman visits a pregnancy center.



NIFLA pioneered the successful conversion of pregnancy centers to medical clinics via the provision of ultrasound technology during the 1990s. In 2004, Focus on the Family initiated its Option Ultrasound Program (OUP) to help provide training and equipment to centers in conjunction with NIFLA – The Life Choice Project. By 2008, OUP had helped to place over 400 ultrasound machines in centers. Over the past decade, both the Knights of Columbus Ultrasound Initiative and Focus on the Family’s OUP have provided funding

“ They helped us make a hospital appointment, sign up for Medicaid, and even helped us through the process of telling our parents. In addition, Miguel’s counselor was really mentoring him and helping him prepare to become a dad, while my counselor was helping me prepare for motherhood. ”

CLIENT

Hawthorne, New Jersey

assistance for either equipment and/or aid for training to centers. If local or state Knights councils raise 50 percent of an ultrasound machine cost, the national group will cover the remaining cost. Since 2009, the Knights have funded 900 ultrasound machines at pregnancy centers in all 50 states and Canada, at an outlay of approximately \$44 million. Knights also provide funding assistance to mobile medical units.

OUP covers 80 percent of the cost of an ultrasound machine or the cost of training for a qualifying center to become a medical clinic (please see Outreach to Special Populations - Abortion-Dense Urban Areas). To date, OUP has given over 720 grants to qualified medical pregnancy centers or clinics for ultrasound machines, sonography training, or The Life Choice Project. Since 2004, OUP also estimates that 400,000 babies have been saved through its placement of ultrasound machines at pregnancy centers. NIFLA has guided nearly 1,200 pregnancy centers through medical clinic compliance and conversion and provides ongoing guidance and resources. Both Heartbeat International and Care Net provide ongoing trainings to their affiliates offering ultrasound services. All of the national networks confer with their Physician Advisory Boards on their policies and practices.

Prenatal Care in Centers



Referral into prenatal care is routine at medical pregnancy centers or clinics, and most non-medical centers provide a referral for pregnant clients as well. Some centers offer a spectrum of care ranging from a one-time health assessment visit during which prenatal vitamins are provided to full prenatal care (excluding labor and delivery).

Other models in pregnancy center outreach include partnerships with life-affirming obstetrical medical practices and birthing centers off-site where a client can obtain care which is personalized, life-affirming and supportive of family well-being. In 2017, five percent of pregnancy centers offered some level of prenatal care on-site.

Early entrance into prenatal care is critical for the health of both moms and babies. It is essential to prevent low-birth weight and pre-term birth as well as to detect gestational diabetes and hypertension in a mom during pregnancy. Counseling is received on harmful behaviors such as smoking and substance abuse during pregnancy and on the importance of folic acid intake to prevent birth defects. Screening for HIV, other STDs, risk of violence during pregnancy, and risk for postpartum depression, as well as the promotion of healthy behaviors, are all components of prenatal care geared to ensure optimal outcomes for moms and babies.

STI/STD Testing and Treatment



STI/STD testing and treatment are services offered at medical pregnancy centers or clinics in response to a dire public health need. According to the U.S. Centers for Disease Control and Prevention (CDC), there are nearly 20 million new sexually transmitted infections (STIs) every year in the U.S.⁽¹⁾ With chlamydia reported as the most common STI/STD, young women between the ages of 15 and 24 years account for nearly half of reported cases and face the

most severe consequences of untreated infections, placing them at higher risk for pelvic inflammatory disease which can lead to infertility, among other complications.⁽²⁾

The CDC estimates that undiagnosed STIs/STDs such as chlamydia go on to cause infertility in more than 20,000 women each year.⁽³⁾ Timely and accurate diagnosis of STIs/STDs is an important public health need to protect women's future reproductive health. Screening is essential for any potentially pregnant woman as well, to safeguard her own health and her baby's health given the risk of transmission of an infection. Women who undergo an abortion during an active infection are at increased risk for potentially severe health complications and transmitting an infection to their babies, with potential long-term ramifications.

The number of infections medical pregnancy centers or clinics test for has increased over the past decade as well as the number of centers offering either testing alone or both testing and treatment services. In 2008, it was estimated that over 200 medical pregnancy centers or clinics offered testing and treatment. This number has increased dramatically as in 2017, one in four centers, or 678 centers, were providing STI/STD testing. Nearly one in five centers, or 487 centers, were providing STI/STD testing and treatment. In addition, a significant number of mobile medical units report offering these services on board. Of the 14 percent, or 364 pregnancy center organizations which received federal or state funding at some level in 2017, 12 percent used it for STI/STD testing services.

“ I think that if I would not have found the center, my life would have been a disaster. I came to the center looking for a pregnancy test and I found so much more.

CLIENT

Visalia, California

”

COMMUNITY REFERRALS AND PUBLIC HEALTH LINKAGES

Pregnancy centers function as critical links in community networks of care for the people they serve - women, youth, expectant moms, dads, and families. The myriad healthcare entities, social service agencies, programs, and community resources represent vital linkages to support, care, and personal development. Entrance into care and appropriate help increase positive health outcomes and enhance well-being.

Client referrals to community or agency programs serve women's psycho-social and physical health outcomes whether they are pregnant or not. The following programs facilitate moving away from destructive behaviors, incorporation into emergency care, and the building of healthy relationships and positive development: drug and alcohol addiction support and services, detoxification centers, social support networks, housing shelters, abused and battered women's shelters, shelters for runaway and homeless youth, support programs for women who want to leave prostitution, education programs, and job skills training programs.

Health care referrals to free clinics, local and state health departments, community health centers, private medical practices, and social services for health insurance sign-up, all aid to increase the following: prenatal care, ongoing obstetrical care, screening for and identification of risk factors affecting pregnancy and postpartum outcomes, and, testing for sexually transmitted infections and diseases (which can affect pregnancy and future reproductive outcomes).

Referrals to community agencies and programs such as Women Infants & Children (WIC) expose women to key education interventions spanning childbirth, breastfeeding, nutrition, sudden infant death syndrome (SIDS), unintentional and intentional injury prevention, child safety seat instruction, and parenting.

Pregnancy centers also make referrals to support a family through a time of bereavement and grief upon miscarriage and to perinatal hospice for a multidisciplinary team approach to care upon a devastating diagnosis of a lethal fetal anomaly.

Given the established trust both clients and other local care providers place in pregnancy centers, they have become valued community partners and enjoy many mutual referring relationships. The links to community agencies are extensive.

“ They were anxious to help us in any way they could. They offered maternity clothes, a crib, and clothes for the baby, and lots of referrals to other local agencies. I am so thankful for everything they did for us. ”

CLIENT

San Angelo, Texas

COMMUNITY REFERRALS

Abortion Pill Rescue
Addiction Recovery
Adoption Agencies
American Red Cross
Behavioral Counseling
Bethany Christian Services
Breastfeeding Classes
Catholic Charities
Childbirth Classes
Childcare Programs
Child Car Seat Safety



Client and her baby who received services from Hopeline Pregnancy Resource Center in Stamford, Connecticut, founded in 1983.

Child Protective Services
Children and Youth Social Services Agency
Christian Counselors
Churches
Clothing Closets
Community Health Centers
Dental Services
Domestic Violence Support and Outreach
Drug and Alcohol Addiction Support
Education Programs
Financial Assistance
Food Banks and Pantries
Free Clinics
GED Completion
Grief Support
Head Start

Housing Support
Human Trafficking Hotline and Victim Services
Immunization Programs
Injury Prevention
Job Centers and Skills Training
La Leche League
Legal Aid/Assistance
Marriage Enrichment Programs
Maternity Homes
Medicaid
Medical Services
Mental Health Services
Mentoring Programs
Mothers of Preschoolers (MOPS)
Natural Family Planning
Nutrition Classes
Option Line (optionline.org)
Parenting Classes
Paternity Testing
Perinatal Hospice
Physicians
Postpartum Depression Care
Pregnancy Decision Line (pdl-help.org)
Prenatal Care
Prescription Assistance
Rape Reporting, Counseling and Care
Relationship Counseling
Salvation Army
Sexual Abuse Counseling
Sexual Risk Avoidance
Shelters for Runaway and Homeless Youth
Social Services
State Children's Health Insurance Program (S-CHIP)
State Health Departments
STI/STD Testing and Treatment
Suicide Prevention
Support Groups (General Interest)
Support Programs for Women Leaving Prostitution
Temporary Protection Orders
Transportation Support
Women Infants & Children (WIC) Program
YWCA



Examples of community, health, social, and support agencies and services with which pregnancy centers maintain referral relationships:

PERSONAL
STORY



Raven, Martel and their baby Zion.

RAVEN & MARTEL | Farmington Hills, Michigan

*Somewhere in our corner of the world
is a beautiful little newborn baby boy named Zion.*

Zion's parents, Raven and Martel, are a sweet couple. When asked how they met, they laugh together as they tell me their love story. When Martel tells about Raven, his voice is full of respect for her.

The beginning was difficult. Before she knew she was pregnant, Raven found herself so sick she ended up in the emergency room. It was there that she first found out about little Zion – she was six weeks pregnant and overwhelmed.

“I was scared—I didn't know what to do. What was going to be my next step? How was I going to tell my parents? I didn't know if I wanted to keep him.” Martel chimes in, saying, “I wasn't expecting a child...we weren't sure if we were going to keep him or not.”

Unfortunately, Raven was experiencing debilitating morning sickness and found herself too sick to continue school. The physical and emotional weight of those first few weeks took their toll and she began to feel like she couldn't continue the pregnancy. It was then that she made a call to Planned Parenthood to schedule an abortion; Planned Parenthood referred them to an abortion facility near their home.

By some miracle, the receptionist at the abortion clinic that day did not schedule Raven for an abortion appointment. Instead, she did something unheard of – she told Raven to call A Woman's Pregnancy Choice (AWPC) pregnancy center.

Instead of sitting in an abortion clinic that day, Raven and Martel found themselves at AWPC waiting for an ultrasound. Raven was miserably sick and didn't want to go in,

but Martel encouraged her to come. She was agitated and annoyed, feeling nauseous as she waited for her appointment time. *Why am I here if my mind is already made up?*

Eventually one of our ultrasound technicians, Christine, walked them back for an ultrasound. Raven and Martel then saw their child on the screen. Raven's mind began to change. They talked with Christine for a long time – about morning sickness, abortion procedures, fetal development. Christine encouraged her about her sickness, telling her that it would most likely subside in the next few weeks. But it was the tiny heartbeat of their son that kept coming back to the new parents.

Hearing Martel talk about that appointment, it's clear to see the love and hope he had for his little boy. "I thought to myself, what would it be like if we take our own child's life away? Knowing he might be someone great one day! Let's give it a chance and find out how to keep him. If God didn't want this child here, he wouldn't be here."

For Raven, the kind words and seeing her sweet child on the ultrasound was all it took to realize she wanted to keep her baby. She left the appointment firm in her conviction and was able to talk to her parents and convince them that she had made the right choice.

Shortly after their first appointment, Raven and Martel joined the Earn While You Learn Program. "It's so helpful. You learn so much. And it's really calming—we just take time out to talk about what's going on. It's a beautiful program." Raven started feeling better around the half-way point in her pregnancy and started going to prenatal appointments.

When Martel talks about the Men2Men Program, he says, "I learned a lot, how to be the right father for my kid. It's encouraging to have someone sit down and listen, to motivate me – he made me feel like I could do this, to not doubt myself, and to believe that I could be a good father."

Throughout our conversation, Raven's voice is tired but content. I ask her what she would say to a woman who finds herself in the same position one day. She says,

"It's going to be hard. But at the end of it all—when you meet your baby, when you hear that first cry—it's all worth it. I promise it's worth it."



Raven and Zion at a Christmas party.



Consultation/education session at Capitol Hill Pregnancy Center, Washington, D.C., founded in 1985.

CONSULTING AND EDUCATION

Pregnancy center consultation is designed to offer emotional, relational, practical, and, as appropriate, spiritual support. Clients are offered accurate and honest information and education to empower women (and men who accompany them) in their decision-making. Client materials are medically referenced and accurate, having been reviewed and approved by national networks' staff and experts. Typically, materials not produced by national networks require approval by a physician prior to use at a center. Women always meet in a one-on-one setting to start even if accompanied by a boyfriend or family member. Trained staff and volunteers, referred to as peer counselors or client advocates, listen and ask questions to learn about a client's concerns. Training stipulates that all clients are to be treated with kindness and compassion, and client confidentiality is to be strictly observed.

Topics are pursued only with the permission of the client. During pregnancy options and education consultation peer counselors/client advocates take note of important supports which may or may not be present - such as other health care, resources, or family or social support, to name a few - when clients face stressful challenges. Pregnancy centers offer ongoing mentoring and education on a variety of topics including maintaining healthy relationships and sexual integrity. They endeavor to counter false messages clients have been exposed to that denigrate their worth as well as the worth of an unborn child.

Pregnancy centers knit together an unconditional love approach which esteems the women, youth, men, and unborn children they serve and seeks to provide them with the highest level of respect and care possible. This approach recognizes each individual for the unique person of invaluable worth she is.

Heartbeat International offers the Life Affirming Specialist (LAS) professional certification which includes education and training in the areas of pregnancy, client programs, abortion, sexual integrity/risk avoidance, abortion recovery and other topics from a life-affirming perspective. Care Net provides training and certification through its newly introduced Centers of Excellence online certification program in the areas of client care essentials as well as medical services, soon to be released.

Prenatal/Fetal Development Education



Prenatal development education based on science has been the fundamental method, pre-dating ultrasound technology, to inform women about the incredible processes of early pregnancy and developing human life taking place within her body. Medically referenced and accurate materials reviewed and

approved by physicians at the national level are provided which detail the physiological development of human life and changes taking place inside a woman's body during pregnancy. Peer counselors/client advocates share educational aids such as pamphlets, videos, and other media, as well as fetal development models to further illustrate these changes and developments. They also foster understanding of the intricate growth and development rapidly taking place from the baby's heart beating between three and four weeks; to subtle movement at five weeks; to facial features at seven weeks; to nerve receptors in the face, soles of the feet, and palms of the hands that can sense delicate touch at nine weeks.

Pregnancy centers provide one-on-one prenatal education sessions, often incentive-based, throughout the course of a pregnancy for additional support and to complement prenatal care from a medical provider. The prenatal education helps to promote positive health outcomes for both moms and babies and affords centers an ongoing mentoring role. Examples of prenatal education topics include self-care during pregnancy, the importance of eating well and getting exercise, stress reduction, avoiding smoking and alcohol, bonding with the baby, and coping with morning sickness or discomfort during pregnancy.

In 2017, a total of 295,900 clients received parenting education which encompasses prenatal education sessions at pregnancy centers. Of these, 259,400 were women and 36,500 were men. Eighty-seven percent of centers, or 2,275 centers, offered this type of parenting/prenatal education programming. This figure has increased from 78 percent of centers in 2010.



Pregnancy options consultation at the Sacramento Life Center located in Sacramento, California. Founded in 1972, the Sacramento Life Center also offers pregnancy and STI/STD testing, ultrasounds, referrals, Medi-Cal enrollment, baby material needs, and after-abortion recovery and support.

Options Consultation

Options consulting is a core service offered at all pregnancy centers. It is the defining outreach presenting alternatives to abortion.

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

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

Medically referenced information about surgical and chemical abortion procedures and risks is available to increase a client's awareness for both her reproductive and general

health. Pregnancy center workers, staff, and volunteers make clear they do not provide or refer for abortion. The health information is comprehensive in its coverage of physical and psychological risks to women's health and represents an access point to medically accurate information a woman may not readily obtain through abortion providers. Given the increased use and availability of chemical abortion, or RU-486 (sometimes referred to as "the abortion pill"), pregnancy centers have augmented their materials on the drug protocol and its risks.

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

“ Women are not being forced into not having an abortion but are being shown that they have options and resources to choose life. The center removes a 'crisis' a woman is facing so that they can make a positive, life-affirming choice. ”

BRENDA
California

Client materials regarding women's health risks from induced abortion are published and distributed by the national pregnancy center networks. They are reviewed for medical accuracy and referencing by licensed medical professionals and credentialed experts in the fields of obstetrics, pediatrics, endocrinology, psychology, and psychiatry. These national-level experts, through careful review of the existing and growing body of scientific literature, have concluded that induced abortion is associated with increased risk of adverse mental health effects (depression, substance abuse, and even suicide), subsequent preterm birth, breast cancer, and other physical complications.⁽⁴⁾

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

Sexual Risk Avoidance/Sexual Integrity Education

When a client's pregnancy test is negative and she is not married, pregnancy centers provide a message of sexual risk avoidance (SRA) rather than risk reduction. The avoid-



ance approach relies upon a holistic health model whereby the emotional, social, and spiritual as well as physical implications of sex are taken into account and shared about in a confidential one-on-one setting.

Medically referenced information is presented and made available for clients to take home, conveying the risks associated with casual sex/hook-ups, "friends with benefits," multiple partners, adolescent sex, and other high-risk behaviors including sexting and online scenarios.

Depending on resources used at a center, the benefits of refraining from sexual activity outside of marriage are shared, including freedom from concern about pregnancy, reduced risk of contracting STIs/STDs, and avoiding emotionally-related trauma. The approach emphasizes freedom to then pursue interests and healthy relationships. Information about healthy and unhealthy relationships is often also made available as well as safety tips and strategies for dating. Further, skill-based SRA education teaches benefits associated with goal setting, self-regulation, success sequencing for poverty prevention (please see Community-Based SRA Programs) as well as resisting sexual pressure and coercion, dating violence, and other risk behaviors such as illicit drug use and underage drinking.

“ I left feeling more secure and hopeful than I have in a long time. ”

CLIENT

Annandale, Virginia

For clients who are sexually active, a center may directly offer STI/STD testing as a service on-site or a referral if she is not already being screened to protect both her general and reproductive health.

The overall approach is universally sex-positive and sexual integrity programs present fertility as a gift to be respected.

The consultation is intended to help women and men navigate sexual risk avoidance behavior with basic skills and helpful ideas to practice it. As with all areas of consultation and education, a client's permission is sought prior to sharing information with her.

SUPPORT PROGRAMS AND COMMUNITY OUTREACH

Pregnancy centers offer ongoing support, education, and outreach beyond their doors. Community service linkages are characteristic of the relational and transformational experience pregnancy centers have strived to provide over the past 50 years. While unique community needs and a center's programming capacity determine the scope of services offered, several support programs represent core services offered at pregnancy centers regardless of their location and size. These include parenting classes, after abortion recovery programming, and material aid to mothers.

“ The centers are trying to create a space that is joyful for what is a crisis for so many people. The people there were happy to see my baby. They did not treat me like I was a burden. They truly and deeply cared that we were there. ”

LINDSEY
Colorado

Pregnancy centers have become specialists in community-based presentations about sexual risk avoidance (SRA) and sexual integrity, which often now integrate healthy marriage and healthy family formation strategies. Outreach to community members also takes place through topical presentations which, in addition to the SRA outreach, take place at a variety of venues spanning schools/colleges, churches, community resource networking or social agency meetings, health-related forums, women's groups and partnering organizations.

Parenting Classes and Education

Widely respected parenting education offered in both individual sessions and group classes at centers provides essential elements for family health and well-being. Group classes offered either on-site or off-site at local churches, schools, or other locations afford new moms (and dads, when settings can accommodate and dads choose to participate) an additional opportunity to bond with peers in a group setting while growing their knowledge of parenting skills. These opportunities to bond with other new moms (and dads) strengthen social support networks. On-site, one-to-one education sessions allow for a more individualized approach. In both scenarios, supportive relationships are built and moms and dads are equipped to be stronger parents.

Curriculum topics include child development, safety and injury prevention, nutritional counseling, bonding, family rules, positive discipline strategies, communication skills,



Parenting classes taught at Elizabeth's New Life Center (ENLC) in Dayton, Ohio, empower new moms. ENLC was founded in 1989 and operates seven women's centers.

“ The center is not only instrumental in giving items to support kids, but it supports comradeship. It is a family. Even when women come and go, the center still reaches out to them. We have parties at the center, bring food, bring our children. ”

CLIENT

Baltimore, Maryland

anger management, financial management, and hygiene. Classes also typically cover life skills topics to strengthen the development and resilience of moms-in-training, broaching strategies for stress management, job skills training, continuing education, marriage and relationship education, relationship boundaries, and conflict resolution.

Pregnancy center parenting classes and sessions are recognized and identified as quality education for moms, dads, and couples to foster healthy and nurturing family environments. Outside groups which refer to pregnancy centers' parenting education include social service entities, schools, and legal bodies.

As noted above, in 2017, a total of 87 percent of pregnancy centers, or 2,275 centers, were offering parenting education programming, and 295,900 clients received these services, with nearly nine of every 10 participants being women.

“ They offered me parenting classes as well as ears to talk to, shoulders to cry on, and ready prayers. ”

RACHEL
Arizona

Material Assistance to Mothers

Material assistance to mothers, which helps with necessities during the full course of a pregnancy and through a newborn’s infancy and beyond, was an original outreach of pregnancy centers. This service continues today in the vast majority of centers. In 2017, a total of 96 percent of centers, or 2,493 centers, in the U.S. offered material assistance to moms and dads.

A high proportion of pregnancy centers have adapted their material assistance outreach to work in conjunction with center education services through an incentive-based approach. Women and men (fathers of babies) are encouraged, if willing, to attend prenatal and parenting education sessions and/or classes to earn points or CARE cash currency to then use for needed items in on-site pregnancy center resource closets or



Maria’s Closet, for material assistance at the Fyndout Free Pregnancy Center, Fairbanks, Alaska, was named after a long-serving executive director. The center was founded in 1991.

“ I could not have done it without them. It had been such a long time since I had a newborn. I could go and earn points by taking classes to get wipes, diapers, clothing, lotions . . . I really depended on those items. ”

CLIENT
Baltimore, Maryland

boutiques. Earn While You Learn is one well-developed curriculum type which is designed to navigate moms and dads through important topics and milestones in both pregnancy and parenting. Items earned may include maternity clothes, baby/toddler clothes, diapers and wipes, baby blankets, breast milk pumps, and infant formula (when requested). Larger items include pack-n-plays, strollers, cribs, and car seats. Some centers have moved away from directly providing cribs given the prevalence of recalls on this furniture item, and instead provide a gift card to a local vendor for cribs.

Often stocked by donations from community members who may also volunteer, resource closets/boutiques allow community members to give to centers and those they care for on another level. For example, community group or church diaper drives for pregnancy centers are popular. They are areas which require much organization, appeals for donations, and replenishing. Volunteers put together layettes stocked with essentials for newborns – onesies, wash cloths, toiletries, outfits, books, and baby gifts – to be given upon the birth of a client’s baby. When centers are unable to assist a client directly with specific material needs, community referrals are shared to provide help and guidance.

Community-Based Sexual Risk Avoidance (SRA) Programs

Community-based SRA presentations to youth started becoming a natural fit and extension of programming for many pregnancy centers almost two and a half decades ago. Early on these were termed abstinence presentations.

As community-based organizations became aware of youth behaviors around them through their clientele and the knowledge of center staff and volunteers, pregnancy centers understood the wisdom of implementing primary prevention, particularly aimed at youth, before they need to come in for a pregnancy test.



Monica Black, Reality Check Program, Pregnancy Resource Center of Salt Lake City, Utah. Impact: served 4.5K students within Salt Lake County MS and HS classrooms, 2017-2018 school year. PRC of Salt Lake City was founded in 1986.

The emergence of SRA education specialists around the country, as well as new opportunities for federal funding and other program finance options, has been a central factor in the growth of this center outreach and specialization. The SRA group Ascend has developed SRA education certification which pregnancy center workers may obtain. Medically referenced and researched information is presented as part of the behavior strategy as noted in the section on consultation and education on SRA/sexual integrity in this report (please see SRA/Sexual Integrity Education section).

Recently published health statistics show that SRA is a realistic goal for youth. Of 15-17-year olds, the age group usually targeted for sex education, almost 70 percent have never had sex. ⁽⁵⁾ And over the past 25 years, there has been a 28 percent decrease in teens who have had sex, demonstrating that youth are practicing the avoidance behavior. ⁽⁶⁾

“ I was never judged for my past. I was only encouraged. ”

CLIENT

Winchester, Virginia

The SRA approach mirrors the comprehensive risk avoidance prevention model observed as optimal for youth with respect to alcohol, drugs, tobacco, and violence, yet the education is not always presented in health and medical settings. Poverty prevention research, more specifically “The Success Sequence” based upon 2007 research from the Brookings Institute, is the current foundation for SRA programs. The research shows that American adults who followed three simple rules have a less than three percent chance of living in poverty as adults. The three behaviors are: at least finish high school, get a full-time job, and wait until age 21 to get married and have children, in that order. The findings hold across race and childhood socioeconomic backgrounds in terms of a significantly decreased risk of living in poverty. ⁽⁷⁾

Pregnancy center workers present in a variety of settings: special public and private school sessions, health classes, after-school programs, church groups, other faith-based organizations, maternity homes, juvenile detention centers, and youth groups.

In 2017, a total of 41 percent, or 1,059 pregnancy centers, delivered community-based SRA presentations. A total of 1,102,200 students attended the community-based SRA education sessions. Of the 14 percent, or 364 pregnancy center organizations, which received federal or state funding at some level in 2017, some 18 percent used it for SRA programs. The types of funding for community-based SRA education now include: Title V Sexual Risk Avoidance Program within the Welfare Reform Act of 1996, Sexual Risk Avoidance Education (SRAE) grant program, and Teen Pregnancy Prevention Program federal grants.



Karen Causey, Abortion Recovery leader and Embrace initiative volunteer, Austin Pregnancy Resource Center, Texas. Austin PRC opened in 2005.

Abortion Recovery

Adverse mental health effects which can follow abortion have been documented in a growing body of scientific research. These include elevated rates of depression, substance abuse, and suicidal thoughts.⁽⁸⁾ Pregnancy centers represent one of the few settings where women and their extended family can receive hope and help following an abortion experience. Women, men (fathers of baby), grandparents, and others can all experience negative impacts. Because the mental health effects and morbidity may be revealed many years, even decades, after the procedure, and because the statistics bear out that one in four women will have an abortion before the age of 45,⁽⁹⁾ the need is tremendous. Given that a large percentage of the professional mental health community doesn't receive education and training about research results in this area, women may suffer for years without seeking and finding appropriate support and healing.

“ I feel like every woman who walks through those doors gets the same treatment – open, loving, very warm – especially if you don't have any other supports. You just have to be willing to walk through those doors. ”

MELISSA

Pontiac, Illinois

Pregnancy center clients have different options at centers: while some provide individualized outreach, others conduct support groups and Bible studies. Some centers also provide these options to men and family members. In addition, training has been

developed at centers to be effective “first responders” to people experiencing the impact of abortion.

After-abortion recovery, support, and education have become a core outreach at pregnancy centers with three in four centers, or 1,987 centers, providing the outreach to 24,141 people (23,578 women and 563 men) in 2017.

Outreach to Men

Pregnancy centers recognize the importance of engaging fathers of babies when serving women going through an unexpected pregnancy. Research conducted by LifeWay Research and Care Net has shown that expectant dads are the most influential person in a woman’s pregnancy decision. Nearly four in 10 women stated that the father of the baby was the most influential person regarding their abortion decision.⁽¹⁰⁾ While every situation is different, in instances where a positive relationship exists and a woman expresses interest, centers encourage the father of the baby to come into the center to be present for an ultrasound appointment and participate in ongoing education with an expectant mom.

Pregnancy centers prioritize the needs and preferences of their first client, the woman, and seek to involve the dad as she deems appropriate. This may involve including them during the pregnancy decision process and inviting them to co-attend individual and group parenting classes, prenatal education sessions, and childbirth classes. The education increases



Jeremy and his girlfriend, Zaryell, joined the EWYL and Men2Men programs at Another Way Pregnancy Center (AWPC) in southeast Michigan following Zaryell’s ultrasound appointment. Jeremy shares that he appreciates how his client advocate comes alongside him to help him grow as a person, and especially, as a father. AWPC was founded in 1984 and has a thriving men’s mentoring program.

a couple's ability to prepare for parenthood and acquire skills for child raising. Where these programs are incentive-based, dads are often able to earn the same points or CARE cash currency as moms, which doubles the amount earned per class for purchase of available material goods. In 2008, four percent of clients served at Care Net affiliated centers were male. In 2016, that figure had risen to seven percent. In 2017, pregnancy centers nationwide provided parenting education to an estimated 36,500 men or fathers.

In embracing men, centers have also been increasing programming and services geared specifically towards new dads as well as those in which mom and dad can participate together. The National Fatherhood Initiative (NFI), founded in 1994, has been helping to equip pregnancy centers with resources to develop responsible and involved dads nationwide. NFI, as the foremost fatherhood organization in the country, values marriage and the formation of two-parent families. Its research and evidence-based programs include "24/7 Dad®," "The Importance of an Involved Father," and "Tips to Help Your Child in School." Topics generally covered in NFI resources include family history, being a man and dad, handling emotions, grief and loss, your health, you and mom, talking with mom, co-parenting, fathering skills, child development, child discipline, sexuality, intimacy, work-family balance, and managing money. Some pregnancy centers opt to integrate these topics into existing education sessions or classes. Recently, Care Net began exclusively offering NFI's Doctor Dad™ program, which teaches child safety and healthcare skills to new and expectant fathers.

In 2008, NFI helped to equip pregnancy centers in over 43 states. In 2017, that number rose to 49 states and the District of Columbia as well as three Canadian provinces.

Because the impact of abortion extends to fathers, family members and others, abortion recovery is another area where centers are increasingly offering outreach to men. In 2017, a total of 563 men received abortion recovery services through pregnancy centers.

“ It's encouraging to have someone sit down and listen, to motivate me - he made feel like I could do this, to not doubt myself, and to believe that I could be a good father. ”

MARTEL

Farmington Hills, Michigan



2

SECTION II

SPECIAL INITIATIVES AND DEVELOPMENTS

ADOPTION



Pregnancy centers strive to present adoption as a loving and sacrificial option particularly for mothers (and fathers) who don't feel as though they are "ready" to parent or who are not married and feel strongly that they want their child to be raised in a two-parent home. As a life-affirming choice, adoption provides a path for their child and also blesses those unable to have a child biologically.

The types of adoption available have changed in the United States from decades past, allowing birth parents and adoptive parents choices about the role expectant parents may have in a child's life once the adoption has occurred. Open adoption allows for a range of contact and relationship between birth mother/parents and child. Expectant parents may choose to meet and get to know prospective adoptive parents. According to a 2012 Donaldson Institute study, 55 percent of domestic adoptions are "fully disclosed," meaning the birth and adoptive families have open, ongoing contact and know each other. Another 40 percent are "mediated," which means families exchange letters and photos through intermediaries but do not know each other, and five percent are closed or confidential where adoptive parents have only medical information about biological parents and no contact. ⁽¹¹⁾

In closed adoptions, registries are available for birth parents and adopted persons. Even if an adoption starts out as closed, which would always be at the request of the birth parent, it can open in the future. There have been letters sent (or kept in the client file if requested) if the party gives permission. In some cases there may be indirect contact and updates but no direct contact. There are times when an expectant parent comes to the adoption process "thinking" that she wants a closed adoption, but through education and also once the baby is born, she opens the door for connection.

The training pregnancy center staff and volunteers receive in sharing about adoption and the types of adoption is vital given the prevalence of misconceptions surrounding

the topic. One agency in particular has played a special role in working with pregnancy centers.

Bethany Christian Services was formed in 1944 and offers pregnancy support to women and men experiencing unexpected pregnancy as well as full infant-adoption services. Bethany “work(s) with both adoptive and expectant parents to create a plan that works best for them and for the future of the child.” Both pregnancy support and adoption services are available at all 38 Bethany branch offices and the majority of their 81 satellite offices found in 36 states. The linkage of services provides a unique setting for expectant moms/parents as they navigate their options. Bethany also provides ongoing support to both sets of parents after the adoption has taken place.

In addition, Bethany offers foster care adoption services and facilitates temporary foster care for children found to be in situations of abuse and neglect. They also provide family counseling, home-based clinical/case management, and services to refugees. Bethany “envisions a world where every child has a loving family.”

Jor-El Godsey, president of Heartbeat International, shares, “Bethany Christian Services has been faithfully fulfilling its belief that ‘a loving family is a simple, proven, lasting answer to a child’s needs’ through its own adoption and foster care services. More than just serving their mission to families, they have consistently, and generously, encouraged and equipped pregnancy help leaders and volunteers, across the country, with best practices in adoption care. Thousands of lives have been enriched through adoption, thanks to Bethany’s altruistic actions.”

The majority of pregnancy centers give three referrals for services including adoption, allowing the client to determine which is best for her. Other adoption referrals include LifeLine Adoptions, National Council For Adoption, and Adoption-Share. All have much to offer women considering adoption. A pregnancy center may also refer to a local attorney who specializes in adoption and has been vetted like other referrals by the center.

“ Bethany was really supportive of me. They helped me answer any questions or any worries that I have, they taught me about grief and how to go through that; just kind of show me that I’m the person who makes my adoption plan. I’m the person that makes it look how I want it to look. They’ve just always been there. I could call them at four o’clock in the morning and they would talk to me and answer my questions. ”

CATELYNN



Rebecca and Elijah Gabriel

REBECCA | California | Abortion Pill Rescue

*This is my story about how I was given a light, a way,
and a chance that saved my son's life.*

When I found out I was pregnant, I was fearful and uncertain. My friends asked, “Are you going to keep it?” Obviously, I had a choice. I had 8 months to go before I graduated nursing school. I was in a relationship that was going south by the minute. I had no car and little income. I was not ready to have a baby. All I needed to do was take a pill and the rest would be history. No one had to know and life could go on as I intended. This was a very persuasive argument. It seemed like the right decision, until I took the abortion pill.

After I took the abortion pill, it was crystal clear to me that I made a huge mistake. I began to search on Google. I clicked on “abortion reversal.” I called the hotline provided on the website and asked, “Is it true that the abortion pill can be reversed?” The hotline nurse answered, “Yes.” She then gave me a number for a doctor and told me to call him. The doctor told me to meet him at the hospital promptly.

Everything was uncertain and surreal, but this doctor quieted those feelings. He was different from any other doctor I had met. First of all, he dropped what he was doing to meet me. Second, it wasn't a rushed meeting...he greeted me, he educated me, and most importantly he spoke with me about my fears.

Next, the medical goal was to flood my system with natural progesterone to overpower the abortion pill. This was followed by a course of progesterone for the rest of my pregnancy. I wondered if this would work, or was it already too late? The following Saturday the doctor returned from his trip. My mom accompanied me to see if the reversal worked. We met the doctor for an ultrasound. The baby had a strong heartbeat that resonated throughout the room. Wow! It worked!



My son grew and grew. He was delivered at 8 lbs 1 oz with an APGAR score of 8 and 9 (good!). He was gorgeous. He crawled on the first day of life. At his 2-month visit his pediatric doctor told us that he looks great and for us to be aware he will probably be advanced with crawling and walking.

I completed nursing school, passing exams before and after the delivery. As I laid my son down to sleep tonight I started to cry. Despite every trouble, I have my son in my life and no problem seems too big with him. I just want to hold my miracle son and pass our story on to the countless people who are just like us - those who need an answer and a glimpse of God's real plan.



ABORTION PILL RESCUE

The “abortion pill” was introduced into the U.S. market in 2000 as a form of chemical abortion prescribed up to seven weeks (from the last menstrual period or LMP) to terminate a pregnancy. It has ushered in a tsunami of new abortion provision whose impact may continue to expand.



This abortion protocol consists of a two-drug regimen, both of which are taken orally. The first drug is Mifeprex (generically mifepristone and also known as RU-486), which blocks the action of the hormone progesterone necessary to sustain a healthy pregnancy. The second drug is misoprostol, which causes uterine muscles to contract. By blocking progesterone, Mifeprex effectively deprives a developing baby of the nutrients it needs to survive and grow. The misoprostol functions to promote the expulsion of a dead baby.

In 2016, under revised Food and Drug Administration (FDA) guidelines, the Mifeprex regimen may be prescribed to terminate a pregnancy up to 10 weeks LMP. Reported usage of the abortion pill has increased dramatically; it accounted for six percent of all reported abortions in 2001 and then rose to 23 percent of all reported abortions in 2011. This chemical abortion procedure may now account for as much as one third of U.S. abortions. ⁽¹²⁾

Availability through abortion facilities has increased accessibility. Pregnancy centers and life-affirming providers have been tasked with communicating accurate information to women about this form of chemical abortion and its mechanism of action and side-effects. The centers also share about the existence of a medical protocol which has demonstrated its effectiveness in reversing the deadly outcome for a baby in utero. The reversal process is effective in as many as two-thirds of cases where the high-dose progesterone was delivered orally to the women. ⁽¹³⁾

Founded in 2012, Abortion Pill Rescue (APR) is composed of a 24/7 hotline,

website, and a network of over 400 medical doctors worldwide. The APR program first operated within A Culture of Life Family Services, a non-profit organization, in San Diego, California, until April 2018 when it transitioned to be housed within Heartbeat International. Calls are now being fielded by Heartbeat's 24/7 Option Line live call center which will direct the calls to be answered by licensed nurses. The nurses connect women seeking immediate and time-sensitive care to a local provider trained to treat with life-saving amounts of the hormone progesterone to reverse the effect of the first drug Mifeprex and save the baby's life. The administration of the oral (or injectable in some instances) progesterone enables a healthy pregnancy to continue.

In cases where a woman's insurance will not cover the cost of the procedure, or where she does have insurance but any payment/co-payment presents a hardship, the APR can, potentially, offset the cost of the prescribed progesterone. Timing is the key.

The hotline has received calls anywhere from 30 minutes to 72 hours after a woman has ingested Mifeprex with a mean of about 24 hours. The abortion pill reversal protocol involves an off-label use of progesterone, which has been used for over 50 years to maintain pregnancy in early miscarriage cases due to low progesterone levels. This was the background for its logical discovery as a life-saving intervention.



Debbie Bradel, R.N. Abortion Pill Rescue Nurse Educator

It was in 2007 that Dr. Matthew Harrison, a hospitalist in North Carolina, saved the first known baby from the abortion pill by administering the progesterone protocol to a woman who had taken Mifeprex to terminate her pregnancy. He was familiar with the treatment protocol of women experiencing early miscarriage and applied the premise given the progesterone-blocking function of Mifeprex. Around that time, Dr. George Delgado, a family practitioner in California, made the same finding. In collaboration with

obstetrician-gynecologist and researcher Dr. Mary Davenport, the three founded the APR in 2012.

Dr. Davenport's most recent findings suggest that of pregnant women who take Mifeprex during the approved timeframe, 23.3 percent of their babies survive. When given the progesterone protocol, that number rises to 65 percent of babies who survive. There are 12 reported cases where women have taken both Mifeprex and misoprostol drugs and their babies have lived. (Mifeprex and misoprostol have not been shown to cause birth defects in live-born children nor does the reversal process increase such defects.)⁽¹⁴⁾

APR is actively reaching out to pregnancy center medical personnel to become part of the provider network and increase accessibility to women across the country. One outreach has been to offer designated trainings for medical professionals engaged in pregnancy center work at national network annual conferences for continuing education unit (CEU) credits. One national network, Heartbeat International, approved as a Continuing Education Provider by California's Board of Registered Nursing in 2012, did just this at its annual conferences and through online education from 2012-2018 (with CEU credits offered starting in 2013).

These milestones have prompted opposition from pro-abortion forces which have applied pressure to California's Board of Registered Nursing to initiate audits of all three major national pregnancy center networks (Heartbeat, Care Net, and NIFLA). A removal-reinstatement back-and-forth ensued between the state's Board of Registered Nursing and Heartbeat or the national pregnancy center networks during 2017, with the result being Heartbeat receiving permission to offer APR courses for CEU credit. A renewed attack in early 2018 involves a new regulatory standard being introduced to the California nursing board to undermine CEU credit status for APR courses.

Five hundred babies have been saved through the abortion pill reversal process to date with another 100 pregnant women initiating the APR protocol. The body of scientific research supporting the administration of progesterone as a method to reverse chemical abortion is growing through field discovery and additional case reports. The word continues to spread, whether through seeing a sign outside of an abortion clinic or learning of APR through a local pregnancy center, a news account, and other online sources. The message of hope is one which women will choose if provided with the information, as seen by the number of logged calls at APR. Sara Littlefield at APR reports, "We've received over 2,800 calls to the hotline from women wanting to learn more about reversing their abortion."

MOBILE MEDICAL UNITS (MUs)

Mobile medical unit deployment has been a growing facet of pregnancy center outreach for over a decade. It is an innovative approach similar to other mobile medical/

health care community outreach where care is taken out into the community to reach those who cannot or will not travel to a facility or provider for care. There are over 100 pro-life mobile medical units or mobile units “rolling” and offering services in the United States as of 2017.

Mobile units (MUs), sometimes called mobile clinics, essentially provide a confidential meeting and exam/clinic space for the provision of pregnancy testing and limited pregnancy confirmation ultrasounds (and more) on board a comfortably designed vehicle which travels to designated locations in the community. Staff and volunteers are able to



Community Pregnancy Clinic, Simi Valley, California mobile unit.

share the same life-affirming options on MUs as they do at brick-and-mortar pregnancy centers. The same model of compassionate and professional care offered at pregnancy centers is mirrored in services provided through MUs.

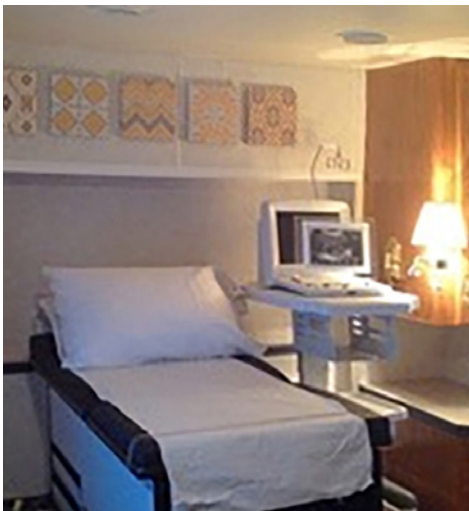
In addition to urine pregnancy tests and limited first-trimester ultrasounds to confirm pregnancy, other services offered on some MUs include: STI/STD testing and treatment, Well Woman/Wellness Exams, options education and consultation, prenatal education, parenting education, online Medicaid enrollment, natural family planning (NFP), sexual integrity/sexual risk avoidance and relationship education, material services and support, and referrals for community resources, medical care, and social service agencies.

Staffing models vary for MUs with many utilizing a mix of paid staff and volunteers for operations and service provision. MUs also require a driver. In some cases, pregnancy centers take the additional precaution of employing security or having volunteers present for shifts.

Vehicles used for MUs span a variety of models of RVs or vans and, in some instances, even used (and retired) ambulances. Some MUs are specific to their mobile unit manufacturer (spotlights follow). The interiors are comfortably designed, as pregnancy centers are, to appeal to their clients in a welcoming and safe environment.



Life Options, Grandview, Washington mobile unit.



Positive Options, Holland, Michigan mobile unit interior.

There are currently two mobile medical unit manufacturers in the country from which pregnancy centers and free standing, life-affirming organizations can choose. They are Image Clear Ultrasound Mobile, or ICU Mobile, and Save the Storks. Founded in 2004 and 2011, respectively, these ministry groups directly partner with pregnancy centers providing training on operations and networking, ongoing support, marketing advice, and sustainability. Some pregnancy centers opt to initiate, purchase, and manage their MU and its outreach independently. These centers select,

design, and in many cases refurbish their own vehicles. In 2016, there were at least 29 MUs that were independents.

Unscheduled “walk-ups” are the predominant type of appointment as opposed to a previously scheduled appointment. While the reasons vary why some women and youth do not find the doors of brick-and-mortar pregnancy centers (e.g., lack of transportation, unawareness of services provided by the pregnancy center, and/or awareness of an alternative facility including an abortion center), over 100 pregnancy centers in at least 26 states have stepped out in faith with a “go-to” attitude to serve where the need exists.

SAVE THE STORKS

Save the Storks was founded in 2011 by an inspired young couple, Joe and Anne Baker, with a grand vision for life. Save the Storks empowers pregnancy centers to reach more abortion-vulnerable women in their communities through mobile medical units. Stork Mobile Units use a fuel-efficient Mercedes-Benz Sprinter diesel chassis to reduce operational costs for pregnancy centers. Given that a high percentage of abortion-vulnerable women are under the age of 29, Storks designs mobile units to appeal to millennials, creating beautiful exterior wraps and comfortable interior designs attractive to young women.



Save the Storks mobile unit with custom wrap of Horizon Pregnancy Clinic, Huntington Beach, California.

Save the Storks coaches pregnancy centers through enhanced fundraising and other strategic processes. Grants, ongoing communication for marketing ideas and long-term customer care are vital services offered once pregnancy centers receive their Storks bus. Training is provided to assist centers with connecting with women out in their respective communities. Save the Storks believes pregnancy center staff are heroes of the pro-life movement and is honored to serve and support centers nationwide.

There were 40 Storks buses delivered and 15 more were contracted in 27 states overall at the end of 2017. Save the Storks reports over 4,000 babies saved through Storks bus outreach since the group's inception in 2011. Of those 4,000 plus babies saved, nearly 3,000 decisions to carry came in 2016 and 2017.



Current ICU Mobile unit model

IMAGE CLEAR ULTRASOUND (ICU) MOBILE

Image Clear Ultrasound (or ICU) Mobile began in 2004 under the leadership of its founder, Sylvia Slifko, a pregnancy center director with a vision to minister to abortion-vulnerable women beyond the reach of pregnancy centers. Her vision included going to these women so they could learn of their life-affirming options and experience renewed purpose and hope. It took nine months for the first ICU Mobile to develop, a period of time not surprising to the founder. ICU Mobile humbly began in a retrofitted RV but quickly grew into a national ministry with 40 operating mobile clinics.

ICU Mobile's ministry model is to partner with pregnancy centers in providing a mobile medical platform, training on operations, and coaching in networking within their communities to reach abortion-vulnerable women. ICU continues its relationship with pregnancy centers to build a sustainable mobile medical ministry which offers professional services in professional and convenient surroundings with state-of-the-art exam rooms.

In 2017, the "Fleet for Little Feet," as the mobiles in the national ministry are known, operated 39 mobile units in 23 states. Also in 2017, ICU cites the following from its fleet of mobile units, with 78 percent reporting: seeing over 4,000 women clients, performing 2,600 ultrasounds, and seeing nearly 2,000 women choose life.

OUTREACH TO SPECIAL POPULATIONS

Pregnancy centers assist women, youth, and families in every type of setting – rural, urban, or suburban. They have adapted their models of care, approach, and outreach to better assist several special populations. These include college students, underserved women in abortion-dense urban areas, Native Americans, and Alaskan Natives.

Outreach to College Students

Pregnancy center outreach to college students takes into account many factors affecting women (and young couples) pursuing their education at universities, colleges, and technical institute settings. Research shows that of women who undergo abortion in the U.S., eight percent are aged 18-19, 34 percent are aged 20-24, and 27 percent are aged 25-29.⁽¹⁵⁾ (The rise in non-traditional students means that women and men attending college today are often older than those who enrolled in the past.) In addition, one in five women (or 20 percent) will have an abortion by age 30.⁽¹⁶⁾

One of the top three reasons women cite for having an abortion is the belief that having a baby would interfere with work, school, or the ability to care for other dependents as well as the inability to afford raising a child (both cited by over three-fourths of women).⁽¹⁷⁾ Pregnancy centers recognize the pressures students may have to grapple with, often requiring such great sacrifice on the part of their family to send them to college and possibly being the first person in their family to go to college. Centers explore what it would take to help a young woman or couple graduate.

Pregnancy centers aim to help college women carry their pregnancies so that they (and potentially the baby's father) can make a good decision for their own and their baby's future, including finishing education. Pregnancy centers achieve these goals through



Arbor Woman staff meeting with members of Zeta Phi Beta Sorority, Inc. about Fertility Education and Medical Management (FEMM). Arbor Woman in Ann Arbor, Michigan was founded in 1972 and was originally named Problem Pregnancy Help, Inc. (PPH).

different models of outreach and collaboration with on-campus resources and life-affirming student groups.

In the first approach (pioneered on the campus of the University of Colorado at Boulder and developed by Care Net), a nearby pregnancy center typically sets up a satellite to serve students and establish an on-campus presence. Working with allied students at the university, a formal group with by-laws and members is established through the college and a pregnancy center staff person may function as part of the student group, fulfilling the role of campus director. Office space is provided as is the norm for any student group. The group members go about researching the possible help available for pregnant students such as housing, financial aid, student health insurance/ well baby coverage, and child care.



Pregnancy Resource Center of Charlotte, Charlotte, North Carolina founded in 1982.

Pregnancy can confer non-traditional student status which can also trigger assistance such as services offered through offices for students with disabilities. Once the various offices and programs are identified, the campus director and on-campus student group become a valuable life-affirming resource from which a student facing a difficult pregnancy decision may greatly benefit. The student groups may also organize moms' support

groups which provide for bonding and encouragement, as well as raise awareness on campus. These groups typically also help to provide for important material items involving other student groups and nursing rooms to promote positive maternal and child health outcomes. A campus where this model of outreach has been successful is the University of Louisville in Kentucky.

Another approach is for a center to be located within walking distance of a college campus where it is easily accessible. Visibility is often enhanced through publications and marketing to students. In this outreach, the pregnancy center itself does not function as part of the college. Much like a typical pregnancy center, these centers offer a full range of services which often include medical services like limited ultrasound and STI/STD testing. They do not restrict their services to just students and serve anyone who comes in for an appointment.

These centers usually have close relationships with pro-life student groups on campus which can similarly help the college's offices and administration identify needs. One such example is Students for Life of America's "Pregnant on Campus" initiative. Other supports the pregnancy centers offer include classes on labor and delivery, "safe sleep"

“ Life as a single mother is not a bed of roses, but the love that I have for my daughter and the love that she gives to me makes it all worthwhile. ”

CLIENT
Arizona

for a baby, fertility education, and relationship education. Two examples of this type of pregnancy center are Arbor Woman serving the University of Michigan, Ann Arbor and Pregnancy Decision Health Center, campus location, serving Ohio State University.

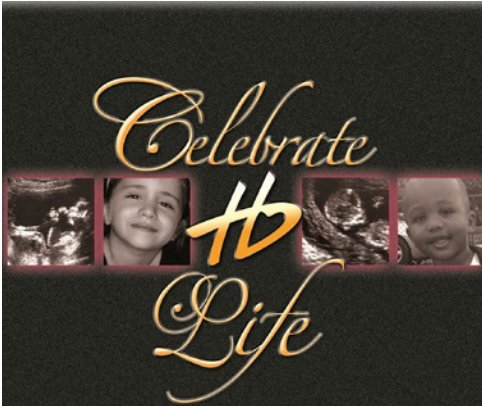
Outreach in Abortion-Dense Urban Areas

Underserved minority women, specifically African American and Hispanic women, are disproportionately affected by abortion. Women in these two groups account for 53 percent of abortion procedures, yet together they represent 29 percent of the U.S. population.^(18,19) Abortion is concentrated in low-income women with 75 percent of women who have an abortion being poor or near-poor (26 percent of women had incomes between 100 and 199 percent of the federal poverty level, and 49 percent had incomes less than 100 percent of the federal poverty level in 2014).⁽²⁰⁾ Planned Parenthood, the organization with the greatest market share of abortions in the U.S., located 100 percent of its surgical abortion facilities in 2014 in urban areas, as defined by the U.S. Census Bureau.^(21,22) Access to pregnancy centers with abortion alternatives is vitally important for women, youth, and families owing to the undue hardship of abortion targeting of these groups.

One example of this targeting is the largest abortion facility in the country (at 78,000 square feet), the Planned Parenthood facility in Houston, Texas, which opened in 2010 and is located near four predominantly minority communities. Another example is the highest abortion provider-dense area in the country, Miami, Florida, with abortion facilities located near predominantly African American and Hispanic communities.

Starting in 2005, two of the national pregnancy center networks, Care Net and Heartbeat, launched “urban initiatives” designed to grow outreach in specific, abortion-dense urban areas. These included efforts in Philadelphia, Detroit, Pittsburgh, Miami, Atlanta, New York City, and Los Angeles among others. The approach of these national networks as well as those of other parent organizations has now shifted into different intentional strategies.

Heartbeat International has adopted a “building blocks” approach by highlighting minority leaders and subject matter experts within the pregnancy help movement, providing scholarships for leadership training and general expense grants to organizations impacting urban communities. Of note, one of the original urban initiative centers,



Left: Heartbeat of Miami image with children of clients. Right: Clients of the Austin Pregnancy Resource Center, Austin, TX.

Heartbeat of Miami, which began in 2007 as one center in Hialeah, a Miami neighborhood, has now expanded to four medical clinic locations and one administrative office. The office also serves as a training center and Women’s Wellness referral center as part of a State of Florida Pregnancy Support Program. The centers are in Hialeah, North Miami, Kendall, and Flagler (known as the “Little Havana” area). Heartbeat of Miami is an example of outreach in an area thick with abortion providers in a predominantly Hispanic and African American community.

Care Net has shifted its approach to working directly with churches in the affected areas, the thought being that growth will be organic much like the initial growth of pregnancy centers as parachurch ministries in the 1960s, ’70s and ’80s. Care Net’s *Making Life Disciples* program equips churches “to offer compassion, hope, help and discipleship to women and men considering abortion.” By bringing the issue to the forefront in churches, providing the appropriate training to interested congregants, leaders, and congregations, and building effective bridges between churches and local pregnancy centers, the necessary stakeholders and church leadership are equipped to launch outreaches in their own communities.

Focus on the Family’s Option Ultrasound Program (OUP) specifically recognizes the critical need for the provision of limited first-trimester ultrasound services within these

“ All of my healing, just feeling that I could do this is because of [the center]. Had they referred me to an abortion clinic, I don’t know how I would have reacted. [They] gave me the hope I needed to know that I could do this alone. And they did not make me feel alone. ”

CLIENT

Queens, New York

high-abortion areas. Focus has made provision in its OUP grant program to equip centers in abortion-dense areas by covering 80 percent of the cost of an ultrasound machine or the cost of training for a center to become a medical clinic. Two external criteria OUP requires for eligibility for its current grants are that a center directly serve a metro city population of 300,000 or more and that four or more abortion providers that actively market abortion be in the city the organization serves.

Other parent organizations are taking a more targeted approach and growing existing pregnancy centers in abortion-dense urban areas. Human Coalition, a newer organization, “works to ensure that abortion-seeking women receive compassionate care and tangible help in the most abortion-dense cities in the United States.” Human Coalition is currently focusing efforts in Atlanta, Charlotte, Dallas/Fort Worth, Raleigh, and Pittsburgh. Pregnancy Resource Center of Charlotte, North Carolina, has provided trusted outreach since its opening in 1982 but has transitioned to working with Human Coalition to advance this outreach. Other centers have done so as well.

Outreach to Native Americans/Alaskan Natives

While both Native Americans and Alaskan Natives are eligible for no-cost medical care at federally supported healthcare facilities in their communities, the care offered at pregnancy centers represents a more holistic approach with social services provided as well. Center workers can focus on key topics in particular populations to strengthen families and communities, such as parenting education. These topics may include child self-esteem, child neglect, and alcohol and substance abuse. While the incidence of fetal alcohol spectrum disorders has dropped in both American Indian and Alaskan Native populations over the past 10 years, infants from these groups are still disproportionately affected. Sexual risk avoidance (SRA) education has been and continues to be a vital outreach to school-age youth for these groups.

Pregnancy centers provide life-affirming pregnancy support services and outreach to American Indians across the country, but there is only one center that exists on a reservation. Living Hope Centers, Whitriver, Arizona, is located on the Fort Apache Indian reservation and provides the full range of pregnancy center non-medical services. In years past it has sustained an active fatherhood class. Staff have also given presentations in the elementary schools on the reservation. In 2010, the center’s building burned to the ground. The tribal leaders, clearly valuing the pregnancy support ser-



Volunteer, Eva, with client at the La Habra Life Center, California founded in 1984. Similar to the Santa Ana Life Center, the La Habra Life Center serves a high proportion of Latina clients from the community.

vices including parenting education, provided Living Hope Centers with temporary space in an apartment building to meet with clients and provide care. The Living Hope Centers and Whiteriver leadership will soon reintroduce themselves to the first elected tribal chairwoman (tribal leader), given a recent change in tribal leadership.

There are now 10 pregnancy centers spread out in the state of Alaska, and the vast majority see Alaskan Natives as clients. Due to the prevalence of Alaskan Native villages outside the limited main road system in Alaska, and regular travel being by boat and plane, centers coordinate so that clients from these communities receive support. Centers also communicate with faith-based groups directly involved in village communities to learn about needs. Off-site SRA is increasing through center outreach here as well. By way of example, the Fyndout Free Pregnancy Center in Fairbanks will reach youth from 10 native villages in the Yukon-Koyukuk Cooke school district with SRA education in the upcoming school year.

Other Examples of Specific Outreach

An early example of outreach to immigrants started in 1975 at the Life Center of Santa Ana, California. Serving an early wave of immigrants in California, a steady 20-30 percent of its clients were immigrants during the first 10 years of outreach. This client percentage has greatly increased over time. Another more recent specific outreach to the U.S. Armed Forces has emerged at a U.S. military base in Ramstein, Germany through Heartbeat International.

ASSISTANCE IN REAL TIME

Pregnancy centers are located across many types of community settings in all 50 states and around the globe. Two contact centers exist in the U.S. serving different purposes because women, youth, and men search for pregnancy support at all hours online. Given the increased availability of two types of “emergency contraception” and chemical or “medical” abortion, the pace at which people seek to acquire information for decision-making has also increased. Both contact centers offer trustworthy and immediate information and get clients in need connected to real-time help, with the added benefit of privacy.

HEARTBEAT INTERNATIONAL'S OPTION LINE

Option Line is a 24/7 live contact center providing information about pregnancy center resources that are physically closest to a caller or web site visitor. Professionally trained consultants are available via call and live chat for additional assistance and to link women and youth with the extensive Option Line network. The site features a center locator system powered by MapQuest which displays the closest pregnancy centers via an entered zip code. Option Line further synchronizes up with online scheduling calendars



at participating centers to set appointments for callers. The national contact center can be reached at 1-800-712-HELP (4357) and online at www.optionline.org for bilingual support in both English and Spanish.

Option Line now averages over 30,000 contacts per month. Founded in 2003, Option Line has now reached over three million contacts with women and youth.

Heartbeat International and Care Net co-founded Option Line in 2003. Since 2012, Option Line has been solely funded and operated by Heartbeat International.

“ Thank you so much for providing helpful information and being kind! ”

OPTION LINE CALLER

CARE NET'S PREGNANCY DECISION LINE

The specific outreach of Pregnancy Decision Line (PDL) is to women and men who are looking for solutions on the Internet and who generally would not be inclined to visit a physical pregnancy center setting. It is geared towards millennials who are prone to find answers to all of their questions online, including pregnancy solutions. They often also have no intention of going anywhere but to an abortion facility and may turn to abortion drugs, which have already been found to be sold online illicitly.⁽²³⁾ PDL is designed to “provide caring, confidential support for women and men faced with a pregnancy decision” through a five-day-a-week, eight-hours-per-day call center. PDL meets callers “where they are” and then assists, through pregnancy decision coaching, as needed.

The PDL site also features a center locator powered by Google Maps which displays the closest pregnancy centers via an entered zip code. The national PDL phone number is

1-877-791-5475 and it is staffed by professional pregnancy decision coaches. The website is pregnancydecisionline.org. Care Net founded Pregnancy Decision Line in 2012.

“ She made me feel comfortable to talk with her and went above and beyond to answer all of my questions. ”

PREGNANCY DECISION LINE CALLER

MATERNITY HOMES

Once a woman has decided to carry and give birth to her baby, decisions about next steps including housing plans can present a daunting challenge. The long history of caring outreach to expectant moms and their families in the U.S. includes charities like the Florence Crittenton Mission and Doors of Hope in the 1800s. Roman Catholic infant and maternity homes as well as Jewish Maternity Homes, Salvation Army homes, and other maternity home communities proliferated during the 20th and early 21st centuries. From the mid-1970s through the mid-1990s, small, faith-based maternity homes, with a married couple or housemother housing six to 12 youth and women, supplanted the larger, institutionalized maternity homes. While models and services vary, the constants have been the provision of stable and safe community environments which encourage character growth and rely on faith-based foundations.

Recognizing the need for formulating “best practices,” a working group of maternity home leaders established the National Maternity Home Coalition (NMHC) in 2014. The coalition has tracked roughly 400 life-affirming, faith-based maternity homes to date in the country, 85 of which are formally members of the coalition. While program delivery and services vary widely, the coalition focuses on the development of resiliency, healing, and transformation within maternity homes and encourages excellence in pregnancy decision making related to life-affirming parenting decisions.

Interest in maternity homes is high because of the intense need for them. A breakdown of family support and a high rate of out-of-wedlock pregnancies are two major contributing reasons. In addition, common factors expectant moms entering maternity homes now face include addiction, abuse, trauma, lack of support, and homelessness. Maternity homes seek to become a community for their residents.

Mary Peterson, facilitator of the NMHC and housing specialist at Heartbeat International, sums up the “heart” of maternity homes as “Belong, Believe, Behave.” She says, “Essentially, the priority of a maternity home is to create a culture of belonging, a place of community. From a felt place of safety, stability, and acceptance, a mom can begin to shift her thinking, about herself and about the world. And as beliefs change, behaviors change. Motivation theories tell us that the deepest and lasting change comes not from negative

consequences and regulation but by connecting with our deepest desires and feeling their magnetic pull. If maternity homes can help a mom tap into the unique desires of her heart and walk with her in movement toward the goals connected to that desire, deep transformational moments can happen. With their long-term service model, homes have the ability to journey with a mother for a long time – it’s the precious part of maternity home ministry.”



Matthew (*left*) and Callie Neff (*center*) house parents and residents at House of His Creation (HOHC), Lititz, Pennsylvania. Founded in 1977, HOHC provides a maternity home program with birth mom support.

Housed collaboratively within Heartbeat International, the NMHC develops resources, policies, and manuals; coaches startups; and provides webinars for groups across the country. It seeks to support and unify maternity home leaders. The NMHC has also helped maternity homes integrate trauma-informed practices into their programs. One method is called Adverse Childhood Experiences (or ACEs). When greater in number, ACEs can lead to increased risk of short- and long-term health problems. Maternity home staff are encouraged to offer standardized ACE screening and resiliency questionnaires to residents. From this process they glean helpful information from which to better understand residents’ exposure to childhood trauma and discern their level of resilience.

The four models of maternity homes vary in staffing. The four types of homes and their core orientations are as follows: (1) live-in house parents – offering an example of marriage and family; (2) live-in staff – offering services in the context of relationship; (3) rotating/shift staff – personnel with specialized training; and (4) shepherding/host homes – housing without infrastructure costs.

While pregnancy centers have always provided referrals to life-affirming maternity homes in the vicinity, according to the NMHC there is a growing trend reflecting a deeper connection between maternity homes and pregnancy centers. Fifteen pregnancy centers in the country now have maternity homes as part of their core ministry.

PERSONAL
STORY



TINA | Taylor, Arizona

Tina grew up in California and during her teen years found herself in an unhealthy family situation. At the age of 17 she became pregnant and was pressured to abort by all around her. She needed to be in a stable and nurturing environment to decide what she was going to do.

It was 1982 and small, Christian maternity homes housing six to eight women were beginning to grow in number across the country to provide support in cases where families and partners were unable to. Tina found one such setting in Arizona where she received unconditional love. There with the support and guidance of her host family she made the loving, life-affirming choice to bless a couple with her baby.

Catherine was born in 1982 and was adopted by Pierre and Christina in Maryland. From a very young age Catherine knew she was adopted and she shares that she has always known her birth mom, Tina. She remembers that Tina would call every year on her birthday to talk. They would write letters and they finally met each other when Catherine was 17 years old. Catherine's adoptive parents placed importance upon Catherine's relationship with her birth mom.

In 1983, Pierre and Christina founded the Catherine Foundation Pregnancy Care Center in Charles County, Maryland, with the support of Southern Maryland churches. They named it after their adopted daughter.

Catherine remembers stories from her mom Christina when her mom would take her in her stroller and talk with high school students about adoption. The students didn't know anything about adoption and Catherine's presence made it all the more compelling.

At age 16, Catherine shared about adoption in schools through Catherine Foundation presentations. She still shares today, “My birth mom is my hero. She gave me life when everyone around her told her not to.” Catherine’s testimony is powerful.

Tina’s testimony is equally powerful. She believes that the experiences of being welcomed into the maternity home setting, as well as blessing a married couple with her little girl when she was at a difficult stage in her life, prepared her for her life’s journey. While it was not always easy, Tina states, “You either have faith or fear.”

Tina and her husband of 30 years have endeavored to provide a loving home to a multitude of foster children including a set of siblings and children with special needs. They have adopted a total of 11 children. Tina shares that her early experience has prepared her to have compassion, empathy and understanding towards birth moms as well as moms whose children she has fostered. She understands the challenges parents experience when separated from their children and in many cases where they entrust another family to care for or raise their child.

Today, Catherine and her husband have a family with five children and another daughter due soon. She is a step mom to two sons. Catherine and her birth mom, Tina, have remained close. During a recent period when Catherine lived in California and became ill, Tina cared for two of Catherine’s children in her home in Nevada for several months.

The host mom, Dinah Monahan, where Tina stayed began her maternity home in 1979 and then went on to found several pregnancy centers and a separate offsite maternity home, Hope House Maternity Home, which has served over 100 women. The unconditional love offered in this single home has rippled out far and wide, touching the lives of a great many. The Catherine Foundation in Waldorf, Maryland estimates receiving 1,100 client visits each year since opening in 1983, serving women and men in Charles County and surrounding communities.



Tina and Catherine on Catherine’s wedding day.



Catherine, her husband Jonathan and their five children. They are currently expecting a little girl.



3

SECTION III STANDARDS

STANDARDS

Affiliates of the three largest national networks (Care Net, Heartbeat International, and NIFLA), as well as eight other networks, provide training, resources and/or services subject to a national code of ethics instituted in 2009, “Our Commitment of Care and Competence” (CCC) (nifla.org/membership-benefits/commitment-of-care/). The code addresses truthfulness in all communications; client information confidentiality; and compliance with all legal requirements regarding employment, fundraising, financial management, taxation, public reporting, and financial disclosure. The code also provides that all medical services be under the supervision and direction of a licensed physician in accordance with applicable medical standards.

This 2009 version updated an earlier 1995 “Commitment of Care” to envelop industry standards for growth in medical services, rigor in screening volunteers and staff, and compliance with all applicable legal requirements for medical and non-medical pregnancy centers. Both the 1995 and 2009 ethical code versions address scientific and medical accuracy, truth in advertising, patient confidentiality, nondiscrimination, a consistent life ethic, and kindness to and compassion for clients.



Clinic Tips

Volume XIV Number 7
July 2017

HELP FOR THOSE WHO HAVE EXPERIENCED SEXUAL VIOLENCE - PART 1

Sexual Violence (SV) is a profound social and public health problem in the United States. According to the Center for Disease Control and Prevention (CDC), one of every 3 women in her lifetime will experience SV.¹ 8.5 million women report first-experienced rape and 3.5 million women report being stalked

How is Sexual Violence defined?

SV is defined as a sexual act that is committed or attempted by another person without the freely given consent of the victim or against someone who is unable to consent. SV includes and is

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Legal Tips

Volume XXIV Number 4
April 2017

NIFLA's VOLUNTEER HANDBOOK, AN IMPORTANT NEW RESOURCE

Volunteers are important to the successful operations of Pregnancy Resource Centers (PRCs) and Pregnancy Medical Clinics (PMCs). However, the

agree with these standards, then they should not volunteer at your PRC/PMC. Rare exceptions to this rule could be made for volunteers who do temporary,



To assist with areas of legal uncertainty, the three national networks provide legal reviews as a service to their affiliates. To date they have provided the following: NIFLA has conducted 1,155 legal audits, Heartbeat International has performed over 200 legal reviews, and Care Net has completed 811 legal and organizational reviews.

In addition to legal reviews, each of the national networks convenes an annual conference and offers additional trainings at which educational workshops are aimed at honing center understanding of their legal obligations. NIFLA also has two monthly publications – “Legal Tips” and “Clinic Tips” – to provide ongoing education to centers about their legal and professional duties. Heartbeat International’s Pregnancy Help Institute provides week-long training organized into four intensive tracks: leadership, development, new director, and

ultrasound. The Heartbeat Academy offers pregnancy center workers access to online webinars and courses on a wide variety of topics as a constant resource. Care Net has recently developed its Centers of Excellence certification program which will include five online courses to further strengthen high organizational standards within the pregnancy center network. Topics include the history and philosophies of pregnancy center work, client care, client marketing, medical services, and executive leadership.

Other pregnancy center parent organizations, even if not officially recognizing the CCC, require their affiliates to abide by high standards of care which prioritize integrity in client care, adherence to legal and regulatory guidelines, and a consistent life ethic. The industry norm is to ensure that any center operating outside of the acknowledged standards receives guidance to conform so as not to tarnish the excellence in care standards for which pregnancy centers are known.

“ People can always come against them and lie, but I want people to know that the center wants to help, not to hurt. ”

CLIENT

Waipio, Hawaii



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SECTION IV

PREGNANCY CENTERS AS MODEL COMMUNITY-BASED AND FAITH-BASED ORGANIZATIONS

Pregnancy centers are increasingly being recognized for their impact and standing in communities across the country. Centers have not been timid about stepping into uncharted territory and pioneering innovative outreach which has aided their expansion in all type of settings at the community level.

Because they address a widespread human service area – helping those who are pregnant or may be pregnant and their families – and fill a niche with alternatives to abortion, their services would seem to have broad appeal. Yet it is how pregnancy centers have gone about their objectives and mission that has made them models of community- and faith-based action.

Grassroots since their inception, pregnancy centers involve community members serving community members, neighbors who know the unique challenges and opportunities facing women, youth, couples, and families all around them. Drawing upon the dedication of a high proportion of volunteers – nine in 10 pregnancy center workers are volunteers – pregnancy centers give community members a chance to grow in character through focusing on the needs of others, including defenseless unborn children.

Pregnancy centers are guided by boards of local women and men who co-lead in concert with senior staff. Together they study their individual community's needs to decide upon the center's specific outreach and services. Centers then often utilize national network or parent organization trainings and resources to further hone their service mix. Pregnancy centers also actively network with community agencies and other care providers, and they are fiercely aware of the benefits of being interconnected and working in collaboration as opposed to being islands unto themselves. Recent research has confirmed that pro-choice men and women recognize and appreciate that pregnancy centers respect and care for the women they serve and deem this praiseworthy.

Strong majorities of American men and women believe the provision of abortion alternatives for women is important. In 2014, Charlotte Lozier Institute (CLI) commissioned a poll of 1,300 men and women aged 18-44 years and asked how “necessary” are organizations that “provide free medical services and other support to women with an unexpected pregnancy and encourage them to give birth to their babies.” The survey then stated, “They do not offer or refer women for abortions.” Ninety percent of men and women responded “very necessary” or “fairly necessary.” In the same poll when asked if they would like there to be such an organization (“pregnancy resource center” given the description noted above) in their community if one did not already exist, 73 percent of women and 66 percent of men said “yes.”

In addition, when asked about their overall opinion of “organizations of this kind,” 83 percent of women and 78 percent of men said, “very favorable” or “somewhat favorable.” These results indicate broad-based support of the mission and expansion of pregnancy centers as well as the favorable opinions about pregnancy centers among American men and women, regardless of their views on abortion.⁽²⁴⁾



Acacia and her son Axton in the United States Capitol rotunda, Washington, D.C. Acacia was a client at the True Care Women's Resource Center, Casper, Wyoming which was founded in 1987.

The public cost savings of at least \$161 million that pregnancy centers generated in 2017 represents real impact. So too is the impact of the emotional support, after-abortion support, and the lives saved when women who would have otherwise had abortions carry their children to term. While some pregnancy centers receive public monies through various federal and state programs and funding streams, at least 90 percent of total funding for pregnancy centers is raised locally at the community level. In 2017, a total of 86 percent of centers received no public funding; 14 percent, or 364 pregnancy center organizations, received federal or state funding at some level. The public funds awarded to centers are often specific to services offered such as community-based sexual risk avoidance education, overall pregnancy care services, and STD testing and treatment. “Choose Life” license plates, State Temporary Assistance for Needy Families (TANF) funds in 11 states, and SRA grant monies are among these funding types.

In addition, the sustained involvement of the church, via both charitable giving and volunteers, represents a key success of pregnancy centers as a parachurch ministry.

Another recent avenue by which pregnancy centers are documenting their public cost savings is at the state level through State Impact reports. Pregnancy center state coalition groups pool the combined outreach data of reporting pregnancy centers in their state to present a summary of overall statewide impact, typically done at their state capital to legislators or elected officials. Missouri, Virginia, Illinois, Kentucky, Oregon, Alabama, and Texas are examples of states which have produced state-level reports estimating the



Group worship time for attendees at an annual Care Net conference.

contributions of pregnancy centers. Additionally, Care Net offers a service where pregnancy centers in a state can request a customized report that will provide comprehensive data on the value of all the services (medical, educational, material, and emotional support) provided by Care Net-affiliated centers in that state.

Pregnancy centers are increasingly receiving public recognition for their work even amid continued attacks from pro-abortion forces. State-level resolutions honoring pregnancy centers have been passed in 18 states.⁽²⁵⁾ State health departments actively refer to pregnancy centers in at least 18 states.⁽²⁶⁾

The strongest evidence for the trust conferred upon pregnancy centers comes from the women they serve. Exit surveys are completed at a large majority of centers and consistently reflect high levels of client satisfaction as reported by the national networks. Women share about their experiences at pregnancy centers with other women. Learning of centers “by word of mouth” continues to be a leading source of marketing as it was when this topic was first studied over 20 years ago.

The earliest pregnancy centers and abortion alternative efforts in the 1960s and 1970s were Catholic-led. In the 1970s, evangelical Christians joined the formal outreach and the two groups have co-labored, a phenomenon treasured as a core strength of the pregnancy center movement. The cohesion stems from a shared model to minister well through unconditional love of clients and their unborn children. The model identifies each as the unique person she is, created in the image of God to be treated with respect and dignity. Pregnancy center workers respect theological differences and Christian traditions and actively look to build unity.

Care Net recently launched *Making Life Disciples*, a program to equip churches to offer compassion, hope, help, and discipleship to women and men considering abortion. The initiative is based on the idea that the church is the seat of discipleship, the God-ordained institution to serve today’s “widows and orphans,” and the place where strong God-honoring families can be built. *Making Life Disciples* allows churches to create a compassionate, non-political ministry response to the abortion crisis, which is not only a problem outside the church, but inside the church, too. Research conducted by Care Net in 2015 showed that four out of 10 women who had abortions did so while they were actively attending church.⁽²⁷⁾ Care Net’s program will also empower churches and pregnancy centers to build more effective bridges between them to better serve the abortion-vulnerable in their communities.

Respect Life offices at the individual parish and archdiocesan levels of the Catholic church champion the sanctity of human life and community-based projects. The Respect Life Program, run through the U.S. Conference of Catholic Bishops (USCCB), produces materials “to help Catholics understand, value, and become engaged with supporting the God-given dignity of every person – which naturally leads to protecting the gift of every person’s life.” These materials recognize the unborn and their moms as vulnerable persons in need of protection and help. The office also recognizes the intense need for after-abortion support and actively advocates for and refers to recovery programs. Further, Pope Saint John Paul II wrote in *Evangelium Vitae*, “Newborn life is also served by centres of assistance and homes or centres where new life receives a 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.”



The Church universal as mentioned above functions at the community level to care for those in need in its midst, without discrimination of any kind, and pregnancy center workers have grown as individuals and people of faith in this process. This latter transformation is another aspect of pregnancy centers’ legacy of life and love.

“2017 Impact Report Card” highlighting the impact of 70 life-affirming ministry locations in Missouri. The report is produced annually by Alliance for Life in Missouri which unifies, equips, and engages the network of groups. Highlights of the 2017 report include: 29,120 individual clients served (includes women, men, children, and babies); 16,695 women served; 1,716 men served; 3,854 parenting class clients; 6,333 clients who received material resources; 603 fatherhood clients; and, 2,369 volunteers.

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SECTION V CONCLUSION



CONCLUSION

Compassionate pregnancy center support now stretches around the world. Care Net has 66 affiliates in Canada. Heartbeat International, with its longtime international focus on life-affirming pregnancy help, has 1,120 affiliates in 61 countries on all six inhabitable continents. Finally, LIFE International, based in Grand Rapids, Michigan, has equipped over 12,000 leaders in 87 nations on six continents to multiply the message of life. Pregnancy center outreach continues to increase at home in the United States and around the globe, promoting better health outcomes for women and family well-being.

Empowering women to make life-affirming choices while addressing needs through a holistic approach has both short- and long-term impact. The benefits to women's health are considerable. By helping women to avert a first abortion and repeat abortion, pregnancy centers:

- Promote maternal and child health, women's health, and overall well-being.
- Avert mental health impacts of abortion for women, which include elevated rates of depression, substance abuse, and even suicide.⁽²⁸⁾
- Reduce rates of repeat abortion, which account for an estimated 45 percent of abortions in the United States according to research published by the Guttmacher Institute.⁽²⁹⁾
- Lower the incidence of preterm birth. A risk association has been identified between previous induced abortion and subsequent preterm birth in numerous published studies internationally for over three decades.⁽³⁰⁾
- Lower the incidence of breast cancer. A risk association has been identified between previous induced abortion and subsequent occurrence of breast cancer in numerous published studies internationally.⁽³¹⁾

The last reported data by the Guttmacher Institute for 2014 indicate that the

abortion rate of 14.6 abortions per 1,000 women aged 15-44 in the U.S is at its lowest recorded rate (down 14 percent since 2011). In 1973, the year abortion was legalized, the abortion rate was 16.3.⁽³²⁾ The scope of services and healing work of pregnancy centers are helping to reclaim and rebuild a life-honoring paradigm of true reproductive health nationwide. By assisting women, men, youth, and couples they are helping to strengthen families and communities. Their efforts continue to draw attention.

On January 19, 2018, at the 45th annual March for Life, President Donald J. Trump, speaking from the Rose Garden, addressed the tens of thousands of women, men, students, and youth attending the event on the Mall. Vice President Mike Pence joined the President in highlighting the importance of recognizing the miracle of life and the right to life for all. The theme of the 2018 March for Life was “Love Saves Lives,” embodying the valiant efforts and spirit of pregnancy centers. President Trump was joined for the occasion by four women, all of whom had faced unexpected pregnancy and been pressured to abort their babies. The President heralded their strength and resolve as well as the tireless devotion of pregnancy center personnel who serve with generosity and compassion.

The life-changing encounters and experiences at pregnancy centers across the country tell a compelling story, one of strength through support and service. Where human lives are rescued, hope abounds, and a legacy of life and love is born.



The work of pregnancy centers resounds across generations, saving many lives and building new relationships – a legacy of love and mutual help. About 30 years ago, a teenage girl named Alejandra and her boyfriend, Marco, visited the Sacramento Life Center in California. Alejandra had been pressured to have an abortion at Planned Parenthood. She and Marco met with a peer counselor to talk about life-affirming options and received support. The couple gave birth to a beautiful daughter, Amalia, and went on to marry. They had four more children and are still happily married. Now Amalia and her husband have their own family with three children. Certified as a breastfeeding specialist, Amalia collaborates with the Sacramento Life Center through her work. To this day, Alejandra fondly remembers the peer counselor she spoke with during her visit many years ago. (Left: Alejandra with Amalia as a child. Right: Amalia with her family today.)

“ I discovered that I am stronger than I ever knew. ”

CLIENT
Liberty, Missouri



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SECTION VI NOTES AND ACKNOWLEDGMENTS

NOTES:

To learn more about the in-depth history of the pregnancy help movement, please visit:

A Passion to Serve I: <https://downloads.frc.org/EF/EF09I51.pdf>

To learn more about the 2010 pregnancy center findings, please visit:

A Passion to Serve II: <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.”

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

ACKNOWLEDGMENTS



Sister Paula Vandegaer, co-founder of Alternatives to Abortion International and founder of International Life Services (on right) with Mechtild “Mecki” Grothues, founder of La Habra Life Center, California (on left) and volunteer Rosalie Walker, R.N. (standing)



Artwork created at a parent-child social class where single moms bond together at the Pregnancy Problem Center of Honolulu, Hawaii.

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SECTION VII
ENDNOTES

ENDNOTES

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A Legacy of LIFE & LOVE

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