

What “crisis pregnancy centers” really do

Low-income people are going to the centers for basic services. They don't always get what they need.



The lobby of Informed Choices Pregnancy Resource Center in Gilroy, California, on March 13, 2018. *Nic Coury/Washington Post via Getty Images*

When Aya got a positive pregnancy test, she wanted to confirm the results at a clinic.

But the first six places she called either required her to pay out of pocket, or had no appointments for a week. So Aya went to a pregnancy resource center.

Sometimes called crisis pregnancy centers, the facilities' "primary mission is to dissuade women from choosing abortion," Katrina Kimport, an associate professor at Advancing New Standards in Reproductive Health (ANSIRH), a group at the University of California San Francisco, writes in a new study of patients at the centers, [published on Friday](#) in the journal *Perspectives on Sexual and Reproductive Health*. The centers, most of which are religiously affiliated, typically offer services like pregnancy tests and sometimes resources like diapers or baby clothes, alongside counseling with an anti-abortion message.

The inner workings of pregnancy resource centers don't always get a lot of coverage in the media, and unless they've visited one, many people may not know much about the facilities. But they have been a subject of major concern among abortion-rights advocates in recent years, because such centers have been found to give misinformation about the risks of abortion. Some advocates feared that the centers "inappropriately interfered" in patients' decisions around their pregnancies, "preventing people from being able to choose or obtain an abortion," Kimport told Vox.

But that's not what Kimport found in interviews with 21 patients, including Aya, who later went to a prenatal care clinic. Most of those patients had already decided to continue their pregnancies when they went to the resource centers. They visited the facilities for basic necessities — like ultrasounds and diapers — that were expensive or difficult to get elsewhere.

In many cases, the patients did get help at the centers. But some resources came with strings attached — free baby clothes and other supplies, for example, were only available if patients took workshops or classes, some of which had a religious component. Some women found the required instruction troubling, with one saying of a parenting video, "it hurt me."

Meanwhile, the patients Kimport talked to, most of whom were low-income, also had major needs that could not be met by pregnancy resource centers, from food insecurity to homelessness to high-risk pregnancies that required specialized care.

It's not necessarily surprising that the centers couldn't help women with these problems, Kimport told Vox — that's not really what they were designed to do.

But in recent years, states and the federal government have been increasingly positioning the centers as social safety-net providers, shifting money toward them and away from other facilities that provide a wider range of services, like

family planning clinics. The Trump administration, for example, last year **barred groups that provide or refer abortions** from getting federal family planning funds, but **awarded a grant** to a network of pregnancy resource centers in California.

Kimport's research suggests that as family planning clinics and other service providers lose funding, pregnancy resource centers, at least as they're currently designed, won't be able to fill in the gaps.

For the patients Kimport talked to, going to such a center "didn't meet all of their needs," she said. "It didn't even meet most of their needs."

The women in the study mostly went to pregnancy resource centers for things like pregnancy tests or baby clothes

Pregnancy resource centers as they exist today first began appearing in the 1960s, after states began liberalizing their abortion laws, according to **Heartbeat International**, which identifies itself as the country's first network of such centers. Their spread increased after 1973, when the Supreme Court established Americans' right to an abortion in *Roe v. Wade*. Today, there are around 2,500 such centers across the country.

In general, the centers' goal is to encourage people to carry their pregnancies to term rather than having abortions. For example, Heartbeat International aims "to make abortion unwanted today and unthinkable for future generations," **according to its website**.

Heartbeat's affiliates around the world — the organization says it has more than 2,800 facilities on six continents — offer a range of services. "Some pregnancy resource centers provide pregnancy tests and material aid (diapers, clothing, etc.) while other pregnancy help medical clinics offer limited ultrasounds, STI testing, and prenatal care," said Andrea Trudden, the group's director of communications and marketing, in an email to Vox. Some also offer financial aid courses or mentorship for couples.

Pregnancy resource centers have been **criticized in the past** for ads and website copy that made them look like they offer abortions. In fact, they do not offer the procedure, and research has shown that their websites often include **misinformation about its risks**, like the false claim that abortion is linked to breast cancer or mental health problems. This has led to concerns that

the centers will trick people into believing they offer abortion, then dissuade them from the procedure with false claims about its dangers.

For Heartbeat International, individual affiliates have a lot of autonomy when it comes to services they offer and information they provide, Trudden said. But in general, “our clients have the right to choose an abortion, and they also have the right to know more fully what may be at stake in their decision.”

Because of concerns about misinformation, however, Kimport wanted to learn more about why patients go to pregnancy resource centers, and what happens when they get there. Other researchers have studied the centers in recent years, often looking at the information presented on their websites.

But, Kimport writes, “the voices of pregnant people who have visited the centers” are largely missing from the existing scholarship. So she and her team asked patients who came to prenatal care clinics in southern Louisiana and Baltimore, Maryland if they’d ever been to such a center, and if they were willing to talk about their experiences.

The first surprise for Kimport was that relatively few patients had actually been to the centers. Over a two-year period from 2015 to 2017, she found just 21 people who had been to one and were comfortable talking about the experience (a few said they had visited a center but preferred not to talk about, but about 80 percent agreed to be interviewed). Nineteen of the 21 patients were black, one was Latina, and one was white; most worked low-wage jobs or were unemployed.

The second surprise was that despite the centers’ mission to dissuade people from having abortions, most people were not even considering that option when they went to the centers. Just four of the 21 women were thinking about terminating the pregnancy when they went to the center, and all four were also thinking about continuing it.

Most of them went to the centers not for help deciding what to do, but to get resources or services they needed for their pregnancies or eventual children.

One woman, identified in the study as Samantha (all names are pseudonyms), needed proof of pregnancy to qualify for Medicaid insurance. Aya wanted proof of her pregnancy from an “official” entity because she believed it would help with her husband’s green card application. In contrast to the other facilities she called,

the pregnancy resource center could see her for a same-day appointment at no charge, so she went there.

All the women in the study were “deeply concerned about their ability to materially provide for a new baby,” Kimport writes, and some went to the centers at least in part to get baby products like clothes. “They had clothes, they had baby chairs and bouncers,” one woman told the researchers. “They offered a lot.”

The services and baby products weren’t necessarily “free”

These items didn’t cost money, but they typically came with strings attached: namely, that pregnant people would keep coming to the center and participating in programs. “I went to a parenting class,” one said. “When you go, you watch, like, two movies, and you earn five [center] ‘dollars,’ and they give you a list of things that they have that you can shop for.”

A points system is common at pregnancy resource centers, Trudden of Heartbeat International said. “It encourages continued learning while providing practical items for the family,” she added. “Many parents find this to be a great benefit and love the fact that they can provide for their family while learning life skills.”

But in Kimport’s study, some of the women described the classes as unpleasant or upsetting. While respondents did report that the counseling they received was “religiously inflected,” Kimport said, that wasn’t necessarily the problem — in some cases the women were religious themselves. In one case, however, a woman was shown a video with an explicitly anti-abortion message and was angry that the center presumed she was seeking an abortion. Another woman felt hurt by a video because it reminded her of past trauma in her life.

In some cases, the need to show up to appointments in order to get resources caused problems for women. One respondent, Katelyn, told researchers that the pregnancy resource center scheduled her appointment for a time when she was supposed to be working. “Desperate for the resources they offered and believing that attending all of the center’s appointments was important for the health of her pregnancy, Katelyn missed work to go to the appointment,” Kimport writes. Katelyn was fired, and she and her boyfriend ended up losing their apartment because they couldn’t pay rent.

The findings underscore what other researchers have found about pregnancy resource centers and their offerings. “While their services may not cost money,

they're not necessarily free," said Andrea Swartzendruber, an assistant professor of epidemiology and biostatistics at the University of Georgia who studies the centers. "They cost people's time and energy."

Once they had attended classes, the women were not always able to choose what items they received. One woman, Danielle, said she was considering saving up her points to get something larger, but her counselor at the center "was like, 'Oh, I'm just so excited. I want you to get something.' So, she picked out a bottle, a blanket, a little set of lotions and some onesies." Danielle was grateful for the items, but, Kimport writes, "they were not her own choice."

In general, the products the women reported getting were relatively minor, like prenatal vitamins, a water bottle, or baby clothes.

All of the women in the study — including Katelyn — said their visit to a center was a positive experience. Many were grateful for the baby items they got, even if they weren't necessarily what they would have chosen.

One thing the centers did provide for respondents, Kimport writes, was a place where "their desire to have a child was supported and encouraged." That's significant because, as she notes, low-income women, especially women of color, are sometimes actively discouraged from having children, including by their health care providers.

However, the centers are not truly "safe spaces for emotional support" for many people of color, Nourbese Flint, policy director at the reproductive justice organization Black Women for Wellness, told Vox.

Black people who have visited pregnancy resource centers have told her they faced racist assumptions about things like their income or whether their fathers are in their lives, Flint said. They also, she said, sometimes heard the increasingly common anti-abortion message that abortion is a conspiracy against black people. That message implies that "black women are not able to make decisions about whether or not they want to keep a pregnancy by themselves," she added — "that it's just outside forces and we're not smart enough to understand what's best for our lives."

And overall, Kimport said, while pregnancy resource centers did supply some of what the study participants needed, "there were still, for many of the respondents, very acute social and material needs that were not met through going to these centers."

Pregnancy resource centers are being touted as a replacement for the social safety net. The study suggests they aren't one.

Pregnancy resource centers weren't necessarily set up to meet all those needs — as Kimport noted, they are privately run and often staffed largely by volunteers.

But increasingly, they're being asked to take the place of social services agencies.

In 1996, Missouri and Pennsylvania began to allocate state funding to pregnancy resource centers. Other states began to make similar moves, including **Louisiana**, which began devoting some of its budget for Temporary Assistance for Needy Families — meant to help low-income people with their basic needs — to programs offering **“abortion alternatives,”** including pregnancy resource centers. Today, 16 states directly fund the centers, Swartzendruber told Vox.

Meanwhile, the Trump administration last year awarded a grant to **Obria**, a network of pregnancy resource centers in California, under Title X, a program designed to provide family planning support to low-income Americans. The same year, the administration **issued a rule** barring providers that receive Title X funds from providing or referring for abortions. That forced Planned Parenthood and many other providers that offer a full range of reproductive health services — including, in some cases, prenatal care — to **stop taking Title X money**, and some have **closed as a result**.

Nationwide, research has shown that “decreases in the social safety net have been accompanied by a growth of privately run pregnancy resource centers,” Kimport said.

But her research suggests that those centers aren't offering the same services as the social safety net providers they're supposed to replace — and that the help they do offer comes at a cost to pregnant people, even if that cost isn't financial.

Kimport acknowledged some limitations in her study. Since the people she interviewed had visited a prenatal care clinic after going to a pregnancy resource center, the study might not have captured the full range of experiences of people who went to the centers — for example, she might have gotten a different picture if she interviewed people who went to the center but then ended up getting abortions. And while most of the people in Kimport's study were already decided about their pregnancies when they went to centers, Swartzendruber said her

research suggests people go to such facilities for a variety of reasons, including help with decision-making.

Still, the study can help flesh out Americans' understanding of pregnancy resource centers — especially since research and media coverage delving into people's experiences there has been relatively rare — as well as pointing out holes in the social safety net that cause some people to go to the centers in the first place. For example, Kimport said, “if you need proof of pregnancy in order to get on Medicaid, but it costs money to get an official proof of pregnancy, that does seem to be a contradiction.”

And for Flint, the centers are “unfortunately capitalizing on a gap that we have in our system in terms of responding to the actual real needs of pregnant folks and the actual real needs of families.”

Overall, the study is a reminder that for too many pregnant people in America, getting basic care and resources is difficult or impossible — and at least as of now, pregnancy resource centers don't change that reality.

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