Title
The prevalence and impacts of crisis pregnancy center visits among a population of pregnant women.

Permalink
https://escholarship.org/uc/item/155679bs

Journal
Contraception, 98(1)

ISSN
0010-7824

Authors
Kimport, Katrina
Kriz, Rebecca
Roberts, Sarah CM

Publication Date
2018-07-01

DOI
10.1016/j.contraception.2018.02.016

Peer reviewed
The Prevalence and Impacts of Crisis Pregnancy Center Visits among a Population of Pregnant Women

Katrina Kimport a*, Rebecca Kriz b, Sarah C.M. Roberts a

a Advancing New Standards in Reproductive Health (ANSIRH), Bixby Center for Global Reproductive Health, University of California, San Francisco, 1330 Broadway, Suite 1100, Oakland, CA 94612, USA; katrina.kimport@ucsf.edu; sarah.roberts@ucsf.edu

b California Preterm Birth Initiative, Department of Family Health Care Nursing, University of California, San Francisco; rebecca.kriz@ucsf.edu

* corresponding author

Abstract count: 247

Manuscript word count: 3322
Abstract

Objectives: Investigations into Crisis Pregnancy Centers (CPCs) have documented the provision of deceptive information about abortion, but it is unclear how many pregnant women actually visit CPCs and what impact visits have on their pregnancy decision-making.

Study design: We conducted a mixed methods study. We surveyed patients at one of two local abortion clinics and three prenatal clinics in Southern Louisiana about whether they had visited a CPC for this pregnancy and conducted in-depth interviews with prenatal patients who reported a CPC visit about their experience.

Results: We surveyed 114 abortion patients and 269 prenatal patients, and interviewed 12 prenatal patients about their CPC visit. Just 6% of abortion patients (n=7) and 5% of prenatal patients (n=14) visited a CPC for this pregnancy. Prenatal patients went to CPCs primarily for free pregnancy tests and reported receiving information about abortion from CPC staff that was inaccurate. They also generally recognized the CPC was antiabortion, ideologically Christian, and not a medical establishment. Only three had been considering abortion at the time of their visit and reported that the visit impacted their plan for the pregnancy. However, all three also faced additional barriers to abortion, including inability to find an abortion provider, difficulty securing funding, gestational limits, ambivalence about choosing abortion, and opposition to abortion from family members.

Conclusions: We do not find evidence that pregnant women regularly seek CPC services or that CPCs persuade women who are certain abortion is the right decision for them to continue their pregnancies.

Keywords: abortion; crisis pregnancy center; pregnancy resource center; pregnancy decision-making
Implications: Given little evidence that CPCs impact pregnant women’s decision-making on a broad scale, future research should examine other aspects of CPCs, such as their role in the antiabortion movement and/or the impact of CPC visits on maternal health and birth outcomes among women who continue their pregnancies.
1. Introduction

Crisis Pregnancy Centers (CPCs), also known as Pregnancy Resource Centers (PRCs), are non-profit organizations that provide pregnancy counseling and other pregnancy-related resources, usually free of charge. Most of the approximately 2,300 CPCs in the U.S. operate under the umbrella of one of two major evangelical Christian organizations and are governed by an antiabortion mission [1]. Research has documented the provision of inaccurate information about abortion by CPCs [2-6], causing some advocates to be alarmed about their impact on pregnant women’s decision-making processes and leading to calls to eliminate or regulate CPCs [7-11].

There is some question, however, as to the actual impact of CPCs on pregnant women’s experiences and decision-making. A study examining the services and support women requested at an abortion-supportive pregnancy resource center found that only 2% of clients over a six-month period sought support for or information about abortion and only 1% about adoption [12], prompting doubt as to whether there is general demand for pregnancy options counseling. The generalizability of these findings, however, is limited as the study was undertaken at an explicitly all-options center, unlike the vast majority of CPCs, which are opposed to abortion.

To begin to address this gap, we conducted a mixed methods study in Southern Louisiana. Louisiana is home to a large number of CPCs and few abortion clinics (thirty and five, respectively, at the time of data collection), has multiple enacted restrictions on abortion, and allows taxpayer subsidies of CPCs through the purchase of “Choose Life” license plates. Southern Louisiana, in specific, had seven CPCs and just two abortion clinics at the start of data collection. We aimed to 1) establish the prevalence of visiting a CPC among pregnant women in Southern
Louisiana; and 2) characterize the content and impact of CPC visits among women who were planning to continue their pregnancies.

2. Material and methods

We recruited participants from both prenatal and abortion care in Southern Louisiana. To examine whether and how CPC visits played a role in women choosing to continue their pregnancies, prenatal patients who had visited a CPC completed additional data collection. Study protocols were approved by the institutional review boards at the University of California, San Francisco (abortion and prenatal data collections) and Louisiana State University (prenatal data collection only).

2.1 Abortion clinic recruitment

From October to December 2015, a UCSF research coordinator recruited patients at one of the two local abortion clinics to complete a 5-minute paper survey. Potential patients were eligible if they were over 18, comfortable completing the survey in English, and a patient at the clinic. After completing a verbal consent, eligible and interested women completed the survey. Questions included their demographics and whether they had visited a CPC for this pregnancy. Because some women may not have realized a facility they visited was a CPC, we included a definition that read “Pregnancy Resource Centers offer free counseling to women who are pregnant. They sometimes also offer services like free ultrasounds and pregnancy tests. Pregnancy Resource Centers are also called Crisis Pregnancy Centers.” Additionally, we provided a list, including logos, of the seven local CPCs as well as a full text list of the 30 CPCs in the state. Participants received $5 to compensate them for their time.
Based on statistical calculations, we anticipated we would need a sample size of 110 to reject the null hypothesis that the prevalence of having visited a CPC would be 10%. We did not recruit abortion clinic patients for in-depth interviews.

2.2 Prenatal clinic recruitment

As part of a larger study—the Multistate Abortion Prenatal Study—between June 2015 and May 2017, a UCSF research coordinator recruited women presenting for their first prenatal appointment at three local prenatal clinics. Patients were eligible if they were over 18, spoke English or Spanish, and were attending their first prenatal appointment. Interested and eligible patients completed written consent. Participants completed a self-administered survey and an in-clinic structured interview with the research coordinator that included questions about their initial and current preferences for their pregnancy, their demographics, and their experiences, if any, with CPCs for this pregnancy. Participants who completed these in-clinic activities received a $30 gift card.

Because we were interested in what role, if any, CPCs played in women’s decision to continue a pregnancy, prenatal participants who visited a CPC were invited to complete an in-depth phone interview, scheduled one to three weeks after initial recruitment. KK conducted the interviews, in accordance with feminist research methods that call for centering the experiences of women and reflexivity on the part of the interviewer [13]. Interviews averaged 55 minutes in length and included questions about participants’ reasons for visiting a CPC and experience of their visit as well as about the circumstances of their pregnancy and what role, if any, their CPC visit played in their current plans for the pregnancy. KK completed field notes after each interview, drawing initial inferences about patterns across the data. We offered participants a $50 gift card to remunerate them for their time.
2.3 Analysis

We first compared characteristics of the abortion and prenatal samples and compared prevalence of reporting a CPC visit using t-tests for continuous and either chi-square or Fisher’s exact tests for dichotomous and categorical variables. We analyzed the quantitative data primarily descriptively. We used logistic regression to examine characteristics of having visited a CPC; the regression only included variables available in both the abortion and prenatal samples. SR conducted the quantitative analyses. KK coded the interview data thematically in Atlas.ti 7.5, using her field notes as an initial source of orientation to analyzing the data. The study team met regularly to discuss emergent findings and their interpretation. As responses were consistent for participants across modes of data collection, we do not specify collection mode when reporting results. We use pseudonyms below for the participants whose experiences we discuss in greater detail.

3. Results

3.1 Sample characteristics & rates of CPC visits

At the abortion site, 114 of 135 eligible participants completed the survey (87% participation). At the prenatal sites, 285 of 331 eligible participants consented (86% participation rate), of whom 269 completed the in-clinic data collection. The two populations were generally similar, although they differed from one another in terms of race, with more black women and fewer white women among the prenatal patients than the abortion patients (Table 1).

Just seven women (6%) recruited at the abortion clinic reported visiting a CPC. Among women recruited from the prenatal sites, almost the same percentage —5% (n=14)—reported visiting a CPC. At the time they visited the CPC, 11 prenatal participants were planning to parent; only three were considering abortion, one of
whom was also considering parenting and adoption. Twelve prenatal participants completed an in-depth interview (see Table 2 for characteristics).

The only characteristic associated with visiting a CPC was older age (Table 3).

3.2 Reasons for visiting a CPC among prenatal participants

Prenatal participants found the CPC through an online search (e.g. “pregnancy clinic”), referral from a friend or family member, or a physical advertisement. The most common reason for their visit was to take a pregnancy test. Others sought an ultrasound or general “support.” Three participants reported multiple visits to the same CPC for this pregnancy; four others said they would return or planned to return.

We found one case of deceptive advertising by a CPC. The participant searched online for “abortion clinics” and called a resulting number that turned out to be for a CPC. When she asked for an abortion appointment, she recalled, they told her they did not provide abortions but did “offer the classes and the consultation that is required before you get an abortion, for free.” Louisiana mandates the provision of in-person, state-directed counseling to women in advance of obtaining an abortion, to be followed by a 24-hour waiting period. Louisiana abortion facilities charge a fee for the appointment at which they provide the mandated counseling. Believing the class offered at the CPC would satisfy the counseling requirement in Louisiana—and unlike when offered at an abortion clinic, would be free to her—this woman made an appointment at the CPC. As we discuss below, this participant ultimately continued her pregnancy.

3.3 What happens in a visit?
Prenatal participants reported it was easy to be seen at a CPC. Some simply walked-in and were seen immediately, others called and scheduled appointments, often marveling at how easy it was to do. When they arrived at the appointment, there were few, if any, other clients present; only one participant reported a wait and estimated she only waited a few minutes. Participants reported that the visits ranged in length from just 15 minutes to two hours, and that they received a range of goods and services from the CPC, including ultrasounds, baby and maternity clothes, referrals to social services, and prenatal vitamins. All received a pregnancy test.

Although they sought pregnancy-related care, once they got to the CPC, participants recognized when they were not medical establishments. Sometimes they registered this independently, as in the case of one woman who explained, “it didn’t feel like no clinic when you walked in. It didn’t look like one either.” In other cases, CPC staff clarified that they did not provide medical care. One respondent reported, “they did say you got to go see a doctor, because no one there was a doctor.” In concert, participants also often recognized the CPC as antiabortion. One explained,

Once the lady explained a little bit, I realized then, like, okay, maybe this is not a clinic. [...] It’s them persuading them [pregnant women] to not have an abortion.

Fewer identified the CPC as explicitly Christian. When they did, it was most often because the counselor they spoke with offered to pray with them, cited Biblical verses, or gave them a Bible. Participants responded favorably to these religion-
associated overtures, describing them as “really great” or saying “it felt good to me.”

Not all CPC visits by prenatal participants included discussion of their pregnancy plans or abortion. Eleven reported having a one-on-one conversation with a staff member, variously described as a “counselor” or a “nurse.” Abortion came up in only seven of these discussions. Based on participants’ accounts, at least some CPC staff members presented participants with inaccurate information about abortion, including that it causes lasting harm to fertility and that women frequently regret their abortions.

3.4 Impact of the CPC visit among prenatal patients

Prenatal participants uniformly described their CPC experience as positive, most commonly citing the free materials and services they received. Women who expressed nervousness about their pregnancy and future motherhood also emphasized their appreciation of the opportunity to talk with someone at length about their pregnancy and life in general. One respondent said, “They just care about you.”

All respondents who reported that they were planning to continue the pregnancy when they visited the CPC said that the visit did not impact their plan for this pregnancy. The three women who reported they were considering abortion at the time of their CPC visit, however, did say that the visit changed their plans for the pregnancy. The complexity of these cases warrants deeper examination.

Brittney, a 33-year-old woman with three children, went to the CPC thinking it would facilitate her ability to obtain an abortion, as described above. A religious person, she struggled with her Baptist religion’s opposition to abortion, saying she
felt “ashamed” for considering abortion. Additionally, her sister was vocal in opposing abortion: “She was just like hammering all over again about, ‘You know we don’t believe in that, and that’s wrong.’” The participant explained that she was never sure abortion was the right decision for her: “That's the thing. I wasn't certain. I just was, you know, going out on a limb.” Talking to the CPC counselor, particularly about her religious convictions, helped her feel confident that she could continue the pregnancy. She said of the CPC visit, “I already was uncertain, and it made me feel bad, you know. Just a lot. I already was uncertain, and I already know what I've been taught [about abortion as a sin].” Nonetheless, she acknowledged that being unable to locate an abortion provider was the primary reason she did not have an abortion: “Should it [abortion] have been available, I would have done it early on.”

Another prenatal participant, Jayla, who was 21 years old and parenting one child, went to a CPC to determine the gestational age of her pregnancy. Delayed in presenting for abortion care because she had difficulty securing funding, she worried that she was beyond the local abortion clinic’s 18-week gestational limit—and she did not want to pay the non-refundable $125 fee for an ultrasound there only to be told she was past the gestational limit. The CPC she found offered to determine her gestation via ultrasound for free. This participant’s deliberation about abortion was straightforward: she was clear from the start that she wanted an abortion, but did not realize the clinic’s gestational limit. She said, “we all knew that there was a deadline. We just didn’t think it was 18 weeks. I thought it was like 20 weeks or so.” The effect of the CPC counseling, however, was ambiguous. Although the counseling she received from the CPC staff made her “feel pretty bad about my choice [to seek abortion],” it was subsequently being told she was 18
weeks, 2 days pregnant that meant she continued the pregnancy. Even after the persuasive counseling, she said, “a big part of me felt like I was going to get the abortion if I was able to.” We cannot know whether the CPC’s dating was accurate, but the respondent said she suspected prior to the visit that she was “around 17 or 18 weeks.”

Finally, María, a 27-year-old mother of four, discovered she was pregnant when she was living in a domestic violence shelter and under investigation by Child Protective Services in her native Texas. She visited a CPC, at the time considering abortion, adoption, and parenting, to confirm her pregnancy. She experienced a roller coaster of emotions about her pregnancy, saying, I had my days that I wanted it and I had my days that I was really confused and other days that I wanted to get rid of it. [...] The days I wanted to get rid of it I was just overwhelmed and I was putting in my head, how am I going to take care of it? How am I supposed to do this? But at the same time I would think, if I got rid of it, I would never see it again and how much it would hurt.

Her CPC visit made her think differently about her pregnancy, she said. Talking with the counselor at the CPC in Texas, “just kind of reassured me [...] that places like their company and other places would help me with the baby, like as far as things the baby needs.” Nonetheless, even after the visit, she still considered abortion an option. After the Child Protective Services investigation was closed, with no charges against her, she moved to New Orleans to extricate herself from the domestic violence situation, leaving her four children in the care of their father’s mother. Once in New Orleans, she scheduled an appointment at an abortion clinic. She continued to feel conflicted, however. Separated indefinitely from her children, one
of her predominant thoughts was “that this would be the only baby that I would
have with me.” She did not show up to her appointment at the abortion clinic and
never rescheduled. Ultimately, although the CPC visit featured in her overall
decision-making experience, it was not a singular contributor to her decision to
continue the pregnancy.

All three respondents said that they currently felt that continuing the
pregnancy and parenting was the right decision for them. Brittney, for example,
said of her plan to parent: “I’m feeling pretty good. Feeling better about it.” It bears
noting, as well, that each waited several weeks after deciding to continue their
pregnancy before entering prenatal care. And all three had important material and/
or medical needs as they continued their pregnancies that the CPCs they visited
could not help them with. Specifically, Brittney had a history of preterm birth and
diabetic ketosis; Jayla was in unstable housing; and Maria reported unmet mental
health needs, including a history of hospitalization with post-partum depression and
a depression diagnosis earlier in this pregnancy.

4. Discussion

Drawing on mixed methods data from three prenatal clinics and an abortion
facility in Southern Louisiana, we find little evidence that pregnant women regularly
seek CPC services, consistent with existing research [12]. We did not identify
anything that was a notable predictor of visiting a CPC, aside from older age.
Additionally, we find little evidence that CPCs regularly persuade women to continue
their pregnancies, given how few women recruited from prenatal clinics over a two-
year period were considering abortion at the time of their CPC visit. Nonetheless,
supporting claims in the extant scholarly and advocate literature on CPCs [2-4, 7,
10, 11], we find one woman who experienced the CPC’s advertising as deceptive
believing it provided abortion care) and that CPCs presented scientifically inaccurate information to participants.

Although our sample of women recruited from prenatal care who visited a CPC is small, their accounts of those visits are broadly positive and they report finding needed goods and services. Thinking more deeply about the three prenatal participants who were considering abortion at the time of their CPC visit, we find that the visit operated like a final push toward continuing the pregnancy. Although we are cautious about drawing conclusions from a sample of three, it bears noting that their pregnancy decision-making was characterized by strong opposition to abortion from family members, their own mixed feelings about terminating a pregnancy, and/or substantial obstacles to accessing care, including difficulty finding an abortion provider, difficulty securing funding, and gestational limits. It is also important to underscore that all three were happy with their plan to continue their pregnancy at the time they participated in the study, but that they entered prenatal care relatively late in their pregnancies.

We do not know the extent to which these findings are generalizable in terms of both geography and race/ethnicity. The paucity of prenatal patients with CPC experience—and especially of prenatal participants who were considering abortion at the time of their CPC visit—moreover, means we are limited in our ability to characterize the CPC visit and its effect(s), if any. The fact that we recruited Spanish-speaking women for the prenatal sample but not the abortion sample is also a limitation, although we note that only four of the 269 women enrolled in the prenatal sample were Spanish-speaking and no one at the abortion clinic was ineligible due to speaking only Spanish. Additionally, our focus on the experience and effects of CPC visits among women who decided to continue their pregnancy
means findings may not describe the experiences of women who, post-CPC visit, sought an abortion.

Our findings suggest advocates may overestimate the effect of CPCs on pregnant women’s decision-making and that a focus on documenting CPC practices in relation to persuading pregnant women not to choose abortion may be misplaced. This is not to say that CPCs do not represent an important area of scholarly attention. Research finds, for instance, that CPCs represent key sites of the antiabortion movement [1, 5, 14-17] and offer low-stakes entry points to the movement for people not otherwise opposed to abortion [18]. Future inquiries into CPCs and their impacts should examine these organizations from a structural and/or social movements perspective to elucidate their role in the antiabortion movement.

Additionally, given our finding that some women who visited a CPC had delayed entry to prenatal care—and some of these women had complex medical needs related to pregnancy—future research should also investigate the impact of visiting a CPC on maternal health and birth outcomes.

Acknowledgments: This study was funded by the David and Lucile Packard Foundation (grant: 2016-64232) and an anonymous foundation. The sponsors had no involvement in study design; in the collection, analysis, and interpretation of data; in the writing of the report; or in the decision to submit the article for publication. The authors thank Finley Baba, Elise Belusa, Anna Bernstein, Mattie Boehler-Tatman, Ivette Gomez, Heather Gould, Jenny Holl, Heather Lipkovich, Nicole Nguyen, Brenly Rowland, Alison Swiatlo, Ushma Upadhyay, and Erin Wingo for research and project assistance and Valerie Williams and the facilities in Louisiana for their collaboration.
References


Table 1: Characteristics of survey participants recruited from one abortion clinic and three prenatal facilities in Southern Louisiana

<table>
<thead>
<tr>
<th></th>
<th>Abortion patients (n=114)</th>
<th>Prenatal Patients (n=269)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, in years (mean)</td>
<td>28.1</td>
<td>26.9</td>
<td>0.070</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Black</td>
<td>59%</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>30%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>9%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Other/Multiracial</td>
<td>3%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Gravidity</td>
<td></td>
<td></td>
<td>0.186</td>
</tr>
<tr>
<td>0 previous pregnancies</td>
<td>18%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>1 previous pregnancy</td>
<td>24%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>2+ previous pregnancies</td>
<td>58%</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>Visited CPC for this pregnancy</td>
<td>6%</td>
<td>5%</td>
<td>0.713</td>
</tr>
</tbody>
</table>
Table 2: Characteristics of interviewed prenatal patients who reported visiting a crisis pregnancy center for this pregnancy

<table>
<thead>
<tr>
<th></th>
<th>Interviewees (n=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, in years (mean)</td>
<td>29.7</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>92% (11)</td>
</tr>
<tr>
<td>White</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>8% (1)</td>
</tr>
<tr>
<td>Other/Multiracial</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Gravidity</td>
<td></td>
</tr>
<tr>
<td>0 previous pregnancies</td>
<td>25% (3)</td>
</tr>
<tr>
<td>1 previous pregnancy</td>
<td>17% (2)</td>
</tr>
<tr>
<td>2+ previous pregnancies</td>
<td>58% (7)</td>
</tr>
</tbody>
</table>
Table 3: Multivariable logistic regression of characteristics associated with pregnant women in Southern Louisiana having visited a CPC

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>aOR</th>
<th>p-value</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1.10</td>
<td>0.015</td>
<td>1.02</td>
</tr>
<tr>
<td>Black race</td>
<td>Ref</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race/ethnicity other than Black</td>
<td>1.67</td>
<td>0.340</td>
<td>0.58</td>
</tr>
<tr>
<td>0 previous pregnancies</td>
<td>ref</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 previous pregnancy</td>
<td>0.52</td>
<td>0.356</td>
<td>0.13</td>
</tr>
<tr>
<td>2+ previous pregnancies</td>
<td>0.54</td>
<td>0.320</td>
<td>0.16</td>
</tr>
<tr>
<td>Prenatal sample</td>
<td>Ref</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abortion sample</td>
<td>1.19</td>
<td>0.720</td>
<td>0.45</td>
</tr>
</tbody>
</table>