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1 The Prevalence and Impacts of Crisis Pregnancy Center Visits among a Population of
2 Pregnant Women

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19 **Abstract**

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

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

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

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

42 Keywords: *abortion; crisis pregnancy center; pregnancy resource center; pregnancy*
43 *decision-making*

45 Implications: Given little evidence that CPCs impact pregnant women's decision-
46 making on a broad scale, future research should examine other aspects of CPCs,
47 such as their role in the antiabortion movement and/or the impact of CPC visits on
48 maternal health and birth outcomes among women who continue their pregnancies.
49

50 1. Introduction

51 Crisis Pregnancy Centers (CPCs), also known as Pregnancy Resource Centers
52 (PRCs), are non-profit organizations that provide pregnancy counseling and other
53 pregnancy-related resources, usually free of charge. Most of the approximately
54 2,300 CPCs in the U.S. operate under the umbrella of one of two major evangelical
55 Christian organizations and are governed by an antiabortion mission [1]. Research
56 has documented the provision of inaccurate information about abortion by CPCs [2-
57 6], causing some advocates to be alarmed about their impact on pregnant women's
58 decision-making processes and leading to calls to eliminate or regulate CPCs [7-11].

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

68 To begin to address this gap, we conducted a mixed methods study in
69 Southern Louisiana. Louisiana is home to a large number of CPCs and few abortion
70 clinics (thirty and five, respectively, at the time of data collection), has multiple
71 enacted restrictions on abortion, and allows taxpayer subsidies of CPCs through the
72 purchase of "Choose Life" license plates. Southern Louisiana, in specific, had seven
73 CPCs and just two abortion clinics at the start of data collection. We aimed to 1)
74 establish the prevalence of visiting a CPC among pregnant women in Southern

75 Louisiana; and 2) characterize the content and impact of CPC visits among women
76 who were planning to continue their pregnancies.

77 2. Material and methods

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

85 2.1 Abortion clinic recruitment

86 From October to December 2015, a UCSF research coordinator recruited
87 patients at one of the two local abortion clinics to complete a 5-minute paper
88 survey. Potential patients were eligible if they were over 18, comfortable
89 completing the survey in English, and a patient at the clinic. After completing a
90 verbal consent, eligible and interested women completed the survey. Questions
91 included their demographics and whether they had visited a CPC for this pregnancy.
92 Because some women may not have realized a facility they visited was a CPC, we
93 included a definition that read “Pregnancy Resource Centers offer free counseling to
94 women who are pregnant. They sometimes also offer services like free ultrasounds
95 and pregnancy tests. Pregnancy Resource Centers are also called Crisis Pregnancy
96 Centers.” Additionally, we provided a list, including logos, of the seven local CPCs
97 as well as a full text list of the 30 CPCs in the state. Participants received \$5 to
98 compensate them for their time.

99 Based on statistical calculations, we anticipated we would need a sample size
100 of 110 to reject the null hypothesis that the prevalence of having visited a CPC
101 would be 10%. We did not recruit abortion clinic patients for in-depth interviews.

102 2.2 Prenatal clinic recruitment

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

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

124 2.3 Analysis

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

137 3. Results

138 3.1 Sample characteristics & rates of CPC visits

139 At the abortion site, 114 of 135 eligible participants completed the survey
140 (87% participation). At the prenatal sites, 285 of 331 eligible participants
141 consented (86% participation rate), of whom 269 completed the in-clinic data
142 collection. The two populations were generally similar, although they differed from
143 one another in terms of race, with more black women and fewer white women
144 among the prenatal patients than the abortion patients (Table 1).

145 Just seven women (6%) recruited at the abortion clinic reported visiting a
146 CPC. Among women recruited from the prenatal sites, almost the same percentage
147 —5% (n=14)—reported visiting a CPC. At the time they visited the CPC, 11 prenatal
148 participants were planning to parent; only three were considering abortion, one of

149 whom was also considering parenting and adoption. Twelve prenatal participants
150 completed an in-depth interview (see Table 2 for characteristics).

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

152 3.2 Reasons for visiting a CPC among prenatal participants

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

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

171 3.3 What happens in a visit?

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

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

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

192 Fewer identified the CPC as explicitly Christian. When they did, it was most often
193 because the counselor they spoke with offered to pray with them, cited Biblical
194 verses, or gave them a Bible. Participants responded favorably to these religion-

195 associated overtures, describing **them** as “really great” or saying “it felt good to
196 me.”

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

204 3.4 Impact of the CPC visit among prenatal patients

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

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

216 **Brittney**, a 33-year-old woman with three children, went to the CPC thinking it
217 would facilitate her ability to obtain an abortion, as described above. A religious
218 person, she struggled with her Baptist religion’s opposition to abortion, saying she

219 felt “ashamed” for considering abortion. Additionally, her sister was vocal in
220 opposing abortion: “She was just like hammering all over again about, ‘You know
221 we don’t believe in that, and that’s wrong.’” The participant explained that she was
222 never sure abortion was the right decision for her: “That’s the thing. I wasn’t
223 certain. I just was, you know, going out on a limb.” Talking to the CPC counselor,
224 particularly about her religious convictions, helped her feel confident that she could
225 continue the pregnancy. She said of the CPC visit, “I already was uncertain, and it
226 made me feel bad, you know. Just a lot. I already was uncertain, and I already know
227 what I’ve been taught [about abortion as a sin].” Nonetheless, she acknowledged
228 that being unable to locate an abortion provider was the primary reason she did not
229 have an abortion: “Should it [abortion] have been available, I would have done it
230 early on.”

231 Another prenatal participant, **Jayla, who was 21 years old and parenting one**
232 child, went to a CPC to determine the gestational age of her pregnancy. Delayed in
233 presenting for abortion care because she had difficulty securing funding, she
234 worried that she was beyond the local abortion clinic’s 18-week gestational limit—
235 and she did not want to pay the non-refundable \$125 fee for an ultrasound there
236 only to be told she was past the gestational limit. The CPC she found offered to
237 determine her gestation via ultrasound for free. This participant’s deliberation about
238 abortion was straightforward: she was clear from the start that she wanted an
239 abortion, but did not realize the clinic’s gestational limit. She said, “we all knew
240 that there was a deadline. We just didn’t think it was 18 weeks. I thought it was like
241 20 weeks or so.” The effect of the CPC counseling, however, was ambiguous.
242 Although the counseling she received from the CPC staff made her “feel pretty bad
243 about my choice [to seek abortion],” it was subsequently being told she was 18

244 weeks, 2 days pregnant that meant she continued the pregnancy. Even after the
245 persuasive counseling, she said, “a big part of me felt like I was going to get the
246 abortion if I was able to.” We cannot know whether the CPC’s dating was accurate,
247 but the respondent said she suspected prior to the visit that she was “around 17 or
248 18 weeks.”

249 Finally, **Maria**, a 27-year-old mother of four, discovered she was pregnant
250 when she was living in a domestic violence shelter and under investigation by Child
251 Protective Services in her native Texas. She visited a CPC, at the time considering
252 abortion, adoption, and parenting, to confirm her pregnancy. She experienced a
253 roller coaster of emotions about her pregnancy, saying,

254 I had my days that I wanted it and I had my days that I was really confused
255 and other days that I wanted to get rid of it. [...] The days I wanted to get rid
256 of it I was just overwhelmed and I was putting in my head, how am I going to
257 take care of it? How am I supposed to do this? But at the same time I would
258 think, if I got rid of it, I would never see it again and how much it would hurt.

259 Her CPC visit made her think differently about her pregnancy, she said. Talking with
260 the counselor at the CPC in Texas, “just kind of reassured me [...] that places like
261 their company and other places would help me with the baby, like as far as things
262 the baby needs.” Nonetheless, even after the visit, she still considered abortion an
263 option. After the Child Protective Services investigation was closed, with no charges
264 against her, she moved to New Orleans to extricate herself from the domestic
265 violence situation, leaving her four children in the care of their father’s mother.
266 Once in New Orleans, she scheduled an appointment at an abortion clinic. She
267 continued to feel conflicted, however. Separated indefinitely from her children, one

268 of her predominant thoughts was “that this would be the only baby that I would
269 have with me.” She did not show up to her appointment at the abortion clinic and
270 never rescheduled. Ultimately, although the CPC visit featured in her overall
271 decision-making experience, it was not a singular contributor to her decision to
272 continue the pregnancy.

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

283 4. Discussion

284 Drawing on mixed methods data from three prenatal clinics and an abortion
285 facility in Southern Louisiana, we find little evidence that pregnant women regularly
286 seek CPC services, consistent with existing research [12]. We did not identify
287 anything that was a notable predictor of visiting a CPC, aside from older age.
288 Additionally, we find little evidence that CPCs regularly persuade women to continue
289 their pregnancies, given how few women recruited from prenatal clinics over a two-
290 year period were considering abortion at the time of their CPC visit. Nonetheless,
291 supporting claims in the extant scholarly and advocate literature on CPCs [2-4, 7,
292 10, 11], we find one woman who experienced the CPC’s advertising as deceptive

293 (believing it provided abortion care) and that CPCs presented scientifically
294 inaccurate information to participants.

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

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

318 means findings may not describe the experiences of women who, post-CPC visit,
319 sought an abortion.

320 Our findings suggest advocates may overestimate the effect of CPCs on
321 pregnant women's decision-making and that a focus on documenting CPC practices
322 in relation to persuading pregnant women not to choose abortion may be
323 misplaced. This is not to say that CPCs do not represent an important area of
324 scholarly attention. Research finds, for instance, that CPCs represent key sites of
325 the antiabortion movement [1, 5, 14-17] and offer low-stakes entry points to the
326 movement for people not otherwise opposed to abortion [18]. Future inquiries into
327 CPCs and their impacts should examine these organizations from a structural and/or
328 social movements perspective to elucidate their role in the antiabortion movement.
329 Additionally, given our finding that some women who visited a CPC had delayed
330 entry to prenatal care—and some of these women had complex medical needs
331 related to pregnancy—future research should also investigate the impact of visiting
332 a CPC on maternal health and birth outcomes.

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

	Abortion patients (n=114)	Prenatal Patients (n=269)	p-value
Age, in years (mean)	28.1	26.9	0.070
Race/Ethnicity			<0.001
<i>Black</i>	59%	72%	
<i>White</i>	30%	8%	
<i>Hispanic/Latina</i>	9%	15%	
<i>Other/Multiracial</i>	3%	5%	
Gravidity			0.186
<i>0 previous pregnancies</i>	18%	25%	
<i>1 previous pregnancy</i>	24%	27%	
<i>2+ previous pregnancies</i>	58%	49%	
Visited CPC for this pregnancy	6%	5%	0.713

391

392

393 Table 2: Characteristics of interviewed prenatal patients who reported visiting a
394 crisis pregnancy center for this pregnancy

	Interviewees (n=12)
Age, in years (mean)	29.7
Race/Ethnicity	
<i>Black</i>	92% (11)
<i>White</i>	0% (0)
<i>Hispanic/Latina</i>	8% (1)
<i>Other/Multiracial</i>	0% (0)
Gravidity	
<i>0 previous pregnancies</i>	25% (3)
<i>1 previous pregnancy</i>	17% (2)
<i>2+ previous pregnancies</i>	58% (7)

395

396

397 Table 3: Multivariable logistic regression of characteristics associated with pregnant
 398 women in Southern Louisiana having visited a CPC

	aOR	p-value	95% CI	
Age	1.10	0.015	1.02	1.19
Black race	Ref			
Race/ethnicity other than Black	1.67	0.340	0.58	4.76
0 previous pregnancies	ref			
1 previous pregnancy	0.52	0.356	0.13	2.07
2+ previous pregnancies	0.54	0.320	0.16	1.82
Prenatal sample	Ref			
Abortion sample	1.19	0.720	0.45	3.13

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400