

Crisis Pregnancy Centers in the United States: Lack of Adherence to Medical and Ethical Practice Standards; A Joint Position Statement of the Society for Adolescent Health and Medicine and the North American Society for Pediatric and Adolescent Gynecology



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ABSTRACT

Crisis pregnancy centers (CPCs) attempt to dissuade pregnant people from considering abortion, often using misinformation and unethical practices. While mimicking health care clinics, CPCs provide biased, limited, and inaccurate health information, including incomplete pregnancy options counseling and unscientific sexual and reproductive health information. The centers do not provide or refer for abortion or contraception but often advertise in ways that give the appearance that they do provide these services without disclosing the biased nature and marked limitations of their services. Although individuals working in CPCs in the United States have First Amendment rights to free speech, their provision of misinformation might be harmful to young people and adults. The Society for Adolescent Health and Medicine and North American Society for Pediatric and Adolescent Gynecology support the following positions: (1) CPCs pose risk by failing to adhere to medical and ethical practice standards; (2) governments should only support health programs that provide accurate, comprehensive information; (3) CPCs and individuals who provide CPC services should be held to established standards of ethics and medical care; (4) schools should not outsource sexual education to CPCs or other entities that do not provide accurate and complete health information; (5) search engines and digital platforms should enforce policies against misleading advertising by CPCs; and (6) health professionals should educate themselves, and young people about CPCs and help young people identify safe, quality sources of sexual and reproductive health information and care.

Key Words: Adolescent, Crisis pregnancy centers, Risk, Standards, Abortion, Sexuality education, Government

Positions

The Society for Adolescent Health and Medicine (SAHM) and the North American Society for Pediatric and Adolescent Gynecology (NASPAG):

1. Assert that crisis pregnancy centers (CPCs) pose risk by failing to adhere to prevailing medical standards of sexual and reproductive health care and informed consent.
2. Encourage federal, state, and local governments to only support programs that provide adolescents and young adults experiencing or at risk for unplanned pregnancy with medically accurate, unbiased, and complete health information including comprehensive information about Food and Drug Administration-approved methods of contraception and the full range of pregnancy options, including abortion.
3. Urge all governmental, regulatory (eg, medical and nursing boards), and accrediting bodies with responsibility for enforcing medical and ethical practice standards to ensure that health care professionals providing services at CPCs and services delivered at CPCs adhere to established standards of care.
4. Discourage school boards and administrators from outsourcing sexuality education to CPCs or any entity that does not provide complete and medically accurate

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information or that provides sexual and reproductive health information that is inconsistent with recommendations of professional medical organizations and medical standards of care.

5. Urge companies that own digital platforms and search engines to regularly monitor how CPCs represent their services and implement practices that prevent and disallow misrepresentation and misleading advertising.
6. Encourage health professionals, health organizations, and state and local health departments to educate themselves and young people about the limitations of CPC services and provide young people opportunities to learn how to identify and access medically accurate sexual health information and safe, evidence-based care.

Methods

This position statement was developed through: (1) review of academic publications and human rights and advocacy writing related to CPC policies, practices, and services; and (2) discussions among a team of adolescent sexual and reproductive health experts. These discussions focused on adolescent needs for and rights to sexual and reproductive health information, standards for medical ethics including informed consent, concerns about young people's informed decision-making, and government's role in promoting adolescent health.

Background

Sexual and reproductive health are key aspects of overall health. Adolescents and young adults in the United States and elsewhere have disproportionately high rates of unintended pregnancy, HIV, and other sexually transmitted infections (STIs). Most people start having sex during adolescence and emerging adulthood. With an increasing age of first marriage globally, fewer individuals remain sexually abstinent until marriage. To protect and maintain their health and avoid adverse consequences, young people require comprehensive, medically accurate sexual and reproductive health information and quality, evidence-based clinical services. Programs that exclusively promote sexual abstinence before marriage (also known as “sexual risk avoidance”) are ineffective, ethically problematic, and might be harmful.^{1,2} CPCs (also known as “pregnancy resource centers” and “pregnancy support centers”) purport to provide help to people facing and at risk for unintended pregnancy and are increasingly becoming medicalized.^{3,4} The centers particularly market their services to young people, people of color, and individuals with low incomes.^{4–7} Government funding and support for CPCs is an increasing trend in the United States.^{3,4}

CPCs: Prevalence, Objectives, and Types of Services

CPCs exist in at least 84 countries.⁸ Approximately 2500 CPCs are currently operating in the United States,⁹ more than 3 times the number of facilities that provide abortion

care. Most are affiliated with national religious organizations that oppose abortion and contraception. CPCs' primary mission is to dissuade pregnant women from considering abortion.^{4,6} Other aims include religious proselytization and promoting sexual abstinence before marriage.¹⁰ The centers offer free pregnancy tests and “pregnancy options” counseling with the aim of influencing individuals' pregnancy decisions.^{10,11} They often mimic health care centers by offering free limited medical services, such as limited obstetric ultrasound exams and STI testing.^{4,6} CPCs also provide information about sexual and reproductive health topics, and many offer resources (eg, maternity and infant clothes and diapers) and programs (eg, parenting classes) that support childbirth and the prospect of parenting.^{5,8,10} CPC services are typically free of charge; however, receipt of material resources typically requires clients to participate in activities such as parenting classes, Bible studies, and abstinence seminars.^{5,10} Despite the potentially coercive nature of CPC services and resources, many clients report needing and valuing them. The availability of free material resources is the primary reason some clients engage with CPCs,¹² perhaps suggesting a need for greater access to social services and resources in and through settings that provide safe, evidence-based care to people with low or no income. Many CPCs also teach sexuality education in public schools and youth-serving organizations using an abstinence-only-until-marriage approach.^{3,4,13}

Governmental Support and Regulation of CPCs

Governmental bodies in the United States fund and support CPCs through various mechanisms. The centers have received funding for abstinence-only-until-marriage programs through various federal grants for decades.^{3,4,13} In 2019, a CPC network was awarded funding through the Title X grant program,¹⁴ the only federal program dedicated to providing adolescents and low-income adults with access to family planning and related prevention services. The award followed major rule changes contrary in nature to the founding principles that guided the federal program since its enactment in 1970. Some states have designated grant programs that publicly fund CPCs.^{3,5} A number of these states support CPCs by diverting funds from Temporary Assistance for Needy Families programs. Complaints and reports of CPC organizations misusing state funds have been filed in multiple states. In addition, some states raise revenue for CPCs through the sale of “Choose Life” license plates.^{3,13,15} Some states refer women to CPCs by mandating that individuals seeking abortion be offered information about facilities that provide pregnancy-related services and making available resource directories that include CPC listings without notice about which listings are CPCs and limitations of CPC services.¹⁶ Numerous states have passed measures commending the work of CPCs. In addition, a few states offer specific tax credits for charitable donations to CPCs.³ Many school districts allow the centers to teach abstinence-only-until-marriage programs in public schools.³

CPCs typically do not charge for their services, and most are not licensed medical practices. Although some centers are licensed, most CPCs are not subject to the same regulatory, licensing, and oversight requirements as health care facilities, including Health Insurance Portability and Accountability Act regulations for patient privacy protection.¹⁷ Some jurisdictions have attempted to regulate CPCs by mandating that centers post signage with notification that the center is not a health facility and other notifications.¹³ In 2018, a 5 to 4 decision of the US Supreme Court (*NIFLA vs Becerra*) supported CPCs' free speech rights and overturned a California state law that required CPCs to post or distribute notices on site about the limitations of their services (if unlicensed) and the availability of state-funded reproductive health services (if licensed).¹⁵ The decision in support of CPCs' free speech rights contrasts with legal precedents upholding state-mandated speech laws that compel health care providers to counsel patients seeking abortion using scripts that include inaccurate and deceptive statements not in keeping with medical evidence. SAHM and NASPAG affirm that professional ethical standards and principles, including honesty, respect, and responsibility, should be paramount in offering and delivering medical care and services that might affect the health and well-being of adolescents and young adults. CPCs are subject to professional ethical standards regardless of the regulatory environment, but fail to meet such standards.

Quality of Health Information and Services Provided by CPCs

CPCs are typically staffed by volunteers without clinical training or licensure^{3,4,6}; however, licensed medical professionals serve as paid staff or volunteer at some centers.^{5,6} Because CPCs prioritize their own religious beliefs over client needs and preferences and prevailing medical guidelines, the centers do not promote informed consent and do not provide client-centered care or recommended evidence-based services.^{3,5–7,15–20} CPCs do not adhere to prevailing medical standards. National guidelines define a core set of family planning services to minimize missed opportunities for comprehensive prevention and care, including pregnancy testing; accurate, unbiased pregnancy options counseling and provision of referrals for follow-up services requested by clients, including for abortion; counseling about a full range of contraceptive methods; provision of 1 or more selected contraceptive methods; STI testing and treatment services; counseling about condom use; and easy and inexpensive access to condoms.^{21,22} In contrast, CPCs do not refer for abortion services, and most have policies against promoting and providing contraceptives.^{6,15,19} Only some centers provide STI testing, and few offer STI treatment.⁵

CPCs provide biased, misleading, and, frequently, inaccurate sexual and reproductive health information in service of their goals.^{3–7,13,15–20} For example, CPCs frequently provide inaccurate information about the risks of abortion (eg, abortion leads to breast cancer and mental health problems) and misinformation about contraceptives (eg, inaccurate information about condom effectiveness and risks and side effects of contraceptive use), which risk

causing harm.^{3,5–7,15–20} They also frequently provide inaccurate information about fetal development and make unfounded claims about fetal pain to discourage abortion. In addition, many centers inform clients that they “have plenty of time” to make pregnancy decisions,^{5,17,18} which could endanger people who ultimately decide to terminate their pregnancies by exposing them to slightly riskier procedures later in pregnancy and obstruct their opportunity to obtain an abortion because of state-imposed gestational age limits, increased costs, and limited access to later-term abortion services.¹⁷ Such advice might also risk maternal and infant health through delayed prenatal care. However, there is limited evidence to date about the effects of CPC services on individual decision-making and health and well-being outcomes.

Many CPCs also disseminate misinformation about sexual and reproductive health topics through implementation of abstinence-only-until-marriage programs. Such programs provide misinformation, are not evidence-based, and are ethically flawed.^{1,2} Abstinence-only-until-marriage programs fail to provide accurate information about contraceptives and condoms, focus exclusively on failure rates, and provide inaccurate information about the risks and side effects of use.^{1,2} Evidence shows abstinence-only-until-marriage programs are not effective at delaying sexual activity and reducing sexual risk behavior.² They might even cause harm. Evidence suggests that young people who take virginity pledges are less likely to use condoms and contraceptives at first intercourse and have higher rates of human papillomavirus and nonmarital pregnancies.² National professional public health and medical organizations, including SAHM¹ and NASPAG, oppose abstinence-only-until-marriage programs and endorse comprehensive, medically accurate sexuality education.

CPCs frequently provide and promote unproven services, such as “abortion recovery” programs and “abortion reversal” services. CPCs have long-offered lay counseling to women who have had an abortion claiming that abortion leads to significant psychological morbidity,²⁰ despite clear scientific evidence to the contrary.²³ “Abortion reversal” is another unproven service promoted and provided by CPCs.⁵ “Abortion reversal” is an intervention of high-dose progesterone purported to reverse a medication abortion after individuals have taken the initial dose of the 2-drug regimen.²⁴ However, there is a lack of scientific evidence supporting the efficacy of the intervention, and the intervention poses risks.²⁴ The American College of Obstetricians and Gynecologists deems “abortion reversal” procedures “unproven and unethical.”²⁵

CPCs frequently portray their services in misleading ways and give the appearance that they are comprehensive medical clinics.^{4,5,15,18} CPCs often advertise their services to pregnant women and people of reproductive age without providing notice that they do not provide or refer for abortion or contraceptive services.^{4,5,18} The centers also frequently use Web addresses that might confuse individuals searching for health services online. For example, many centers use URL addresses that contain the words “options,” “choice,” and “abortion.”⁵ In addition, CPCs use digital marketing strategies to direct people to their centers.

For instance, the centers often optimize their Web sites using keywords related to abortion and contraception and purchase advertising that places their sites at the top of search results related to abortion and contraception.⁴ Such strategies often identify CPCs in geographic-based search results and maps. Some CPCs also locate adjacent to reproductive health clinics and adopt similar-sounding names in attempt to attract individuals seeking abortion and other sexual and reproductive health services.⁴ Thus, some people might seek services at CPCs on the basis of misconceptions, which could delay or prevent receipt of appropriate, quality, evidence-based health care.^{6,17} Such impediments to care could result in unwanted childbearing and negative health consequences for individuals and families and could exacerbate population-level health disparities.¹⁷

CPCs often provide inaccurate health information and attempt to thwart the use of safe, acceptable, desired health care services, particularly contraception and abortion. CPC practices and services do not align with a public health approach and are inconsistent with recommendations of professional medical organizations and medical and ethical standards of care. Government-funded health programs have a responsibility to protect and promote health and provide accurate information. SAHM and NASPAG support regulation and action to address CPCs' lack of adherence to medical and ethical practice standards and prevent potential harms caused by CPC services and practices.

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