



THE  
*Deceptive Practices*  
OF  
*Limited Service Pregnancy Centers*  
**A REPORT**

*by Legal Voice and Planned Parenthood Votes! Washington*

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## INTRODUCTION

Limited service pregnancy centers – also known as “crisis pregnancy centers” – are not medical clinics. They are non-profit organizations dedicated to opposing abortion and, in many cases, contraception. *As of 2009 more than 40 such centers were operating in Washington State.*

These limited service pregnancy centers advertise their services in print advertisements, on websites, and through establishing themselves with some social service agencies as an appropriate referral for women facing an unintended pregnancy. Their primary audience is women facing an unintended pregnancy, and, in particular, vulnerable women who are in their teens or early twenties, or who are receiving public assistance. The services they advertise include free pregnancy tests, “pregnancy options” counseling, and assistance in the form of free packages of diapers and baby clothes.

What these centers do not advertise is that they are not medical clinics; that they are staffed primarily by volunteers who lack medical training; and that they are expressly opposed to abortion and any form of contraception other than abstinence and will not make referrals for these services. In some cases, they will withhold a woman’s private records generated during her visit if they believe the woman will later seek an abortion.

Planned Parenthood and Legal Voice are organizations dedicated to ensuring that women have meaningful access to reproductive healthcare, including accurate information about the health effects and efficacy of contraception, disease prevention, and abortion. Planned Parenthood provides health care to women throughout the states, including many patients who have previously sought services at limited service pregnancy centers. Legal Voice has for years advised women who have previously sought help and services from these centers.

There were more than ten such reports in 2009 alone. All of the women who contacted us reported being lured into a limited service pregnancy center by a promise of free care. Once there, women were subjected to inappropriately long wait periods for pregnancy test results, were provided false or misleading information about abortion, pregnancy, contraception, or sexually transmitted infections, had their requested medical records withheld, and left without getting medical care or needed referrals.

In response, Planned Parenthood and Legal Voice initiated an investigation into these centers. The purpose of the investigation was to determine whether or not these organization engaged in a systematic practice of deceptive tactics designed to prevent women from obtaining reproductive health services.



We asked trained volunteers to seek services by telephone and in person at these centers in Washington State. *Testing confirmed the experiences women had reported.*

*All but one of the limited service pregnancy centers visited in person,<sup>1</sup> and the majority contacted by phone, did one or more of the following:*

- Misled women about the nature of the crisis pregnancy center's services
- Provided false or misleading information about pregnancy, abortion, and miscarriage
- Provided false information about prevention of sexually transmitted infections
- Provided false or misleading information about contraception
- Refused to provide women with written results of their pregnancy tests

In short, limited service pregnancy centers are organizations that appear to be medical clinics, offering free assistance to women facing unintended pregnancies. But in reality, they do not provide medical care; they provide inaccurate medical information designed to delay women from making decisions about how to handle unintended pregnancy; and they refuse to offer referrals for needed medical care. This is consistent with the common set of tactics used by these organizations throughout the nation.<sup>2</sup>

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<sup>1</sup> The exception was Angelorum Pregnancy Services in Seattle, where testers sat in a waiting room for 30 minutes without being assisted. They finally left without seeing any staff of the center.

<sup>2</sup> In 2006, the House of Representatives Committee on Oversight and Government Reform released the results of an investigation, led by Representative Henry A. Waxman, into federally funded "pregnancy resource centers" around the country. It found that pregnancy resource centers tend to intentionally mask their mission with the express goal of attracting "abortion-vulnerable clients." It also found that 20 of the 23 (87%) centers reached by investigators provided false or misleading information about the health effects of abortion, including misleading information about links between abortion and breast cancer and future fertility. The full report is available at [http://oversight.house.gov/index.php?option=com\\_content&view=article&id=2552&catid=44:legislation](http://oversight.house.gov/index.php?option=com_content&view=article&id=2552&catid=44:legislation).

In 2001, NARAL Pro-Choice Maryland conducted an investigation into 17 "crisis pregnancy centers" (CPCs). They found that some CPC volunteers did not disclose that the center was an anti-abortion organization. <http://www.prochoicemaryland.org/assets/files/cpcreport.pdf>.

In 2010, NARAL Pro-Choice California conducted a similar investigation. They also found that the majority of CPCs in their investigation provided medically inaccurate information, "systematically abuse options counseling by not presenting the full range of reproductive options, but rather imparting only anti-choice propaganda to women." <http://www.prochoicecalifornia.org/assets/files/cpcreport2010-revisednov2010.pdf>, page 4



## PURPOSE AND METHODOLOGY

### PURPOSE

The purpose of this investigation was to gather qualitative information about the services these limited service pregnancy centers provided to women with unintended pregnancies in Washington State. The investigation was sparked by numerous reports from Washington women regarding their experiences at these centers. For example, in 2005 a mother of two reported:

*“I needed a pregnancy verification for DSHS to get insurance [to pay for an abortion]...[the CPC] told me to come back for an ultrasound “to see if it was a viable pregnancy” before they set me up with insurance. When I went [for the ultrasound] the woman [not a medical professional] made me feel so awful... she did my ultrasound and told me the heartbeat was low and there was a line indicating breakage. She told me to wait until I was 12 weeks and see if I miscarry. Then she sent me home with anti-abortion literature.”*

In 2009, a young woman went to a center in Eastern Washington. Staff there told her “there was real possibility of death during or after the termination as a result of complications and that I had to be sure that I was infection free before the procedure or I would be allowing the infection into the uterus... and there is a good chance that the trauma to my uterus that takes place during a termination could leave me scarred and unable to conceive in the future.”

A teenage girl reported this response from the same center:

*“My plan was to keep the baby if the [pregnancy] test was positive – but they started talking about adoption and kept pushing adoption – saying ‘a lot of teenagers have unhealthy babies and complications with their pregnancies.’ It made me feel very uncomfortable.”*



## METHODOLOGY

After receiving training, 23 volunteer testers contacted limited service pregnancy centers seeking services. Some testers contacted these centers by telephone, while others visited in person. The testers asked for information about unintended pregnancy, took pregnancy tests, and sought additional information about the organizations' services. We did not closely examine the claims of limited service pregnancy centers that they provide social services for pregnant women and parents. Many centers told testers that they provide parenting classes, abstinence-only until marriage sex education courses, and "supplies for mother and baby," but the extent of this support is unknown. It is possible that these organizations provide a useful community service for women with intended pregnancies who lack resources and support. This project was designed to address the concerns of women who sought help for unintended pregnancies.

The interactions were not electronically recorded.<sup>3</sup> Rather, phone testers contemporaneously recorded the results of their conversations in writing, while in-person testers recorded the results of their tests in writing shortly after leaving the centers. None of the testers were pregnant, and no pregnant women were asked to participate.

Each volunteer tester was instructed to enter into her interactions with a limited service pregnancy center with an open mind, to ask questions about services, and to use active listening skills. Testers were instructed not to electronically record any conversations or interactions. All of the contact with these centers, with one exception, was initiated and conducted in English.

Testers who visited these centers in person were instructed not to attempt to "fake" a pregnancy test. They were also asked not to provide identifying information, medical histories, or home telephone numbers to the limited service pregnancy centers unless they felt comfortable doing so. In-person testers were also instructed to observe the appearance of the center; collect any written materials provided; to ask questions; and to refuse consent to discussions, procedures, and media viewings, if any, that made them uncomfortable.

The testers were given questionnaires to complete regarding their experience and impressions of the limited service pregnancy center. Thus, the information collected was primarily qualitative.

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<sup>3</sup> Washington law prohibits electronic recording of communications without the consent of all parties to the communication. RCW 9.73.030(i)(b).

## FINDINGS

Over a 2-year period, trained volunteer testers (“testers”) called or visited a total of 20 limited service pregnancy centers operating in Washington State; 9 of the centers were visited in person at least once; most of those 9 centers were visited two or more times. 9 of the 20 centers were called or visited both in 2008 and 2009. One tester also called a 24-hour pregnancy hotline that does not operate a physical crisis pregnancy center.

In 2008, of the 27 encounters with limited service pregnancy centers (either by phone or in person), the centers provided 15 testers with either false information or misleading statements about reproductive health and health care. Every limited service pregnancy center visited in person provided written materials in English (pamphlets, brochures, and handouts) that included misleading or false information about prevention of sexually transmitted infections, birth control or abortion.

In 2009, of the additional 27 encounters with limited service pregnancy centers (either by phone or in person), the centers provided 7 testers – including all in-person testers – with false information about reproductive health care. Limited service pregnancy centers did not inform an additional 9 phone testers that the center they called did not provide or refer for abortions. As in 2008, every limited service pregnancy center visited in-person provided English-language materials that included misleading or false information about sexually transmitted infections, birth control, or abortion.

### LACK OF HONEST INFORMATION ABOUT THE CENTER’S SERVICES

The majority of limited service pregnancy centers contacted by telephone did not inform the tester that the center did not provide abortion or abortion referrals unless explicitly asked. Even when explicitly asked, two centers failed to disclose that they would not provide or refer for abortions. However, no tested center actually claimed to be an abortion provider. Instead, most centers repeatedly encouraged testers to come in for an appointment. *The Whatcom County Pregnancy Clinic scheduled an appointment with a tester without informing her that they do not provide abortion or referrals for an abortion.* The tester was informed of that information in writing when she arrived for her appointment a week later. However, she was also advised that her appointment (for a pregnancy test) would take 40 minutes, and when she objected the center refused to perform the pregnancy test until she went into a room alone, without her companion, and answered a series of personal questions asked by a center volunteer. *Pregnancy Services in Mt. Vernon urged a tester to “come in without an appointment, and they’d give her [pregnancy test] results right away” without informing the tester that they do not provide abortions, even when the tester explicitly stated that she wanted an abortion.*

## FALSE OR MISLEADING INFORMATION ABOUT PREGNANCY AND ABORTION

Every center visited in person (except Angelorum Pregnancy Center in Seattle, at which testers were never assisted after waiting for 30 minutes) provided false or misleading information about abortion and pregnancy; an additional four centers provided false information over the telephone. *Care Net of Tacoma told a tester that “abortion is a blind procedure... that opens up the cervix and can damage it resulting in greater potential for miscarriage in later life.”*<sup>4</sup> Staff members at this same organization told a tester that “*abortion can damage a person emotionally*” and that “*abortions have serious adverse effects like PTSD, infection, depression and inability to carry [future pregnancies] to term.*”<sup>5</sup>

Every crisis pregnancy center visited in-person provided pamphlets or written materials with medically inaccurate information, including statements like “abortion causes breast cancer”<sup>6</sup> and warning women of the dangers of “post-abortion syndrome.”<sup>7</sup>

Life Choices clinics (in Kenmore, Federal Way and Seattle) routinely told testers over the phone that “1 in 4 or 5 pregnancies ended in miscarriage” or “25% of early pregnancies end in miscarriage” and therefore the testers should come into the clinic for an ultrasound to determine whether they “need to worry about having a surgical procedure like an abortion.”<sup>8</sup>



*A Tacoma Care Net staff member told a tester “the AIDS virus is so small it goes right through condoms like a grain of rice through a tennis racquet; condoms do not do anything to protect against STDs.”*

<sup>4</sup> The claim that abortion increases the risk of future pregnancy loss is false. See Hani Atrash et al., *The Effect of Pregnancy Termination on Future Reproduction*, 4 *Bailliere's Clinical Obstetrics and Gynaecology* 391 (1990) (Surgical abortion is not associated with pregnancy loss. First trimester surgical abortion did not lead to adverse pregnancy outcomes, while second trimester abortion may be associated with preterm delivery or low birthweight in subsequent pregnancies); see also Jasveer Virk, et al., *Medical Abortion and the Risk of Subsequent Adverse Pregnancy Outcomes*, 357 *N Engl J Med* 648 (2007), (like surgical abortion, abortion completed by medication did not put women at risk of future pregnancy loss), available at <http://www.nejm.org/doi/full/10.1056/NEJMoa070445#t=articleResults>.

<sup>5</sup> Of these claims, only one is accurate: that there is a risk of infection associated with abortion. However, that risk is extremely low. In surgical abortions, infection occurs in 0.1%-0.2% of cases in North America. Stanley Henshaw, *Unintended Pregnancy and Abortion: A Public Health Perspective*, in *A CLINICIAN'S GUIDE TO MEDICAL AND SURGICAL ABORTION*, 11-22 (Paul et al., ed., 1999). In medical abortions, uterine infection requiring the use of antibiotics occurs in 0.09%-0.6% of cases. See [http://www.prochoice.org/about\\_abortion/facts/safety\\_of\\_abortion.html#n9](http://www.prochoice.org/about_abortion/facts/safety_of_abortion.html#n9); American Congress of Obstetricians and Gynecologists, *Clinical Management Guidelines for Obstetrician-Gynecologists: Medical Management of Abortion*, 67 *ACOG Practice Bulletin* 871 (2005).

As for the claim that abortion causes depression and psychological harm, the American Psychological Association (APA) and the Diagnostic and Statistical Manual of Mental Disorders IV recognize no condition known as “post-abortion syndrome”, and the APA found that the mental health complications associated with terminating an unwanted pregnancy are no greater than carrying an unwanted pregnancy to term. American Psychological Association. *Report of the APA Task Force on Mental Health and Abortion*, August 2008. A separate study confirmed these findings in 2009. Brenda Major et al., *Abortion and Mental Health: Evaluating the Evidence*, 64 *American Psychologist* No.9, 863-890 (2009).

As for the false claim that abortion can lead to future miscarriage or other pregnancy loss, see note 4, supra.

<sup>6</sup> It is well established that induced abortion is not associated with an increased risk of breast cancer. National Cancer Institute, *Summary Report: Early Reproductive Events and Breast Cancer Workshop*, March 25, 2003, available at <http://cancer.gov/cancerinfo/ere-workshop-report>. See also National Cancer Institute, *Cancer Facts: Abortion, Miscarriage, and Breast Cancer Risk*, May 30, 2003, available at [http://www.cancer.gov/PDF/FactSheet/fs3\\_75.pdf](http://www.cancer.gov/PDF/FactSheet/fs3_75.pdf); Mads Melbye et al., *Induced Abortion and the Risk of Breast Cancer*, 336 *N Engl J Med* 81(1997) <http://www.nejm.org/doi/pdf/10.1056/NEJM199701093360201>.

<sup>7</sup> See note 5, supra.

<sup>8</sup> This statement is misleading and designed to delay a woman's decision. While it is true that 25% of early pregnancies end in miscarriage, it is misleading to suggest that an ultrasound will determine the likelihood of such an event, especially the kind of non-diagnostic ultrasounds provided at Life Choices and other limited service pregnancy centers.





## MISLEADING INFORMATION DESIGNED TO DELAY A WOMAN'S DECISION

The receptionist at Life Choices of Kenmore told a tester *“if you are only 7 weeks pregnant you have plenty of time for an abortion, so no need to rush.”*<sup>9</sup> A staff member at Care Net in Tacoma told a tester that *“abortions can be performed up to the ninth month of pregnancy”*; the same center told another tester that *she could have an abortion anytime “until she went into labor.”*<sup>10</sup>

The Care Center in Centralia told an in-person tester *“If you are 2-1/2 weeks late, it [pregnancy] won't show up on a test. You should wait a few more weeks before coming back.”*<sup>11</sup>

## WITHHOLDING WOMEN'S MEDICAL RECORDS

Not all testers inquired about written pregnancy test results – but in every instance but one, when asked if they would provide written pregnancy test results, limited service pregnancy centers either told testers that they would withhold written records of the pregnancy test results or evaded answering the question. For example, staff at the Pregnancy Resource Center in Everett told a tester who had just completed a pregnancy test that *“there is no doctor or nurse on staff to administer the pregnancy test, and therefore no written results can be given.”*

An especially troubling finding of this investigation was the claim of some pregnancy centers to a legal right to withhold a woman's pregnancy test results. Care Net in Gig Harbor and Tacoma provided volunteers with paperwork stating that it had the right under RCW 70.02.090 to withhold a person's medical records if the center reasonably believes the information will be used to obtain an abortion.<sup>12</sup> Care Net in Puyallup provided paperwork stating that *it would be “illegal” for a patient to use medical records generated by Care Net for the purpose of “abortion or abortion-related services,” citing RCW 9.02.150.*<sup>13</sup>

<sup>9</sup> This statement is extremely misleading. A woman who is 7 weeks pregnant has only 2 remaining weeks in which to obtain a medication abortion, and is only 5 or 6 weeks away from the second trimester, in which surgical abortion is both more expensive and more difficult to obtain.

<sup>10</sup> These statements are false. A woman in Washington has statutory and constitutional rights to obtain an abortion prior to viability, or in cases where her health or life are at risk. RCW 9.02.100; *Planned Parenthood v. Casey*, 505 U.S. 833 (1992).

<sup>11</sup> This statement is false. It is widely accepted that even most *home* pregnancy tests, let alone laboratory tests, are very accurate from as early as one day after the missed menstrual period, with an optimum testing time of one week after the missed menstrual period. American College of Obstetricians and Gynecologists, *Your Pregnancy and Childbirth: Month to Month 19* (Women's Health Care Physicians eds., 5th ed. 2010). See also U.S. Dept. of Health and Human Services, Office on Women's Health, *Health Snapshot: Pregnancy Tests*, 2009, <http://www.womenshealth.gov/faq/summaries/pregnancy-tests-snapshot.pdf> and U.S. Food and Drug Administration, Home Health Tests: Pregnancy, 2010, <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/HomeUseTests/ucm126067.htm>.

<sup>12</sup> This claim misstates the law. RCW 70.02.090 describes the limited circumstances under which a health care provider may refuse to release a patient's medical records. Objection to a medical procedure is not one of them.

<sup>13</sup> This is false. The cited statute does not apply to medical records. Rather, RCW 9.02.150 provides: “No person or private medical facility may be required by law or contract in any circumstances to participate in the performance of an abortion if such person or private medical facility objects to so doing. No person may be discriminated against in employment or professional privileges because of the person's participation or refusal to participate in the termination of a pregnancy.” This law has no effect on a patient's rights to inspection, copying, and the use of her medical records, rights protected by federal and state law. See the HIPAA Privacy Rule, 45 C.F.R. § 164.524 (2010); RCW 70.02.080.





*One pamphlet in a Care Net center stated that “Care Net reserved the right to withhold written pregnancy results if they believed that the woman would use the documentation of pregnancy to obtain an abortion.”*

#### FALSE INFORMATION ABOUT BIRTH CONTROL AND SEXUALLY TRANSMITTED INFECTIONS

Limited service pregnancy centers gave testers misinformation on birth control methods and sexually transmitted infections. Life Choices in Seattle’s University District<sup>14</sup> told an in-clinic tester *“condoms are 85% effective when they don’t break, which they often do, and they do not protect against herpes and HPV transmission, they sort of protect against HIV transmission.”*<sup>15</sup> A volunteer at the Care Net in Gig Harbor told a tester that “condoms fail 50% of the time, according to the Centers for Disease Control.” A Tacoma Care Net staff member told a tester “the AIDS virus is so small it goes right through condoms like a grain of rice through a tennis racquet, condoms do not do anything to protect against STDs.”<sup>16</sup>

The same tester was also told that “emergency contraception is unhealthy for women.” The same crisis pregnancy center told another tester that taking Plan B would harm her baby if she was already pregnant. A pamphlet about emergency contraception provided by Care Net in Tacoma *states that infertility, risk of cancer, and ectopic pregnancies are long-term side effects of taking Plan B.*<sup>17</sup> *All of these claims about emergency contraception are medically inaccurate or misleading.*

<sup>14</sup> Phone calls and visits to Life Choices’ website indicate that Life Choices in Seattle’s University District was no longer operating as of December 2009.

<sup>15</sup> This statement is misleading because the “85% effective” statistic already includes human failure and breakage rates. Also, condoms are effective in providing protection against STDS, including HIV, HPV and herpes. See Centers for Disease Control & Prevention, *Sexually Transmitted Diseases Treatment Guidelines*, 2006, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5511a1.htm>.

<sup>16</sup> These claims are false. See note 15, supra.

<sup>17</sup> All of these claims are false. Emergency contraception has not been linked with any serious complications or long-term adverse side effects; it has no harmful effect on an existing pregnancy; and emergency contraception “actually reduces the absolute risk of ectopic pregnancy by preventing pregnancy overall.” American College of Obstetrics & Gynecology, *Emergency Contraception*, Practice Bulletin Number 69, pages 2-3 (December 2005).

## CONCLUSIONS AND RECOMMENDATIONS



### CONCLUSIONS

Our testers found that the majority of tested limited service pregnancy centers:

- Do not disclose the true mission of their organizations;
- Give women false and misleading information about the risks and health effects of abortion;
- Provide inaccurate information about pregnancy, miscarriage, contraception, and prevention of sexually transmitted infections;
- Withhold medical records; and
- Give women misleading information designed to delay their decision.

Our testers found that, when asked, many limited service pregnancy centers did disclose that they do not provide or refer for abortions, but that the majority did not volunteer this information over the phone unless explicitly asked.

Such tactics delay or deny women and teens access to vital health information and medical care at a vulnerable time in their lives, and put them at risk of medical harm. At the same time, limited service pregnancy centers discourage proven strategies for reducing unintended pregnancy – such as access to comprehensive birth control.

### RECOMMENDATIONS

Legal Voice and Planned Parenthood believe that women facing unintended pregnancies are entitled to medically accurate, non-coercive, unbiased, and comprehensive information about their options. Washington State law and public policy also favors that approach. However, the actions of the majority of limited service pregnancy centers tested for this project undermine those goals and put women's health at risk. Their actions also compromise Washington policies enacted to protect consumers from deceptive activities.



## WHAT CAN BE DONE?

- All limited service pregnancy centers should follow the lead of a few of these organizations, and inform women up front and honestly that they will not provide or refer for abortions or comprehensive contraceptive services.
- Washington State should ensure that no state funds are used to support the activities of any limited service pregnancy center that engages in the actions found in this report, and no state agencies, local health departments, or school districts should refer women to these organizations for help with unintended pregnancies or medical care.
- Washington lawmakers should take action to ensure that limited service pregnancy centers disclose that they do not provide or refer for abortions and comprehensive contraceptive care.
- Limited service pregnancy centers in Washington State should not be permitted to flout medical records privacy laws by withholding women's health care information, especially the results of pregnancy tests.

By taking these and other steps, Washington State can help further its public health goals, and ensure that its directives regarding consumer protection and patient privacy are fully realized. Most importantly for individual women, Washington State can take these steps to help prevent women from being harmed and put at risk by the deceptive tactics of some limited service pregnancy centers.

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