

# DESIGNED to DECEIVE

A STUDY OF THE CRISIS PREGNANCY CENTER INDUSTRY IN NINE STATES

## Oregon State Findings

- ▶ The Alliance Study identified **44 crisis pregnancy centers** in Oregon.
- ▶ There are currently **13 abortion care clinics** left in the state.

Almost one-half (48%) of CPCs in Oregon are affiliated with an evangelical, anti-abortion organization called Care Net. One-fifth (20%) of Oregon CPCs are affiliated with Heartbeat International, an international anti-abortion organization with strong ties to members of the former Trump administration.<sup>1</sup>

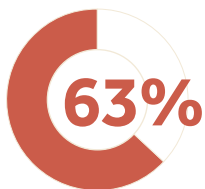
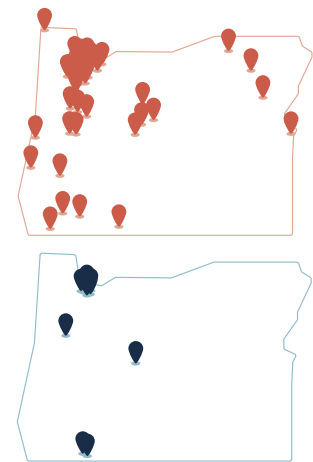
That large evangelical anti-abortion groups like Care Net and Heartbeat International focus resources on progressive states like Oregon is no surprise. Oregon is a leader among states across the nation in advancing comprehensive sexual health education and reproductive health care, which enjoy strong public support. The challenge for the anti-choice movement in Oregon, therefore, is to sway public opinion in the other direction; that is what crisis pregnancy centers do best. While CPCs are not effective in meeting their "stated goals of preventing abortion, promoting traditional gender roles and families, and converting clients to evangelical Christianity,"<sup>2</sup> they are an effective tool for building the anti-choice movement by radicalizing donors and volunteers.

### Most Common Services Offered by CPCs in Oregon

The most common Oregon CPC services are free/earned maternity and baby goods (95.5%), pregnancy testing (93.2%), and "non-diagnostic" ultrasounds (63.6%).

IN OREGON, CPCs  
OUTNUMBER ABORTION  
CARE CLINICS BY

**3.4:1**



**"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY MORE ALMOST 2/3 OF OREGON CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.<sup>3</sup>** Also known as "keepsake" or "souvenir" ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

### CPCs in Oregon Promote False & Biased Medical Claims

Almost one-half of the CPCs in Oregon (45.5%) make false and biased claims about reproductive health care and abortion. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. For example, some CPCs falsely claim that abortions can lead to "increased promiscuity" and other psychological issues, or that abortion increases the risk of breast cancer and infertility. In one typical example, this Cave Junction, OR CPC promotes alarmist disinformation about asymptomatic STIs and abortion:

An obstetric ultrasound is needed to confirm that yours is a viable pregnancy before making the decision to get an abortion. You'll also need to get tested for sexually transmitted infections (STIs). STIs often go unnoticed since many infections have no obvious symptoms. Women who have an abortion with an untreated STI are at higher risk of developing Pelvic Inflammatory Disease following the abortion procedure, which can have serious consequences.

▶ Pregnancy Center Of The Illinois Valley: <https://www.pregnancycenteriv.org/abortion.htm>

**Oregon CPCs also make deceptive and misleading claims on their websites**, including that they have no agenda and provide full and unbiased information to support a pregnant person's choice. Some CPCs in Oregon deceptively use the word "choice" or "options" in their names, and many falsely claim to be the only resource that will provide unbiased information to pregnant people about all their options. This Prineville, Oregon CPC, for example, claims to be an unbiased resource for pregnant people that provides information on all options including abortion, but directly discourages pregnant teens from speaking with their school or doctor and infers that those professionals and abortion providers will not support pregnant teens to make their own choices:



**Your School May Not Be the Place to Ask Questions**

Your school (High School, OSU or COCC) won't have the resources or the training to help you. Unplanned pregnancy is all we do. Every day we talk with girls who are in the midst of trying to figure out what to do once she thinks she's pregnant. Most likely your school will encourage you to go to your doctor or to an abortion clinic to solve your problem. We do more than that. We care about you, about your future and believe you need to have enough information to make an informed choice.

▶ Screenshot from Pregnancy Resource Centers Of Central Oregon: <https://www.prcco.org/for-students/>.

### CPCs in Oregon Promote "Abortion Pill Reversal"

Over one-quarter (27%) of CPCs in Oregon promote "abortion pill reversal" (APR), the unrecognized practice of injecting or prescribing high-dose progesterone for pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop ("reverse") the abortion. The American College of Obstetricians and Gynecologists calls APR "unethical" and "not based on science."<sup>4</sup> This rogue practice has been called "unproven and experimental" in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.<sup>5</sup>

While there is no medical basis for the claim that the abortion pill can be reversed, the APR campaign does serve one goal that is critical to the anti-choice movement, which is to further stigmatize abortion care and send a message to pregnant people that if they have an abortion, they will (or should) regret it. From the perspective of the anti-choice movement, this message may be especially important in progressive states like Oregon where public opinion strongly favors access to abortion and contraception.

### Most CPCs in Oregon Do Not Provide Medical Services

CPCs in Oregon offer no information about contraception (100%), and most offer no STI-related services (72.7%), no well-person care (97.7%) or referrals (68.2%), and no prenatal care (97.7%) or prenatal care referrals (65.9%).

### CPCs in Oregon Lack Licensed Medical Professionals

While many CPCs present as a medical office, only half (50.0%) of Oregon CPCs claim to have a registered nurse and only a third (31.8%) say they have a physician affiliated with their staff.

IN OR:



**98%**  
OF CPCS OFFER NO  
PRENATALCARE



**68%**  
OF CPCS SHOW NO  
PHYSICIAN ON STAFF

### CPCs & the Maternal Mortality Crisis in Oregon

The rate of maternal mortality in Oregon is at or below the U.S. average,<sup>6</sup> but the rate of pregnancy-related complications and deaths is disproportionately high among Black and Native American parents in the state.<sup>7</sup> When CPC volunteers and staff without medical training spread false and deceptive information that causes pregnant people to delay or forego seeking medical care from legitimate health care providers, they directly undermine the state's efforts to reduce the rate of maternal mortality and address this radical racial disparity.

### Recommendations

Oregon policymakers should consider passing a bill that would prohibit crisis pregnancy centers from making or disseminating any statement concerning any pregnancy-related service or the provision of any pregnancy-related service that is deceptive.

1. Claire Provost and Nandini Archer, "Exclusive: Trump-Linked Religious 'Extremists' Target Women With Disinformation Worldwide," *Open Democracy*, February 10, 2020, <https://www.opendemocracy.net/en/5050/trump-linked-religious-extremists-global-disinformation-pregnant-women/>.
2. Kimberly Kelly, "Evangelical Underdogs: Intrinsic Success, Organizational Solidarity, and Marginalized Identities as Religious Movement Resources," *Journal of Contemporary Ethnography* 43, no. 4 (2014): 421-422. doi:10.1177/0891241613516627.
3. J.S. Abramowicz and S.B. Barnett, "The safe use of non-medical ultrasound" *Ultrasound in Obstetrics & Gynecology*, April 28, 2009, <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/uog.6390>; "Keepsake Ultrasounds," American Pregnancy Association, <https://americanpregnancy.org/healthy-pregnancy/pregnancy-health-wellness/keepsake-ultrasound-1193/>.
4. "Facts Are Important: Medication Abortion 'Reversal' Is Not Supported by Science," *American College of Obstetricians and Gynecologists*, accessed September 29, 2021, <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>.
5. Daniel Grossman and Kari White, "Abortion 'Reversal' — Legislating without Evidence," *The New England Journal of Medicine* 379, no. 16, October 2018: 1491, <https://www.nejm.org/doi/full/10.1056/nejmp1805927>.
6. "Oregon Maternal Mortality and Morbidity Review Committee Biennial Report," Oregon Health Authority, Maternal Mortality Review Committee, 7, January 2021, 2020\_MMRC First Biennial Report FINAL 4.1.21.pdf (oregon.gov).
7. Latisha Jensen, "Portland is not Immune to Racial Disparities in Pregnancy-Related Complications and Deaths," *Willamette Week*, August 12, 2020, Portland Is Not Immune to Racial Disparities in Pregnancy-Related Complications and Deaths — Willamette Week (wweek.com).