

# DESIGNED to DECEIVE

A STUDY OF THE CRISIS PREGNANCY CENTER INDUSTRY IN NINE STATES

## Washington State Findings

- ▶ The Alliance Study identified **55 crisis pregnancy centers** in Washington.
- ▶ There are currently **30 abortion care clinics** left in the state.

Almost one-half (45%) of CPCs in Washington are affiliates of a U.S.-based, evangelical anti-abortion organization called Care Net and one-fifth (20%) of CPCs in Washington are affiliates of Heartbeat International, an international anti-abortion organization with strong ties to members of the former Trump administration.<sup>1</sup>

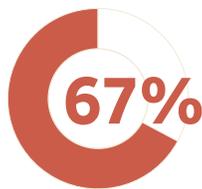
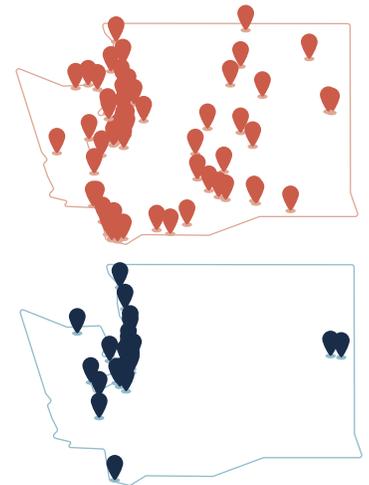
That large evangelical anti-abortion groups focus resources on progressive states like Washington is no surprise. Washington is a leader among states across the nation in advancing comprehensive sexual health education and reproductive health care, which enjoy strong public support in the state. The challenge for the anti-choice movement in Washington, 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 Washington

As in other Alliance Study states, the most common services Washington State CPC offer are pregnancy tests (89.3%), support or counseling (87.3%), free/earned goods (74.5%), and "non-diagnostic" ultrasounds (67.3%).

IN WASHINGTON, CPCs  
OUTNUMBER ABORTION  
CARE CLINICS BY ALMOST

2:1



**"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY MORE THAN 2/3 OF WASHINGTON 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 Washington Promote False & Biased Medical Claims

The majority of CPCs in Washington (60%) make false and/or biased claims on their websites. 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 increase the risk of breast cancer and infertility.

Washington 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. Thirteen of the CPCs in Washington deceptively use the word "choice" or "options" in their name, and many falsely claim to be the only resource that will provide unbiased information to pregnant people about all their options.



#### FERTILITY AWARENESS

Fertility charting for birth control has numerous health benefits. Studies show it can be 98% effective in preventing pregnancy. Learn more in a detailed one-on-one training with a registered nurse.

This crisis pregnancy center in Vancouver, Washington provides no contraceptive health care and promotes this false claim about the effectiveness of "fertility awareness" on its website, which it seeks to legitimate by signaling it is a medical clinic staffed by licensed medical professionals.

- ▶ Screenshot from Options 360 Pregnancy Clinic - I-205: <https://options360.org/patient-services/>



## CPCs in Washington Promote “Abortion Pill Reversal”

Over half (51%) of CPCs in Washington 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. Again, from the perspective of the anti-choice movement, this message may be especially important in progressive states like Washington where public opinion strongly favors access to abortion and contraception.

## Most CPCs in Washington Do Not Provide Medical Services

CPCs in Washington provide no contraception (100%), and most provide no STI-related services (58.2%), and no well-person care (98.2%) or referrals (60%). Most Washington CPCs provide no prenatal care (94.5%) and almost half (49.1%) provide no prenatal care referrals. None of the Washington CPCs affiliated with the global anti-abortion group Heartbeat International provides prenatal care.



## CPCs in Washington Lack Licensed Medical Professionals

While many CPCs present as a medical office, only one-third (32.7%) say they have a registered nurse and less than one-tenth (9.1%) say they have a physician on their staff.

## CPCs & the Maternal Mortality Crisis in Washington

From 2014–2016, the overall rate of maternal mortality in Washington was 37.3 deaths per 100,000 live births, but the ratio was much higher within the Native American, Alaska Native and non-Hispanic Black populations.<sup>6</sup> The rate of maternal mortality in the Native American or Alaska Native population was 290 deaths per 100,000 live births, and the rate in the non-Hispanic Black population was 67 deaths per 100,000 live births.<sup>7</sup>

The correlation between lack of prenatal care and maternal mortality is well documented, so the failure of Washington CPCs to provide prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern. Amid a maternal mortality crisis driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs, the implications for American Indian, Alaska Native, and non-Hispanic Black populations are particularly grave. When CPCs volunteers and staff without medical training mislead pregnant people and cause them 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 radical racial disparities.

## Recommendations

The Washington Legislature 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. Press Release: “DOH releases maternal mortality report,” Washington State Hospital Association, November 21, 2019, <https://www.wsha.org/articles/doh-releases-maternal-mortality-report/>.
7. “Maternal Mortality Review Panel: Maternal Deaths 2014–2016,” Washington State Department of Health Prevention and Community Health Division, 18, October 2019, <https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-010-MMRPMaternalDeathReport2014-2016.pdf>.