False & Biased Medical Claims by CPCs

The Alliance Study surveyed CPC websites to document and calculate the percentage of CPCs promoting false and/or biased medical claims. We defined as false any medical claims that were demonstrably untrue or unsubstantiated, or that misleadingly cited factual information out of context. We defined as biased statements about medical issues, procedures, or providers presented in loaded or gratuitous language instead of clinical terms.

The Alliance found more than 63% of the CPCs in our Study states promoted false and/or biased medical claims on their websites, most often about pregnancy and abortion. Abortion does not increase a birthing person’s risk of secondary infertility, pregnancy-related hypertensive disorders, breast cancer, or mental health disorders[^86], yet nearly one-third (31.8%) of CPCs in the Study claimed that abortion causes these conditions. Many CPC sites claimed that people who have had abortions suffer from “post-abortion syndrome,” an “abortion-as-trauma” construct of the anti-abortion movement that has been roundly debunked by medical and mental health professionals.[^87]

More than one-third (34.9%) of CPCs in this Study promoted “abortion pill reversal” (APR), the unproven and potentially dangerous claim that a medication abortion can be “reversed” with a high-progesterone intervention. We collected and reported APR data separately from other false medical claims because APR is both a fraudulent claim and an unethical practice. APR is a current priority of the anti-abortion movement. See the Spotlight below for more information and discussion of the Alliance Study’s APR findings.

While we also observed other misleading claims to be common on CPC websites, including that CPC services are unbiased because they are free, this Study did not document the prevalence of false and misleading claims that were not medical in nature.

False and biased CPC claims about abortion contradict the reality that abortion is extremely safe.[^88] Complications from abortion are rare, occurring less frequently than complications from wisdom tooth extraction.[^89]

These examples of false claims promoted by CPCs are typical:

**Surgical Abortion Risks:**
- Perforation of the uterus
- Damage to the cervix
- Scar tissue on the uterine wall
- Infection
- Heavy bleeding

**Medication Abortion Risks:**
- An ongoing unwanted pregnancy if the procedure doesn’t work
- Heavy and prolonged bleeding
- Digestive system discomfort
- Incomplete abortion (which may need to be followed by surgical abortion)
- Infection
- Fever

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The American Psychological Association found no increased risk of adverse mental health outcomes for women having a legal, first-trimester abortion. The National Cancer Institute concluded that abortion does not increase one’s risk of breast cancer.

False information about miscarriage was also common. While the medical community agrees that 10%-15% of detectable pregnancies result in miscarriage, CPCs claimed that the likelihood of miscarriage is significantly higher.

This CPC in California shows a pop-up video on its homepage with a woman dressed in a white coat and stethoscope making a false claim about miscarriage and encouraging people considering abortion to come to the CPC for an ultrasound to determine if they are going to miscarry instead:

CPCs often used biased and gratuitous language about procedural abortion, under the guise of providing a clinical description, some of which were deceptively cited to legitimate medical sources.

These false and biased claims about abortion on CPC websites reflects medical disinformation promoted by the anti-abortion movement at large.

Obria CPCs in California, Oregon, and Washington falsely claimed that miscarriage is itself a form of abortion: “The most common types of abortion, and more information about them can be found below.”
In fact, large anti-abortion organizations use CPCs to spread standardized anti-abortion rhetoric via digital services and toolkits. For example, Heartbeat International offers website development services with customizable templates but limits the extent to which CPCs can adapt them, and conditions use of the templates on CPCs agreeing to post most of the talking points on medical pages verbatim.\(^9_3\)

HBI also offers trainings for peer counselors that promote false and biased claims. One such claim is that a boyfriend who “experiences homosexuality” can be a consequence of abortion.\(^9_4\) While not the focus of this Study, it should be clear that anti-abortion organizations often explicitly oppose LGBTQ+ rights. Queer, gender-expansive, and transgender people are more likely to experience the economic insecurity that drives people to CPCs than their cisgender straight counterparts; once at a CPC, they may face the acute, specific harm of encountering explicitly anti-LGBTQ+ “counseling” and messaging. Lesbian and bisexual young people are at greater risk of unwanted pregnancy than their heterosexual counterparts.\(^9_5\)

This Study also found CPCs were promoting unsubstantiated claims demonizing physicians and abortion providers, which serves to undermine pregnant people’s trust in medical professionals in general and abortion providers in particular.\(^9_6\)

Systematic use of broad, unsubstantiated claims demonizing medical professionals by CPCs is deeply concerning, especially given the historic and ongoing racism that has led to distrust of the medical system among Black and brown people. Cultivating patient trust is particularly critical to improving the maternal health of Black and brown patients.\(^9_7\) This CPC practice is especially dangerous at a time when the politicization of public health recommendations and regulations during the pandemic is provoking new levels of mistrust of medicine and violence against abortion providers is at the highest level ever recorded.\(^9_8\)

“Native Americans face increased barriers to reproductive services and information that is objective and based on science. Tribal health and human services programs should inform tribal citizens about the dangers of CPCs, including those that operate close to tribal lands that are targeting people of color and providing them with false information. Tribal citizens should be encouraged to work with medical providers in their health insurance networks, Veterans Administration, Indian Health Service, tribal 638 clinics, or Planned Parenthood to access comprehensive health care services and referrals.”

—Terrelene Massey, Tribal citizen, Navajo Nation Executive Director, Southwest Women’s Law Center, New Mexico
False Claims About Medication Abortion

While CPCs in this Study promoted disinformation about both procedural and medication abortion, we observed a particular focus on medication abortion. Some CPCs used the anti-abortion movement term “chemical abortion” to refer to medication abortion.

For example, one Oregon CPC chain compares the way the first pill in a medication abortion works to “cutting the oxygen supply to someone who is on a ventilator.” This Idaho CPC’s website promotes both false claims about the medical risks and gratuitous claims about the process of a medication abortion:

A medication abortion includes two drugs taken orally: mifepristone, followed by misoprostol 24 to 48 hours later. If the two-drug protocol is completed, a medication abortion terminates the pregnancy in 96% of cases. Studies confirm the protocol is safe and effective; it has been found to be safer than many commonly used over-the-counter medications in the U.S., including Tylenol.

Medication abortion is an increasingly popular choice among people seeking abortion care. As of 2016, the latest data available, medication abortion makes up roughly 41% of abortions at 8 weeks gestation or less, in part because it affords a convenient and private alternative to procedural abortion and can be completed at home.

CPCs promoted false claims about both the efficacy and safety of medication abortion. CPCs describing how medication abortion works often included no facts about its high rate of efficacy and safety and instead reported “heavy bleeding requiring surgery to stop the bleeding, and serious infection” as potential complications. Some CPCs used false claims about the percentage of pregnancies that end in miscarriage to encourage pregnant people considering medication abortion to wait.

A particularly harmful false claim about medication abortion is called “abortion pill reversal.” False claims that a medication abortion can be “reversed” — by the potentially dangerous administering a high dose of hormones before the second medication is taken — are gaining ground as a centerpiece of messaging and services listed on CPC websites.
CPCs also use false claims about abortion to radicalize anti-abortion activists and justify legislative abortion restrictions.117 CPCs sponsor “post-abortion recovery” groups for people they claim are suffering from “post-abortion syndrome”— this “syndrome” does not exist; it has been manufactured by the anti-abortion movement — that encourage participants to become activists and support political efforts to end legal abortion.118 Researchers identify CPCs as “the dominant force in spreading [post-abortion] syndrome claims at the grassroots level and...translating these claims into federal and state policy.”119 Groundless “abortion regret” narratives have also infiltrated jurisprudence about abortion rights. In 2007, Justice Anthony Kennedy cited “post abortion regret” in the U.S. Supreme Court opinion upholding a ban on some later-term procedures — even while acknowledging a lack of evidence for this claim.120

POST ABORTION STRESS SYNDROME (PASS)

SYMPTOMS OF PASS MAY INCLUDE ANY OF THE FOLLOWING:

1. Guilt: Experiencing guilt does not imply that you made a mistake or “violated your own moral code,” as some pro-lifers would imply. However, feelings around having an abortion may be complex and have to take into account fear of what others might think.
2. Anxiety: General anxiety is a common symptom of PTSD—in the case of PASS, there might be particular anxiety over fertility issues and the ability to get pregnant again.
3. Numbness, Depression: Again, common symptoms of PTSD.
4. Flashbacks: Abortion is surgery, and in most cases, it’s a surgery that happens while the patient is fully conscious. This can be a distressing experience.
5. Suicidal thoughts: In extreme cases, the PTSD that results from a controversial abortion could lead to suicidal thoughts or tendencies and would require immediate treatment. It’s important to note that this is not a common or expected symptom of PASS, but as with any form of PTSD, it is possible.

Screenshots from WISH Medical CPC, Moscow, ID