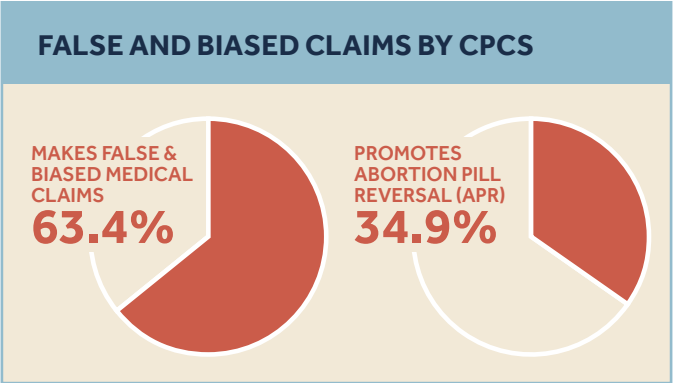


# False & Biased Medical Claims by CPCs

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,<sup>86</sup> 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.<sup>87</sup>

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.<sup>88</sup> Complications from abortion are rare, occurring less frequently than complications from wisdom tooth extraction.<sup>89</sup>

These examples of false claims promoted by CPCs are typical:

**Abortion and Preterm Birth**

Women who undergo one or more induced abortions carry a significantly increased risk of delivering prematurely in the future. Premature delivery is associated with higher rates of cerebral palsy, as well as other complications of prematurity (brain, respiratory, bowel, and eye problems).

**Abortion and Breast Cancer**

Medical experts continue to debate the association between abortion and breast cancer. Did you know that carrying a pregnancy to full term gives a measure of protection against breast cancer? Terminating a pregnancy results in loss of that protection.

Despite the controversy around this issue, it is important for women to know what some experts say: a number of reliable studies have demonstrated connection between abortion and later development of breast cancer.

Screenshot from Hope's Place Pregnancy Support Center, Salmon, ID  
<https://www.hopesplacepc.org/abortion.html>

**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

Screenshots from Women's Pregnancy Options, Albuquerque, NM  
<https://www.pregnantabq.com/abortion>

The American Psychological Association found no increased risk of adverse mental health outcomes for women having a legal, first-trimester abortion.<sup>90</sup> The National Cancer Institute concluded that abortion does not increase one's risk of breast cancer.<sup>91</sup>

False information about miscarriage was also common. While the medical community agrees that 10%-15% of detectable pregnancies result in miscarriage,<sup>92</sup> 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:

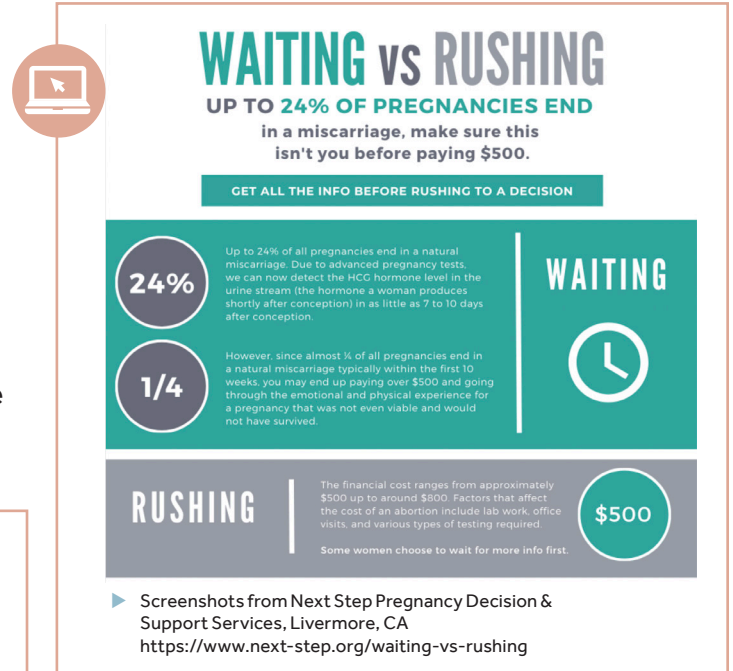


▶ Screenshots from La Habra Life Center, La Habra, CA  
<https://lahabralifecenter.org/>

**"Are you considering abortion? Did you know you may not need an abortion? Approximately one in every 4 pregnancies ends naturally by miscarriage. Yes that's right, one in every four. And it happens naturally without the need to go through the pain or cost of an abortion. Want to know more about whether you're likely to miscarry? The technology exists and you have a right to know. If you're considering abortion you may not even need to make that decision. Schedule a pre-viability ultrasound at our La Habra center."**

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.



**WAITING vs RUSHING**  
UP TO 24% OF PREGNANCIES END in a miscarriage, make sure this isn't you before paying \$500.

GET ALL THE INFO BEFORE RUSHING TO A DECISION

**24%** Up to 24% of all pregnancies end in a natural miscarriage. Due to advanced pregnancy tests, we can now detect the HCG hormone level in the urine stream (the hormone a woman produces shortly after conception) in as little as 7 to 10 days after conception.

**1/4** However, since almost 1% of all pregnancies end in a natural miscarriage typically within the first 10 weeks, you may end up paying over \$500 and going through the emotional and physical experience for a pregnancy that was not even viable and would not have survived.

**WAITING**

**RUSHING**

The financial cost ranges from approximately \$500 up to around \$800. Factors that affect the cost of an abortion include lab work, office visits, and various types of testing required.

**\$500**

Some women choose to wait for more info first.

▶ Screenshots from Next Step Pregnancy Decision & Support Services, Livermore, CA  
<https://www.next-step.org/waiting-vs-rushing>

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."



The most common types of abortion, and more information about them can be found below:

Miscarriage Surgical Abortion Abortion Pill

▶ <https://www.obria.org/services/abortion/>

### How is an aspiration (suction) D&C abortion performed?

A suction, or aspiration, D&C abortion is performed in-clinic. Prior to the abortion, the woman should receive an exam that includes an ultrasound in order to confirm that she is pregnant and diagnose any complicating factors, such as a tubal, or ectopic, pregnancy. An abortionist uses metal rods or medication to dilate the woman's cervix and gain access to the uterus, where the baby resides. The abortionist then inserts a suction catheter to vacuum the child from the womb. The suction machine has a force approximately 10 to 20 times the force of a household vacuum cleaner. The procedure is completed as the abortionist uses a sharp metal device called a curette to empty the remains of the child from the mother's uterus.<sup>1</sup>

▶ Screenshots from Lifeline Pregnancy Care Center, Nampa, ID  
<https://www.abortionprocedures.com/aspiration/#1466797067815-ef6545f9-db0b>

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.<sup>93</sup>

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.<sup>94</sup> 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.<sup>95</sup>

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.<sup>96</sup>

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.<sup>97</sup> 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.<sup>98</sup>

### Ask for the doctor’s name that is performing the abortion

Abortion is legal in the United States but bad medical care is not. Women have died as a result of their “safe and legal” abortions. Some have had their bodies hurt to the point that they can no longer have children. If you don’t know the abortionist’s name that is doing your abortion, you may not find out. The abortionist could be counting on you not holding him accountable for hurting you because many women are afraid to let anyone know about this choice afterwards. Ask for his name and write it down.

### Understand you can change your mind – even at the last minute

Many women who have experienced abortion relay that they felt they had to go through with the procedure once they had entered the facility. Others say that they waited on the abortion table to be “rescued” by their boyfriend at the last minute. Some facilities even told the women that they couldn’t get their money back if they changed their mind.

Abortion providers know that this is an agonizing decision and sometimes see women change their mind at the last minute because, as they say, “I simply can’t do this!” Know your rights. Don’t be pressured or intimidated. If the procedure is not performed, demand your money back.

### Verify that the abortion facility is clean and sanitary

Many women report that the general area of the facility where they had their abortions was unclean, dusty and even smelled bad. Infections can result from unsanitary conditions. If you find yourself in a facility be sure to question their sanitizing procedures and view the condition of each room to ensure that you are receiving excellent care. If they don’t provide sufficient information to determine these conditions, give yourself permission to leave and demand a refund of your money.

▶ Screenshots from Confidence Pregnancy Center, Salinas, CA  
<https://pregnancysalinas.com/faqs/>



*“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

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## 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.”<sup>99</sup> 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.<sup>100</sup>



### What type of medical supervision occurs during a medical abortion?

After taking the first pills (Mifepristone/RU-486) in the clinic, she is sent home to complete the abortion. This means she must correctly follow the directions for taking the remaining set of drugs and is responsible for judging whether her body’s reaction to the abortion is normal or not (such as a dangerous loss of blood). With this type of abortion, it is likely that she may not have a doctor to provide immediate help should a potentially life-threatening complication occur, so it is very important that she report any concerns to her doctor and seek emergency help if necessary.

The woman will also be responsible for disposing of her child’s remains. While she could lose her baby anytime and anywhere during this process, the woman will often sit on a toilet as she prepares to expel the remains, which she will usually then flush— she may even see her dead baby within the pregnancy sac.

► Screenshot from Lifeline Pregnancy Care Center in Nampa, ID  
<https://www.abortionsprocedures.com/abortion-pill/#1465365763416-9210ca68-3f54>

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,<sup>101</sup> 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.<sup>102</sup> Some CPCs used false claims about the percentage of pregnancies that end in miscarriage to encourage pregnant people considering medication abortion to wait.



Considering Abortion Pills? You May Not Need To... 1 In 4 Pregnancies Ends Naturally!

Avoid The Cost, Risk And, Complications From Abortion Pills

► Screenshot from Turning Point Pregnancy Resource Center  
<https://mmpregnancy.com/considering-abortion/abortion-options/>

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.

*“If there was a way to safely and effectively ‘reverse’ the effects of medication abortion, we would advocate for that procedure to be made available to people who want it. Pregnant people should have as much control as possible over the decision to terminate a pregnancy — or not. That’s what it means to work within a framework that prioritizes the right to individual body autonomy. But so-called ‘abortion pill reversal’ has not been proven to be safe nor effective. In fact, experts have likened it to an ‘unmonitored research experiment,’ conducted by the anti-abortion movement through its sprawling national network of crisis pregnancy centers. This isn’t the healthcare people need or want. It’s just the latest chapter in this country’s horrific history of experimental and coercive medical abuse perpetrated on people of color, and Black women in particular.”*

—Erin Maye Quade, Advocacy & Engagement Director, Gender Justice , Minnesota

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CPCs also use false claims about abortion to radicalize anti-abortion activists and justify legislative abortion restrictions.<sup>117</sup> 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.<sup>118</sup> 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.”<sup>119</sup> 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.<sup>120</sup>

## 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  
<https://wishmedical.com/post-abortion-stress-syndrome-pass-does-it-exist/>