

A Passion to Serve, A Vision for Life

Serve
Pregnancy Resource Center Service Report 2009
Vision



"Women who are fortunate enough to find their way to your centers are welcomed and receive loving care, access to counseling and education programs, ultrasounds and medical assistance, and referrals to other resources for little or no cost. As an Ob-Gyn, I can tell you that your efforts to assist women in underserved communities help to bring healthier babies into the world. Because of the selfless work you are doing, a culture of life is being built in America."

- Joxel Garcia, M.D., M.B.A.

Former Assistant Secretary of Health

U.S. Department of Health and Human Services

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Introduction

Introduction

Over the past 40 years a movement of women and men has created and sustained a vital service in an area of unsurpassed need. Exemplifying the enduring American principles of voluntary and selfless giving, a mustard seed of concern for women facing unexpected pregnancies has blossomed into dynamic national and international networks of love in action. Today, through a massive commitment of personal time and professional services, the movement to provide pregnancy-related resources encompasses thousands of centers worldwide that bring aid and hope to millions of people each year.

The scope of these centers varies but their mission is single-hearted: to communicate to women and their families that their lives are valuable and that their needs – emotional, psychological, medical, spiritual and practical – can and will be met. With honesty and compassion, the global pregnancy resource movement now offers powerful community-based programs whose accomplishments are a story not yet fully told. The goal of this report is to embark upon that telling, to provide to layman and professional alike, to the legislator and the citizen – to all people of goodwill – an account of the good that is being done in our midst.



From Mustard Seed to Topmost Branches

In the long history of American compassion, service to expectant mothers and their families has occupied a prominent place. In the 19th century charities like the Florence Mission and, in the century's last decade, the Doors of Hope offered what historian Marvin Olasky has called "spiritual challenge and the training of character." By 1931, according to an authoritative history of Catholic Charities, there were 44 Roman Catholic infant and maternity homes in the United States. Jewish Maternity Homes, Salvation Army homes and other havens were created to assist women in need. These refuges, models for their time, relied on volunteer service and sought to address both immediate and underlying needs.

In our time the phenomenon of unexpected pregnancy occurs not only in a different social context, but in a legal and social environment where pressure to abort the pregnancy is common. Today's pregnancy resource movement began as a response to this developing environment, and the life-affirming work of these centers also manifests a traditional concern for building healthy relationships and helping to bring restoration – a hope and a future.

The first pregnancy center network was founded in 1968 under the aegis of Birthright in Canada, and these centers soon spread to the United States. The 1960s were a time of social and political upheaval in the United States and the West generally, with the sexual revolution, divorce law reform, the drug culture, and liberalization of abortion laws in several U.S. jurisdictions.

In 1971 Alternatives to Abortion, the forerunner to Heartbeat International, was formed in the United States. This loose network of newly formed life-affirming pregnancy test centers and hotlines numbered fewer than 100. It soon added affiliates in Europe and Australia and became known as Alternatives to Abortion International.

The 1970s dawned with the U.S. Supreme Court decision in *Roe v. Wade*, a seismic event that sparked national political and legal debates that endure to the present. Like the early pregnancy center movement, the initial legislative





The first “crisis pregnancy center,” opened in 1980 in Baltimore, Maryland by the Christian Action Council (CAC). The CAC recognized that social changes post-Roe would reinforce the need for pregnancy-related services to women. Pregnancy centers increasingly omit the word “crisis” in their titles and prefer pregnancy “resource,” “care,” or “help centers” now.

response to the abortion tide unleashed by Roe was led by Roman Catholic organizations and individuals. In 1975 the Catholic presence was augmented by the Christian Action Council (CAC), a Washington, D.C.-based evangelical organization that at first devoted itself to lobbying and education within the church. The legislative battle became more intense as the nation’s abortion rate exploded throughout the decade.

Leaders at the CAC recognized that the social changes of the era and the legal challenges after Roe only reinforced the need for pregnancy-related services to women. In 1980 the CAC established its first “crisis pregnancy center” in Baltimore, Maryland. After the Congressional defeat of national legislation to protect the unborn in 1983, the CAC rededicated itself to outreach to women facing unexpected pregnancy, establishing church-based ministries with strong volunteer bases across the nation. By 1999, when the CAC changed its name to Care Net®, the group’s affiliate network had grown to 554 centers.

Over the past quarter century the pregnancy resource center (PRC) movement has developed an increasing array of services, extended its reach to every state of the Union and dozens of countries overseas, and grown in both volunteer and professional capacity. In 1993 a new national organization entered the picture, the National Institute of Family and Life Advocates (NIFLA). NIFLA initially was committed to providing legal advice and consultation to pregnancy centers that found themselves under intense attacks from the abortion industry. Two years later NIFLA made simultaneous commitments to promote medical conversion of pregnancy centers and to guide them through health practitioner certification and compliance with all legal requirements to enable them to provide ultrasound services.

About the same time, Alternatives to Abortion International changed its name to Heartbeat International and hired its first paid staff member. Having grown to about 200 affiliates, this groundbreaking ministry embarked, as did the other pregnancy center networks, on a period of remarkable increase in size, services and effectiveness. The 1990s also saw Focus on the Family®, the ministry founded by author and psychologist Dr. James C. Dobson, enter the

field by supplying high-quality, research-supported educational resources to the nation's pregnancy center networks. This dedicated arm of Focus became a key service ally of the centers, providing materials they could not readily produce themselves.

Throughout the next 15 years these centers responded to multiplying community needs and the challenges facing couples and families. The centers offered lay or peer counseling and education for women whose tests were negative, risk avoidance education for youth, counseling and other services for couples and families, the establishment of housing programs and small maternity homes, and targeted programs for special populations like the urban poor, college students and other age groups, and Native Americans. During this period the number of smaller-scale maternity homes steadily grew to today's count of some 350 residential facilities.

Editor's note: The reader will see that throughout this report both the formal and generic names of centers vary greatly. Such terms as pregnancy "care," "resource," and "help" centers, and more are used, as well as "medical clinics," "medical centers," and "pregnancy medical help clinics," for those offering medical services. The variety of terminology reflects the true grassroots nature and dynamism of the movement. Increasingly, the umbrella membership organizations and their affiliates are moving away from the name "crisis" pregnancy centers, though this was the original title given to pregnancy centers. This report favors "pregnancy resource centers," or PRCs, where an editorial option was available.

New Initiatives and Better Technology

No aspect of the changes in the pregnancy care movement has had more significant impact than the addition and enhancement of ultrasound technology. First developed in the 1960s, ultrasound machines of increasing sophistication and lower cost came into wide obstetrical use in the 1980s. NIFLA was the first of the national pregnancy center organizations to promote acquisition of ultrasound technology by the centers and to provide trainings in its use by certified and qualified personnel. NIFLA-affiliated centers number 1,175 today, 639 (more than 55 percent) of which are limited ultrasound-providers. NIFLA holds nine ultrasound trainings per year and has trained more than 1,200 physicians and nurses in the provision of limited ultrasound through the Life Choice Project to help members convert to medical centers. NIFLA also offers an online training program for physicians and nurses.



"To a pregnant woman abandoned by friends, family, and the baby's father, abortion can seem like the only choice—that is, not a choice at all. It is pregnancy care centers that come alongside her and give her the support and hope she needs to make a life-giving choice."

— Frederica Mathewes-Green
Author

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RU-486 is offered as the easy way out of an unexpected pregnancy - but the consequences are serious and troubling.



Pregnancy Care Centers

Considering
abortion?

Caring
Confidential
Trusted



IN OAKLAND

412-687-7767

Megan and Ava's Story

Women's Choice Network: Oakland Center and

Pregnancy Resource Center of the South Hills, Pittsburgh, Pennsylvania

When I found out I was pregnant, I was scared, confused, and believed everything I had been told. "Having a baby will ruin your life." "Abortion is the only way out." "Young single mothers cannot make it in this world." The fears I felt toward confronting the pregnancy, and having such drastic changes take place in my life, confirmed my decision. An abortion was the only way to "save" my life as I knew it.

I made an appointment for the next week for a medical abortion, where I would take the medication/pill regimen known as RU-486. The thought of "surgical abortion" made me queasy, and the clinic staff made the pill sound so simple – like taking a Tylenol for a headache. It seemed like the perfect solution had fallen right in my lap. But what I first thought was the answer to my prayers soon came with its own set of worries. I couldn't shake the nagging thoughts in the back of my mind, those unsettled feelings that I was sure would disappear since I had made the appointment to take the RU-486.

My anxiety worsened as the date for the abortion grew closer. I crept slowly through the days, wishing that I could stall the abortion appointment until I felt 100% confident about my choice. It was the biggest decision of my life, and I needed, I craved some conviction that it was the right decision. One day, as I was riding on the bus I saw a sign that read, "Considering Abortion? Pregnancy Care Centers: Caring, Confidential, Trusted." It gave me a sense of comfort I hadn't felt in weeks. I decided to call the number... I figured at that point, what did I have to lose? Maybe I did have one more chance to talk to someone before the abortion.

When I called the Help Line phone number, I was nervous – I didn't want to be judged or pressured. I just wanted to hear something hopeful. The woman on the other end of the line listened, and didn't judge. She gave me information, and set me up with an appointment. I don't know what prompted me to go. But I knew that I couldn't go in and get the abortion without some sense of affirmation that whatever choice I made, it would be a well-informed decision.

The visit to the pregnancy care center changed my life. For the first time, I saw my situation for what it really was – a blessing, a miracle of life. I saw my baby on the ultrasound as a real person. I could see her as a newborn baby...a little girl...and a grown woman who would do amazing things in this world if I would just give her the opportunity. Seeing Ava opened my eyes to everything I couldn't see before. I was able to see past my fears and my worries, and experience the excitement and joy of a new life. I felt a renewed sense of purpose, and an overwhelming responsibility to myself as a woman, and my capabilities of being a mother. The support and love the center showed me gave me the validation I was searching for all along.

The center wasn't about fixing a "problem" or telling me what to do – it was about the undeniable, unselfish celebration of life...and not just my baby's life, but mine as well. It was about empowerment, guidance and support. They were my reminder, when I was too scared to remind myself, that I didn't need to succumb to pressure just because I was afraid, and that I could choose the life I wanted. For the first time, I felt like I had choices and that I could make a genuine, confident decision.

When I left the clinic, I realized that the pit in my stomach was gone. I no longer had that nagging feeling of dread I had while I was waiting to have the abortion. I finally understood that the dread was not just a result of my current situation. It was really a preview of the regret that I would feel living the rest of my life knowing I had made a decision that I didn't have any information about. It was regret in a decision which would have stolen those qualities of joy and unconditional love that I experience in my life every day now.



Ultrasound enabled Megan to see her baby, Ava, as a "real person." "The support and love the center showed me gave me the validation I was searching for all along."



Options counseling, non-judgmental care and support, as well as continuing friendship and prayers, were all provided to Tina, shown here with her daughter Isabella.

Tina and Isabella's Story

Care Net Pregnancy Center of Cochise County, Sierra Vista, Arizona

My boyfriend said there was only one option: abortion. After all, what would our parents say? What would the people at our church think?

I obediently scheduled an appointment, but before the date arrived, I was overwhelmed with doubts. I knew I couldn't do it. Desperate for help and options, I turned to the phone book and found the Care Net Pregnancy Center of Cochise County.

I scheduled an appointment to meet with a peer counselor. They sat down with me and helped me go over all of my options, and they really listened to my needs. I didn't feel judged; I just felt cared for.

After meeting with my counselor, I knew that I wanted to keep this baby. I still had fears about how this decision was going to affect my future, but the staff from the pregnancy center was there for me throughout my pregnancy. They offered me parenting classes as well as ears to talk to, shoulders to cry on, and ready prayers.

And now, I have a beautiful little daughter, Isabella. When I look at my daughter, I still cannot believe that I almost considered abortion. Life as a single mother is not a bed of roses, but the love that I have for my daughter and the love that she gives to me make it all worthwhile.

I am so thankful for the love and support I received at the Care Net center and for their continuing friendship and prayers!

Compassion

As the pregnancy center movement continues to expand in excellence and reach, several new projects have moved to the fore with profound impact in the 21st century, the most important of which are Option Line®, the Option Ultrasound Program™(OUP), and Urban Initiatives.

First, the spread of centers and changes in the way clients find and access services created the need for the development of a new national service. In 2003 Heartbeat International and Care Net began Option Line, a 24-hour-a-day, live-operator contact center that fields inquiries from women, and men as well, seeking pregnancy information or care services. This service was designed to address an unmet need for women who are afraid or alone, under overwhelming pressure, unaware of their strengths and seeking help and resources on the other side of a computer screen or phone line.

Then, in 2004 Focus on the Family's Sanctity of Human Life (SOHL) Division added a powerful new impetus toward the medical transformation of PRCs through the Option Ultrasound Program. OUP provides funding grants to qualifying pregnancy centers to enable them to convert their operations into medical clinics, to obtain ultrasound equipment, and to train medical clinic staff in the provision of ultrasound. OUP works with NIFLA for pregnancy centers that want to undergo the conversion to medical clinic status.

Using incentive grants and providing intensive professional training, this program is bringing the highest-quality ultrasound services to women in predominantly urban settings. In five short years Option Ultrasound has seen 425 placements of ultrasound machines or top-quality sonography trainings in 49 states that have enhanced maternal and fetal health, and the potential number of women who chose to carry their babies to term after viewing an ultrasound could be as high as 63,000. The combined provision of counseling and ultrasound results in at-risk women being twice as likely to express their intent to carry their baby to term compared to at-risk women who receive counseling alone.

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In 2003, Heartbeat International and Care Net began Option Line, a 24-hour-a-day, live-operator contact center that fields inquiries from women, and men as well, seeking pregnancy information or care services.



At a recent Stillwater Life Services banquet, Kendra (right) presented the story of how she went from being a pregnancy center client to become a college grad and center director. As director, Kendra often helped women faced with untimely pregnancies see the importance of a loving home – with a mother and a father – for their babies. Adoptive parents, Tiffany and Ramon (left), with baby, Abbey Noel, shared their gratitude during the banquet.

Kendra's Story **Stillwater Life Services, Stillwater, Oklahoma**

I walked through the doors of Stillwater Life Services (SLS) pregnant and wrapped in many layers of pain from emotional, physical, and sexual abuse as a child. Like Lazarus when Jesus raised him from the dead, I needed His people to loose the grave clothes that bound me. God used the staff at SLS, a Heartbeat International affiliate, to bring me back to life.

Through Heartbeat's Bridges program, God helped me to build non-judgmental relationships and revived my ability to dream. I learned parenting skills and found lasting friendships with people who helped me carry my cross.

The day also came when the Bridges program allowed me to give back to other women in need – as a volunteer. Inspired, I entered college with a dream that I could work in a center like SLS someday. In fact, God was preparing me for that day through my work at SLS as I went to school and started working as the director's assistant.

In time, I stepped into the role of director of SLS. Just two weeks after my hire, I was on a plane headed for my first of three Heartbeat conferences! There, God surrounded me with other directors of Heartbeat affiliates who share the same heart and passion. I realized that my life was part of God's plan since the foundation of the Earth and that my childhood had prepared me to minister to the unborn, women, and men who are hurting.

God has tasked me with telling my own story and that of Heartbeat's work around the world in order to help others. His grace has revived my family through Heartbeat's Sexual Integrity™ program, rescuing my niece from abortion, healing my mother of her own past abortion, and restoring my sisters and me from past sexual abuse and misuse. God is using Heartbeat to save and change lives across the globe.

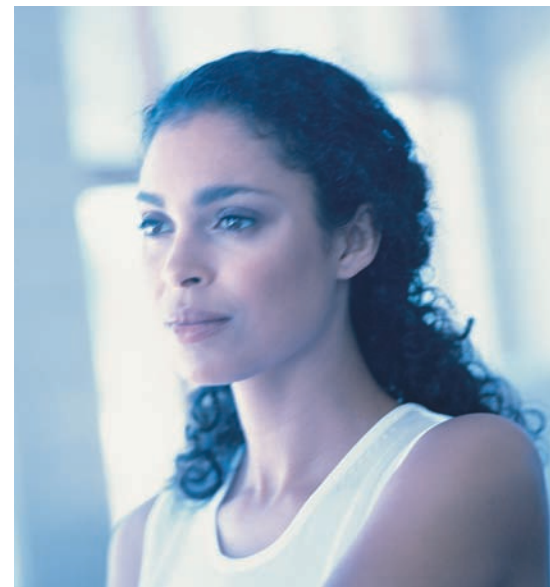
Finally, in 2005 Care Net and Heartbeat International began their collaborative Urban Initiatives, an intentional effort to bring resources to inner cities where the challenges of nonmarital pregnancy and high STD rates are particularly intense. Providing alternatives to abortion has been a mainstay of the pregnancy center movement, and urban areas have seen the nation's highest rates of abortion and repeat abortion. Breaking that cycle and rebuilding the safety networks of community and family are core purposes of the Urban Initiatives.

Each of these initiatives and the movement as a whole have been bolstered by the embrace of refined statements of professional quality and responsibility, which are conditions of affiliation or participation. Focus on the Family's Standards of Excellence of Care statement, directed by the organization's Physicians Resource Council, supplies guidelines to help pregnancy clinics provide ultrasound and other medical services based upon professional industry standards and regulations. Heartbeat, Care Net, NIFLA and other networks also embrace a broader Commitment of Care and Competence whose history is described below.

SERVICE SUMMARY

The array of services provided by the nation's pregnancy resource/care movement is dynamic and diverse. Free pregnancy tests were the original service provided by the centers of a generation ago. With the advent of low-cost, over-the-counter tests in the 1980s, this free service lost some of its centrality in the pregnancy center matrix, but nearly all centers continue to provide pregnancy tests as a valued service. With so much more offered today, the warmth of the nation's more than 2,300 pregnancy centers affiliated with the national groups and their spirit of service have spread by word of mouth to friends and family members alike, as women know their dignity and confidentiality will be respected in an environment of trust.

Over the last 15 years, as centers have grown in size and impact, they have added medical services like sexually transmitted infection and disease (STI/STD) testing, treatment and counseling; expanded lay and peer counseling; diversified



Pregnancy resource centers started by offering free pregnancy tests but offer so much more today. With 2,300 affiliated centers nationwide, their spirit of service heals families and gives women the respect, support, and care that empower them.

Service

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Volunteer medical professionals (nurses, doctors, ultrasound technicians and radiologists) provide medical services, including STD testing and 3D/4D ultrasound scans.

Center Spotlight

Elizabeth's New Life Center, Dayton, Ohio

In 1989, Elizabeth's New Life Center (ENLC) opened its doors, staffed solely by volunteers for the first six years. Co-founder and executive director Vivian Koob, and her husband and co-founder Steve, have witnessed ENLC's growth to five Women's Centers and a prenatal care center, with a paid staff of 100 and 300-350 volunteers. Holy Family Prenatal Care, fully owned by ENLC, was founded in 2000 to offer pregnant clients excellent maternity care.

While ENLC offers more traditional pregnancy center services on premises such as pregnancy testing, emergency material assistance, abstinence education, mentoring, and post-abortion healing sessions, its services have grown over the last 20 years to include in-depth educational classes, limited ultrasound scans (including 3D/4D scans at two centers), STD testing, marriage and relationship education, natural family planning (NFP) instruction, men's mentoring, fatherhood outreach, and boutique shopping. In 2008, the women's centers served 2,869 new clients and 1,683 return clients. Altogether, ENLC provided an incredible tally of 57,025 services in 2008.

Abstinence and marriage education are also a well-developed outreach through ENLC off premises. Working with various community partners, ENLC serves over 4,400 people annually with marriage education through its Marriage Works! program and over 15,000 students annually with its abstinence education program, "Save It," and its relationship/marriage prep program, "Go for the Gold." Both of these programs have been nationally recognized over the past two years, with requests to conduct and lead workshops as well as participate in leadership roundtables.



ENLC partners with myriad community agencies making educational classes available free of charge to women and their spouses or boyfriends. Community volunteers from various agencies provide free trainings twice a week in ENLC's Women's Center-Dayton. These classes cover over 65 topics, including life and parenting skills, domestic violence, housing needs, childbirth classes, quality child care options, child abuse awareness, bonding with your baby, breastfeeding, infant health and safety, and many more.

ENLC's Holy Family Prenatal Care serves 185 women annually and partners with agencies that work toward the same ends but provide unique services -- for example, WIC, Healthy Start, Secret Smiles, Brighter Futures, Good Neighbor House, CareSource, medical labs, and mental health agencies. Active partnerships exist with Dr. Stephen Guy, who serves as the prenatal care center medical director, and the Miami Valley Hospital where the moms deliver.

Elizabeth's New Life Center partners with many area schools, public and private. Over the years, ENLC has earned the respect and trust of its clients and partners by amassing numerous letters of support from teachers, principals, leaders and health care professionals from across the communities it serves. ENLC has well honed its own community resource list and refers over 2,600 clients annually for support, health, and education services.



ENLC reaches over 15,000 students annually with its abstinence education program, "Save It," and its marriage prep program, "Go for the Gold." Both programs have received national recognition.



ENLC's office was staffed entirely by volunteers for its first six years. It now includes 100 paid staff and 300-350 volunteers.

"Their message is one that our clients need to hear, and their staff delivers the message of abstinence in a clear and direct manner. "

Kathy Ventura
Assistant Superintendent
West Central Juvenile Detention Center
Troy, Ohio

"Many of our students have experienced difficulties in the educational setting in the past years for a variety of reasons. It takes a unique blend of personality, creativity, and substance to engage our students, and Elizabeth's New Life Center's presenters provide just that."

James Grimsley
Instructor, Mound Street Academies
Dayton, Ohio

At a White House ceremony in September 2008, ENLC received a presidential volunteer award as an agency and five individuals were honored, four of whom received lifetime awards for over 4,000 hours of volunteer service.

Elizabeth's New Life Center is affiliated with Heartbeat International; National Institute of Family and Life Advocates; Focus on the Family's Option Ultrasound Program; Miami Valley Marriage Coalition; Association of Women's Health, Obstetrics, and Neonatal Nurses; Society of Non-Profit Organizations; Ohio Pregnancy Resource Association; National Abstinence Clearinghouse; National Abstinence Education Association; and Association of Fund Raising Professionals.

Center Spotlight

Heartbeat of Miami, Miami, Florida

Heartbeat of Miami is one of the newest pregnancy center projects, founded in 2007 in response to “a bold and winsome call” to provide life-affirming alternatives to women in urban America. Heartbeat’s two Miami centers, one in Hialeah and another in North Dade, offer culturally appropriate outreach and ministry in an area with one of the densest concentrations of abortion facilities in the nation. Miami has more than three dozen abortion facilities, not including hospitals, that market to women struggling with unexpected pregnancies.

This tragic fact prompted area leaders to spearhead the opening of ultrasound-equipped pregnancy help centers in Miami’s neediest communities, with the goal of ultimately establishing three to five centers in Miami’s sprawling metropolitan area. This involved a new approach adapted to the particular needs of urban communities where poverty and weakened family networks go hand in hand. The Miami centers drew on the work of the Rev. John Ensor. Fourteen years earlier, while pastoring a church in Boston, he joined others in the effort to develop a pregnancy help center in the inner city. Called A Woman’s Concern, this center attracted volunteers and financial support from a broad community of Catholics and Evangelicals who labored hard, gave generously, and prayed steadfastly. Today this ministry is a network of six ultrasound-equipped pregnancy centers in the Greater Boston area staffed by well-trained nurses, counselors and volunteers.

The Miami leadership team developed a city-wide plan and opened the first ultrasound-equipped pregnancy center in Hialeah, a Miami neighborhood with seven abortion facilities. The second ultrasound-



Heartbeat of Miami team picture taken at the Heartbeat International Conference in 2008.



Advance promotion of a new center opening in the Hialeah community. The sign was hung early so that the community could see that help was on its way. Women were able to obtain the nearby Broward County pregnancy resource center number when they approached construction workers to learn more.

equipped center was opened in North Dade in mid-2008, with plans for additional center planting in Miami's African-American and Haitian neighborhoods and another in Little Havana.

It was important for the founding of these centers to break the pattern too often seen in center creation by ministries with tenuous roots in the communities served. All too often, traditional pro-life organizations do not invite black leaders to the planning table when key decisions are made and courses are set. In Miami, the formation of a development team composed of individuals from several black churches was instrumental in the institution and shaping of the local outreach. As Heartbeat International board member Dr. Alveda King explains, "You can't go to someone's house, tell him he has a problem, and that you know how to solve it better than he does." Dr. King and fellow Heartbeat board member Mrs. Pat Hunter have dedicated their lives to awakening the black Christian community to the harsh reality of abortion. The Miami centers respond to this harshness with compassion, giving in selfless service what words alone cannot supply.

While the Miami centers focus on providing basic pregnancy services, peer counselors, medical professionals, and essential resources, they do so in a bilingual and culturally sensitive manner with an emphasis on outreach to Hispanic and African-American women. The services and resources offered include pregnancy tests, education on all options and sexual health, limited ultrasound, parenting education, material resources, community referrals and networking, abstinence education, and abortion recovery for women and men.

The centers are quickly making a profound impact. During 2008 the clinic in Hialeah served 1,477 clients, and the newly opened North Dade clinic served 107 clients. As part of an awareness campaign, Heartbeat

of Miami launched a radio advertising campaign in the Miami area with astounding results. The message reached many women looking for a safe place to turn and receive trusted information. The two centers received over 1,500 total calls in 2008. As one client commented, “I thank Heartbeat of Miami for their support and their words that it was OK to have my baby. That was all I needed to hear.”

Martha Avila, the centers’ executive director, described one particularly compelling instance of the needs to which Heartbeat of Miami responds:

“In Miami a mother in her late thirties was told that her baby most likely would be born with Down Syndrome and was advised to abort. She was understandably scared. She turned her radio on at that moment and heard me sharing my testimony how, thirty years ago, I was told my daughter would be deformed because of the x-rays I had while I was pregnant. They proved to be wrong. The woman called and we got her some help through the Heartbeat affiliate in Ft. Lauderdale. She is now 14 weeks along and struggling. She calls me every day and knows that we will get through it together.”

Avila adds, “Most of the women that come to our clinic find themselves in turmoil and fear, yet they leave with hope and the knowledge that God has a perfect plan for their lives and that He does not make mistakes.”

Heartbeat of Miami is affiliated with Heartbeat International.





“Newborn life is also served by centres of assistance and homes or centres where new life receives a welcome. Thanks to the work of such centres, many unmarried mothers and couples in difficulty discover new hope and find assistance and support in overcoming hardship and the fear of accepting a newly conceived life or life which has just come into the world.”

– John Paul II, *Evangelium Vitae*

programs and outreach to include couples, families, and post-abortive men and women; and opened multiple locations tailored to specific communities.

Center services are delivered at little or no cost to clients in an environment characterized by understanding and trust. The centers are nonjudgmental in approach, and, as thousands of client exit surveys confirm, the trust that women place in those who assist them is high and an indication of broad community acceptance. Moreover, as the centers work increasingly with other community resources, they become vital members of the local service, volunteer, business and, oftentimes, medical community.

All of this has been done while retaining the essential nature of the centers as predominantly privately funded, community-oriented, faith-based, and volunteer-driven enterprises. The 19th century commentator John Ruskin described the transformative power of this volunteerism in action when he wrote, “The highest reward for a person’s work is not what they got for it, but what they became because of it.”

Recording the scope of pregnancy center work in the United States poses challenges due to the differences in reporting among the many agencies involved, which are collaborating with increasing frequency. For this report we have used published data from the major national affiliation groups (NIFLA, Care Net and Heartbeat), information from Focus on the Family’s Sanctity of Human Life Division, and public reports filed by hundreds of centers with the Internal Revenue Service. Because the programs of these groups overlap, ranges are generally used to describe their accomplishments. By any measure, the achievements are impressive, a dramatic example of the power of citizen action to change lives and improve communities.

CLIENTS AND VOLUNTEERS

The nation's pregnancy resource centers reach some 1,900,000 people each year. Roughly half of those reached by the centers are recipients of community-based abstinence education. Adolescent girls and women seeking pregnancy tests, options counseling and education, support, and medical services constitute the rest of center clients. The average pregnancy center in the national network will see between 300 and 350 women per year. While there are many smaller centers, Lakeshore Pregnancy Center in Western Michigan, with four locations, 5,200 client visits per year, and a budget near \$1 million, exemplifies a trend in these nonprofit ministries toward larger operations.

The center services described in this report are generally provided at little or no cost, in large part thanks to private charity and the high proportion of



“I strongly commend the life-affirming work of pregnancy care centers. The success rates and national expansion of these pregnancy care centers are a testament to their invaluable work in the lives of communities and individuals over the years. These networks provide services that are often unavailable elsewhere to expectant mothers. The work of these hard-working employees and volunteers will be a major component in bringing about a society that acknowledges and edifies life in all its forms.”

– Rep. Daniel Lipinski (D-III.)

Volunteers



The Pregnancy Centers of Central Virginia, founded in 1984 in Charlottesville, Virginia, have provided services to over 15,000 women and their families. Composed of centers in four locations, the centers operate through small staffs and over 400 volunteers from a 10-county area.

volunteers who work at the centers. Twenty-nine of every 30 people engaged in pregnancy center work are volunteers. Care Net and Heartbeat affiliates together utilize the services of more than 40,000 volunteers who devote themselves to tasks as varied as fundraising, center refurbishing, bookkeeping and lay/peer counseling. The medical personnel who assist centers are often volunteers as well. NIFLA's medical clinic conversion program, for example, has now provided training to over 1,200 volunteer nurses and physicians in the provision of ultrasound. NIFLA continues to train such volunteers in its *Institute in Limited Obstetrical Ultrasound*.

ENHANCING MATERNAL AND CHILD HEALTH

Medical Services

With the nation's concern deepening about the number of individuals and families that lack health insurance on a temporary or extended basis, America's pregnancy help medical centers are meeting a growing need for care that promotes reproductive and sexual health. Medical services, offered at little or no cost to clients thanks to the high proportion of generous donations of time and labor, powerfully combine with a view of individual and community health that addresses the whole person. Medical pregnancy centers and clinics operate today under the license of a physician-medical director and, where required, under state licensure as well.

Medical services are provided by numerous certified and licensed professionals as well as trained specialists proficient in a wide range of maternal and child health areas: obstetrical medical care and nursing, ultrasonography, childbirth classes, labor coaching, midwife services, lactation consultation, nutrition consulting, and social work, among others. These professionals are typically community-based volunteers. The list of services provided here is exemplary, and centers vary greatly in the number and kinds of such services offered.



The Culpeper Pregnancy Center in Virginia empowers its clients to make informed choices and offers healing through physical, emotional and spiritual support. Medical pregnancy centers and clinics operate today under the license of a physician-medical director and, where required, under state licensure as well.



Ultrasounds provided at no or very low cost by pregnancy care centers are invaluable for providing women with the best possible care. Physicians use ultrasounds early in pregnancy to confirm a viable pregnancy, determine gestational age, and aid in the detection of ectopic pregnancies which pose health risks for the mother.

Ultrasound Services and Medical Exams

The growth in the number of medically oriented pregnancy centers has been impressive, and with the encouragement of the equipment and training provided by Option Ultrasound and NIFLA, center “conversions” to medical clinic status are expected to remain high. Between 2003 and 2006, the number of centers providing ultrasound affiliated with Care Net, for example, more than tripled. Both Care Net and Heartbeat International, under their Physician Advisory Boards, provide regular, ongoing training for their medical clinic affiliates. Focus on the Family’s OUP intends to continue enabling and implementing such medical conversions. Substantial resources are brought to bear toward this goal, as OUP absorbs 100 percent of the clinic conversion costs in areas with high abortion rates, plus 80 percent of the cost of ultrasound machines or sonography training.

The nearly 700 medical centers that provide limited ultrasound deliver this service at little or no cost to women. These services provide confirmation of pregnancy, determine if the pregnancy is viable (through fetal cardiac activity), establish if it is a uterine or ectopic pregnancy (which can be life threatening), and measure how far along the pregnancy is by verifying the developing baby’s gestational age. The centers then refer for follow-up obstetrical care to ensure entrance into prenatal care. When adverse medical conditions are suspected, women are referred into specialized medical care.

Ultrasound services are provided by these centers under strict national medical guidelines issued by the American Institute in Ultrasound Medicine (AIUM), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Radiology (ACR). Under these guidelines a limited ultrasound may be performed to “confirm the presence of an intrauterine pregnancy.” At pregnancy centers the initial question asked by a woman considering abortion is, “Am I pregnant?” Thus, pregnancy centers that are medical clinics can use ultrasound to confirm pregnancy and answer her question.

Prenatal Care in Centers

All pregnancy medical clinics make direct referrals to prenatal care for their patients who are pregnant. However, a growing number are also providing prenatal care on-site. Services range from an initial prenatal care appointment, which includes a health assessment and prenatal vitamins, to full prenatal care (excluding labor and delivery). These medical services are sometimes provided by a volunteer staff of physicians, nurse practitioners, or midwives, and sometimes they are billed to Medicaid. Occasionally the center partners with physicians who provide services within the center medical clinic or off-site.

Early entrance into prenatal care is essential for benefits to both moms and babies. Information on folic acid intake is particularly important to prevent birth defects. Early entrance into prenatal care is also vital to detect gestational diabetes and hypertension; to receive counseling on harmful behaviors such as smoking and substance abuse during pregnancy; and to be screened for HIV, other STDs, risk of violence during pregnancy, and risk for postpartum depression. Finally, prenatal care is essential to prevent low-birth weight and preterm birth.

The vision behind providing prenatal care on-site or in partnership is to ensure that the client receives consistent, life-affirming, personalized medical care in an atmosphere where she is comfortable, for as long as possible throughout her pregnancy. Meanwhile, the client can conveniently take advantage of the many other center support and educational services, both for herself and perhaps also for the father of the child, thus helping build a stronger family. This trend is growing: for example, of the Heartbeat-affiliated medical clinics who responded to a recent survey, 10 percent provided some level of prenatal care as part of their services.



Prenatal care is essential for the health of both moms and babies. Pregnancy resource centers prioritize referral to prenatal care and some provide it on-site.



“Thousands of pregnancy care centers and tens of thousands of pro-life counselors work day in and day out to meet the needs of both mother and baby. Because of the work of these unsung heroes, mothers and babies are rescued from the tragedy of abortion.”

– Rep. Chris Smith (R-N.J.)

STD Testing and Treatment Referral

The most recent services to be included in the center offerings are testing and referral, and testing and treatment, of sexually transmitted diseases (STD). The percentage of Care Net affiliates offering this service has increased five-fold since 2003, and over 100 medical pregnancy resource centers (PRCs) nationwide now offer this service. The variety and virulence of these diseases place the utmost importance on early detection, whether or not the client is pregnant and in need of longer-term assistance. Some STDs and sexually transmitted infections (STIs) carry with them the long-term risk of causing infertility, thus affecting future childbearing, and detection is imperative for both current and future reproductive health. Testing provides the opportunity to discuss the need for behavior change to avoid infection and transmission to others. Risk avoidance education through lay and peer counseling are always available at both medical and nonmedical centers, which make an increasing number of group presentations to youth. Additionally, for women seeking abortion, certain STDs also raise the risk of physical complications from abortion, a further threat to women’s health.

Study results released by the Centers for Disease Control in 2008 show that young women at highest risk for contracting an STD, due to sexual activity, are not receiving adequate testing.¹ PRCs are meeting this priority public health need by regularly referring at-risk individuals for testing, offering front-line services, or partnering with local health departments and private laboratories in various models of operation.

Community Networks and Public Health Linkages

The advent of new and accepted maternal and infant care interventions has multiplied the impact of PRCs through linkages to care and services promoting positive health outcomes. PRCs play a critical role in referring women to needed community, health care, and support services across the country. PRCs play an active role in caring for the whole woman – including both physical and psycho-social needs.

Positive maternal and child health effects result from referrals to free clinics, local and state health departments, community health centers, private medical practices, and social services for health care sign-up. This increases the screening for and identification of risk factors affecting pregnancy and postpartum outcomes; prenatal care; ongoing obstetrical care; and testing for sexually transmitted diseases which can affect pregnancy outcomes. Public health research has shown, and the Centers for Disease Control and Prevention has affirmed, that early access to and provision of these services and care are necessary to reduce adverse maternal, reproductive, and child health outcomes.

Referrals to community agencies expose women to key education interventions spanning childbirth, breast-feeding, nutrition, sudden infant death syndrome (SIDS), unintentional and intentional injury prevention, and child safety seat instruction. PRCs also refer women with children to community agencies such as Women, Infants and Children (WIC) and health care entities addressing immunizations, testing for developmental milestones, and child safety interventions.

The high number of mutual, referring relationships and partnerships PRCs have with community agencies — from school health teachers and nurses, to women's health clinics, to youth leaders — demonstrates the widespread and established trust placed in PRCs to provide accurate information and

Examples of community, health, social and support agencies and services with which pregnancy care/resource centers maintain referral relationships.

Abuse and Battered Women's Shelters
Addiction Recovery
Adoption Agencies
AIDS Testing
Alcohol Addiction

American Red Cross
Anger Management
Behavioral Counseling
Breastfeeding Classes
Brighter Futures
Bureau for Children with Medical Handicaps
Car Seats
Catholic Charities
Catholic Social Services
Child Abuse Reporting
Child Safety Seat Instruction
Childbirth Classes
Childcare Programs
Christian Counselors
Church Referral List
Churches
Clothing Closets
Community Health Centers
Counseling and Support Services

Referrals

Crisis Hotlines
Dental Services
Department of Job and
Family Services
Detoxification Centers
Domestic Violence
Outreach Programs
Domestic Violence Support
Drug Addiction
Drug and Alcohol Addiction
Support and Services
Education Programs
Financial Assistance
Food Banks and Pantries
Free Clinics
GED Completion
Grief Support
Head Start
Healthy Families
HIV Testing
Housing Loans
Housing

Housing Shelters
Immunization Programs
Injury Prevention
Job Centers and Skills
Training
La Leche League
Legal Aid/Assistance
Local Health Departments
Marriage Enrichment
Maternity Homes
Medicaid
Medical Services
Mental Health Services
Mentoring Programs
Mothers of Preschoolers (MOPS)
Natural Family Planning
Nutrition Classes
Option Line
Parenting Classes
Paternity Testing
Physicians
Postpartum Depression

Prenatal Care
Perinatal Hospice
Prescription Assistance
Professional Counseling
Rape Reporting, Counseling and Care
Relationship Counseling
Rescue Mission
Safe Houses
Salvation Army
Sexual Abuse Counseling
Shelters
Shelters for Runaway and Homeless
Youth
Social Services
Social Support Networks
State Children's Health Insurance
Program (S-CHIP)
State Health Departments
STD Testing
Sudden Infant Death Syndrome (SIDS)
Information
Suicide Prevention
Support Groups (General Interest)
Support Programs for Women
Leaving Prostitution
Temporary Protection Orders
Transportation
Women Infants & Children (WIC)
YWCA

appropriate help. The centers are thereby also trusted to provide beneficial and vital follow-up referrals for care. PRCs are embedded within almost every type of community across the country. The significance of facilitating active community referral is borne out in the centers' success in overall enhancement of maternal and child well being. The list of agencies to which centers link is impressive.

When a tragic diagnosis of lethal fetal anomaly is made showing that a child will not live long after birth, parents are devastated. Typically these diagnoses are made late in pregnancy during the third trimester. A compassionate model of care has been designed over the past decade to help parents and families cope with the grief associated with prenatal end-of-life issues. The model of care requires a "multidisciplinary team approach" involving the physician, a nurse manager, hospice workers, a social worker, and a nurse manager with training in bereavement issues to provide a broad spectrum of care to families.² Currently nearly 70 perinatal hospice programs are active around the country and are available for referral through PRC networks.

COUNSELING AND EDUCATION

Education in the pregnancy resource center setting is premised on providing women with accurate information to empower them to make informed decisions, enable them through either pregnancy- or non-pregnancy-related programs offered at the center, and equip them with personal development skills. Accurate and medically referenced information on all pregnancy options is made available. Lay counselors who have successfully completed training manuals, which rely upon nationally reviewed and approved training manuals, meet one-on-one with women for initial appointments. They provide them with educational materials, offer them emotional support and care, and connect them with necessary resources and referrals either within the center or in the community.



Pregnancy centers provide help and assistance to mothers before and after delivery. Norma Nashold, director, meets with a client, Becky, at the Care Net Pregnancy Center of Central New York in Utica. The group of now four pregnancy centers first opened their doors in 1989. Pregnancy centers are equipped to provide material, emotional and instructional support to new moms.

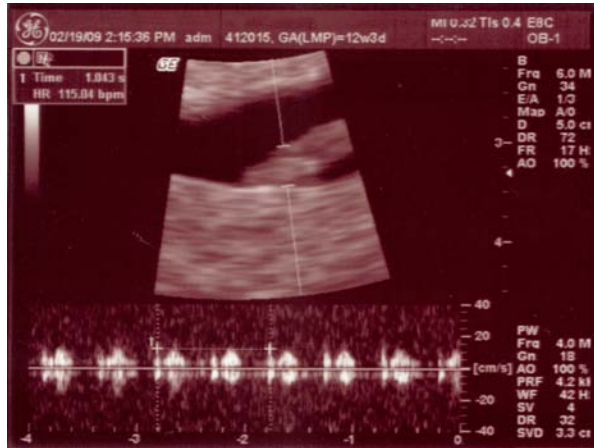
The centers' lay and peer counseling is provided in a one-on-one, confidential and non-threatening setting. Referrals take a prominent role at the conclusion of the counseling process, fostering the clients' growth in knowledge and empowerment. In addition to the specific counseling areas outlined below, centers often provide additional one-on-one mentoring and education on maintaining healthy relationships.

Prenatal/Fetal Development

Prenatal development education has been primary for PRCs to inform women about the changes taking place in early pregnancy and the dramatic development of human life inside of them. Educational pamphlets, fetal development models, videos, and other media provide further instruction about the dynamic changes facing both mother and baby. Accurate and medically referenced materials are provided illustrating physical and physiological development themes in the early stages of life. From the baby's heartbeat at six weeks; to facial features at seven weeks; to nerve receptors in the face, the palms of the hands, and the soles of the feet that can sense delicate touch at nine weeks -- women are well informed about their pregnancy and their developing baby.

Centers provide the mother with education on prenatal care, which can include what to expect and how to take care of herself during the pregnancy -- the importance of eating well, getting exercise, avoiding smoking and alcohol, and coping with morning sickness or discomfort during pregnancy -- all so that she and her baby are healthy. Educational materials on prenatal health and fetal development distributed by the national networks are reviewed and approved by national medical experts on behalf of the networks.

Continued on page 33



This ultrasound of a developing child at a gestational age of only 6 weeks and 6 days identifies a strong, healthy heartbeat of 115 beats per minute.

Tia, Ma-chi and Ma-chiya's Story

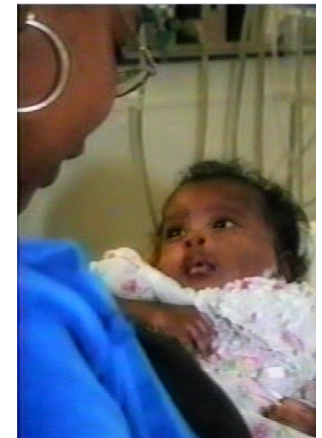
Pregnancy Care Center, Rocky Mount, North Carolina

When I found out I was pregnant, I had no idea what I was going to do. I thought there was no way I could provide for a child and decided that abortion was my only option. I went to the City Health Department looking for an abortion referral, but they suggested I go to the Pregnancy Care Center, a local Care Net center in Rocky Mount, North Carolina. At first I was scared they were going to judge me because of my situation, but when I walked through the doors I was accepted with open arms. My peer counselor offered me hope and assurance and told me that God has a plan for everyone, and that included me and my child. She told me that God would take care of both of us if I would let Him. That day, I gave my life to Jesus Christ and chose life for my child.

The center arranged for me to have an ultrasound, which revealed that I was having twins! Excited but a little anxious, this news motivated me to begin parenting classes at the center as well as to attend a Bible study. Through the parenting classes, I learned how to take care of myself, as well as my children. Through the Bible study, I learned how to draw closer to God and how to make positive decisions for my future. I realized that I'm worth waiting for and have made a new commitment to remain abstinent until marriage.

Today I am the proud mother of twins, a boy and girl, who I named Ma-chi and Ma-chiya. I plan on completing a degree in nursing and will soon begin classes.

If I could give advice to other girls that find themselves in a similar situation, I would tell them to never give up and to put all their faith in God, because with Him, anything is possible!



Through parenting classes and the support at a pregnancy resource center, Tia was able to make positive decisions for her and her twin babies' futures.



Peer or lay counseling about available options has been offered at the Pregnancy Resource Center, Charlotte, North Carolina since its opening in 1982. Core PRC services are offered as well as extended medical services.

Options Education

A positive pregnancy test result is the prelude to acknowledgment that, under the law, a woman has essentially three options, including parenting the child, adoption, and abortion. Pregnancy centers strive to provide the most up-to-date information on each of these three options to enable women to make the best choices both for their own health and that of their unborn child.

Education on parenting options is presented to clients regarding both single motherhood and marriage, depending on the client's situation, belief system and all other relevant factors. Short-term and long-term challenges may be discussed with the lay counselor as well as the woman's goals for the near future and for life. Referrals to other education sources, support groups and other resources are explored. Supplemental education and support are provided through parenting and life skills classes, among many others, which help foster nurturing environments for the child as well as positive development for moms.

Accurate and medically referenced health education about the risks (both physical and psychological) of surgical and medical (RU-486) abortion is provided to women to increase their awareness and empower them to make more informed decisions regarding their reproductive and overall health. Centers make the statement up front to clients in writing and orally that they neither provide nor refer for abortion. Information about induced abortion procedures is offered to women in the form of physician-certified descriptions of the various methods and through medically referenced literature. Additionally, information is made available about the morning after pill, or Plan B, and its possible abortifacient mechanism of action.

Materials distributed by the national networks and used at PRCs are reviewed by national-level experts in the fields of medicine, psychiatry, and psychology who have identified large bodies of published scientific research showing induced abortion to be associated with increased risk of subsequent preterm birth,³ mental illnesses – including post-traumatic stress disorder, substance abuse,⁴ and even suicide.⁵ A variety of professional bodies have established these associated women's health risks from induced abortion.⁶

Many centers offer adoption counseling and referral, a loving option that can give new mothers the chance to rebuild their lives while affirming life and providing their child with the benefits of family life. Counselors present the adoption option and share information about the various adoption arrangements now available, empowering the mother to make a better-informed decision. The centers then refer to agencies with special expertise in adoption that can provide detailed guidance. Heartbeat International lists nearly 200 nonprofit adoption agencies in its comprehensive annual directory of pregnancy resource providers worldwide, some of which are Heartbeat affiliates.

Counseling on Abstinence

The goal of abstinence education is to provide insight and incentive to practice the form of prevention that is available only through refraining from risky behavior. Abstinence-centered information and education provide tools to resist behaviors that are freighted with physical and emotional cost.

For clients with negative pregnancy tests who are not married, the primary prevention message of sexual abstinence is presented in a one-on-one confidential setting to help the client avoid the risk of sexually transmitted disease, unexpected and out-of-wedlock pregnancy, and emotional harm. Medically referenced information is offered to clients concerning the risks of casual sex, adolescent sex, multiple partners, and other high-risk behaviors. This includes information on the hazards of sexually transmitted infections. Counseling on sexual risk avoidance is key for adolescents and young women, who make up a significant percentage of the PRC client population.

Surveys of teenagers with a history of sexual activity have shown that a majority wish they had waited to become involved. Counselors provide necessary information on how, and reasons why, to return to practicing abstinence through effective skills that assist teenagers in identifying and averting high-risk behaviors and situations. These reasons include not only disease prevention and health promotion, but also the benefits of pursuing interests and healthy relationships without the continual worries associated with premarital sexual activity.



Counseling on sexual risk avoidance is key for adolescents and young women, who make up a significant percentage of the PRC client population.



New moms Rachel, Tiya, and Jalisa participate in classes on parenting. A parenting class partnership between Young Lives and the Capitol Hill Pregnancy Center in Washington, D.C., provides education on topics such as child development, bonding, positive discipline strategies, as well as life skills. Classes give new moms opportunities to connect and build relationships with other new moms.

Heartbeat International's comprehensive Sexual Integrity program, now offered in 300 centers, teaches sexual wholeness, including not only physical but also emotional, social and spiritual health, and respect for the gift of fertility.

SUPPORT PROGRAMS AND COMMUNITY OUTREACH

Ongoing support and education for women who visit PRCs has been a core service in centers since their inception. While centers vary widely in the number and sophistication of their programs, there are several types of classes and services which are almost uniformly offered, including parenting classes and material assistance to mothers. These core support services also include healing outreach to women suffering the ill effects of abortion, especially given the high percentage of women affected. Additional outreach to the community is provided through informational presentations on topics such as center services and programs, abstinence education, Healthy Marriage programming, abortion risks and the need for informed consent, among others. These community presentations span local schools, health venues, women's groups, partnering organizations, and churches, to name just a few.

Parenting Classes

Parenting education has become a core service provided by pregnancy centers, equipping new mothers and fathers to be stronger parents and preparing nurturing environments for childraising. Nationally, nearly 70 percent of centers offer this specialized education either through direct services on premises or in nearby churches, schools, and other locations. Curriculum topics span child development, bonding, nutritional counseling, communication skills, finance management, safety and injury prevention, family rules, anger management, positive discipline strategies, and hygiene.

Classes also typically cover life skills topics to strengthen the development and resilience of mothers-to-be, broaching strategies for stress management, job skills training, continuing education, marriage and relationship education, relationship boundaries, and conflict resolution. The meetings often provide

opportunities for women to connect and grow with other new moms, aiding in the building of a social support network. Additionally, a number of centers have incorporated joint trainings with fathers who choose to participate. Recognized and respected as offering first-rate training for mothers, fathers and couples, the pregnancy center parenting classes receive community referrals from schools, social service entities, and legal bodies.

Material Assistance to Mothers

Nearly every center provides clients with material support for pregnancy and infant care, which may include maternity clothing, baby clothes and furniture, housing assistance, nutritional counseling and resources. Recognizing that needs exist during pregnancy and afterward, centers provide everything from prenatal vitamins to diapers, cribs and car seats. Immediate needs are swiftly met. The programs are often designed to supplement this instant help by providing clients with incentive-based opportunities to obtain additional material help as they pass vital milestones in their education and prenatal care plans. One widely recognized program offered in centers nationwide is Earn While You Learn.

Abstinence Education Community Programs

Abstinence education is fundamentally a positive prevention strategy for good health. It has been increasingly offered through pregnancy centers to audiences in a host of settings over the past 15 years, including public and private school health classes, special presentations, and after-school programs; community youth groups; faith-based youth groups; church groups; juvenile detention centers; and maternity homes. The demand for this form of risk avoidance prevention education, following the prevailing comprehensive model for youth regarding alcohol, drugs, tobacco, and violence, has increased due to the dearth of such education in the schools and the larger community. Abstinence education is a vehicle for PRCs to deliver accurate and medically referenced health messages to an estimated 1,000,000 teenagers and adults each year.

Federal funding through such avenues as the Community Based Abstinence Education (CBAE) program and Title V has augmented the level of outreach



The “Desert Rose” abstinence drama team from the Lakeshore Pregnancy Centers in Holland, Michigan presents skits and plays to enable and equip youth to practice risk avoidance or abstinence behaviors. This abstinence presentation was given to a local “Grand Strand” group.

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Care Net Pregnancy Center of Coastal Georgia offers the BRAVEheart abstinence initiative to equip teens, parents of teens, and the community with information and emotional support to help teens avoid sex outside of marriage. Drama members Amber and Aaron perform a skit about the pressures of teen relationships.

Community-based Abstinence Project Spotlight **Care Net Pregnancy Center, Coastal Georgia**

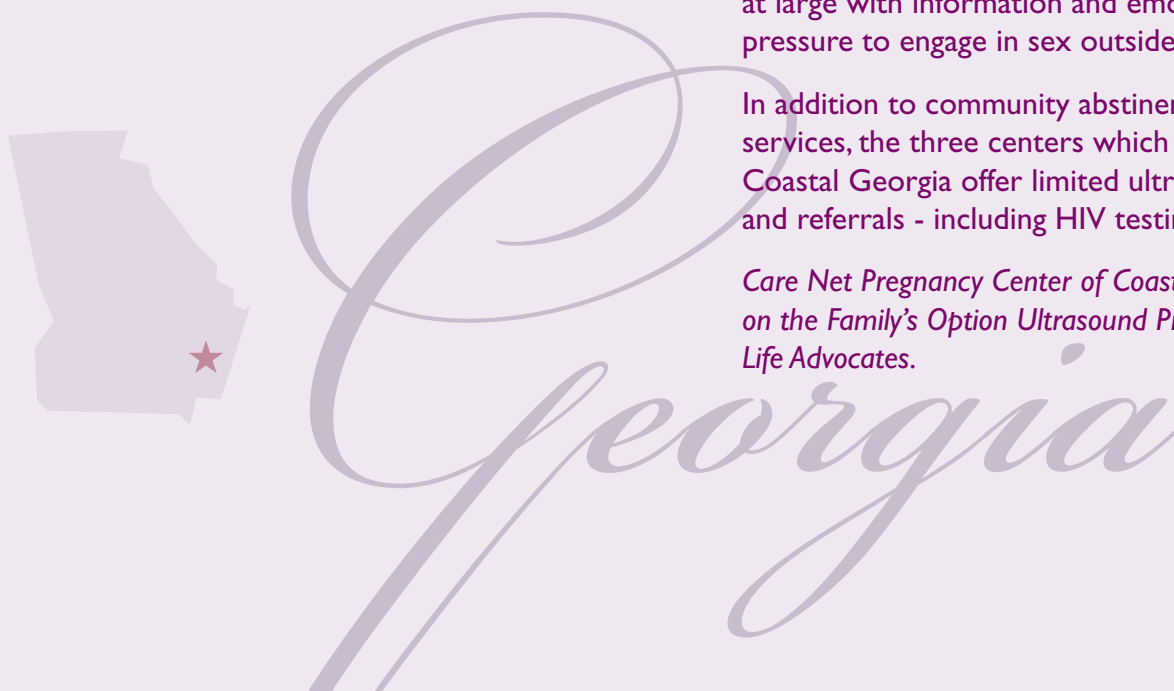
In 1998 Patrick Eades, executive director of Care Net Pregnancy Center of Coastal Georgia, decided to bring the message of purity to Coastal Georgia. At that time he founded a new initiative in the pregnancy center to reach out to teens called BRAVEheart. BRAVEheart deploys teams of teens and young adults to encourage youth and single adults to make healthy decisions regarding their sexuality.

Every year, BRAVEheart performs about 150 abstinence presentations in local schools in classes from grades 7-10, as well as in local churches. Since beginning BRAVEheart, Glynn County has seen a 30% reduction in teen pregnancy among 15-17 year olds.

The project's goal is to equip teens, parents of teens and the community at large with information and emotional support to help teens resist the pressure to engage in sex outside of marriage.

In addition to community abstinence outreach and core pregnancy center services, the three centers which make up Care Net Pregnancy Center of Coastal Georgia offer limited ultrasound and STD/STI testing, treatment and referrals - including HIV testing.

Care Net Pregnancy Center of Coastal Georgia is affiliated with Care Net, Focus on the Family's Option Ultrasound Program, and National Institute of Family and Life Advocates.



Mallory's Story

Living Alternatives, Tyler, Texas

My story of survival is one that I often take for granted. My life was ill conceived and what some would call illegitimate. I am the child of the hard case, the case used to justify abortion.

The night of my conception my mother made the unfortunate mistake of running to a false friend for emotional comfort during a personal crisis. Another man was there, and using the situation to his advantage, he and her "friend" managed to get her drunk, leaving her no possibility of getting home that night. She was shown to a spare bed, in which this stranger would also be sleeping. With the alcohol impairing her judgment as well as her strength, she became the unwitting victim of a rape.

When she realized she was pregnant, she turned to Living Alternatives for help. They counseled her through the pregnancy and gave her information about the positive aspects of adoption. Fortunately, my birthmother made the heroic decision to provide me with a loving mother and father, wonderful people that I am blessed to call my parents. I have never once felt unloved, unwanted, or out of place in my adoptive family. My parents make it a point to tell me that my adoption was the perfect answer to their infertility. They rejoice to see me spread my wings as a college student.

In the midst of simply enjoying life and looking forward to the future, it is sobering to think that had my birthmother not turned to the pregnancy center for help, I might not have left her womb intact. I am glad to be alive and I feel an obligation to let people know that pregnancy centers are good for America because they really do help women and children. Currently, I see myself fighting for the lives of other babies much like me. With the gift I have received, that would be perfectly legitimate.

I am currently enjoying life as a student at Regent University.



Mallory is a thriving young woman because her birthmother made the heroic decision to choose life for her unborn child.



Living Alternatives was founded in Tyler, Texas, in 1982 and serves 1,250 clients a year through a pregnancy resource center, maternity home, and adoption agency.



“The pregnancy center movement, 97 percent volunteer and 100 percent compassionate, has changed the hearts of millions of women for the past three decades, healing families, consoling hurts, and saving babies’ lives. This movement, putting the words of Matthew 18:12-14 into action, is a national treasure that every American should cherish.”

– Tony Perkins
President, Family Research Council

pregnancy centers can provide, although fewer than 20 percent of the nation’s PRCs participate in government grant or other assistance programs. Federally funded Healthy Marriage programming has grown in some centers to go hand-in-hand with abstinence education.

Abortion Recovery

Mental health after-effects of abortion are significant and can emerge years and even decades after the procedure occurred. The impact can be felt by women, their partners, and their families alike. Forty-five million abortions are estimated to have been performed in the United States between 1973 and 2005; put another way, at the present rate one in three women will have an abortion before the age of 45.⁷ Large numbers of women are suffering after abortion. PRCs and recovery groups open their doors wide to enable women to cope and heal.

As a result, post-abortion counseling and education are a growing component of pregnancy center services. More than two-thirds of centers offer abortion-recovery services to women, and more than 10 percent offer similar services to men. In addition, at least 50 agencies in the United States focus solely on the provision of abortion recovery.

Women and men – 13,000 in 2006 alone – visited Care Net pregnancy resource centers, with its network of over 1,100 locations throughout the United States, seeking help due to a past abortion. Heartbeat International estimates that it annually serves 8,000 to 10,000 men and women through its centers’ post-abortion ministries.

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For women and men suffering the emotional and psychological impact of an abortion, centers are a safe haven offering support, love and healing. Center for Pregnancy Choices-Metro Area in Jackson, Mississippi, was founded in 1988 and has been offering an abortion recovery program since 1992. Trained staff leads an abortion recovery study.

Alicia's Story

A Call to Option Line

Pregnancy Decision Health Centers, Columbus, Ohio

Before I tell you my story, I want you to know that I take full responsibility for my actions. I'm not blaming anyone but me for the choices I made in my life. But that wasn't how I felt that April night when I came home from work.

I came home that night feeling as if something was not right with my body. I continued questioning myself, "What could it be?" I sat down in the living room and just cried. I felt as if it really did not matter what was wrong because I did not have anyone to listen to me. Out of habit and without even thinking about it, I turned on the TV. And almost as soon as I did, a commercial for a home pregnancy test came on.

Hearing this ad raised a question in my mind. "Could this be what was wrong with me? No, I could not be pregnant." I did not want to even think about it. So I bought a kit with two pregnancy tests and took the first test ... pregnant. Hoping I'd done something wrong, I took the second test ... pregnant.

Feeling terribly alone and extremely guilty, my mind filled with questions. "How could I be a mother? How could I provide a home for a baby?" I had to get out of my apartment. I left and went to talk to a friend. I know that my friend meant well. However, he was too busy working on his jeep to really have anything to say about my situation. He just kept saying, "Are you sure? Do you know who the father is?" Talking with him only made things worse.

I turned the TV back on. And that's when I heard a young woman's voice saying: "If you're facing an unplanned pregnancy, you have options. You don't have to be alone. Call 1-800-395-HELP. Our services are totally confidential and free. If you're pregnant,



Alicia and her daughter, Alexis Jean - the light of her life.



The Option Line live contact center based in Columbus, Ohio, provides 24/7 assistance to women and girls seeking information about pregnancy resources. The contact center and web site are able to provide immediate information and link callers in real time with both services in their community and with the five closest pregnancy resource centers to their zip code.

call now. There is help.” I couldn’t believe my ears. It was as if God had arranged things just so I heard that ad at the very moment when I most needed some hope.

Grace. That’s what moved me to respond to that young woman’s voice.

The name of the woman at the Option Line contact center who took my call was Megan. But for me that night, Megan was an angel from heaven.

She understood what I was going through because she’d had a crisis pregnancy herself. She was kind and not in the least judgmental. And she gave me the information and encouragement I needed...especially about adoption since that’s the option Megan chose for her baby. But most of all...Megan gave me hope. So when she asked if I wanted her to connect me to a local crisis pregnancy center’s 24-hour hotline, I said yes...and a moment later I was talking with a trained volunteer and making an appointment to come in for a consultation the very next day.

I met with a volunteer named Peggy and I talked for a long time. I poured out my heart to her. I was so afraid. I was sure that neither my father nor my boyfriend would support me. I told Peggy I would probably lose my job because my company has a “no fraternization” policy, and my boyfriend and I work for the same company. I talked for what seemed like forever...and Peggy listened.

Finally, after I’d talked myself out, Peggy took my hands in hers, looked me in the eye and told me she was there to help me. You can’t imagine how I felt at the sound of those words. It was as if a great weight had been lifted from my shoulders.

Peggy assured me that I was not alone. She said she would be with me every step of the way. And then she prayed with me. After that, Peggy said that before she and I

(Alicia's story continued)

could address the changes I needed to make in my life, the first thing I needed to do was make sure I was pregnant. So I agreed to come back to the center's medical clinic for an ultrasound.

Almost immediately after leaving the clinic, I called my mother at work. I just straightened my voice and said, "Mom, please don't hate me...I'm pregnant." As soon as the words came out, the tears started flowing again. All I could hear my mom say is that everything would be okay and that she was my mom and she was here to support me.

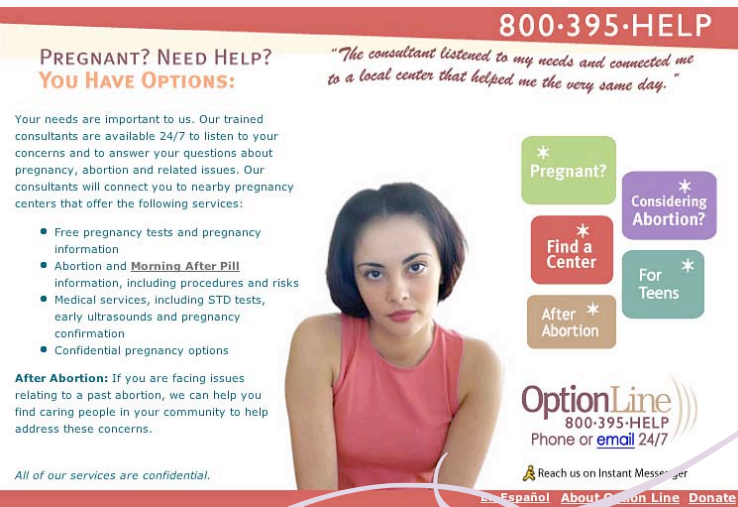
I am grateful to God for my mom. She did not abandon me. In fact, she came with me when I went in for my [second] sonogram. I am so thankful she did. I saw my baby's heart beating on the screen, and my mother and I began to weep. Then the nurse showed us the images of my baby.

This past December – thanks to God – I gave birth to my baby girl. Her name is Alexis Jean...and she is the light of my life. If it hadn't been for Heartbeat, I don't know how I would have gotten by.



April (standing) mentors Option Line consultants like Jackie.

Established in 2003, Option Line is ready to provide pregnancy information, help and resources any hour of the day or night.



800-395-HELP

PREGNANT? NEED HELP? YOU HAVE OPTIONS:

Your needs are important to us. Our trained consultants are available 24/7 to listen to your concerns and to answer your questions about pregnancy, abortion and related issues. Our consultants will connect you to nearby pregnancy centers that offer the following services:

- Free pregnancy tests and pregnancy information
- Abortion and **Morning After Pill** information, including procedures and risks
- Medical services, including STD tests, early ultrasounds and pregnancy confirmation
- Confidential pregnancy options

After Abortion: If you are facing issues relating to a past abortion, we can help you find caring people in your community to help address these concerns.

All of our services are confidential.

"The consultant listened to my needs and connected me to a local center that helped me the very same day."

* Pregnant? * Considering Abortion? * Find a Center * For Teens * After Abortion

OptionLine
800-395-HELP
Phone or [email](#) 24/7

Reach us on Instant Messenger

[Español](#) [About Option Line](#) [Donate](#)

SPECIAL INITIATIVES

Option Line

Pregnancy resource centers are widely distributed, operating in all 50 states and overseas. Experience has shown, however, that more clients of pregnancy centers are finding information and making contact using the Internet at late hours when centers are closed. To supplement the local providers' hours of operation and to accommodate privacy concerns of women seeking help, Heartbeat International and Care Net co-established Option Line in 2003.

This live contact center based in Columbus, Ohio, provides 24/7 assistance to women and girls seeking information about pregnancy resources. The contact center and web site at www.optionline.org are able to provide immediate information and to link callers in real time with services in their community. Increasingly, Option Line is able to use online tools to enter center scheduling calendars and set appointments for callers. A model of inter-group collaboration, Option Line now averages more than 20,000 contacts per month while its web site averages 800,000 to 1,000,000 visitors per year.

Option Line's growing network can be reached at 1-800-395-HELP as well as the online address shown above. The web site has an easy-to-use center locator system powered by MapQuest® that allows visitors to find the five closest pregnancy centers to their zip code. Option Line also features a Spanish presence online at www.estasembarazada.com, as well as bilingual consultants who answer the phone 24 hours a day.

Continued on page 46

Initiatives

First pregnancy care center opens in North America



Roe v. Wade and Doe v. Bolton



NIFLA established for medical conversions

1968

1971

1973

1980

1993

1999

Heartbeat International founded as Alternatives to Abortion

First Christian Action Council (later Care Net) center opens in Baltimore, MD.

Christian Action Council changes name to Care Net

First future Heartbeat International center founded in Los Angeles





Option Line
established



2003

2008

Focus on the Family
places over 400
ultrasound machines



“Pregnancy care centers play a critical role in representing the diverse members of the pro-life movement with a single voice and a unified purpose. You stand as beacons of light in every community, defending the helpless and proclaiming the truth. Thank you for representing us with such compassion and integrity!”

– James C. Dobson, Ph.D.
Founder and Chairman,
Focus on the Family

Urban Initiatives

The concentration of abortion clinics in urban, minority and poorer areas of the United States is well-known. In the most recent year for which data is available, 87 percent of all U.S. counties had no abortion facility, but 65 percent of all U.S. women lived in the small proportion of counties that did have abortion facilities.⁸ Single women living below the federal poverty line with no children have abortions four times more often than women who are above 300 percent of the poverty line.⁹ Recognizing these factors, abortion networks have put a vast majority of their businesses in metropolitan areas, with many of them in predominantly minority communities.

The result is a startling and disparate impact of abortion on minority groups. Between them African-American and Hispanic women are subject to 59 percent of all abortions done in the United States.¹⁰

In 2005 Care Net and Heartbeat International developed a project called Urban Initiatives to locate new services in neighborhoods where poverty is rampant and alternatives are few. Focus on the Family's Option Ultrasound Program is also designed to bring professional services and support to clinics that assist women and families who are among the most vulnerable and underserved in the United States. In November 2008 center-city Philadelphia celebrated the opening of the H.O.P.E. Center of People for People, Inc., an outreach of Greater Exodus Baptist Church. In 2007 and 2008 two centers (featured in the Center Spotlight on page 18) were opened in the heart of Miami to serve the predominantly Hispanic and African-American communities.

The resolute goal of this initiative is outreach to the underserved as evidenced by their high abortion rates and limited access to pregnancy centers. While there are many areas lacking PRCs, the initiatives first seek to serve the community with the highest abortion rate – African Americans. Hispanic women, another underserved community, are the future focus of expanded initiative efforts.



The New H.O.P.E. Center in North Philadelphia, Pennsylvania, offers real help and hope to mothers and fathers who need extra support and information at a time when they may be feeling discouraged and needing to consider pregnancy options. Staff picture taken at the center's opening in November 2008.

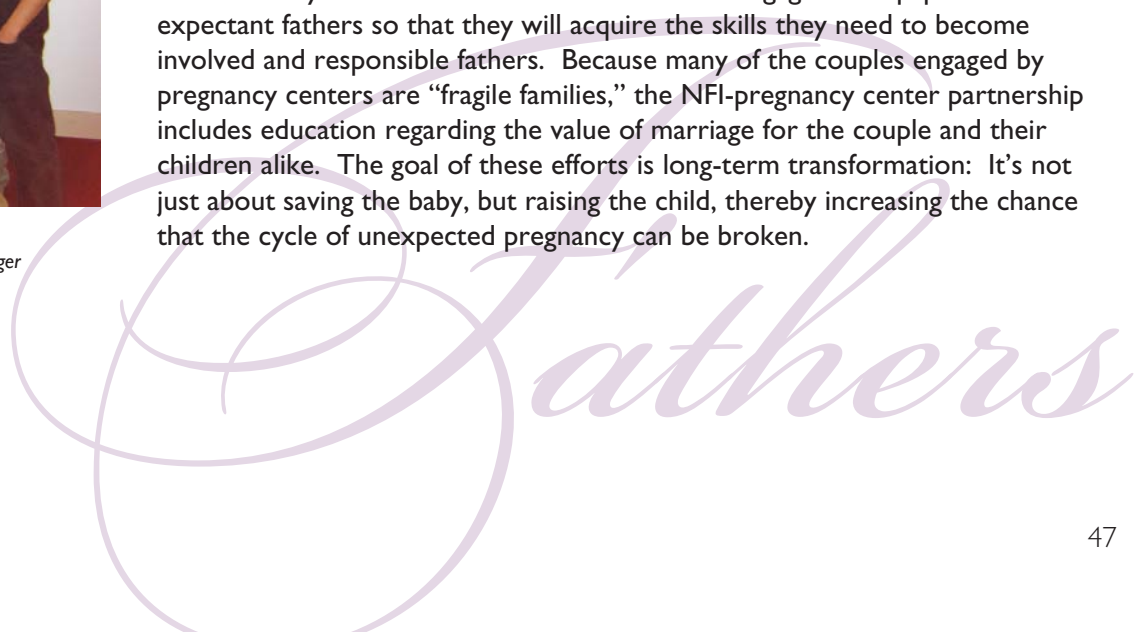
Although this “urban initiative” model is relatively new, a number of centers in urban settings have been advancing in level of care and sophistication of services for several years. One such center is Pregnancy Resource Center of Charlotte, North Carolina. Founded in 1982, PRC of Charlotte has been attracting urban women for a growing range of services. The center served over 3,200 clients in 2007 and 3,100 clients in 2006, with ultrasounds and STD testing services, as well as more traditional care and education. The center’s established community partnerships with WIC, BELLAS (breastfeeding education and support), the Women’s Commission on Domestic Violence, and the Department of Social Services all speak to the level of trust local women’s health advocates place in this agency.

Fatherhood Initiatives

While the immediate needs of women facing unexpected pregnancy are the primary focus of pregnancy centers, assistance to fathers and the formation of healthy, two-parent families are essential goals as well. Working with the National Fatherhood Initiative (NFI, the nation’s premier fatherhood organization, founded in 1994), PRCs in 43 states have committed to engaging fathers. They use NFI’s innovative resources to engage and equip new and expectant fathers so that they will acquire the skills they need to become involved and responsible fathers. Because many of the couples engaged by pregnancy centers are “fragile families,” the NFI-pregnancy center partnership includes education regarding the value of marriage for the couple and their children alike. The goal of these efforts is long-term transformation: It’s not just about saving the baby, but raising the child, thereby increasing the chance that the cycle of unexpected pregnancy can be broken.



Fatherhood program group at the Living Hope Women’s Center, Whiteriver center, in Arizona. Equipping dads and building stronger families are goals of the fatherhood program.



International Network

The work of planting pregnancy resource centers and providing compassionate care sweeps across six continents and continues to flourish around the world. Care Net has extended its network to include 64 centers in Canada. Heartbeat International has extended the movement's outreach to another five continents, with 218 international affiliates in nearly 50 countries, which empower women, encourage motherhood, and celebrate the importance of family.

Heartbeat International has trained hundreds of leaders, professionals, and laypeople outside of the United States in core areas of pregnancy counseling, post-abortion programs, and community outreach. They do this through on-site trainings and conferences overseas and through providing scholarships to international delegates to attend Heartbeat's training conferences in the United States. The conferences and trainings have inspired and equipped both international leaders and laypeople who return to their respective countries impassioned to serve the unmet needs of distressed women and children.

After attending a Heartbeat conference in 1999, a local couple in Zambia started a post-abortion support group, which led to the creation of a maternity home for African women with AIDS, an orphanage, and a young men's home, also supported by LIFE International.

Limited health information has left women in Eastern Europe in need of education, post-abortion care and counseling. In Serbia, where an estimated 200,000 abortions occur annually, Choose Life, a Heartbeat affiliate, offers a post-abortion ministry and a responsible sex education program in schools. Similarly, in Bulgaria, another country with a high abortion rate, Heartbeat affiliate Advocates for Life offers educational resources, free pregnancy tests, compassion, emotional support, and counseling. In 2005, 157 participants from 16 countries received training in core areas from Heartbeat and LIFE International in Kiev, Ukraine.

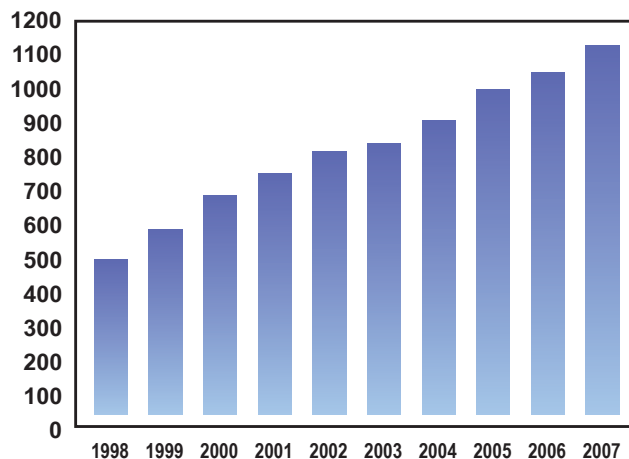
In 2007, Heartbeat provided support for 26 "Centers of Help for Women" in Mexico and 13 other Latin American countries. Heartbeat's *The LOVE Approach*

Network



"Baby Bed" children all belong to a group of women who were attending a LIFE International post-abortion counseling group in a South East Asian country with some of the world's highest abortion rates. Each child pictured was scheduled to be aborted.

Heartbeat Affiliate Growth



Heartbeat Centers have grown in response to the needs of women and children — more than doubling over the last ten years. Individual pregnancy centers are often cross-affiliated with other national umbrella organizations.

training manual has been translated into Spanish and is used throughout Latin America. Heartbeat further supports international affiliates by connecting them with generous organizations and individuals in the United States. Heartbeat has published an annual worldwide directory since 1971, which identifies pregnancy centers, maternity homes, counseling services, adoption agencies and others. The 2008 edition of the directory includes 3,700 entries in the United States and an additional 1,700 around the world.

One of the newest international outreaches is LIFE International, which became an independent nonprofit in 2001. The mission of LIFE International is to multiply healthy, life-giving ministries wherever abortion exists in the more than 180 nations around the world. During the past eight years, 20 ministries have been started in 17 countries covering six continents; one regional office has been established to multiply the work of LIFE in Eastern Europe; and over 300 international church leaders and pastors have been equipped with the Theology of Life.

LIFE International has intentionally focused on nations with the highest abortion rates in the world, like Vietnam and Romania. In Vietnam LIFE International began with a single person who sensed God's calling to start a life-giving work in her country. Initially the work was very humble in isolated locations, but it has now spread into major cities of the country including a medical clinic with a sonogram service. In Romania, LIFE International began with training the initial director and staff in Cluj and Bucharest. The ministry has grown to five locations throughout the country, with three medical clinics, a full abstinence program, and post-abortion healing with plans to grow to as many as 25 sites across the nation.

LIFE International's model has broadened from solely helping to start full-scale centers to providing training and resources to develop, empower, and release movement leaders to begin ministries within their local communities. These centers will be self-governing, self-supporting, and self-reproducing within the particular context of their culture.

Standards

Care Net, Heartbeat and NIFLA have developed an updated statement of standards titled “Our Commitment of Care and Competence,” (see page 67). The new statement expands on the principles developed in 1995 and subsequently endorsed by Heartbeat, Care Net, NIFLA and other networks. This earlier Commitment of Care addressed such issues as scientific and medical accuracy, truth in advertising, compassion, nondiscrimination, patient confidentiality, staff training, and a consistent life ethic.

The new statement expresses the center networks’ determination to provide a safe environment by screening all volunteers and staff interacting with clients; to be governed by a board of directors in accordance with appropriate organizing documents and the stated mission; to comply with applicable legal requirements regarding employment, fundraising, financial management, taxation, public reporting and disclosure; and to provide medical services in accordance with all applicable laws, and with pertinent medical standards, under the supervision and direction of a licensed physician.

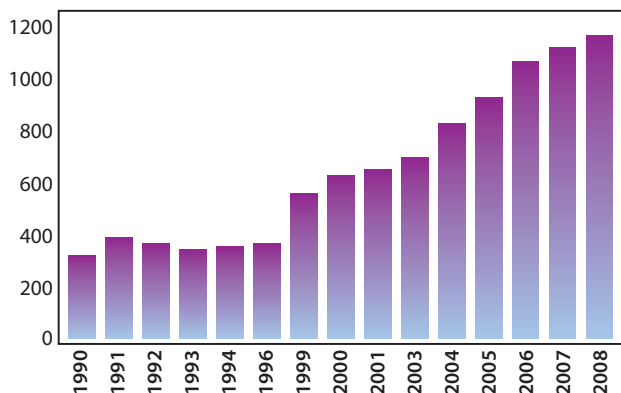
The Commitment of Care and Competence is an ethical code of practice for life-affirming pregnancy resource centers and medical clinics, endorsed by the National Leadership Alliance of 13 national organizations that provide affiliation, training, or resources for these centers and clinics.

Pregnancy care centers are governed, like all nonprofits, by federal and state statutes, as well as by the codes of professional ethics that apply to the individuals who serve them in various capacities. In order to maintain compliance with laws and guidelines, the centers rely on the training, print resources, newsletters, conference opportunities and personal professional guidance provided by NIFLA, Care Net, Heartbeat, and other networks. The trainings extend to medical personnel, executive directors, board members, and volunteers, and include materials like NIFLA’s two monthly publications, “Legal Tips” and “Clinic Tips,” as well as Care Net’s monthly “Legal Care,” which educate centers about their duties under the law and professional practice.



Pregnancy resource centers share a determination to provide a safe environment for all clients and operate under an ethical code of practice endorsed by 13 national organizations.

Care Net Affiliate Growth



The number of Care Net affiliates has more than tripled over 18 years serving more than 370,000 women in 2007 alone. Individual pregnancy centers are often cross-affiliated with other national umbrella organizations.

Additionally, the national affiliation groups all offer “legal reviews” for their affiliates. A legal review is designed to audit center practices for legal and professional compliance. A legal review starts with a large questionnaire which centers complete about multiple aspects of their operations, including incorporation and taxation, advertising, insurance, finances and fundraising, policies and procedures, human resources and employment, client services, and medical services. Based on the center’s responses, the national affiliation organization then submits individualized education, recommendations and suggested corrections to the center.

To date, NIFLA has performed 874 individual legal reviews for 1,175 affiliates. Care Net has now performed more than 600 legal reviews for pregnancy centers and currently averages over 100 legal reviews per year. Care Net requires a legal review for each new affiliate and provides all new affiliates with a legal manual. Care Net consultants also provide centers with free initial on-site training and assist center boards with strategic planning, board development, and conflict resolution. Finally, Care Net offers 80 relevant workshops per year at its annual conference.

Heartbeat International makes available a no-cost legal review for its affiliates. Heartbeat also provides on-site training on board issues, conflict resolution, strategic planning, special training for new center directors, and an annual conference with multiple training tracks. To encourage and recognize higher levels of professional training, Heartbeat provides continuing education credits through its training programs so that center personnel, who meet certain qualifications, can obtain the Life-Affirming Specialist (LAS) designation and keep it current through ongoing education.

*Care
and Competence*

In the area of ultrasound training, NIFLA teaches a three-day course titled *Institute in Limited Obstetrical Ultrasound*, which trains both nurses and physicians in the legal requirements for providing limited ultrasound in a medical clinic setting. This course is taught eight times a year and follows national medical guidelines in the provision of ultrasound services from four national medical organizations – the Association of Women’s Health Obstetric and Neo-Natal Nurses (AWHONN), AIUM, ACOG, and ACR. This course also provides needed continuing education credits for nurses.

Continued on page 59

Center Spotlight

Pregnancy Resource Centers, Greater Portland, Oregon

The Pregnancy Resource Centers of Greater Portland (PRC) are a group of six centers located in Beaverton, Gresham, Portland, and Milwaukie offering traditional and advanced pregnancy care services. Established in 1984, PRC has helped more than 160,000 women and teens who were unprepared for pregnancy or faced a potential pregnancy. PRC began with one employee and a handful of volunteers. It now operates with the assistance of 225 volunteers and serves approximately 9,000 clients (8,577 of them new clients in 2007) each year. Former Pastor Larry Gadbaugh has served as the CEO of PRC since March 2001.

PRC’s basic services include pregnancy tests, verification of pregnancy, peer counseling, education, limited ultrasound for the first and second trimesters, prenatal classes, parenting classes, newborn and older baby clothes, baby furnishings (cribs and bassinets), car seats, maternity clothing, and community referrals. Services offered off premises include abstinence education and abortion recovery programs.



Client and baby, with big sister and father, at the Pregnancy Resource Centers of Greater Portland, Oregon.



“For decades, a deceptive movement has undercut our community. Women have been taught that abortion is a quiet, easy answer without consequences. This deception could not be further from the truth, and is reflected in the fact that many lives are terminated by abortion every day in our area. Nearly 9,000 abortions will be performed in Tri-County Portland in 2008 alone. We need to break the painful cycle of abortion among women in the greater Portland area.

Decisions regarding life, health and relationships, including the most vulnerable, affect everyone in our community. Simple acts of love and compassion, combined with Truth, are creating amazing results for our neighbors.”

- Our Community in Crisis
PRC of Greater Portland

Over 55 percent of the clients seen by the Portland PRC are under the age of 24. Centers are located close to high schools and colleges, public transport, and shopping malls in order for services to be readily available to 17- to 24-year-olds. The risk avoidance or abstinence message being specially delivered to youth serves an unmet need for prevention messaging in the Portland metro area. Peer counseling facilitates delivery of this messaging. Centers are decorated to appeal to the post-modern generation and are designed to be comfortable for men.

Annual referrals number 6,000 and these include community agencies, recovery programs, support groups, health care, shelters, short- and long-term housing, job training programs, S-CHIP enrollment, professional counseling, community assistance programs, continuing education, and single-parent support groups. As a respected resource for compassionate care and valid information, PRC receives referrals from numerous city and state community agencies.

The PRC of Greater Portland goes the extra mile for those cast aside and hurting by reaching out to women who are in prison and long-term recovery settings, with post-abortion recovery programs to aid in reconciliation. For the women’s prison in Portland, the PRC now has two volunteers and two employees that have been cleared to go in and lead the post-abortion support group. The program length averages 13 to 15 weeks. Director of Services Jacquie Guthrie notes that PRC will not begin a group if the allotted period of weeks for program completion is not approved, because a healing program could be harmful to initiate without conclusion. The PRC has found that many women in prison suffer from the after-effects of abortion.

The centers also offer post-abortion outreach through long-term recovery homes. The following story is about Kathleen – who went

through the PRC's HEART group, Healing Encouragement for Abortion-Related Trauma. Kathleen lived in transitional housing called Shepherd's Door, operated by Portland Rescue Mission. The PRC offers HEART groups at Shepherd's Door twice a year.

I came to Shepherd's Door March of 2006. I was broken, defeated and wanted a change. Shepherd's Door opened their loving arms to me and loved me until I could love myself. They showed me daily the heart of Jesus. I spent one year in the program and was able to dig down deep and pull out all the lies, ugliness, deceit, self-hatred, condemnation, and so much shame that I did not want to live anymore. I gave myself totally to the Lord and was willing to trust staff, then God, and eventually myself. . .

Today my life has turned around. I work at Shepherd's Door as a Pastoral Care Associate, I am attending Bible College, and I am engaged to be married to a wonderful man of God. I know today that God can use all my past for his Glory. He is showing that to me now because I am teaching the HEART Class at Shepherd's Door and am on the staff of Pregnancy Resource Center as a HEART Leader. God has been so good to me and HEART has given me a heart that loves the Lord.

PRC's of Greater Portland is an affiliate of Care Net, National Institute of Family and Life Advocates (NIFLA), and Focus on the Family's Option Ultrasound Program.



Taking HEART (Healing Encouragement for Abortion-Related Trauma), offered by the PRC of Greater Portland at Shepherd's Door, gave Kathleen her heart back. Scared to look back at three abortions from 20 to 30 years ago, she found healing and hope through the HEART Bible study.

Show Low



Springerville



Whiteriver



Hope House



Living Hope Women's Centers: three pregnancy centers, Show Low, Springerville, and Whiteriver; and a maternity home, Hope House, all rurally located in Arizona.

Center Spotlight

Living Hope Women's Centers, Show Low, Arizona

Living Hope Women's Centers (LHWC) consists of three rural locales and a maternity home, Hope House. The group was founded in 1997 by Dinah Monahan under the umbrella of Mountain Mission Clinic. To extend vital outreach to women in rural areas, offering abortion alternatives and pregnancy support, Mrs. Monahan changed locales and opened a pregnancy center in Show Low in 1999. At this new site she witnessed a need for housing for unwed moms, and as a result Hope House Maternity Home opened its doors in 2000 to help support women in need and assist in adoptions.

The Show Low center was augmented with the Springerville satellite center in 2000 and the Fort Apache Indian Reservation center in 2003. LHWC includes Apache, Hopi and Navajo populations among its overall range of clients.

LHWC and Hope House partner with Northland Therapy (an organization that does early intervention with infants and toddlers), the Arizona Department of Economic Services (DES), Child Protective Services, Summit Regional Medical Center, Johns Hopkins University grant team in Whiteriver, the Women's Club, and numerous area churches.

Programs at each of the three locations include:

- Earn While You Learn (EWYL), an incentive-based program which allows clients to earn points or “mommy money” through education in prenatal and postnatal care, child development, life skills, abstinence, shame-free parenting styles, and boundaries
- The Mommy Store, a place where clients who earn “mommy money” while taking EWYL classes can shop for baby and toddler clothes, diapers, and furniture
- Financial Peace University, where clients can learn to get out of debt and live debt-free
- The Fatherhood Program
- Professional Christian counseling (now available at two of the centers)

The total number of client visits for each location in 2007 was:

Show Low 3,947 Whiteriver 2,461 Springerville 723

Additionally during 2007, there were over 3,000 volunteer hours logged for the three centers and Hope House combined.

The opening of the Whiteriver satellite center on the Fort Apache Indian Reservation in 2003 marked the first and still the only PRC to operate on a Native American reservation. An appeal to the Apache tribal leadership resulted in the gifting of a rent-free building on the reservation. The reservation has continued to partner with LHWC, with Apache women staffing the center. The Fatherhood Program at the center has particularly flourished, attracting many men from the community. The program has also been taken into the jail there and is part of the Rainbow Treatment Center’s curriculum.



Whiteriver satellite center on the Fort Apache Indian Reservation is the first center to operate on a Native American reservation.



Whiteriver center client Mary Rose and her baby Davilyn in the cradleboard.

During the early outreach conducted by LHWC, volunteers were keenly aware of the need to enable clients rather than just give away free things and encourage a sense of entitlement in them. The EWYL curriculum was developed to foster self-sufficient and loving parenting by teaching young mothers good parenting skills. EWYL is an incentive-based model where clients receive material assistance as they earn points, called “Mommy Money,” for attending education classes in a one-on-one or group setting. The main curriculum now contains eight modules covering parenting needs from conception to 12 months of age. Topics in the curriculum include prenatal care, “going it alone,” reducing the risk of SIDS, crying, colic, sleep, disciplining with love, and more.

EWYL works to increase client and volunteer-instructor bonding, raising the quality of care these mothers can provide. The curriculum was authored and published by Mrs. Monahan and it has been implemented as a core program in over 800 PRCs across the country. Additional curricula have been developed covering early childhood to elementary age. A life skills pack has also been introduced. The LHWC now sees 60 percent of clients signing up for the program, and similar success is being experienced in EWYL programs at PRCs nationwide.

“Summit Healthcare believes so much in the Living Hope Women’s Center ministry that we donated \$5,000 to purchase an ultrasound machine to be used for early pregnancy detection especially for the low- and no-income families of our community. This ministry not only provides free testing but it also provides free parenting classes, family classes and baby items benefiting those who take advantage of it.”

William Lasonder
President
Summit Healthcare Hospital Foundation Board of Directors

“I am thankful that we have a place such as Living Hope Women’s Center to provide not only a safe place for women whose lives are in crisis but also to provide opportunities to restore the confidence and to equip these women in facing the challenges in the days ahead.”

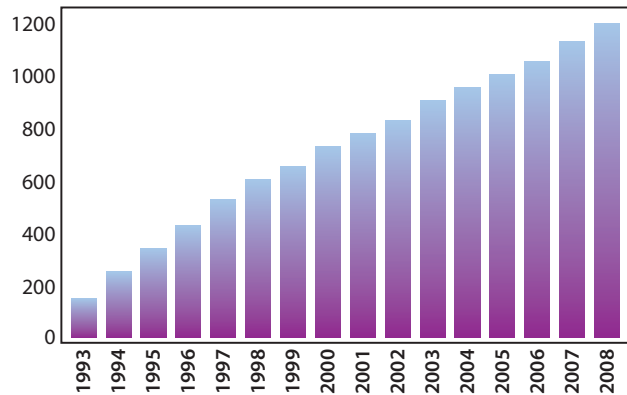
Jim Chang
Navajo County Probation Officer

LHWC is affiliated with Heartbeat International, Focus on the Family’s Option Ultrasound Program, and the National Institute of Family and Life Advocates.



Little Elijah’s mother sought help from a maternity home in Arizona. While living there she decided to place him for adoption. Following delivery, Elijah developed respiratory syncytial virus, a strep infection, pneumonia, and an E. Coli infection. After a three-week hospitalization, Elijah was flown to Minnesota and placed in the arms of his adoptive parents.

NIFLA Affiliate Growth



NIFLA membership has grown immensely over the years as centers seek to maintain the highest legal and medical standards. NIFLA's program of medical conversion of pregnancy centers has had a sustained impact in raising the centers' work to a new level of quality and value to communities nationwide. Individual pregnancy centers are often cross-affiliated with other national umbrella organizations.

The benefits provided by the nation's large and growing network of pregnancy care providers are enormous. The centers provide direct assistance to individual women and families, helping them to maintain and achieve better health for themselves and for their children. Addressing physical health as well as emotional, familial, psychological and spiritual needs, the centers have both short- and long-term impact. Averting abortion and even multiple abortions, the centers:

- Promote maternal and child health and well-being
- Lower the incidence of preterm birth. A risk association has been identified between previous induced abortion and subsequent preterm birth in numerous published studies internationally for over two decades. One recent, large-scale evaluation published in *Pediatrics* has concluded that preterm birth is the most frequent cause of infant death in the U.S.¹¹
- Reduce the rate of repeat abortions which, according to the U.S. Centers for Disease Control in 2008 reporting data for 2005, account for at least 44 percent of abortions in the United States¹²
- Avert mental health impacts of abortion for women, which include elevated rates of depression, substance abuse, and even suicide

CONCLUSION

The hallmarks of pregnancy center operation are that funds are raised locally and spent locally, immediately deployed to meet immediate needs, and devoted to basic services not costly overhead. Less than 10 percent of the income of the nation's pregnancy centers derives from governmental sources, and more than 80 percent of the centers covered by this report receive no public funding at all. This practice ensures that the centers minimize burdens on the taxpayer and engage their local communities in the provision of sustainable support.

Continued on page 63

Center Spotlight

Catherine Foundation Pregnancy Care Center, Charles County, Maryland

In October 1983, the Catherine Foundation Pregnancy Care Center opened its door, staffed primarily by volunteers and one part-time acting director. The center was established in Charles County, Maryland, a rapidly growing suburb of the nation's capital. Its name derives from the experience of the center's founders, Pierre and Christine Bynum.

Catherine was a miracle. Pregnant and feeling alone, Catherine's teenage mom, Tina, fled from pressure to abort her unborn child. Taken in by a Christian family, Tina received unconditional love and the support she needed to bear her child and ultimately decide to place her for adoption. Later Tina wrote in her college newspaper, "There were many tears, but never a tear of regret." In 1983, moved by the love that brought their adopted daughter into the world, the Bynums rallied Southern Maryland churches to launch the Catherine Foundation Pregnancy Care Center. There, Catherine's miracle is multiplied year after year.

During the opening year, 68 men and women were trained to serve. Between 1986 and 1987 the number of clients increased by 40 percent. The first building was so over-occupied with clients and workers that staff meetings were held in the parking lot. The Catherine Foundation began delivering abstinence talks in the high schools in 1988 covering the topics of emotional and physical risks associated with adolescent sexual activity, and contraception failure rates. Since then the center has served over 28,000 clients.

In 2008, the Catherine Center served 323 new clients, and 698 return clients.



The Catherine Foundation has been recognized by the Charles County Commissioners as well as the Maryland Senate for providing reliable information, counseling and services to county citizens.

From 2003 to 2008, the staff was doubled to meet the increased needs of the clients and programs. Among the center's key services is its ultrasound program. In 2008 it provided 98 ultrasounds without cost to the client, with the assistance of a clinic director, two nurses, one sonographer and the oversight of one physician. That is a savings of approximately \$451 per ultrasound for a total of more than \$44,000. The Foundation also provided a minimum of \$3,145 in maternity and baby clothing, \$17,660 in diapers, \$15,444 in formula, \$6,800 in childbirth classes, \$4,760 in parenting classes, \$3,040 in pregnancy tests, \$960 in cribs, and \$394 worth of car seats.¹³

Over 2,400 hours of service were logged in 2008 by trained volunteers via initial and follow-up peer counseling. These volunteers provided counseling on abortion alternatives, life-affirming options information, lifestyle information, post-abortion information, and referrals to numerous center programs and services, as well as myriad community health, support and education services. All these services are confidential and cost-free to the clients.

The Catherine Foundation has celebrated 25 years of proud service in Southern Maryland. The center has received a proclamation from the Charles County Commissioners and a resolution from the Maryland Senate recognizing its quarter century of providing reliable information, counseling and services to the citizens of Charles County.

"The Department of Health supports the Catherine Foundation's efforts in promoting health and well being of the women in need."

Manjula Paul
Director (2008)
Nursing and Community Health Services
Charles County Health Department



When the Catherine Foundation opened in 1983, it was staffed by one part-time acting director and trained 68 volunteers. From 2003 to 2008 the staff size doubled, and in 2008 alone trained volunteers provided over 2,400 hours of service.

“As the Traffic Safety Coordinator for the Charles County Sheriff’s Office, I serve 180,000 citizens of Charles County, Maryland. I support the Catherine Foundation Cribs for Kids Program which will enable mothers to receive new cribs and car seats for their children, who otherwise would not be able to provide these necessities.”

Sgt. J. Hoover Thompson
Traffic Safety Coordinator (2008)
Charles County Sheriff’s Office

“Thank you again for all that you do to strengthen our community and empower individuals to be self sufficient and provide opportunities for individuals to achieve success. We appreciate our partnership.”

Holly Blanchard, CPA, MBA
Chief Financial Officer (2008)
United Way of the National Capital Area

“Healthy Families, Charles County supports the insightfulness of the Catherine Foundation in recognizing that by offering ultrasounds to parents, we can and will have a positive impact on sharing the message that there is life in the womb, and it is important to begin early prenatal care, begin the bonding process between mother and baby, and remove mother’s ambivalence about the pregnancy.”

Christine Dawkins-Brewster
Program Coordinator (2004) Healthy Families, Charles County

The Catherine Foundation Pregnancy Care Center is affiliated with Care Net, Heartbeat International, and the National Institute of Family and Life Advocates.





Like the Good Samaritan, pregnancy resource centers respond with spontaneous compassion, personal and enduring care and support and are a model of faith-based, community-oriented service.

Annual center income nationwide is at least \$200 million and likely more for the large number of centers that are either pregnancy help medical clinics (at least 660) or pregnancy resource centers (some 1,670), more than 2,300 overall. Based on a sample of approximately half of both types of centers drawn from their recent 990 tax returns filed with the IRS, estimated annual income for the medical centers is \$109 million and for the resource centers is \$85 million. These estimates are very conservative as any center for which a 990 report was absent was included in the estimate with an income of zero. These figures also exclude the annual income of the center networks that contributed to this report, whose combined revenue, reinvested in the centers, totals more than \$9 million per year.

While approximately half of the centers nationwide operate with total revenue at or below \$125,000 per year, the largest centers have income as high as \$4 million. The outpouring of private support for the pregnancy care movement is among the strongest assurances that their work will continue to thrive and reach millions of Americans.

Pregnancy resource centers are models of faith-based and community-oriented service. They draw their inspiration from the personal religious commitment of volunteers and their support, financially and professionally, from members of local congregations. Many are formally para-church ministries, and they represent the progress that can be made when “armies of compassion” take the field. Like the Good Samaritan in Luke 10:30-36, their compassion is spontaneous, personal and enduring.

What centers seek and accomplish is the transforming and saving of human lives. Through the centers’ work clients realize their opportunity to wear “a crown of beauty instead of ashes, the oil of gladness instead of mourning, and a garment of praise instead of a spirit of despair.” (Isaiah 61:3). As George MacDonald wrote in *The Lady’s Confession*:

But love is the first comforter, and where love and truth speak, the love will be understood even where truth is not. Love indeed is the highest in all truth; and the pressure of a hand, a kiss, the caress of a child will do more to save, sometimes, than the wisest argument, even rightly understood.

Pregnancy center volunteers and professionals have given this kind of love year after year, with enormous satisfaction but scant recognition. On September 19, 2008, however, more than 150 unusually generous volunteers and 56 pregnancy center organizations were honored at a White House event focused solely on this life-changing movement. Then-Assistant Secretary of Health Dr. Joxel Garcia conducted the ceremony commending outstanding centers and individuals who, in some cases, have given more than 400 hours of service in a single year. The awards were bestowed in the name of the President as part of the recognition program of USA Freedom Corps.

Every day in the United States pregnancy resource centers assist an average of 5,500 Americans, female and male, young and old, with sexuality-and-pregnancy-related concerns. The reach of America's pregnancy centers and the scope of their success continue to attract new attention. In January 2008, on the eve of the 35th anniversary of the Supreme Court decision in *Roe v. Wade*, Nancy Gibbs of *Time* magazine cited the "evidence that the quiet campaign for women's hearts and minds, conducted in thousands of crisis pregnancy centers around the country, on billboards, phone banks and websites, is having an effect" in reducing abortion rates, which are down by one third from their U.S. high.

Assisting women, counseling couples, providing goods and services, offering free and confidential pregnancy care, these "centers for women's true reproductive health," as Heartbeat's president, Dr. Margaret Hartshorn, calls them, are playing an indispensable role in the health of our families and communities. They are witnessing and acting in the spirit of Matthew 25:40, "Whatever you did for one of the least of my brothers of mine, you did for me."



On September 19, 2008, volunteer and pregnancy center organizations were honored at a White House event. Awards were bestowed on outstanding centers and individuals volunteering large numbers of hours. The then-Assistant Secretary of Health, Dr. Joxel Garcia, delivered the awards.

ENDNOTES



Pregnancy resource center volunteers, staff and professionals assist an average of 5,500 Americans daily with sexuality- and-pregnancy-related concerns.

- 1 Press Release, U.S. Centers for Disease Control, March 12, 2008 at <http://www.cdc.gov/STDConference/2008/media/release-12march2008.htm>.
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- 5 Morgan, CM, et al., "Suicides after Pregnancy: Mental Health May Deteriorate as a Direct Effect of Induced Abortion," *Brit Med J* 1997; 314: 902. Gissler, M, et al., "Injury Deaths, Suicides and Homicides Associated with Pregnancy, Finland 1987-2000," *Euro J of Pub Health* 2005; 15: 459-463. Gissler, M, et al., "Suicides after Pregnancy in Finland: 1987-1994: Register Linkage Study," *Brit Med J* 1996; 313: 1431-4.

Passion
to
Serve



Mandi was an abortion-minded client who had a heart change after seeing her unborn baby, Kendly, by ultrasound.

- 6 American Association of Pro-Life Obstetricians and Gynecologists; American College of Pediatricians; American Psychological Association; Association of American Physicians and Surgeons; Catholic Medical Association; Christian Medical Association; and, Medical Institute for Sexual Health.
- 7 "In Brief: Facts on Induced Abortion in the United States," Alan Guttmacher Institute, July 2008, at http://www.guttmacher.org/pubs/fb_induced_abortion.html.
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- 10 Ibid.
- 11 Callaghan, WM, et al. "The Contribution of Preterm Birth to Infant Mortality Rates in the United States," *Pediatrics* 2006; 118: 1566-1573.
- 12 "Abortion Surveillance – 2005," *Morbidity and Mortality Weekly Report*, U.S. Centers for Disease Control, November 28, 2008.
- 13 These figures were compiled from notations in client files that indicate specific items were provided and from the average cost of those services in the community where the center is located.

Heart Change

OUR COMMITMENT OF CARE AND COMPETENCE

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
2. Clients are treated with kindness, compassion and in a caring manner.
3. Clients always receive honest and open answers.
4. Client pregnancy tests are distributed and administered in accordance with all applicable laws.
5. Client information is held in strict and absolute confidence. Releases and permissions are obtained appropriately. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
6. Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
7. We do not offer, recommend or refer for abortions or abortifacients, but are committed to offering accurate information about abortion procedures and risks.
8. All of our advertising and communication are truthful and honest and accurately describe the services we offer.
9. We provide a safe environment by screening all volunteers and staff interacting with clients.
10. We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
11. We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
12. Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.
13. All of our staff, board members and volunteers receive appropriate training to uphold these standards.

The Commitment of Care and Competence is an ethical code of practice for life-affirming pregnancy resource centers and medical clinics, endorsed by Care Net, Heartbeat International, the National Institute of Family and Life Advocates and 10 other national groups that provide affiliation, training, and resources for these centers and clinics.

STATEMENTS OF ENDORSEMENT

“The more than 2,000 pregnancy care centers across the country are an expression of charity and genuine love for people dealing with life-changing situations. The outpouring of local support over the years shown by supporters, organizers, and staff embody the spirit of volunteerism and truly make pregnancy care centers one of the most important grassroots movements in American history.”

*- Rep. John Boehner (R-Ohio)
House Minority Leader*

“Public debates, tireless education, rallies, and political organizing are all vitally important in turning our country toward a culture of life. Too little recognized in this great human rights struggle, however, are the thousands of people who selflessly serve in pregnancy care centers to help women who are often frightened and confused.”

*- Reverend Richard John Neuhaus
(1936-2009)
Editor, First Things*

“Being pro-life means caring for mothers and their children both during the pregnancy and afterward. Pregnancy Resource Centers give women a safe and supportive environment to ask questions and receive the medical care and information needed to ensure healthy pregnancies and births. Pregnancy Resource Centers then continue to stand alongside new mothers and help them become good parents. Oftentimes these Centers are the only option available for women who lack family networks and community support

systems. By creating a network of volunteers and caretakers, they bring communities and families together to help each other and celebrate life.”

- Rep. Heath Shuler (D-N.C.)



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“On behalf of the State of Minnesota, I would like to commend the work of our country’s numerous pregnancy care centers. These centers have seen tremendous growth during the past few decades, and the tireless work of supporters has led to the creation of more than 2,000 centers in all 50 states. Thank you to all the advocates and champions here in Minnesota and across the country who value life-affirming pregnancy care centers and devote efforts and support to helping women.”

- Gov. Tim Pawlenty (R-Minn.)

“Crisis pregnancy centers are a crucial component of the culture of life we as Americans are trying to foster in the face of increasing pressures to devalue human life. Those who work and volunteer at crisis pregnancy centers should be proud and congratulated for the work they do for these too-often overlooked and marginalized women and children, and for all they do for our entire society’s health.”

- Rick and Karen Santorum

“Pregnancy care centers, many of which are faith-based, are saving lives and changing lives. They are a lifeline to those who know in their heart that abortion is wrong but don’t believe they can cope with a pregnancy. Americans from all walks of life volunteer their time and compassion at these centers and our country needs them now more than ever.”

- Jim Towey

*Former Director, White House Office of
Faith-Based and Community Initiatives*

“No issue is more basic than the fundamental right-to-life. Those of us who care deeply about the protection of life have also worked to provide accurate medical advice and follow-up care as well. Your work is at the core of Christian action.”

- Rep. Mark Souder (R-Ind.)



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Young woman and her baby living at the Sara Rose Maternity Home in Kitwe, Zambia, an outreach of LIFE International.

"I would like to take this opportunity to thank you for your tireless work on behalf of life. Women who are fortunate enough to find their way to your centers are welcomed and receive loving care, access to counseling and education programs, ultrasounds and medical assistance, and referrals to other resources for little or no cost. As an Ob-Gyn, I can tell you that your efforts to assist women in underserved communities help to bring healthier babies into the world. Because of the selfless work you are doing, a culture of life is being built in America."

- Dr. Joxel Garcia, M.D., M.B.A
Former Assistant Secretary
of Health
U.S. Department of Health
and Human Services

"Wherever I travel, I am always impressed by the high level of concern and love offered at pregnancy care centers. The good people that staff them are truly heroes."

- Chris Godfrey, Life Athletes
Former professional football
player

"The pregnancy care centers . . . are a model of excellence in service to a great cause: women and their babies. The Catholic League is proud to endorse this noble effort."

- Dr. William Donohue
President, Catholic League for
Religious and Civil Rights

"It is not enough to preach about the ills of abortion. If you are not part of the solution, you are a part of the problem. We must become pro-life practitioners through the act of saving the lives of the unborn."

- Reverend Herb Lusk
Pastor, Greater Exodus
Baptist Church,
Philadelphia, Pa.

Com

“The prophet Jeremiah received a word from the Lord that said, ‘Before I formed you in the womb I knew you.’ (Jeremiah 1:5A NKJV). This biblical truth serves as the foundation of the lifesaving work through the pregnancy care centers in all 50 states and in countries around the world.”

*- Franklin Graham
President and CEO
Billy Graham Evangelistic Association
Samaritan’s Purse*

“In recent years, pregnancy care centers have taken important steps in increasing their support for fathers. Research shows that when fathers are involved in a pregnancy, mothers are more likely to seek prenatal care, and are less likely to smoke, have a low birth-weight baby, and their baby is less likely to die in infancy. Responding to this data, pregnancy care centers across the country are increasing their provision of skill-building materials to encourage and support fathers in becoming involved. For example, National Fatherhood Initiative’s (NFI’s) Doctor Dad™ program is being used to teach fathers basic child safety and healthcare skills. Additionally, NFI’s Daddy Pack™, full of informational brochures and a CD-ROM, is helping men in pregnancy care centers get the basic skills and encouragement they need to take care of their newborns.”

*- Roland C. Warren
President, National Fatherhood Initiative*

“This respect for life is evident in communities throughout our Nation where people are reaching out, in a spirit of understanding and helping, to women with crisis pregnancies and to those who bear the spiritual and emotional scars of abortion. Such efforts strengthen the bonds of affection and obligation that unite us and assure that the family, the primary guardian of life and human values, will continue to be the foundation of our society.”

*- President Ronald Reagan
January 14, 1985
excerpt from National Sanctity of
Human Life Day Proclamation*



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This report is a collaborative project of Care Net, Family Research Council, Heartbeat International, LIFE International, and the National Institute of Family and Life Advocates.

Care Net is a national nonprofit organization dedicated to promoting a culture of life through the delivery of valuable, life-affirming evangelistic ministry to people facing unplanned pregnancies and related sexual issues. Care Net carries out this mission by supporting the largest network of pregnancy centers in North America. With joint venture partner Heartbeat International, Care Net operates the 24/7 Option Line contact center (1-800-395-HELP) and website that assist people with pregnancy-related and abortion recovery needs. Visit us at www.care-net.org.

Family Research Council was founded in 1983 in Washington, D.C. as an organization dedicated to the promotion of marriage and family and the sanctity of human life in national policy. FRC develops public policy, analyzes and publishes research on family issues, and seeks to assure that the unique attributes and benefits of family life are recognized and respected in Congress, the courts and the nation's regulatory bodies. Visit us at www.frc.org.

Heartbeat International is a Christ-centered, life-affirming association of pregnancy help centers, medical clinics, maternity homes, and nonprofit adoption agencies. It is the first pregnancy center association founded in the United States and the most expansive, with affiliates in the United States, Canada, and over 40 other countries. Heartbeat's mission is to reach and rescue as many people as possible through our network of help centers that renew their communities for life. With joint venture partner Care Net, Heartbeat operates the 24/7 Option Line contact center (1-800-395-HELP) and website that assist people with pregnancy-related and abortion recovery needs. Visit us at www.heartbeatinternational.org.

LIFE International was formed in the United States as an independent entity in 2001 and has as its sole focus the establishment of life-giving pregnancy care ministries in every nation where abortion is present worldwide. LIFE is launching several key initiatives that include establishing regional offices in strategic locations around the globe, developing an online school to provide training in starting or furthering life-giving ministry; and creating and distributing the "Center in a Backpack," filled with essential tools and knowledge needed to start a life-giving ministry. Visit us at www.lifeinternational.com.

National Institute of Family and Life Advocates (NIFLA) is a nonprofit organization that provides life-affirming pregnancy centers legal education, consultation and training. NIFLA equips members with legal counsel, training and support for conversion to medical clinic status, and a vision for a future of enhanced and expanded service to women, infants and families. Visit us at www.nifla.org.

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*We gratefully acknowledge the support of
the Gerard Health Foundation
of South Natick, Massachusetts
for the publication and distribution of this report.*



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BL09H01