



A Study of Information and Misinformation Presented on the Websites of Crisis Pregnancy Centers in Georgia

Andrea Swartzendruber, University of Georgia

Crisis pregnancy centers, also called “pregnancy resource centers,” are nonprofit organizations with a primary mission of promoting childbirth among pregnant women. Such centers have long been criticized for deceptive practices and providing false and misleading medical information. Crisis pregnancy centers provide pregnancy testing and counselling, but they do not provide abortion services or refer people to such providers, and most of these centers are affiliated with religious antiabortion organizations that also oppose contraceptives. Despite such limitations, however, crisis pregnancy centers are increasingly presenting themselves as “medical clinics” that offer ultrasound and other medical services. Currently, fourteen states fund the centers directly. Georgia was the most recent state to sign such funding into law, with its 2016 “positive alternatives for pregnancy and parenting” grant program.

For women and men facing or at risk for unintended pregnancy, prevailing U.S. medical guidelines call for comprehensive, quality sexual and reproductive health information and services. That includes contraceptive counselling and provision of one or more selected contraceptive methods and accurate, unbiased discussion of pregnancy options, along with services such as sexually transmitted infection testing and treatment, counselling about condom use, and easy and inexpensive access to condoms. This is a typical set of services provided by traditional family planning clinics – yet despite presenting themselves in increasingly medical terms, crisis pregnancy centers do not provide a comparable array of services.

Do patients understand the differences? What do they see when they turn to crisis pregnancy centers as opposed to traditional clinics? We conducted a study to assess how Georgia crisis pregnancy center websites portray the health services they offer. Our analysis revealed numerous concerns about advertised services and the accuracy of the health information presented on Georgia crisis pregnancy center websites.

Misinformation with Potentially Life-Changing Effects

Only about one-fifth of the crisis pregnancy center sites we analyzed advised that their content should not be relied upon as a substitute for professional counselling, medical, or prenatal care – even though some of the information provided was medically incorrect and could be harmful for those in need of care.

- Unsurprisingly, pregnancy testing and options counselling were the most frequently advertised services, but we found that centers’ advertising was not very transparent. Despite the centers’ anti-abortion mission, 17 percent of the websites included the words “options,” “choice,” or “abortion” in the website name, while less than half (42 percent) stated clearly that the centers do not provide or offer referrals for abortions.
- In statements that could be interpreted as encouraging delay of decision-making during pregnancy, almost one-fifth of all websites cited grossly inflated statistics for miscarriages. In the words of one site, “many women can avoid having to decide what to do with their unintended pregnancy, because 1 in 5 of all pregnancies end naturally... Who wants to go through the pain, cost and risk of an abortion if it’s not necessary? A good way to check if you’ll miscarry is by ultrasound technology.” In reality, early pregnancy loss occurs in only about one in ten clinically recognized pregnancies and ultrasounds cannot predict miscarriages. Georgia has one of the highest maternal mortality rates in the country. Encouraging women to disregard potential pregnancies could have dire consequences.
- Many sites also contained false and misleading information about the consequences of abortion. Despite scientific findings that show no increased risk of breast cancer or mental health problems due to abortion, 41 percent of the sites we analyzed made such claims.

- About two-thirds of sites advertised ultrasound services, but 15 percent of these falsely claimed that ultrasound examination can predict miscarriage. Some sites also advertised unproven, potentially harmful therapies, such as “abortion reversal” services.

Misleading information deals with contraception as well as abortion and the course of pregnancies. Although most centers refuse to promote contraceptives, the vast majority of websites did not explain that such services are unavailable. Advertised contraceptive services were limited to natural family planning methods and emergency contraception. Contraceptive information mostly stressed the potential side effects of emergency approaches. Meanwhile, none of the sites promoted consistent and correct condom use, and statements about condoms highlighted ineffectiveness.

Implications

Women and men dealing with the reality or risks of unintended pregnancies need access to comprehensive, quality health services and unbiased, scientifically accurate information. Regardless of religious affiliations or moral beliefs, all health service providers should be held to a standard of medical accuracy. Inaccurate information and promotion of ineffective services could delay or prevent quality prenatal and reproductive care, and make worse the state of Georgia’s already poor health indicators. A full 60 percent of births in the state are unintended, the third highest of any state in the country, and Georgia has a high maternal mortality rate, high infant mortality, and extraordinarily high rates of HIV and other sexually transmitted infections.

Although our study does not provide information about the types and quality of services actually provided at Georgia’s crisis pregnancy centers, it reveals that they offer potentially harmful misinformation. People seeking information to assist with pregnancy-related and sexual health decisions need to appreciate that crisis pregnancy centers are distinct from traditional clinics and often offer biased, inaccurate health information. The results could be harmful, especially for young people who experience high rates of unintended pregnancy and are targeted by these centers. Public funding for crisis pregnancy centers should be carefully monitored and additional regulation may be warranted to ensure quality services and sound health information for all citizens.

Read more in Andrea Swartzendruber, Anna Newton-Levinson, Ashley E. Feuchs, Ashley L. Phillips, Jennifer Hickey, and Riley J. Steiner, “[Sexual and Reproductive Health Services and Related Information on Pregnancy Resource Centers Websites: A Statewide Content Analysis](#).” *Women’s Health Issues* (online-first article, November 2017).