



# Legal Tips

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## Combating Misinformation Regarding Pregnancy Centers in Post-Roe America

Only minutes after the Dobbs decision was released, the plethora of misinformation about a post-Roe America began. We have heard everything from “women will die because of this decision” to “stop tracking your cycles using apps because they will come after you.”

This widespread misinformation is detrimental to the pro-life cause. However, we must continue to spread the truth about abortion. This *Legal Tips* will address talking points for misinformation and ways your center can spread the truth.

### I. Misinformation

#### A. What is abortion?

One of the biggest ways the abortion industry has deceived the public is by keeping the conversations focused on periphery topics instead of looking at the truth of abortion. We have a unique opportunity with the overturning of *Roe v. Wade* to speak about what abortion does to the unborn child and the mother. The medical terminology of abortion can include both spontaneous abortion and elective abortion. Spontaneous abortion is commonly known as a miscarriage, with no intent to end life. Elective abortion is the intentional ending of a unique human being.

#### B. Claims that treatment of ectopic pregnancies is affected in a post-Roe America:

Elective abortion is very different from the treatment of ectopic pregnancies. Treatment to end an ectopic pregnancy is an act to save a life (the mother's life), and its purpose is not to end the life of the unborn. Unfortunately, in procedures to remove an ectopic pregnancy, the baby's life ends. While this is very sad, the procedure is not considered an abortion. The treatment ensures that both lives are not ended. In states where abortion is banned, the laws generally specify that abortion does not include the treatment of ectopic pregnancies.

#### C. Claims that treatment of miscarriages is affected in a post-Roe America:

In a miscarriage, the baby has already died, so any treatment of a miscarriage would not be an abortion. Abortion restrictions do not prohibit the procedures and treatments used for miscarriage management.

#### D. Claims that pro-life laws will affect a doctor's treatment when the mother's life is in danger:

Elective abortions are not life-saving medical care. OBGYNs can offer life-saving medical care for pregnant women regardless of the *Roe v. Wade* decision or state laws regarding elective abortions. If a mother's life is in danger (usually when an ectopic pregnancy exists), separation of the child from the mother may be necessary. However, this is vastly different from elective abortion. OBGYNs are trained to discern when they need to intervene to save a mother's life.

**E. Claims that abortion does not impact women:** Abortions can have a long-term impact on a woman's reproductive and mental health, including increasing a woman's risk of preterm birth in a future pregnancy and significantly increased risk of depression, anxiety, substance abuse, and suicidal behavior.

**F. Claims that abortion is needed when there is an adverse diagnosis in pregnancy:** It is difficult to receive an adverse diagnosis in pregnancy. As a pregnancy center, we can help women and families who have received this heartbreak news. The pro-life response is to love the baby for as long as the Lord allows that child to live inside and outside the womb. Abortion is not the answer to this difficult situation. The answer is perinatal palliative care and support services for the family. Visit [benotafraid.net/](http://benotafraid.net/) and [prenatalpartnersforlife.org](http://prenatalpartnersforlife.org) for more information and resources.

**G. Claims that pregnancy centers are fake clinics with no medical providers and mislead women to pressure them to keep their babies:** We recommend the following response.

*We are a medical facility that provides medical services under the direction and supervision of a licensed physician. We have served more than \_\_\_\_\_ women in the last \_\_\_\_\_ years with essential services such as pregnancy testing, ultrasound to confirm pregnancy, baby clothes, and equipment, diapers, parenting classes, etc. ... Our clients appreciate our services, as proven by our customer satisfaction rate of \_\_\_\_%.*

The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) is a wonderful resource for information on these topics. Please visit their website: [www.aaplog.org](http://www.aaplog.org).

Misinformation can cause women to delay seeking care and could potentially cause doctors to delay care. In addition, the pro-life battle is now at the state level. We must continue to grow public support for the pro-life position so that pro-life states can stay pro-life and pro-abortion states can become pro-life. We must combat this misinformation with the truth.

## II. Ways your center can help spread the truth.

### A. Letters to the editor/Op-eds (Opinions/Editorials):

One excellent way to engage with the public on these topics is to write letters to the editor or op-eds. It is a great way to advocate for the pro-life cause because the audience is large and varied. In addition, these letters can create a buzz around the community. You are in complete control of the messaging, so this is an excellent way to engage with the media. A letter to the editor is a very short (around 200 words) and focused piece.

Generally, a newspaper (and its corresponding website) will have the requirements for the letters to the editor listed on the website. Usually, contact information is required, and the newspaper prints/publishes the name and city. Often, a letter to the editor is a response to a previously printed article. An op-ed is usually longer than a letter to the editor.

You can submit letters and op-eds to editors in both the larger-reaching newspapers and the small community-based papers. Your unique role as a pregnancy center employee provides a way to combat the often-used argument that pro-life people are just pro-birth

and do not help after the baby is born. It can allow you to share your services with your community. In addition, you can encourage your supporters to write letters to the editor.

**B. Share information with your donor base:**

Pick a topic from the *Tips* and write about it to your email list. Pregnancy centers are often the trusted source of pro-life information in their communities. You can provide this information to them and give them the tools they need in discussions and advocacy. Perhaps you can include a section in your monthly e-newsletter about debunking myths or pro-life apologetics.

**C. Provide accurate information to your clients/patients:**

There are excellent brochures available to pregnancy centers. NIFLA has four brochures available to members for purchase. They can be branded to your center by placing a sticker or stamp with your logo. The four brochure topics are: (1) Father's Rights, (2) Forced Abortion, (3) Patient's Rights, and (4) Abortion Pills.

<https://membership.nifla.org/products.asp>. In addition, Focus on the Family provides benevolent resources to pregnancy centers which include access to many excellent brochures about varied topics. <https://www.focusonthefamily.com/pro-life/benevolent-resource-program/>.

Together we can combat the misinformation about pro-life laws and build up a community that makes abortion unthinkable!

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