



## **Operational Assumptions**

### **Assumption #1**

It is not the specific medical services a PRC offers that causes a woman to have her baby, but rather the manner (process) in which those services are provided.

### **Assumption #2**

The vast majority of women do not want to have an abortion.

### **Assumption #3**

Women have abortions because they feel insecure and unsupported.

### **Assumption #4**

If a woman is afforded peace of mind and security, more often than not she will choose to have her baby.

### **Assumption #5**

Medical services are essentially education in nature and add credibility and professionalism to an organization.

### **Assumption #6**

Women feel more secure when in a controlled and professional environment.

### **Assumption #7**

Every appointment with an abortion-minded patient is a systematic, pre-determined process designed to provide her necessary information to empower her to choose to have her baby.

### **Assumption #8**

The primary "product" a PRC provides to abortion-minded women is security (e.g. to change fear of the unknown into confidence in the future).

### **Assumption #9**

There is a constant effort to refine "what works" in order to interface effectively with the surrounding culture: Feedback loops such as Patient Intake Forms, Exit Surveys, and What to Expect Forms fuel ongoing organizational training and refinement.