

# DESIGNED to DECEIVE

A STUDY OF THE CRISIS PREGNANCY CENTER INDUSTRY IN NINE STATES

## Montana State Findings

- ▶ The Alliance Study identified **20 crisis pregnancy centers** in Montana.
- ▶ There are currently **6 abortion care clinics** left in the state.

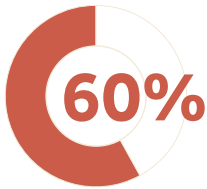
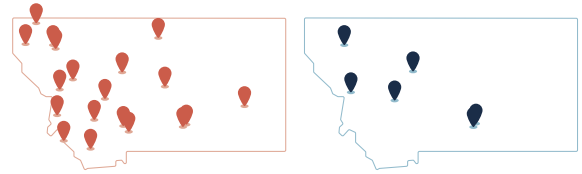
IN MONTANA, CPCs OUTNUMBER ABORTION CARE CLINICS BY

**3.3:1**

A full 35% of Montana CPCs are affiliated with a U.S.-based evangelical, anti-abortion organization called Care Net. Another 20% are affiliated with Heartbeat International, an international anti-abortion organization with strong ties to members of the former Trump administration.<sup>1</sup>

### Most Common Services Offered By CPCs In Montana

The services Montana CPCs most often provide, as in other Alliance Study states, are free/earned goods (95%), support or counseling (95%), pregnancy testing (85%), and "non-diagnostic" ultrasounds (60%).



**"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY OVER 1/2 OF MONTANA CPCs ARE NOT RECOGNIZED BY MEDICAL PROFESSIONALS AS A MEDICAL SERVICE.<sup>2</sup>**

Also known as "keepsake" or "souvenir" ultrasounds, they cannot determine gestational age, study placenta or amniotic fluid, or detect fetal abnormality, ectopic pregnancy, or fetal distress. It is unclear whether those performing CPC ultrasounds are trained to do so or to recognize any issues with a pregnancy. This CPC practice offers no medical benefit to the pregnant person or fetus, but may give pregnant people a false sense of security, and delay their search for legitimate prenatal care.

### CPCs in Montana Promote False & Biased Medical Claims

The majority of CPCs in Montana (75%) make false and/or biased claims about pregnancy and abortion on their websites and social media. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, that misstated or selectively cited to factual information, or that used gratuitous or graphic language instead of clinical terms. This Care Net CPC in Missoula promotes many patently false and exaggerated claims about the risks of abortion commonly made by CPCs:

#### What are the risks?

Physical side effects may occur with induced abortion, whether surgical or by pill. These include abdominal pain and cramping, nausea, vomiting, and diarrhea. Abortion also carries the risk of significant complications such as bleeding, infection, and damage to organs. Serious complications occur in less than 1 out of 100 early abortions and in about 1 out of every 50 later abortions. Complications may include:

1. heavy bleeding
2. infection
3. incomplete abortion
4. sepsis
5. anesthesia
6. damage to the cervix
7. scarring of the uterine lining
8. perforation of the uterus
9. damage to internal organs
10. death

#### Emotional & Psychological Impact

There is evidence that abortion is associated with a decrease in both emotional and physical health. For some women these negative emotions may be very strong, and can appear within days or after many years. Some women report the following:

1. eating disorders
2. relationship problems
3. guilt
4. depression
5. flashbacks of abortions
6. suicidal thoughts
7. sexual dysfunction
8. alcohol and drug abuse

▶ Screenshots from Care Net of Missoula: <https://www.carenetmissoula.org/abortion>

Montana CPCs also make deceptive and misleading claims on their websites, including that they have no agenda and provide full and unbiased information to support a pregnant person's choice. Some CPCs in Montana deceptively use the word "choice" or "options" in their name. This CPC in Billings claims to empower women with abortion information but the only abortion-related services it provides are "abortion recovery" and "abortion pill reversal."



#### Abortion Information

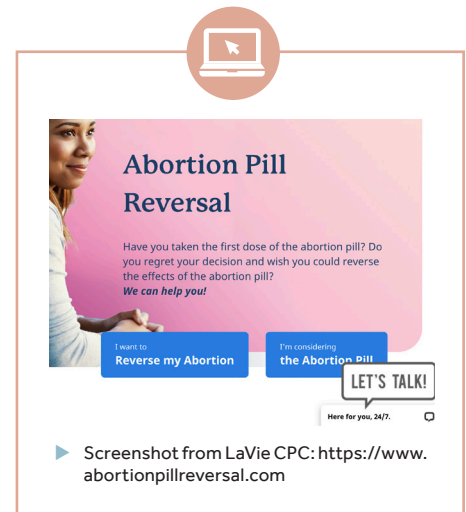
Are you considering an abortion? We can help you understand the process, and provide options to aid your decision-making process.

▶ Screenshot from La Vie CPC: <https://laviebillings.com/>

## CPCs in Montana Promote “Abortion Pill Reversal”

A full 40% of Montana CPCs promote “abortion pill reversal” (APR), the unrecognized practice of injecting or prescribing high-dose progesterone for pregnant people who have taken the first medicine in the two-step protocol for medication abortion in an attempt to stop (“reverse”) the abortion. The American College of Obstetricians and Gynecologists calls APR “unethical” and “not based on science.”<sup>3</sup> This rogue practice has been called “unproven and experimental” in *The New England Journal of Medicine* because neither the safety nor effectiveness of APR has been proven in clinic trials.<sup>4</sup>

Abortion pill reversal is listed atop the services offered by the La Vie CPC in Billings, whose website links directly to the APR website run by global anti-abortion group Heartbeat International:



## Most CPCs in Montana Do Not Provide Medical Services

CPCs in Montana offer no contraception (100%). Most Montana CPCs offer no prenatal care (90%) or referrals (80%), no STI-related services (65%), and no well-person care (80%) or referrals (60%). None of the Montana CPCs affiliated with the global anti-abortion group Heartbeat International provides prenatal care.



## CPCs in Montana Lack Licensed Medical Professionals

While many CPCs present as a medical office, only half (50%) of Montana CPCs say they have a registered nurse and less than one-third (30%) say they have a physician on staff.

## CPCs & the Maternal Mortality Crisis in Montana

Over a 10-year period, Montana’s maternal mortality ratio was similar to the national average, at 13.7 deaths per 100,000,<sup>5</sup> and the federal Centers for Disease Control and Prevention reports that 60% of pregnancy-related deaths were preventable. The correlation between a lack of prenatal care and maternal mortality is well-documented. Women who do not receive prenatal care are five times more likely to have a pregnancy-related death than women who do<sup>6</sup> and the CDC finds that 25% of women in the U.S. received fewer than the recommended number of prenatal visits.<sup>7</sup>

When CPC volunteers and staff without medical training spread false and deceptive information that causes pregnant people to delay or forego seeking prenatal care from legitimate health care providers, they put the lives of pregnant people at risk. Moreover, the failure of most Montana CPCs to provide prenatal or wellness care to pregnant clients, while offering non-diagnostic ultrasounds by staff or volunteers unqualified to identify medical conditions that could affect a pregnancy, is a grave concern, especially amid a maternal mortality crisis in the U.S. driven by inadequate and unequal access to prenatal care; misdiagnosis; and missed warning signs.

## Recommendations

Montana policymakers should require all public schools to provide medically accurate, age-appropriate, comprehensive sexual health education and pass policies to increase access to comprehensive reproductive health care, including a full range of contraceptive options, for *all* Montanans.

1. Claire Provost and Nandini Archer, “Exclusive: Trump-Linked Religious ‘Extremists’ Target Women With Disinformation Worldwide,” *Open Democracy*, February 10, 2020, <https://www.opendemocracy.net/en/5050/trump-linked-religious-extremists-global-disinformation-pregnant-women/>.
2. J. S. Abramowicz and S. B. Barnett, “The safe use of non-medical ultrasound,” *Ultrasound in Obstetrics & Gynecology*, April 28, 2009, <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/uog.6390>.
3. “Facts Are Important: Medication Abortion ‘Reversal’ Is Not Supported by Science,” *American College of Obstetricians and Gynecologists*, accessed September 29, 2021, <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>.
4. Daniel Grossman and Kari White, “Abortion ‘Reversal’ — Legislating without Evidence,” *The New England Journal of Medicine* 379, no. 16, October 2018: 1491, <https://www.nejm.org/doi/full/10.1056/nejmp1805927>.
5. “Pregnancy Associated Deaths in Montana 2003-2009, 1-2, Montana Department of Public Health & Human Services, Office of Epidemiology and Scientific Support, April 2011, Pregnancy Associated Deaths in Montana, 2003-2009 (mt.gov).
6. “Why do I need prenatal care?,” Department of Health and Human Services, Office on Women’s Health, A-Z Health Topics, last updated April 1, 2019, [Prenatal care | womenshealth.gov](https://www.womenshealth.gov).
7. Michelle Osterman and Joyce Martin, “Timing and Adequacy of Prenatal Care in the United States, 2016,” U.S. Department of Health and Human Services, Center for Disease Control and Prevention, 67 National Vital Statistics Report No. 3, National Vital Statistics Reports Volume 67, Number 3, May 2018 (cdc.gov).