

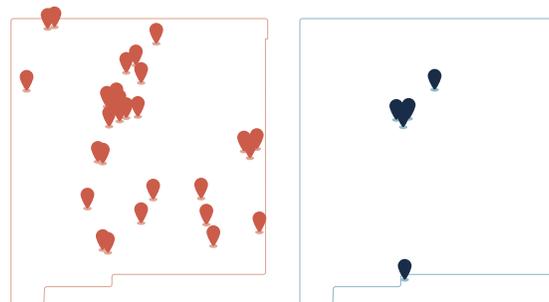
# DESIGNED to DECEIVE

A STUDY OF THE CRISIS PREGNANCY CENTER INDUSTRY IN NINE STATES

## *New Mexico State Findings*

- ▶ The Alliance Study identified **31 crisis pregnancy centers** in New Mexico.
- ▶ There are currently **5 abortion care clinics** left in the state.

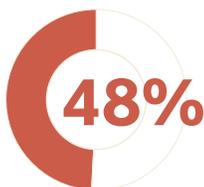
IN NEW MEXICO, CPCs OUTNUMBER  
ABORTION CARE CLINICS BY **6.2:1**



Over one-third (38%) of CPCs in New Mexico are run by a national evangelical Christian anti-abortion organization called Care Net and another third (38%) are run by the global anti-abortion network Heartbeat International.

### *Most Common Services Offered by CPCs in New Mexico*

The most common services offered by CPCs in New Mexico are free/earned goods (87%), pregnancy testing (87.1%) and non-diagnostic ultrasounds (48.4%). Many CPCs providing pregnancy testing offer a urine test available over the counter to pregnant people at any drugstore. The provision of "non-diagnostic" ultrasounds, which is condemned by the American Institute of Ultrasound in Medicine,<sup>1</sup> is especially concerning in CPC settings that are designed to look like medical clinics. The pretense of medical legitimacy at CPCs could be deadly.



**"NON-DIAGNOSTIC" ULTRASOUNDS OFFERED BY ALMOST 1/2 OF NEW MEXICO 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 New Mexico Promote False & Biased Medical Claims*

Almost one-half (48.4%) of the CPCs in New Mexico make false and/or biased medical claims, including about emergency contraception, fetal pain, and medication abortion. The Alliance Study defined as false or biased any medical claim that is untrue or unsubstantiated, misstated or selectively cited to factual information, or used gratuitous or graphic language instead of clinical terms. For example, a Care Net facility in Albuquerque gives clients a publication called "Before You Decide," which ignores scientific consensus that pregnancy begins when the fertilized egg implants in the uterus<sup>3</sup> and promotes the false claim that pregnancy begins at conception as "scientific reality."<sup>4</sup>

**New Mexico 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 New Mexico deceptively use the word "choice" or "options" in their names.

### *CPCs in New Mexico Promote "Abortion Pill Reversal"*

Almost one-third (29%) of New Mexico CPCs promote the unrecognized practice of injecting or prescribing high-dose progesterone for pregnant people who have taken the first medicine (mifepristone) 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>5</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 legitimate clinical trials.<sup>6</sup>



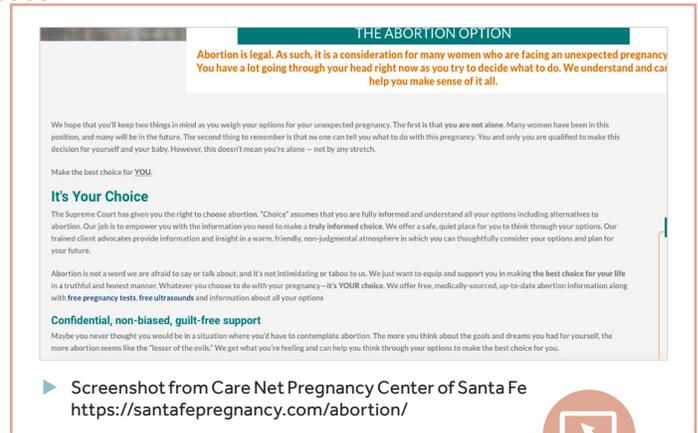
Many CPCs that promote “abortion pill reversal” refer pregnant people to this “Abortion Pill Rescue” website run by the global anti-abortion organization, Heartbeat International.

As you can see, anti-abortion organizations advertise APR with marketing that suggests it is a legitimate medical service, though all recognized medical experts oppose the practice on the grounds it is untested and unethical. Nearly one third of CPCs in New Mexico either provide or refer for APR.

It is especially egregious that CPCs are promoting an experimental medical intervention in states like New Mexico, with numerous tribal communities and large Native American populations who, as recently as the 1970s, were targeted for experimental and coercive reproductive health interventions, including forced sterilizations and administration of the contraceptive Depo Provera long after it was found to be unsafe.

### CPCs in New Mexico Do Not Provide Medical Services

While many CPCs present themselves as medical clinics, we found none of the CPCs in New Mexico provide prenatal, wellness, or contraceptive care. While marketing themselves as “pregnancy resource” and “pregnancy help” centers, **New Mexico CPCs performed worse than any other Alliance Study state in the provision of the health care services pregnant people need.** Instead, the Alliance Study found New Mexico CPCs use manipulative messages to delay care and coerce people away from abortion and contraception, ranging from pro-choice rhetoric to evangelical 1950’s messages: “Married women seeking contraceptive information should be urged to seek counsel, along with their husbands, from their pastor or physician.” (<https://www.legacyprc.com/about-us>)



► Screenshot from Care Net Pregnancy Center of Santa Fe <https://santafepregnancy.com/abortion/>



### CPCs in New Mexico Lack Licensed Medical Professionals

While many CPCs present as a medical office, only one CPC in New Mexico has a physician on staff and two CPCs have a registered nurse.

### CPCs & the Maternal Mortality Crisis in New Mexico

According to the New Mexico Department of Health and University of New Mexico Health Sciences, in 2015-2017 there were 58 maternal deaths in New Mexico, with people 20 and younger – the age group most likely to seek services at a CPC – accounting for 12% of those deaths.<sup>7</sup> The correlation between lack of prenatal care and maternal mortality is well documented,<sup>8</sup> so the failure of New Mexico CPCs to provide any 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. Amid a maternal mortality crisis driven by radical racial inequities in prenatal care, misdiagnosis, and missed warning signs, the implications for Native Americans, who are three times more likely than white women to die from a pregnancy-related cause,<sup>9</sup> are particularly serious.

### Recommendations

New Mexico policymakers should ban non-diagnostic aka “vanity” ultrasounds/sonography; create a mechanism to provide no or low-cost diapers to low-income New Mexicans; increase the number of months for post-partum Medicaid coverage from three to 12 months; include grief counseling as a mandatory mental health insurance benefit to any family that has lost a child, whether through stillbirth, SIDS, miscarriage; and make it easier to apply for health insurance through the Affordable Care Act by including a box to check on state tax forms giving permission to check financial eligibility.

1. 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>; “Keepsake Ultrasounds,” American Pregnancy Association, <https://americanpregnancy.org/healthy-pregnancy/pregnancy-health-wellness/keepsake-ultrasound-1193/>.
2. Ibid.
3. “How Your Fetus Grows During Pregnancy,” *The American College of Obstetricians and Gynecologists*, For Patients, FAQs, <https://www.acog.org/womens-health/faqs/how-your-fetus-grows-during-pregnancy>.
4. “Before You Decide Magazine,” Care Net, 2019, [https://issuu.com/care-net/docs/fnl\\_2019\\_byd\\_\\_mag\\_with\\_citations](https://issuu.com/care-net/docs/fnl_2019_byd__mag_with_citations).
5. “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>.
6. 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>.
7. “Maternal Mortality, 2015-2017 PowerPoint”, 2020, New Mexico Department of Health and University of New Mexico, [https://sasgog.memberclicks.net/assets/docs/2020\\_Abstacts/49\\_Phelan-7-14-20-FINAL%20with%20comments.ppsx](https://sasgog.memberclicks.net/assets/docs/2020_Abstacts/49_Phelan-7-14-20-FINAL%20with%20comments.ppsx).
8. 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).
9. “Pregnancy-Related Deaths by Race/Ethnicity 2014-2017,” Centers for Disease Control, Pregnancy Mortality Surveillance System, <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#race-ethnicity>.