Reproductive Health *and* Freedom Watch

Memo

TO: Interested Parties
DATE: July 1, 2025
RE: The Unregulated Pregnancy Clinic Industry and Ectopic Pregnancy

---

Executive Summary

On June 23, 2025, NBC News reporter Abigail Brooks published a groundbreaking investigation, *"Crisis pregnancy centers told to avoid ultrasounds for suspected ectopic pregnancies,"* which exposes troubling unregulated pregnancy clinic (UPC) industry practices surrounding the detection and handling of ectopic pregnancies. Her reporting reveals a systemic pattern: **rather than prioritizing patient safety, UPCs appear to prioritize potential legal risk, discouraging diagnosis or follow-up care to minimize their legal exposure, even in potentially life-threatening cases**.

UPCs are assuming a growing role in reproductive and maternal health care despite lacking the clinical oversight and accountability of regulated providers. The three largest UPC networks—Care Net (1,200 members), Heartbeat International (3,800 members), and NIFLA (1,700 members)—collectively oversee thousands of affiliates across all 50 states. Since the 1990s, when NIFLA began promoting UPC use of limited ultrasounds (see "Clinic Tips"), these clinics have increasingly adopted the aesthetics and language of medicine in service of an ideological goal: deterring abortion.

Ectopic pregnancy—a time-sensitive and potentially fatal condition—exposes the inherent dangers of this model. Although UPCs market their ultrasound services as a safeguard against such emergencies, industry training materials tell a different story: **UPC staff are often explicitly instructed not to diagnose, not to follow up, and above all, not to assume responsibility**.

As abortion is increasingly criminalized and maternal health systems suffer devastating cuts, UPCs are positioning themselves to fill critical care gaps they are not regulated to manage. This memo examines the urgent public health risks posed by their expanding role and prioritizing of institutional protection over patient care.

Research published in the *Journal of the American Medical Association* found 76.7% of UPCs claim to offer ultrasound services, yet many are operated by volunteers or minimally trained personnel with no standardized protocols. Recent UPC industry training content on ectopic pregnancy reveals:

1. **Ectopic pregnancy is treated more as a legal threat than a medical emergency; patient well-being is subordinated to ideological and institutional protection.** Rather than centering patient safety, UPC industry leaders frame ectopic pregnancy as "the greatest medical and legal risk" to *clinics*, not patients. Trainings emphasize discharging clients immediately to avoid liability, with some presenters warning that scheduling follow-ups could imply "continuation of care" and expose clinics to lawsuits.

2. **Guidance on diagnostic protocols is inconsistent.** Training materials and sessions reveal a patchwork of conflicting advice around ultrasound practices, including when and how to scan for ectopic pregnancies. One Care Net conference attendee noted confusion over whether to follow NIFLA's more comprehensive scanning guidelines or Care Net's narrower protocol. Trainers' frequent refrain of "ask your medical director" highlights a lack of unified, evidence-based medical standards—undermining diagnostic consistency and potentially jeopardizing patient outcomes.

3. **Services are marketed using fear of ectopic pregnancy, while care is withheld or deferred.** While ectopic pregnancy is highlighted in UPC websites, literature, and social media as a reason to avoid self-managed abortion or seek a UPC's ultrasound services, internal guidance consistently instructs centers not to offer follow-up care or diagnosis for suspected ectopic cases.

4. **UPCs use continuing education certifications to lend legitimacy to limited, non-standardized ultrasound training.** Heartbeat International, Care Net, and NIFLA prominently advertise that their ultrasound training is approved by the California Board of Registered Nursing for continuing education credit. This imprimatur lends medical legitimacy to training programs that are ideologically driven and designed to minimize liability rather than improve patient care.

5. **A small network of fringe figures designs and leads UPC industry training focused on ultrasound provision.** Through partnerships with NIFLA, Care Net, and Heartbeat International, these individuals - some of whom lack formal medical authority or operate on the fringes of accepted practice - train non-medical staff, produce ideologically driven materials, and help unregulated pregnancy clinics present a clinical façade that masks a model of care rooted in misinformation and coercion.

UPCs deliberately adopt the aesthetics and language of traditional medical care to attract clients—particularly those seeking pregnancy confirmation or abortion-related information. They market ultrasounds and "options counseling" as clinical services while quietly disclaiming any responsibility for follow-up or emergency care. This strategic ambiguity not only misleads patients but also exploits their trust in medical

symbols like white coats, sonograms, and exam rooms. By mimicking health care settings, UPCs blur the line between ideology and medicine, diverting individuals from evidence-based providers and putting them at risk—especially when conditions like ectopic pregnancy are involved.

These findings are a wake-up call for reproductive health advocates and policymakers, confirming the need for public education, regulatory action, and a stronger safety net of trusted reproductive health services grounded in medical ethics and transparency.

The Unregulated Pregnancy Clinic Industry and Ectopic Pregnancy:
TABLE OF CONTENTS

FINDINGS: UPC INDUSTRY TRAINING, POLICIES, AND LEGAL GUIDANCE SURROUNDING ECTOPIC PREGNANCY.

A. UPC INDUSTRY ECTOPIC PREGNANCY TRAINING INFRASTRUCTURE

1. **Heartbeat, Care Net, NIFLA publish and distribute training manuals, in-person training conferences, and online seminars for their members that feature guidance on ectopic pregnancy.**
   - Heartbeat's Online Ultrasound Training featuring Tammy Stearns MS, RDMS, RVT, RT(R), FSDMS and Bryan Williams MHA, RT(R), RDMS, RVT, RDCS includes instruction to "Identify abnormalities encountered in obstetrical scanning including ectopic pregnancy."
   - Heartbeat International's Unexpected Pregnancy Outcomes featuring Dr. Christina Francis of AAPLOG: "*Abnormal early ultrasound findings are now being used to justify elective abortions and so now, more than ever, it's important that prolife healthcare professionals be accurate in our understanding and communications about these conditions. Join us to learn more about ectopic pregnancy, miscarriage and molar pregnancies.*"
   - NIFLA's Basic Institute in Limited Obstetric Ultrasound features Dotsy Davis, Audrey Stout, Anne O'Connor, Thomas Glessner, and Angie Thomas and covers a broad range of topics including ectopic pregnancy.
   - Focus on the Family, a faith-based conservative advocacy group, includes several topics on ectopic pregnancy in its "Standards of Care for Providing Sonograms and Other Medical Services in a Pregnancy Medical Clinic."
   - Care Net's upcoming 2025 national conference features seven unique training breakouts focused on ultrasound provision.
   - NIFLA's 2025 national conference featured multiple sessions on ultrasound provision, including a half-day session titled "Ectopic Pregnancy: The Greatest Medical and Legal Risk for Clinics" promoted as "*NIFLA is excited to offer a pre-conference half-day intensive for clinic leaders and medical personnel with the 2025 Leadership Summit.* ***This year's NIFLA Clinical Intensive will cover ectopic pregnancy, the greatest medical and legal risk to clinics.*** *Ectopic pregnancy is notoriously difficult to diagnose yet poses the greatest risk of morbidity and mortality for pregnant women worldwide.* ***Since the Fall of 2022, NIFLA has had more ectopic pregnancies reported from member clinics than all the previous years.*** *The Intensive seeks to educate clinic personnel on the various aspects of ectopic pregnancy, from its causes, locations, incidence, ultrasound imaging related to ectopic, and its management. Medical personnel won't want to miss this critical educational opportunity taught by NIFLA medical team members Byron Calhoun, MD, FACOG, FACS, FASAM, MB, Dotsy Davis, BSRT, RDMS (OB/GYN), RVT, and Audrey Stout, RN, RDMS (OB/GYN).*"
   - Heartbeat International's 2025 national conference featured sessions devoted to ultrasound practices, including a session titled "Encountering the

Unexpected: Ultrasound Obstetric Pathology" and another titled "Ultrasound with the LOVE Approach".

2. **Care Net, Heartbeat International, and NIFLA all claim to be approved by the California Board of Registered Nursing to provide continuing education contact hours for nurses, a highlight they promote with their ultrasound training programs, particularly at national conferences.**
   - "Care Net is approved by the California Board of Registered Nursing to provide continuing education contact hours for nurses, provider number 14950."
   - "Heartbeat International Academy is an approved provider through the California Board of Registered Nursing (Provider Number CEP 16061)."
   - "NIFLA is an approved continuing education provider (California Board of Registered Nursing provider #14563)."

3. **UPC industry leaders have published several articles on ectopic pregnancy.**
   - An article on the Heartbeat International website titled "Transvaginal Sonogram: Is it Necessary in Your Medical Center?" by Audrey Stout, ultrasound medical consultant for NIFLA and founder of SoundView Imaging, cites concern about ectopic pregnancy to encourage the use of transvaginal ultrasound.
   - An article on the Heartbeat International website titled "Get up to Speed on Ectopic Pregnancies" by Susan Dammann, medical specialist with Heartbeat International advises, "*With every client who comes in our center with a positive pregnancy test we must be aware that she could potentially have an ectopic pregnancy. Therefore, it is recommended every center have a policy and procedure for advising clients of the signs and symptoms of an ectopic pregnancy.*"

4. **A small group of UPC industry ultrasound experts leads UPC industry training and provides ongoing support across all UPC industry affiliate networks**.
   - A network of individuals—some of whom lack formal medical authority or operate on the fringes of accepted medical practice—serve as the technical backbone of the anti-abortion movement's push to medicalize UPCs using ultrasound. This group of individuals produces and disseminates ultrasound training materials to UPCs tailored to abortion deterrence, often with minimal clinical oversight.
   - Figures like Connie Ambrecht, Christa Brown, Dotsy Davis, and Audrey Stout have built careers offering ultrasound training and consultation services that enable UPCs to mimic standard healthcare settings, despite offering few, if any, evidence-based reproductive health services. Their affiliations with national anti-abortion organizations such as NIFLA, Care Net, and Heartbeat International indicate a shared commitment to advancing ideological objectives over patient autonomy or clinical standards.

- Dr. Byron Calhoun, a board-certified maternal-fetal medicine specialist and professor at West Virginia University, plays a leading role in shaping the clinical posture of the unregulated pregnancy center (UPC) industry. As National Medical Director for the National Institute of Family and Life Advocates (NIFLA), Calhoun trains staff nationwide and helps normalize medically adjacent services in anti-abortion centers. He is also a former board member of the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) and serves on the Physicians Resource Council for Focus on the Family.

  Calhoun's conduct has drawn criticism from both abortion rights advocates and fellow OB/GYNs. A 2021 *Washington Post* investigation reported widespread concern about his prioritization of ideology over evidence-based care, with colleagues citing his refusal to offer full diagnostic options or information about abortion. Some physicians in his region actively avoid referring patients to him.

  Calhoun has also faced accusations of dishonesty, including inflating claims about abortion complications and misleading patients about genetic testing timelines—actions that, in at least one case, reportedly caused a patient to miss the legal window for abortion. His clinical approach reflects a broader UPC strategy: offering partial care cloaked in medical authority.

- Physicians like Dr. Byron Calhoun and Dr. Sandy Christiansen further legitimize these efforts by lending medical credentials to a model of care that systematically withholds information about abortion, contraception, and emergency care—raising ethical concerns about misinformation and coercion.

B. UPC INDUSTRY ECTOPIC PREGNANCY POLICY/ LEGAL GUIDANCE

1. **Medical Limitations and Risk Disclosures - Clinical guidelines, legal disclaimers, and strict discharge practices revealing the limitations of UPCs' ability to safely diagnose or manage ectopic pregnancies.**

Key Examples: Formal instructions not to re-scan patients with suspected ectopic pregnancies (NIFLA, Care Net). Discharge language terminating the doctor/patient relationship (Care Net, 2023/2024). National training session directives: Legal liability avoidance as the primary motivation behind restrictive protocols. Statements admitting that clients should not return for follow-up and must instead go to the ER. Sandy Christiansen's directive that services are not a substitute for prenatal care.

- From a Care Net 2024 session led by NIFLA attorneys Angie Thomas and Anne O'Connor: "*No rescan will be permitted if an IUP was not observed after the initial scan. An additional scan shall not be scheduled if she has a history of an*

ectopic or a tubal ligation, has an IUD or has active bleeding or cramping. Why? ***It's too risky. It's too risky for us.*** *She needs to go see a physician about it.*"

- Same session: "*The discharge summary is a very important document. It is telling the patient you are discharged from our medical services. ...* ***We're telling her, don't call us for an emergency. Don't come here if something happens. ... We're not going to be her prenatal care provider.***"
- NIFLA 2023 slide (Sandy Christiansen): "*This center provides limited obstetrical ultrasounds for the sole purpose of confirming the presence of a living intrauterine pregnancy.* ***Services provided by the Center are not a substitute for other medical or prenatal care.*** *... You acknowledge the end of the doctor/patient relationship effective immediately.*" (slide 41)
- NIFLA 2023 (Legal Pitfalls & Best Practices): "*NO RESCAN PERMITTED: If an IUP was not observed after the initial scan, and additional scan shall not be scheduled if the patient has a history of ectopic or tubal ligation, has an IUD, or has active bleeding or cramping.*" (slide 13)
- NIFLA 2023 (Ultrasound Visit: Pearls & Lessons Learned): Direct instruction to send clients with suspected ectopic pregnancies to the ER or a physician. (slide 40)

2. Internal Alarm Over Ectopic Pregnancy Liability Focus - Training content acknowledging the growing number of ectopic-related incidents and lawsuits, revealing fear and awareness of clinical inadequacy.

Key Examples: Sessions warning that ectopic pregnancy is the top medical/legal threat (NIFLA 2025, 2023). Statements about a recent death due to missed ectopic diagnosis. Surge in reported ectopic pregnancies over the past two years (Stout). Lawsuit examples with multimillion-dollar settlements for missed ectopic diagnoses. Frequent calls for strict adherence to scanning protocol to protect the center from legal exposure.

- NIFLA 2025 (Medical Directors Round Table led by Matt Werner, medical director at Choices Women's Center and Pregnancy Service Center in Virginia, Sandy Christiansen, national medical director for Care Net, and Karen Poehailos, NIFLA board member and Abortion Pill Rescue Network medical advisory team member): "*If you give me a good ultrasound, I can make a perfect reading... We're not aware of specific positional liability... But* ***on a recent case where an ectopic pregnancy was missed and there was a multimillion-dollar lawsuit... So we have to be careful.***"
- Care Net 2024 session (Thomas & O'Connor): "*We've been having ectopic claims happening at centers, and they're very, very serious. In one of the situations, a woman passed away. ...* ***Our number one area of litigation that costs a lot of money is the ectopic.***"

- Care Net 2024 session (Bane): "*If you are not getting your scans read timely, you are putting yourself at huge legal risk. ... If you're getting them a week later, she's died of her ectopic, y'all. I'm just gonna put it bluntly.*"
- Audrey Stout (Care Net 2024): "***More ectopic pregnancies have been reported to us at NIFLA in the last two years than all the 24 years I've been with NIFLA***. *It's staggering.*"
- NIFLA 2023 (PUL session, Dotsy Davis): Legal guidance slide: "***Do not ever schedule a follow-up appointment for a patient with a suspected ectopic. This implies continuation of care and is a legal nightmare to defend.***" (slide 49)

3. Inconsistent Guidance and Clinical Role Confusion.

Key Examples: Laughter and confusion during ultrasound trainings (Care Net 2024). Contradictory guidance from medical directors vs. national organizations. CE-credited sessions promote discharge over care. Lack of consensus on scanning protocols creates clinical ambiguity.

- Heartbeat International's April 2025 conference featured a "LOVE Approach Ultrasound Clinical", which includes the "Mastering of skills by scanning a simulated ectopic pregnancy."
- NIFLA 2025 Leadership Summit: "Ectopic Pregnancy: The Greatest Medical and Legal Risk for Clinics" with panel including Dotsy Davis, Audrey Stout, Anne O'Connor, and Dr. Byron Calhoun.
- Care Net 2024 session ("Understanding PUL") with Audrey Stout: "*See anything there that concerns you right away? Okay, and the outcome of that one was an ectopic. You all saw what looked like possibly a pregnancy out there in the adnexa, fluid in the sac.* ***This is not the kind of person you want to bring back. Think of that. If she's got fluid in the sac, you have a PUL. Probably not a good idea to bring her back because that is highly associated with ectopic."***
- Connie Ambrecht co-founder Sparrow Solutions Group (Care Net 2024): Discusses the difficulty of recognizing ectopics and getting distracted by dramatic images; laughter in response to confusion: "*So part of what happens is you find the odd thing, and how many of you – be honest, it happened to you – the odd thing was an ectopic? You see an ectopic and you are blown out of the water. Oh my gosh, I can't believe. Oh my gosh, this is an ectopic. And so guess what you do? You get lots of pictures of the ectopic and not one shows its relationship to the uterus.* [laughter] *So you've never proven that it's outside of the uterus. All you're showing is a really nice image of the ectopic pregnancy. So all of that keeping your head together is part of it. But I know from working with you and until you get some good footing, you're just glad you're seeing something on the screen.* [more laughter]."
- Same session, audience member confusion: "*My question is, we're trained in NIFLA to scan the whole abdominal region to pick up on ectopic pregnancies. And with Care Net, I think we're limited to just look at midline and to detect*

those three things…Then my medical director says to stay limited because of legality. So I'm having difficulty in where is my focus."

- A keyword search for "ultrasound" on Care Net's upcoming 2025 national training conference site features several sessions led by the same presenters from other conferences that will likely center on ectopic pregnancy such as "Managing Expected Findings in Limited Obstetric Ultrasound" and "Cover your Bases in Limited OB Ultrasound." NIFLA attorneys Angie Thomas and Anne O'Connor are promoted to lead a session called "Legal Overview of Best Practices and Risk Management," described as "*A panel of legal experts from NIFLA will discuss major risk management issues for pregnancy centers and review recent legal claims made against centers. Topics will include HIPAA, best practices in ultrasound, myth-busting, telemedicine, physician-patient relationships, unusual ultrasounds and more.*"
- Both NIFLA and Care Net sessions qualify for CE credit despite promoting practices that discourage appropriate follow-up care.

C. UPC Industry Promotion of Ectopic Pregnancy Screening for Clients

The threat of "Ectopic pregnancy" is used in UPC marketing

- 49.5% of UPC websites mention either ectopic pregnancy or "intrauterine" pregnancy (see ChoiceWatch.org)
- With seven locations in Washington, Care Net of Puget Sound offers a good example of how UPCs use "ectopic pregnancy" concern as a way to promote their services.
- On an episode of his podcast *The Doctor is In*, Care Net president Roland Warren pushes a distinction between treating ectopic pregnancy or miscarriage and abortion, specifically saying that 6-week abortion bans do not limit a doctor's ability to provide life-saving care for ectopic pregnancy.
- On The Binford Chronicles, a Florida-based podcast, Bonnie Martinelli, executive director of Care Net Indian River County, talks about an instance where a woman's fallopian tube ruptured from an ectopic pregnancy the UPC could not treat: (09:15) "*If she's not under a doctor's care which usually she isn't then we schedule a limited ultrasound and in this ultrasound we can make sure that the baby is growing in the right spot which is very very important um at Christmas um we had our fourth or fifth ectopic pregnancy and that's super dangerous and um because you know many times the woman has obviously no idea the baby's growing in her fallopian tube but when she comes in to get an ultrasound and her HCG levels are showing that she's pregnant but there's no baby in her uterus then that's a problem so this mom um her fallopian tube actually ruptured but thank the Lord, when we saw this we sent her to the emergency room it's kind of a long story um and they sent her home and then it ruptured later but thank God they did emergency surgery and she's okay.*"

- In social media messaging, UPCs leverage fear of ectopic pregnancy to market their ultrasound services to women considering abortion.
- UPC network leader, Care Net, uses fear of ectopic pregnancy to portray at-home-abortion pill usage as medically unsafe.
- Other UPCs imply it is dangerous to take the abortion pill before checking for an ectopic pregnancy, promoting their ultrasound services as a way to do so:
    - "*Taking the abortion pill without ruling out an ectopic pregnancy can be life-threatening. While you might experience abortion symptoms after taking the pill, it will not treat an ectopic pregnancy, which can lead to internal bleeding*." - Parkville Women's Clinic.
    - "*If you are thinking about taking the abortion pill, it is important for you to have an ultrasound first to confirm that your pregnancy is not ectopic. If you take the abortion pill, it will not end an ectopic pregnancy.*" - Ridgeway Women's Clinic.
- In its messaging related to the Ohio abortion rights amendment, Heartbeat International emphasizes a distinction between abortion care and miscarriage or ectopic pregnancy care: "*There is a fundamental difference between an elective abortion and the care provided after a miscarriage or for ectopic pregnancies. Women can always receive lifesaving treatment, including in Catholic hospitals. No law restricts this care in Ohio or any other state in the country.*"