

experiment on or freeze them, or miscarry three to get one “take-home baby.”¹ We lost contact, but several years later, Miriam and Cole were back in the office with two children, Jason and Jackie. Both were adopted. Smiles and tears were shared along with hugs. Miriam said they never found out why they could not conceive, but it no longer mattered. They were a family, and they had peace: “Adoption grew on Cole and me. It became a real option for us.” At a defining moment, her faith helped her see the humanity of any embryonic children she may help produce and the dangers to which she’d be exposing them through IVF. And she was thankful for the guidance.

Restorative, holistic, integrative, respectful, and effective—these words describe how our faith wants us to approach the misery, agony and challenge of infertility. There are scientifically sound, as well as surgically and medically effective ways to treat the causes of infertility in a thoroughly compassionate manner. There are doctors across the nation who have learned the art and science of looking into the causes of infertility and, as appropriate, addressing a couple’s condition medically, surgically, psychologically, and spiritually.

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Many successful options exist for Christians who want a morally sound way to treat infertility, and who need help combating the sadness, frustration, and even anger that can come from the inability to “have a child.” We all need to discern the course God has for us—physicians as well as couples. Sound science based on the dignity of the human person is available to help couples to cooperate with our Heavenly Father and conceive a child. Some may be called to adopt a child whom God has sent via another set of birth parents. Or perhaps some couples have a unique vocation that does not involve raising children. It is our challenge as believers of the living God to know that he loves all of us profoundly and that he knows us better than we know ourselves. When we align our will with his will, and respect his great gift of human life, there is hope for us all!

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For more information visit:

- Divine Mercy Care:
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marquette.edu/nursing/nfp

¹IVF raises many grave moral issues. These are explained in the USCCB statement *Life-Giving Love in an Age of Technology* (Washington, DC: USCCB, 2009).



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HOPE FOR MARRIED COUPLES WHO WANT TO HAVE A CHILD

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Alone in the bathroom, staring blankly at the negative test, you tearfully ask yourself, “Why am I not pregnant yet?” Later, you may find yourself talking to your doctor about a “take-home baby” and come face to face with the costly, invasive and sometimes morally questionable reality of fertility treatments. You wonder, “Is there any hope for me?” As a Catholic gynecologist working with a team of pro-life physicians, I want to tell you, there is hope.

You may have tried to conceive for a year, the minimal duration to be considered infertile. However, you are a person not a statistic. Your desire to be pregnant is real and is screaming, “Now!” As a physician, I agree. Now is the time to find out why you are not conceiving. You are not alone, and there is help.

More and more couples find themselves childless after “trying” for a period of time. After being married for six years, Jen and Bob were still childless. Sadly, Jen was diagnosed with Chlamydia as a younger woman, and she always thought that it might prevent her from having children. Although she had quit smoking and improved her nutrition to



optimize her fertility, she also sought medical help due to worsening pain at the time of her periods. Through laparoscopy, we found mild adhesions from her Chlamydia infection long ago, and many manifestations of endometriosis. The problems corrected, six months later Jen came into our office carrying her positive pregnancy test, with a smile and a tear of joy after many years of trying to conceive.

Diagnosed with irregular cycles since she was a teenager, Hillary knew she had a hormonal imbalance. Starting abruptly after college, Hillary gained weight, became constipated, noticed the drying of her skin and began to feel cold all the time. She and her husband of one year, LeVar, came into the office to talk—not only about their desire to have a child but more importantly about the

riddle of her hormonal health. A good health history and physical exam complemented the Natural Family Planning (NFP) charts Hillary had done for the last six months. Blood tests done on particular cycle days and the finding of low temperatures during the first half of her cycle, led to a diagnosis of polycystic ovaries. Hillary also had low thyroid function. Once her thyroid function was regulated and her insulin resistance addressed, Hillary began to have more regular cycles, and she showed signs of increasing fertility. Recognizing her suboptimal ovulation, she was given medications to help her ovulate more efficiently. After several months, Hillary walked into our office with that same smile Jen had shown us. She said she appreciated both the help with conceiving and the attention to her underlying hormonal problems.

But what happens when no underlying problems are found? That is the story of Miriam and Cole. In their early thirties and after being married two years, they came to the office to see why they were not yet pregnant. Both worked in high-stress jobs, and time was at a premium. Though meticulous and thorough, their history and physicals didn’t reveal the “why” behind their infertility. Laboratory tests showed no chronic diseases. Cole was given a collecting kit, enabling us to test a semen sample after marital intercourse and determine that it

was normal. Dye studies and ultrasound tests showed that Miriam had a normal womb and Fallopian tubes indicating no physical blockage. Sequential hormonal testing throughout Miriam’s cycle indicated healthy female hormones in the right ratios, peaking and valleying at the correct times. Her laparoscopy showed neither endometriosis nor adhesions. Multiple cycles of attempting to tweak her ovulation with medications did not produce a pregnancy.

Stressed beyond their tolerance and depressed at not yet being parents, Miriam and her husband wanted a second opinion from a local, highly successful clinic specializing in *in vitro* fertilization (IVF). That procedure involves removing mature eggs from the mother’s ovaries, fertilizing them in a glass dish (*in vitro* is Latin for “in glass”), and then inserting the resulting embryonic children into the mother’s womb in the hope that one (but not multiple children) will implant and develop normally. As Christian physicians, we had to counsel them: “The central question you and your husband must answer before you go is this: Are the embryos made at the clinic your children or your property? If they are children, which your faith says they are, you ought not to