## A Couple's Journey to Healing Infertility



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Couples do not embark on the in vitro fertilization (IVF) journey with a light heart. Most would prefer treatments that heal their infertility so they can have children without resorting to fertility technology. Having one's babies conceived in a lab, sorted and selected by technicians, thrown away if not deemed healthy enough, or frozen for possible future use are not nice thoughts—even if one doesn't fully appreciate the grave ethical violations. IVF was never an option we considered because of our religious and moral objections to the procedure. We wish we had been offered other possibilities without needing to search far and wide, spending significant amounts of money, and having to travel long distances to avail ourselves of the most promising treatments offered by restorative reproductive medicine. This, it seems to us, is the kind of compassionate care that couples suffering from infertility deserve. Almost everywhere we turned, IVF was the default proposition for infertility, and this surprised us given the high cost and failure rates of IVF when compared to other ways of addressing the causes of childlessness.

Early in our marriage, we realized that babies weren't arriving as we had hoped, and we were devastated. The thought of a life without children stretching out in front of us seemed like one unending heartbreak. We considered the beautiful option of adopting a child, but the difficulties of this path were daunting, and ultimately, we didn't feel it was our calling. Those nine years it took us to finally hold our little daughter Thérèse in our arms seemed endless. Many people going through this experience speak of a feeling of powerlessness. After undergoing various tests, we had a sense of what our medical issues were (many don't, since there is still a substantial amount of unexplained infertility even today). The question was how best to address them.

One of the most promising infertility care centers for the last few decades has been the Saint Paul VI Institute for the Study of Human Reproduction in Omaha, Nebraska, founded by Dr. Thomas Hilgers, who developed the Creighton Model FertilityCare System (CrMS) and the women's health science of NaProTechnology (short for Natural Procreative Technology). Dr. Hilger's various treatments have proved far more successful than IVF (ranging from 81.9 percent in case of anovulation, 56.7 percent in case of endometriosis, to 38.4 percent in case of tubal occlusion), yet the average gynecologist remains completely ignorant of this option for couples suffering from infertility.1

First, one learns the Creighton Model, a fertility awareness-based method that looks in detail at the woman's menstrual cycle (her cervical mucus, the consistency, stretchiness, and color of which yield important information about her fertility and must be recorded accurately).2 At the time, Marie had to drive more than an hour to meet up with a teacher to help her learn the method (now, happily, one can go through the process online). The tracked cycles are then sent to a practitioner. We were in direct contact with the Saint Paul VI Institute. The information helps the specialists to determine whether there is a high likelihood of endometriosis or other issues (vitamin or hormonal deficiencies can be treated more easily than these conditions). If the first seems to be the case, then NaProTechnology has several promising potential interventions, and a laparoscopy may

<sup>1 &</sup>quot;Infertility," NaProTechnology, accessed February 21, 2025, https://naprotechnology.com/infertility/.

<sup>2 &</sup>quot;Creighton Model FertilityCare System," Creighton Model, accessed March 1, 2025, https://creightonmodel. com/.

become necessary. If the endometriosis isn't too severe, it is removed immediately (leaving hardly any scar tissue behind); otherwise, another, longer surgery is scheduled. We traveled to Omaha from Virginia for the first intervention, but even today, doctors trained in NaProTechnology are scarce and far apart. It takes quite a bit of commitment to access treatment.

In our case, Marie only had the first laparoscopy done. Before getting to the second phase of the treatment—the longer surgery—Joseph underwent a surgical intervention to remove a varicocele. Then, Marie tried a massage treatment with Clear Passage, acting on the scar tissue attachments produced by endometriosis. This can help resolve infertility issues (the treatment was innovative at the time, but fortunately today one can more easily find physiotherapists using different techniques aimed at the same results).3 Though the deep-tissue massage helped reduce the recurring pain caused by endometriosis, it was another two years before our long-desired child was born.

We threw everything we could at the factors leading to our infertility. We also tried alternative medical treatments, psychological help, and spiritual healing. The question of which treatment options to select was difficult; the temptation to second-guess ourselves remained a constant preoccupation. Many doctors helped us, and many prayers went up to Heaven. Finally, Marie conceived naturally, and after a full-term pregnancy and long labor, we had the joy of welcoming our precious daughter into the world.

To our distress, we experienced secondary

Allocating money for research into the causes and treatments for infertility rather than mainly relying on IVF would give hope and eventually more good options to couples. Informing them of their chances of carrying a child to term if they turn to the Creighton Model and NaProTechnology and other methods of restorative reproductive medicine rather than IVF would be the honest and compassionate thing to do. The current status quo of near-total ignorance of alternatives to IVF among medical professionals is simply unacceptable.

Our successful journey to overcome infertility through the use of restorative reproductive medicine is an example of what is possible. True informed consent would involve offering real alternatives to couples facing infertility rather than simply directing them to IVF centers.

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infertility after her birth. This subsequent infertility was also very painful. Our hope for more children lasted as long as our biological clocks allowed and through a heartbreaking miscarriage along the way. At that point, we were living in Italy and found some Catholic fertility doctors in Rome. We were blessed all along our journey, but others are less so. Some may not have the means to travel or pay for different kinds of treatments, or they may have to fight with their health insurance providers for coverage. It takes a lot of stamina to research options and follow through with them. Given the heavy psychological burden couples already carry when infertility weighs on them, making medical care for infertility more easily accessible would be incredibly helpful.

<sup>3 &</sup>quot;Infertility Treatment," Clear Passage, accessed March 1, 2025, https://clearpassage.com/services/infertility-treatment/.