

NAPROTECHNOLOGY: A MEDICAL, PRO-LIFE APPROACH TO INFERTILITY AND MISCARRIAGE

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The Life FertilityCare Clinic, providing NaProTechnology treatment to married couples for infertility and recurrent miscarriage, sees both Catholic couples and couples from a range of other faiths or none. All have one common aim, to seek support to the natural conjugal act to enable them to successfully conceive. Medical circumstances may vary from primary and secondary infertility due to a range of causes attributed to both male and/or female or a history of repeated miscarriage of unknown aetiology. Couples frequently

report being offered the assisted reproductive technologies (ARTs) after a minimal number of cycles' medical support to natural conception or, increasingly, as the first line treatment option. On expressing ethical objections to the ARTs they may be encouraged to reconsider their position, on occasion by Catholic doctors, because according to these doctors the Catholic Church's teaching on the ARTs is changing – however this is very definitely not the case. All Church documents relating to medical treatment for infertility, *Donum Vitae*, *Evangelium Vitae* and *Dignitas Personae* clearly state that only medical or surgical treatments which support a married couple to achieve a natural conception are morally permissible.

The Instruction *Donum Vitae* states: "The moral criteria for medical intervention in procreation are deduced from the dignity of human persons, of their sexuality and of their origin. *Medicine which seeks to be ordered to the integral good of the person must respect the specifically human values of sexuality.* The doctor is at the service of persons and of human procreation. He does not have the authority to dispose of them or to decide their fate. A medical intervention respects the dignity of persons when it seeks to assist the conjugal act either in order to facilitate its performance or in order to enable it to achieve its objective once it has been normally performed".^[1]



"The Church recognizes the legitimacy of the desire for a child and understands the suffering of couples struggling with problems of fertility. Such a desire, however, should not override the dignity of every human life to the point of absolute supremacy. The desire for a child cannot justify the "production" of offspring, just as the desire not to have a child cannot justify the abandonment or destruction of a child once he or she has been conceived." (Dignitas Personae 16.) [2]

In short, human life is always a good, for it 'is a manifestation of God in the world, a sign of his presence, a trace of his glory' (*Evangelium Vitae*, 34)".^[3]

The Church recognises and empathises with the great distress that infertility causes to married couples but the much wanted end result of a child does not justify the utilisation of any means to achieve this.

Donum Vitae in 1987, the Church's highest level foray into modern bioethical issues at the beginning of life was followed by *Dignitas Personae*, an instruction from the Congregation for the Doctrine of the Faith in 2008 which clarifies the three fundamental principles on which medical approaches used to treat infertility should be assessed:

- the right to life and to physical integrity of every human being from conception to natural death;
- the unity of marriage, which means reciprocal respect for the right within marriage to become a father or mother only together with the other spouse;
- the specifically human values of sexuality which require “that the procreation of a human person be brought about as the fruit of the conjugal act specific to the love between spouses”. [4.]

Techniques which assist procreation “are not to be rejected on the grounds that they are artificial. As such, they bear witness to the possibilities of the art of medicine. But they must be given a moral evaluation in reference to the dignity of the human person, who is called to realize his vocation from God to the gift of love and the gift of life”. [5.]

For Catholic couples informed on the Church’s teaching in this area and others who have an instinctive resistance to the ARTs as a treatment pathway, finding alternative, available medical support which supports the Church’s teaching can be extremely difficult. The very small proportion of married infertile couples who seek NaProTechnology support at the Life Fertilitycare Clinic do so most commonly having heard of it by word of mouth, the internet or from literature available in their Parishes.

So what is NaProTechnology? Natural Procreative Technology, researched and developed by Dr Thomas Hilgers, a Catholic consultant obstetrician and gynaecologist from Nebraska, USA and lifetime member of the Pontifical Academy for Life, is a science which devotes its medical, surgical and allied health energies and attention to **cooperating** with the natural procreative mechanisms and functions. The key word in this definition of course being ‘cooperating’. The skills of all those involved in supporting the couple to a natural conception do so by jointly optimizing the conditions for natural conception whether those conditions require surgical, medical, fertility cycle charting and education, emotional, dietary, stress management or spiritual support or a combination – a truly comprehensive, holistic approach. Both male and female factors will be addressed and supported as well as medically possible. Couples who cannot be offered treatment are those with male azoospermia, female menopause or bilateral tubal blockage unless amenable to tubal microsurgery. In our annual clinic audit couples, even when unsuccessful with treatment, regularly express their appreciation of the additional insight and understanding into their own particular fertility issues that the treatment process has given them, facilitating acceptance of the situation in some.

A prerequisite for NaProTechnology medical treatment is a sound understanding of the individual couple’s unique fertility pattern. This can only be obtained by standardised objective charting of fertility cycle biomarkers taught by rigorously trained FertilityCare practitioners. The couple’s charting record provides a valuable additional diagnostic tool to standard infertility investigation techniques. It is very common to hear couples say that previously no attention has been paid to observations such as reduced cervical mucus flow, premenstrual spotting or tail end bleeding following menstruation. Unless a couple has a record of such biomarkers which is understood by NaProTechnology trained doctors it is difficult for these couples to communicate such information to other doctors and for it to be taken seriously. The chart provides an excellent monitoring tool, enabling medication to be timed specifically to cycles even when irregular, allowing accurately timed investigations, most notably mid-luteal phase hormone levels, hormone profiles where appropriate and in assessing response to medication, for example, with cervical mucus scores.

The aim of all treatment for infertility or miscarriage in NaProTechnology is to achieve hormonally effective, mono-ovulatory cycles where cervical mucus is optimized, the couple understands the concept of fertility focussed intercourse and stress is managed as effectively as achievable. The couple are encouraged to take the ‘long view’ expecting that in this supported environment

conception may occur at some stage in the following twelve months. However every cycle is monitored and medication will be changed on a cycle-by-cycle basis as necessary, indicated by luteal phase hormone levels, ultrasound scan findings, cervical mucus scores or other events. Clinic medical review takes place every four months but practitioner colleagues maintain brief monthly contact with couples by phone between medical appointments.

Medication prescribed may address poor follicular development, optimize cervical mucus or support the luteal phase. Thyroid function is assessed and treatment provided where indicated. Surgical referral will be made for treatment of endometriosis, ovarian cysts or tubal repair as necessary though it is becoming increasingly difficult to get tubal reconstruction within the NHS, typically IVF being offered as the NHS option. In addition excellent quality meticulous surgery for removal of endometriotic deposits is highly desirable and can be difficult to find locally for couples. In conversation with gynaecological colleagues who undertake such surgery, commonly gynaecological cancer surgeons, they acknowledge the reducing requirement for such surgery as it is often not undertaken prior to ART procedures. We could be in danger of losing such skills due to lack of demand.

In 2008 a peer-reviewed study of 'Outcomes with NaProTechnology for Infertile Couples in an Irish practice' [6.] was finally published in the Journal of the American Board of Family Medicine after multiple unsuccessful attempts to publish elsewhere, being judged as of insufficient interest. Based on 1239 couples from Dr. Phil Boyle's Galway NaProTechnology Practice, the largest in Europe, crude success rates were 25.5 per 100 couples and in life table analysis first live births for those completing up to 24 months of NaProTechnology treatment were 52.8 per 100 couples. Younger couples and those without previous ART attempts had higher rates of live birth. Among live births there were 4.6% twin births and no higher order births. The researchers acknowledged the need for further studies and those are ongoing with a multi-centre 10 year iNEST study, the International NaProTechnology evaluation and surveillance of treatment study [7.], to which the Life FertilityCare Clinic is a contributory clinic. In addition they stressed the importance of couples being fully informed of the commitment required to optimize success and indeed this is a crucial part of the initial consultation with couples so that they are in a position to make truly informed consent to treatment.

In addition to the treatment for infertility and miscarriage that has been the focus of this article NaProTechnology has applications for women's health in managing premenstrual symptoms, irregular cycles, polycystic ovaries, and many others. This support works from the premise that it is better to understand and work in cooperation with a woman's natural cycle pattern rather than to suppress or circumvent the natural pattern as is the way of many currently available treatments.

Further information about NaProTechnology is available at www.naprotechnology.com and about the Life FertilityCare Clinic is available at www.lifefertilitycare.co.uk

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REFERENCES

[1.] Congregation for the Doctrine of the Faith, Instruction *Donum Vitae* Section II (55 and 56)

[2.] Congregation for the Doctrine of the Faith, Instruction *Dignitas Personae*, Second Part. New Problems Concerning Procreation. Techniques for assisting fertility. 16.

[3] *Evangelium Vitae* Papal Encyclical 1995. Chapter II. 34.

[4] and [5] Congregation for the Doctrine of the Faith, Instruction *Dignitas Personae*, Second Part. New Problems Concerning Procreation. Techniques for assisting fertility. 12.

[6.] JABFM September–October 2008 Vol. 21 No. 5 <http://www.jabfm.org>

Outcomes From Treatment of Infertility With Natural Procreative Technology in an Irish General Practice Joseph B. Stanford, MD, MSPH, Tracey A. Parnell, MD, and Phil C. Boyle, MB

[7.] iNEST Study information at www.iirm.org under research tab, iNEST.