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Analysis



A woman is pictured in a file photo reacting during an ultrasound at the Maternity Outreach Mobile in Phoenix. (OSV News/Reuters/Joshua Lott)

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In February, when President Donald Trump signed an executive order pledging his administration's support for in vitro fertilization, the U.S. Conference of Catholic Bishops, the Catholic Medical Association and other groups issued statements opposing the move, highlighting the many ethical problems with IVF.

"As many as one in seven couples trying to have a baby are unable to conceive, and many face significant financial hurdles to accessing IVF," Trump's executive order said, and called for policy recommendations "to protect IVF access and aggressively reduce out-of-pocket and health plan costs for such treatments."

In addressing ethical problems with IVF, the USCCB and the CMA in their statements praised what they said are more effective, root-cause medical approaches, such as FEMM and NeoFertility.

In contrast to IVF, Restorative Reproductive Medicine, or RRM, "provides a thorough evaluation of the cause of infertility and treatment to address it," CMA said. "RRM methods, including NaPro Technology, FEMM, and NeoFertility, consistently lead to a higher rate of successful pregnancies with reduced risks and financial costs compared to IVF. With a humane and effective option such as RRM, the White House can demonstrate its resolve to promote respect for life to all Americans."

However Catholics have made little progress with the administration in promoting RRM and an overarching plan to dramatically increase access to RRM and reduce the demand for IVF remains elusive.

"It all starts with the public's attention and promotion of RRM," said Dr. Tim Millea, a retired surgeon and the chairman of the CMA health care policy committee. "If there's no voice calling for it, nobody's going to listen."

The Catholic Church has long opposed assisted reproductive technology, or ART. The catechism notes that with this approach, "the act which brings the child into

existence is no longer an act by which two persons give themselves to one another, but one that entrusts the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person."

ART also has led to the destruction of countless human lives. According to MedPage Today, which provides clinical news coverage across all medical specialties, reproductive endocrinologists say that discarding embryos is inherent to the IVF process for several reasons: "They stop growing and won't lead to a pregnancy; genetic testing reveals chromosomal abnormalities; or some embryos are left over after patients are done building their families." Additionally, if IVF results "in a multifetal pregnancy, professional guidance recommends reducing the number of fetuses to have a safer pregnancy."

"(IVF) brings about many new human lives, yet the vast majority of those lives will be frozen or discarded," Millea told OSV News. "Every life is precious and unique, including those conceived via IVF and allowed to live and develop. Sadly, those lives are very few in comparison to those lost in the clinics."

According to a chart from the Society for Assisted Reproductive Technology that looks at the chance of live birth resulting from IVF for a new patient shows that for a woman under age 35, the chance of a live birth is 68.5%. The percentage decreases for older women. For women ages 41-42, for example, the percentage is 23.5%, and for women over 42, it is 7.1%.

In addition to the moral issues, ART just isn't good medicine, said Millea.

"IVF isn't really assessing the problem — it's providing more or less a medical shortcut," he said. "If someone is diagnosed with diabetes, you don't just say, 'Well here's your insulin.' You say, 'Let's find out why you have diabetes and let's address the causes instead of (only) treating the symptoms.'"

In contrast to ART, RRM seeks to treat the underlying conditions causing infertility. NaProTechnology is one restorative reproductive medicine method developed by Dr. Thomas Hilgers of the St. Paul VI Institute in Omaha, Nebraska.

"We know we have better success with many of these (infertility-causing) conditions than assisted reproductive technology," said his daughter, Dr. Teresa Hilgers, also an OB-GYN at the institute and the recent president of the St. John Paul the Great

Society of Procreative Surgeons.

"IVF has a fairly low success rate, the pregnancies that arise from IVF have high complications and a much higher preterm and delivery rate," she added. "I was looking at statistics from 2022, and (the IVF) preterm delivery rate is around 15 percent. With NaProTechnology, it's half of that."

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But although there's an effective and ethically sound way to help couples achieve their dreams of parenthood, there's little mainstream knowledge of restorative reproductive medicine and a disbelief among some in its efficacy.

In 2024, senators introduced the Reproductive Empowerment and Support through Optimal Restoration, or RESTORE, Act, which was supported by the USCCB. Among other things, the bill aimed to use existing funding opportunities in Title X and the Department of Health and Human Services' Office of Population Affairs, or OPA, to promote medical training in RRM.

OPA administers Title X, a federal grant program enacted in 1970 to provide comprehensive family planning and related preventive health services, particularly to low-income and underserved populations.

An advocacy group called RESOLVE: the National Infertility Association, which is funded in part by IVF clinics, opposed the bill because it promoted "non-scientific treatment methods, health education, and research." The RESTORE Act has not been reintroduced this session.

A restorative approach to health care seems to fall in line with the philosophy of the U.S. Health and Human Services Secretary Robert F. Kennedy Jr, said Theresa Notare, assistant director of the USCCB's NFP Program. Little by little, pioneering Catholics doctors have tried to share the news about RRM, but they need a big break, she said. "I'm not sure how to do that (but) we have this opportunity with this current administration that's interested in 'Making America Healthy Again,' " she said.

The CMA is trying to start a dialogue with the federal government, said Millea. "We've got letters going out to 50 different offices in D.C., and we have a list of

priorities as an organization for 2025 and the IVF question is solidly on that list," he said. Millea hopes Catholics will contact their legislators about these issues, as well.

Hilgers believes a massive education campaign of medical professionals and everyday Catholics is needed to move the needle on RRM. "A lot of Catholics don't know that IVF and intrauterine insemination go against church teaching," she said. "I'm actually amazed by how many patients come to us who are Catholic who have undergone those treatments elsewhere."

Medical training would have to undergo a seismic shift, too, said Hilgers.

"Unfortunately women's health care today is supported by four main pillars: contraception, sterilization, abortion and in vitro fertilization," she said. "Most of the medical research is geared toward one of those four areas."

One encouraging sign of growth in this area is a recent $7.5 million gift to endow the Institute for Natural Family Planning at Marquette University in Milwaukee, said Notare. Marquette provides a natural family planning teacher training program for practicing health professionals.

More demand from patients for this type of care and more doctors practicing this type of medicine also is needed, said Hilgers. According to the Centers for Disease Control, in 2018 there were 499 ART clinics in the U.S.

"There are way more of (them) than us," said Hilgers. Because of the discrepancy, those who are looking for RRM may have difficulties finding care in their area or may face wait times, especially for surgical treatment. "As my dad says, 'There is a high demand for our services,'" said Hilgers. "We just need more good help."

Catholic philanthropists and diocesan officials also could work to promote life-saving RRM care.

"It would be amazing if the dioceses could support local physicians who are Catholic and want to provide this type of health care for their patients, because so many times I think physicians feel isolated and alone, especially OB/GYNS," said Hilgers.

For their part, the St. Paul VI Institute is fundraising for a new specialty hospital for women of procreative age to increase access and research capabilities. "We dream big here," she said. "I think it's OK to dream big on these issues and then work toward making that real."