

Hope for Infertile Couples

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Today in the western world the problem of involuntary childlessness, through infertility or recurrent miscarriage, is an issue that affects many couples. It is a difficulty that carries an added burden for practising Catholics who, in addition to their intense emotional pain, are confronted with the prospect of having to compromise their ethical values in order to achieve a successful pregnancy. At last there is new hope for such couples thanks to the pioneering efforts of a world renowned obstetrician and gynaecologist, Dr Thomas Hilgers from Omaha, Nebraska, USA. He was inspired by the encyclical *Humane Vitae* as a medical student in 1968 to develop means of human reproduction which were in keeping with moral law. He saw this as an invitation and a challenge, and devoted his career to solving the problem.

In 1974 he began research to study the biological markers of fertility which every woman can be taught to observe and record in a precise and standardised fashion. Such markers are essential for normal fertility and include menstrual bleeding pattern, cervical mucus flow, day of ovulation and length of the luteal phase of the cycle. Two Australian doctors, John and Evelyn Billings originally pioneered this concept, but Hilgers further refined it to develop The Creighton FertilityCare System for family planning. Literally thousands of American couples used the system reliably for family planning and with time and experience, abnormal charting patterns were recognised, which were linked to having an increased risk of infertility or miscarriage.

Normal Cycle

As a practising gynaecologist, Dr Hilgers applied the most contemporary medical and surgical investigations and treatments to understand and treat the biologic abnormalities that were reflected in the abnormal charting patterns. He understood the "language" of the charting patterns spoken by the woman's body which indicated poor gynaecologic health. Gradually a system of investigating and treating infertility and recurrent miscarriage developed and the term Natural Procreative Technology "NaProTechnology" was coined in 1991 to describe the treatment process. The goal of treatment was to restore normal function to the cycle and this was reflected by the chart returning to a healthy pattern. Hundreds of American couples began to have successful pregnancies, after many years of heartache and pain.

Abnormal Cycles

NaProTechnology first became available in Ireland on a limited basis in 1995 and the first Irish clinic opened in 1998. Since then approximately 600 couples have had successful pregnancies, 100 of them had previously failed In Vitro Fertilisation (IVF) on repeated occasions. The overall chance of success with NaProTechnology treatment is about 40% for all couples who entered the Irish programme, which is excellent, considering nearly 40% of the women were aged 38 or older.



NaProTechnology is not just good news for Catholics, but it is good news for any couple who has difficulty achieving a successful pregnancy. Many patients remark how they are treated with great dignity throughout the programme at the various stages involved. The goal of treatment is to do all that is possible to achieve a successful outcome, BUT not at the expense of a couple's health, relationship, moral values or sanity!! One of the surprises with treatment is the level of satisfaction couples reach even if they do not have a successful pregnancy. They usually have an accurate diagnosis to explain why they cannot conceive and they recognise that as a couple they carry this burden together.

If a successful pregnancy cannot be achieved, despite the best efforts of medical and surgical treatment, each couple is encouraged to move to acceptance of their condition or to consider adoption as the final option. Further information is available from www.fertilitycare.net and www.popepaulvi.com

I had twins thanks to NAPRO!

A wave of gurgling from 37-year-old Hazel Furey's 13-month-old twin sons, Conor and Eoghan, envelopes her. Their attempts to catch her attention underline how NAPRO changed her fertility problem into a logistics problem! "If I hadn't heard of NAPRO I'd still be having miscarriages and I wouldn't have the twins." It was only after three miscarriages that her doctor spoke to her about NAPRO.

"Had I known how easy it was I could have saved myself an awful lot of

unnecessary heartache." Instead she suffered two miscarriages in 2002 and it was only after the third miscarriage in 2003 that she opted to give NAPRO a try. "My last miscarriage was in February 2003 and I saw Dr Boyle in May 2003. He asked me to give it 12 months and advised me not to get anxious or expect a pregnancy within the 12 months – they don't fill you with false promises. 13 months later, the boys were born! It was above all my expectations to get two!"

10 weeks to go – and feeling great!

"My baby is due in 10 weeks' time and it has been an easy pregnancy", 'Jean' explains. Married for almost four years, there was no sign of a pregnancy. "I was referred to a gynaecologist and ended up being referred for IVF. We tried that twice and were unsuccessful on both occasions. They could never say what the reason was for my not being able to conceive and they didn't really look for a cause. I was told three years ago that my next option was adoption or egg donation but neither my husband nor I were interested in that. So we resigned ourselves to not having children."

Then a friend mentioned NAPRO to her and 'Jean' and her husband decided that they would try it, but that it would be their last chance. "We had very little expectation." However they were in for a surprise because roughly 12 months later 'Jean' was expecting the baby which she will give birth to in just over two months' time. "NAPRO is a lot less invasive than IVF and you are treated in a very personal way – you are not just a number.

My husband had concerns about the amount of drugs IVF was putting into me and he felt that the whole process was interfering with my body. We also had concerns about the creation of extra embryos. NAPRO is much more natural and with it you don't have that worry about the dilemma over embryos. The NAPRO practitioner was great, and she helped me watch my cycle and very quickly through the scans picked up on the fact that I had quite severe endometriosis, which IVF hadn't detected. Once I was treated for this I was pregnant within four months."

NAPRO Practitioner

"It's not rocket science," explains NAPRO practitioner Mary O'Brien of Kilmurry House in Loughrea. However she says it is important that those contemplating NAPRO realise that it doesn't work for everyone – roughly 40% of those who undergo treatment achieve pregnancies – but that figure is even more dramatic when you consider that these are people for whom all other fertility treatments have failed and most of whom are women in their late 30s or early 40s.

"It is focussed on the woman's fertility but infertility is not a matter of allocating blame – you are either a fertile couple or an infertile couple. For those who do not achieve a pregnancy, I think it is important to tell couples not to grieve for something they were not meant to have – they must recognise the precious things they do have in their lives."

Women and couples who approach Mary are taught all about fertility through five steps. Step 1 in an introductory session which explains what NAPRO is and how it works. Step 2 teaches the woman how to chart her cycle. Step 3 is where the medical treatment begins and a picture of hormone levels is established. For instance miscarriage can be associated with low hormone levels – which when adjusted, can result in a healthy conception and pregnancy. Step 4 involves monthly monitoring of cycles and the scanning of ovaries and follicles to see if the woman is ovulating effectively. Step 5 involves the referral of those women, who following steps 1-4 do not achieve a pregnancy, to a NAPRO surgeon and gynaecologist.