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NATURAL CONCEPTION, NATURAL BIRTH: THE NEW HOPE FOR INFERTILITY

With rising rates of infertility, many couples have turned to assisted reproductive technologies for help to conceive. In response, Melanie Sabtchev, an Orthodox natural fertility care practitioner, describes the medical, ethical, and spiritual problems of many of these technologies, as well as the recent advances in our understanding of conception. As an experienced Creighton Method fertility counselor practicing in Boston and now expecting her own first child, Melanie speaks with vigor and warmth about natural fertility awareness as an effective, healthy, and spiritually sound alternative for couples hoping to conceive.

RTE: Melanie, thank you for coming. Can you please tell us about yourself and how you began to work with natural fertility care?

MELANIE: After becoming interested in natural family planning and infertility, I studied at the Pope Paul VI Institute in Omaha, Nebraska in 2008-2009 to learn the Creighton Method and become a fertility care practitioner. I had been ill myself and a co-worker recommended that I use this charting method to help figure out what was wrong. I found it not only completely helpful, but fascinating. Since my training, along with teaching high school, I've been a clinical practitioner teaching couples how to achieve or avoid pregnancy naturally.

Opposite: Melanie Sabtchev.

RTE: Before discussing the ethical and spiritual aspects of fertility treatments, perhaps we can begin by describing these widely-used medical technologies. Many Orthodox Christians share our western society's general belief that both fertility and birth control drugs and procedures are relatively benign, or at least safer than they were decades ago, and see no reason to deviate from the regular medical route. Is it true that there has been a rise in infertility in America and Europe, and why might we want to consider using more natural means to conceive?

MELANIE: Infertility has become an epidemic, particularly unexplained infertility. Statistics range from 10-13% of women age 15-44 who have been unable to conceive or to carry a child to term after a year of unprotected intercourse. Two very obvious reasons are that women are now delaying marriage and childbirth. Fertility takes a distinct plunge at age 35—but most women aren't given even this simple information, certainly not in school. We think that we have many years to have a child, because we see women who are forty and pregnant, but we don't realize that this may be the result of extensive fertility treatments. This is the easy first piece of the puzzle, that we are delaying marriage and childbirth.

There can also be infertility problems with the husband. Roughly, 30% of infertility problems can be traced to the mother, 30% to the father, and the remaining 40% to a combination of problems with both spouses or unknown causes.

No one can quite put their finger on the unexplained aspects and there is a lot of conjecture about whether it could be nutrition, particularly the estrogen and antibiotics that we are pumping into animals. Is it possible that the food we are ingesting is making us so sick that we can't reproduce? Another obvious place to look is at the continued use of hormonal birth control pills and the long-term effects they have on a woman and her reproductive system.

The New Birth Control

RTE: Hasn't the birth control pill changed quite a lot since it first came on the market in the 1960's?

MELANIE: Yes. In the beginning, it only inhibited ovulation and the active ingredient was progestin, a synthetic version of the natural progesterone in the body. Since then, they've added estrogen to stop break-through bleeding,

so now you have these two primary female sex hormones coursing through the blood system, although in a different way than the body uses them.

Also, now we have the mini-pill, a combination of hormones that inhibit ovulation. Should the woman ovulate anyway, a secondary mechanism of the pill thickens the cervical mucus so that the sperm will never reach the egg for fertilization. If both mechanisms should fail and the sperm meets the egg, there is a third obstacle in that the lining of the uterus has been made so thin that the fertilized zygote—the earliest developmental phase of the embryo—cannot implant. This is why many people consider the pill to be an abortifacient, because it causes the expulsion of the fertilized egg. This is what the "morning-after" pill did. Initially, the pill didn't function in the same way.

Some doctors will probably say, "Oh, that will never happen, the suppression of ovulation and the thickening of the cervical mucus will prevent pregnancy, but I would ask, "Why wouldn't you err on the side of caution? If you know that this can be a mechanism of the pill, even if it happens rarely, why would you want to consent?

Even more fundamentally, the pill gives an impression of normalcy. This is very illusory, because it appears that you still have your "menstrual period" each month, but this is not true menstruation because you haven't ovulated. The placebo hormones you are taking simply cause the artificially scant uterine lining to shed. Although it gives an impression that you are having a period and that things are normal and going along the way they always have, that's not true.

When the birth control pill *Seasonique* came out, enabling women to only "menstruate" four times a year, there were mixed reviews. Some women said, "Great, I hardly ever have to have my period again," but the truth is that they were never having their period to begin with if they were on the pill. Other people said, "No, that's just so freaky, you can't mess with nature like that," but likewise, they didn't realize that these women hadn't been menstruating at all.

RTE: What are the other health risks of these new pills?

MELANIE: We always knew that thrombosis was one of the possible side effects, but now with the lower dosage pills such as *Yaz*, the risk of blood clots is about 50% greater than with regular birth control pills, and they aren't sure why. There is now a class action lawsuit against this particular pill. Also,

in 2006, a meta-analysis of twenty studies published showed that there is a 50% increased cancer risk for women who have never been pregnant and who take the pill for five continuous years.[1]

Some women have begun using birth control injections, which aren't as reliable as the mini-pill and they also have serious side effects. There are also birth-control implants such as *Depro-Provera*, that slowly release artificial birth-control hormones into your body. Along with the usual complications from birth control hormones, you can have muscular atrophy around the site of implantation, and quite often part of the implant breaks off inside the body, because the body is trying to reject the foreign substance.

A few other things about birth control pills and injections: recent studies have now linked the pill with memory loss. In addition, they've found that women who are on the pill are less sexually satisfied than women who are not. This information goes along with a bizarre study that was very much in the news last year, showing that the pill affects women's perception of men. Women on the pill choose more feminine-type partners—men who are gentler, whose facial features are more feminine, rather than burly masculine men.

RTE: This is all chilling. What has happened with the old copper IUD's, the intrauterine devices that debilitated the sperm and irritated the uterine wall to prevent the fertilized egg from implanting? In the 1970's and 80's, we saw many cases of infection and uterine perforation.

MELANIE: The copper IUD's are still around, but since then we've seen a new generation of devices. The most popular right now is *Mirena*, which not only acts as an IUD, but releases progesterone to inhibit ovulation. It's been very heavily marketed on television and in magazines as being an "easy" form of birth control, but the problems are still the same as in the 1970's. Not only

1 In a July 29th 2005 press release, the World Health Organization declared that the use of estrogen-progestogen oral contraceptives increases the risk of breast, cervix, and liver cancer. The data was presented by a working group of 21 scientists from 8 countries convened by the cancer research agency of the World Health Organization: "IARC Monographs Programme Finds Combined Estrogen-Progestogen Contraceptives and Menopausal Therapy are Carcinogenic to Humans," WHO-International Agency for Research on Cancer, Press Release 167 (29 July 2005).

More recently, the journal of the Mayo Clinic published an article entitled "Oral Contraceptive Use as a Risk Factor for Pre-menopausal Breast Cancer: A Meta-analysis." It reveals that women who took the pill prior to having their first child show an increased risk of breast cancer. This increase was especially steep among younger women. Author Chris Kahlenborn, M.D., concludes, "Anyone who is prescribing oral contraceptives has a duty to tell women that 21 of 23 studies showed an increased risk." Cf. *Mayo Clinic Proceedings*, October 2006; 81(10): 1290-1302.

can you become infected or have uterine perforation, but in some cases IUD use has resulted in permanent infertility. There are many complications—the most common being rejection, irregular bleeding, and anemia—and about 43% of women have them taken out in the first year because of these complications. Medical staff will often tell you that an IUD won't cause an abortion, because they consider abortion to be the expulsion of an implanted embryo. Orthodox, however, believe that life begins at conception, so the purposeful destruction of a fertilized egg is a grave problem.

The television advertisements for IUD's are very alluring. They show a frazzled mother with a three-year old who has just spilled his finger paints saying, "I'd like another child, but not now!" These ads play on women's feelings of being overtaxed, but at the end, you hear them list all of the problems associated with the product.

RTE: I wonder how many Christian women realize that this possibility of abortion is a component of the newer pills and of the IUD? Of about a dozen young women I recently asked, not one knew this.

MELANIE: By virtue of where I work and the circles that I move in, I find most people interested and receptive to the information, but I'm not sure that many walk away willing to make a change, because it's such a mind-boggling problem. You don't know what to do and you don't know where to turn.

The idea of relying on a natural form of birth control is frightening for a lot of women and especially for their spouses. The women almost always feel that the responsibility for planning their family is on them. They are the ones who have been taking the pill, buying the spermicide or condoms, or receiving the injections, and the man just sort of assumes that they will continue to be responsible for it.

If you say to them, "Why don't you learn your cycles, the rhythm of your body, and figure out when you can have relations and when you can't?," this is just one more thing you add to a busy woman's schedule. It seems so overwhelming. But when they actually enter into a natural system they come to realize how beautiful their cycles are and develop an intricate knowledge of the overall health of their body. This is freeing in the end, but it can be an overwhelming prospect at first.

Intrauterine Insemination (IUI) and In Vitro Fertilization (IVF)

RTE: Before we explore the details of the Creighton Method, can we first talk about the medical treatments and technology that are offered to women who want to have a baby but haven't been able to conceive naturally? Almost all of us have friends or relatives who have used these procedures.

MELANIE: The pill has been around for fifty years, so we have roughly fifty years of data. The first child born of in vitro fertilization (IVF), the first "test tube baby", was in 1978, so our data here is more limited. The modern tendency is to use birth control to suppress an entire healthy system of our body, and then when we decide we want to have children and that system no longer functions correctly, we put our cycles into overdrive by opting for intrauterine ("artificial") insemination (IUI) or in vitro fertilization (IVF).

This is not what nature intended, nor is it the restoration of the system to a healthy functioning system; it is suppression or hyperdrive. By offering these technologies we are not being true physicians to these women and restoring them to health; we are just trying to get their body to work long enough in the way we want it to, so that it gives the desired outcome for a certain number of years.

One of the hardest things for us to realize is that we cannot replicate what the human body does. Conception is a very complicated process that we don't yet perfectly understand, and there are many mechanisms in the human body that allow or prevent conception. For conception to occur you have to have good eggs, good sperm, and good cervical fluid for the sperm to live in that will allow them to make it into the Fallopian tube. If any of these primary factors are off, there will be problems. Both intrauterine insemination (IUI) and in vitro fertilization (IVF) were developed to bypass the body's natural safeguards. IUI is where you take the semen, select the best sperm, wash them, and inject them directly into the woman's uterus. Usually the woman has already been given a number of fertility drugs that will make the womb more hospitable to the implantation of the embryo.

The other technology we often hear about is in vitro fertilization (IVF). IVF is used for unexplained infertility or subfertility issues, such as infrequent ovulation or a low sperm count. Essentially, the ovaries are hyperstimulated with hormones into creating ten to twenty mature follicles. They then put the woman under light sedation and extract the eggs from the ovary

with a syringe-type instrument. The eggs are placed in a petri dish with some sperm from the donor father in a nutrient-rich fluid. This petri dish is then put into an incubator, and they wait for the egg and sperm to meet. Once the eggs are fertilized, they remove the zygotes (the embryos) and implant them into the woman's uterine lining. IVF providers try to cover up the mechanism by pretending that it's natural; they make it seem natural because the end is a child.

Another ethical problem that many couples face with IVF is that if the husband or wife is truly infertile, do they opt for donors (a third party supplying the egg or the sperm) to create the embryo? This isn't a health risk, although it's very much a moral and spiritual problem.

It isn't hard for men to donate their sperm, but for a woman it is very difficult to donate eggs and they are saying now that human eggs are the most expensive commodity on earth, because they are so incredibly small. You pay an average of $10,000 to a woman donor who fits all of your desires and wishes in order to harvest her eggs. On all sides, it is the misuse of a human person—the couple, the donor, the child. You are injecting this woman full of drugs that are hyper-stimulating her ovaries to harvest her eggs, and in some cases these women are later unable to have their own children. You see this all the time on Craig's List or in the newspaper. "Are you a healthy female who is 21 to 29 years old? Do you have a college degree? Call this number and you can make $7,000." It's a frightening prospect for the physical, psychological and spiritual health of the woman.

On the other side you have couples who in some cases have to flip through a book and look at pictures and statistics of these women. In a certain sense it's adulterous, but in another way it's worse because they are choosing the third party together. "I'd really like it if she was Polish because my grandmother was Polish." Again, you realize how unnatural this is and how much stress it places on the couple.

RTE: Surely this has been ethically challenged.

MELANIE: Yes. Roman Catholics and many Orthodox have problems with these technologies, even with intrauterine insemination, including whether there are morally licit ways to obtain sperm. The moral problems are much more serious with IVF.

RTE: Not to mention that in IVF the lab techs are making the choice as to which eggs and sperm to incubate rather than letting God's providence and the body do so.

MELANIE: Yes, in IVF they harvest what they think are the most mobile, regular-looking sperm, but we know so little about the intricacies of conception that it might actually be the sperm with the irregular head shape who are naturally fertilizing the eggs. We don't know anything for sure. Mobility and regularity as a guide to health is just a best guess.

Also, in regard to ovulation, at any given time in a woman's fertile period there are several possible follicles with eggs. We don't know how or why the body chooses that one mature egg to ripen into a follicle and then burst and ovulate. It's a complicated process that we simply don't understand. When you artificially hyper-stimulate the ovaries to release more eggs, rather than one mature follicle bursting and one egg ovulating, that one ovary may have ten mature follicles that you then harvest out while the woman is sedated. We don't have enough reliable data to say that this is safe, so this is a sub-par result for the woman and, because of the risks for children born through IVF, a sub-par result for the child.

IVF and IUI are simply imperfect: we can't replicate what nature does through the cervical fluid, through the contractions of the Fallopian tube, through the prostaglandins—it's a very complicated process. Nor have we been able to perfectly replicate the way the sperm meets the egg and breaks through the shell, which is extremely complex. Now scientists are wondering if there is some sort of reaction between the enzymes on the sperm and the cervical fluid that allows for conception in a way that produces a healthier child.

Also, under a microscope, the cervical fluid looks like perfect little channels or superhighways. With natural conception, the sperm travel these highways to make it through the cervix and into the Fallopian tube to meet the egg. When the estrogen drops sharply after ovulation, the hormone that takes over is progesterone, which is responsible for the build-up of the uterine tissue. Now, instead of the perfect little highways, the cervical fluid looks like a brick wall. The sperm can't penetrate because this is the body's natural way of making sure that sperm will not meet an egg that is not fresh. Both vitro fertilization and intrauterine insemination bypass this natural safeguard.

Nor do we completely understand how the fertilized egg manages to reach the Fallopian tube. Even if one Fallopian tube is damaged and a woman ovulates from the ovary on that side, the egg can somehow find its way over to the Fallopian tube on the undamaged side. The human body knows infinitely more than we could ever see in a laboratory with the best scientists in the world.

RTE: When you read about conception, and the incredible odds against a single sperm and egg meeting, it seems very providential.

MELANIE: Yes, it appears that less than ten sperm out of millions make it through the cervix into the Fallopian tube, and only one of them is waiting to meet the egg.

To touch on the spiritual angle, I like the way that the Orthodox bioethicist, Metropolitan Nikolaos (Hatzinikolaou) of Mesogaia and Lavreotiki speaks about conception. He says that it is very disturbing to take the creation of life out of the warmth of the marital bed and place it in the coldness of a laboratory petri dish.[2] This resonates with all of us; it's unnatural to introduce a third party into the reproductive act.

RTE: In IVF, do they implant one or many fertilized eggs?

MELANIE: Typically because it is so expensive (about $12,000 - $17,000 per try depending on where you live) more than one embryo is implanted to insure success. It is normal to implant four to six.

RTE: This is why we hear of women who have used fertility drugs or IVF having multiple children. What if all of the embryos implant?

MELANIE: Then they will urge selective abortion. A recent dramatic example of this is the well-known American "Octamom" who had eight healthy embryos that survived the initial implantation. When they asked her to selectively abort most of the babies, she refused. If you have been waiting for a child and someone tells you that the best chance is this very healthy-looking egg that has just been implanted, you will tend to believe them.

2 "The Embryo and its Development in Regard to its Formation as a Complete Human Being", Conference on the Church and Bioethics: The Word of Science and the Word of Religion, Chambésy, France, 11-15 September 2002. Available online at: http://www.bioethics.org.gr/en/index.html

A more recent article, "The Greek Orthodox Position on the Ethics of Assisted Reproduction" can be viewed at http://www.bioethics.org.gr/MMLN%20assisted%20repro.pdf

The clinic then expects you to go through a routine selective abortion, which they term "reduction". Left-over fertilized embryos in the petri dish that are not implanted are either discarded or frozen. If you create an excess of embryos, what happens if the woman feels she can't have more children or doesn't have the funds to go through another round of implantation? Now you essentially have frozen children that are just left waiting.

RTE: How long do they keep these embryos?

MELANIE: It depends. The labs only store them for so long, because eventually they will become too old to be implanted. One of the issues that the Catholic Church is now dealing with is whether there should be embryo adoption—there are Catholic women who are offering to take these frozen embryos and carry them to birth, in order to save these lives.

RTE: To add to the dilemma, in her talk at the November, 2011 Orthodox Christian Association of Medicine, Psychology and Religion (OCAMPR) Conference on "The Science and Theology of Conception", Dr. Gayle Woloschak, an Orthodox professor from the Center for Genetic Medicine at Northwestern University, mentioned that even in good labs with careful scientists and back-up refrigeration systems, occasionally the entire system shuts down. It's not really possible to guarantee that the frozen embryos will be kept safe.

MELANIE: I would also like to hear more about the defects of children born of IVF. Some advocates of IVF claim that the defects aren't serious, when actually they are. One study focuses on children born with Beckwith-Wiedemann Syndrome, a gene alteration characterized by a 15% risk of childhood cancers of the kidney, liver or muscles and an overgrowth of cells of the kidney and other tissues. Other possible abnormalities include a large tongue, abdominal wall defects, and low levels of blood-sugar in infancy.[3]

RTE: So they are saying that approximately 15% of the children with this syndrome will develop childhood cancer?

MELANIE: Yes. The normal risk of childhood cancer, by the way, is less than one in 10,000. Now the interesting thing was that there were so many mothers in this study whose children had been born via IVF that they decided

3 "The Risk of Major Birth Defects after Itracytoplasmic Sperm Injection and In Vitro Fertilization", The New England Journal of Medicine, Vol. 346, #10, March 7, 2002, pgs. 725-730.

among themselves to ask the researchers if there was a connection. Their question launched a reassessment of over half a dozen large studies that concluded that it was ten times more likely that parents who had used IVF or related methods would see this syndrome in their children.

Another aberration that has been detected is the Angelman Syndrome, which involves severe mental retardation, motor defects, an inability to speak, but accompanied thankfully by a cheerful disposition. Researchers have begun to believe that your chance of having either syndrome is exponentially much greater if you use IVF.

Also, meta-analyses of many individual studies reveal that IVF recipients have significantly higher rates for stillbirths, premature births, gestational diabetes, preeclampsia, placenta previa, vaginal bleeding, cesarean sections, and so on.[4] This shows that not only the infant's health is compromised, but the mother's as well. A natural conception in the body is the far more loving option.

RTE: I suppose that people might answer that by asking, "Well, you tell us that life on any terms is better than aborting a child. Why wouldn't conceiving a child through IVF be better than no life at all, even if there are these risks?" The problem is not the desire for the child, but that we are manipulating the natural process and not leaving it up to God's providence. We also know there are many children needing adoption. Do you have any idea of how many people were involved with IVF last year?

MELANIE: In 1996, there were 50,000 IVF attempts in the U.S. By 2002 it was 100,000 per year and it is undoubtedly much higher now. The internet site www.ivf.net claims that 3 million IVF babies have been born worldwide. If this is true, many more couples have tried.

RTE: What is the rate of IVF success?

MELANIE: On average, about 30%. Many of our Creighton Method doctors take women who have had failed IVF attempts. Our success rate is as high as 30% for these women who have previously failed with IVF.

RTE: This all sounds like a horror movie. It's so beyond anything we dreamt of a few decades ago.

4 "Perinatal Outcomes in Singletons Following In Vitro Fertilization: A Meta-Analysis" *The American Journal of Obstetricians and Gynecologists*, March 2004, 103 (3): 551-63.

MELANIE: In England they are now petitioning to have the first embryo from three different parents implanted in a woman. Because there were some issues with the mother's eggs, they have spliced the genetic material from her and two other people, and are asking to have that egg implanted. Where does it all end?

RTE: In *That Hideous Strength*, the third volume of C.S. Lewis' fictional trilogy, Lewis reminds us that all children are the result of God's providence and ancient human lineages from centuries back. Lewis was gravely troubled by the idea of artificial birth control in the 1940's; but we are light years beyond that.

MELANIE: You become numb to it. You hear of IVF, IUI, and frozen embryos and you don't think of them as babies anymore. Nor do you think about natural reproduction or about the problems of artificial conception. It's just an obscure procedure.

As former embryos ourselves, we've been blessed to pass through the vulnerable stage of life. Now in our pumped-up hubris, we look at embryos who are still in that vulnerable stage and we attempt to manipulate them. All of this seems like a stubborn insistence on our own will and not an acceptance of God's will. It's really egoism at its height. I think that is the real problem.

RTE: Yes, what is the Old Testament quote from Jeremiah? "Before I formed you in the womb I knew you, before you were born I set you apart…." The formation is almost accidental to God conceiving of you in His mind.

I also think that even if we haven't been involved with abortion or IVF, we are all complicit in these things simply by being part of a society where these drugs, tests, and technologies are so readily available. Many of us made such decisions in our youth, or are caught up in these fertility technologies now through lack of knowledge. It's important to support, console, and educate one another, and that we seek forgiveness.

Stem Cell Research

RTE: Can we talk a little about the problem of stem cell research? I heard recently that labs no longer use aborted fetal material for research, but don't the stem cell lines that they are working on now originate from this original misuse?

MELANIE: The only real successful cures we have from stem cell research are from adult stem cells because they are very stable and fully grown. These would include adult nasal epithelium cells and cells from the umbilical cord, which is also made up of adult stem cells. The embryonic stem cells are incredibly energetic and difficult to control, as are the cells from mice.

RTE: Why would they have used the embryonic stem cells in the first place?

MELANIE: Because of their nascent nature they are more changeable, so you can use them for a variety of purposes. I heard a very incisive talk on fetal stem cell research from Father Tad Pacholczyk, a Catholic priest and well-known bioethicist who argues that when bald eagles began to be an endangered species, the U.S. government passed a law not only making it a crime to kill a bald eagle, but even to overturn a bald eagle's nest or to harm the eggs in any other way. He says, "This is a very reasonable law because someone is killing what will become a bald eagle, but somehow we've lost sight of that kind of simplicity when it comes to human beings." If you look at constitutional law and apply the law that already exists for the animal kingdom to people, the result is very clear.

Also, at the 2011 OCAMPR conference, Professor Timothy Patitsas spoke of the Orthodox tradition that the passionless embrace of Joachim and Anna affected the disposition of the Theotokos. If that's true I wonder how the disposition of these children is affected by being conceived in a test-tube or a petri dish. Not that we don't love these children; however it came about, their existence is a blessing. This goes back to the earlier point that you are taking the warm embrace of the marital act out of the bedroom and putting it in the cold sterile laboratory. There is something startling about this, and I think we've just been numbed to think it is natural. The couple that is seeking assisted reproduction has obviously been struggling with infertility and this can be a very great cross to bear.

RTE: What would you say if someone were to ask you, "I have this IVF child, are you telling me that this wasn't right?"

MELANIE: That happened to me in a very unexpected way with some new acquaintances of mine. A couple that I like very much revealed that their child had been born of IVF. I was taken aback but tried not to let it show as this was no place to bring these issues up. She is their only child and she's a wonderful girl. I'm very happy that she is in the world and I have a wonder-

ful relationship with her. Certainly, I rejoice that she was born and I treasure her, but that doesn't mean that I would recommend IVF to my sister or my best friend.

Screening for Abnormalities

RTE: Can we talk now about pregnancy screening, procedures and choices, and the moral questions involved. What would you alert us to?

MELANIE: Four of the most common screening tools are ultrasounds, amniocentesis, chorionic villus sampling, and blood samples taken from the umbilical cord. Ultrasound screenings, where they bounce sound waves off of the baby and project a picture onto a screen, is a relatively safe procedure. Amniocentesis is where they insert a rather large needle through the mother's abdomen into the uterus to take a sample of the amniotic fluid that surrounds the baby. You can test that fluid for certain genetic defects—one of the most common tests that everyone knows is for Down's Syndrome. (By the way, about 5% of women are told that they are at risk for carrying a Down's Syndrome baby, but the actual incidence is much, much lower.) The results of amniocentesis are not always conclusive, and they can be misleading. The procedure itself carries a risk of miscarriage by hitting the baby with the needle, infection of the amniotic fluid, or rupture of the sac. Three recent studies from 2000-2006 claim the risk of miscarriage as a result of amniocentesis is as high as 1 in 150,[5] and that more babies are hit by the needle than actually die. Chorionic villus sampling (CVS), where they take cells from the placenta, runs a 1 in 100 risk of miscarriage, and the risk of miscarriage after blood samples taken from the umbilical cord (PUBS) is as high as 1 in 33.[6] [7]

I had a friend who refused to have an amniocentesis done, and when the hospital staff asked, "Why in the world would you refuse?" she said, "Well, I'm going to love my child no matter what happens." Their reply was, "If you

5"Mid-Trimester Amniocentesis Fetal Loss Rate," (Committee Statement approved by the Society of Obstetricians and Gynaecologists of Canada) Canadian Journal of Obstetrics and Gynaecology, 2007, 29:7, pg. 586-590. http://www.sogc.org/guidelines/documents/gui194CPG0707.pdf

6 Mayo Clinic report: http://www.mayoclinic.com/health/down-syndrome/DS00182/DSECTION=tests-and-diagnosis

7 Northwestern University Medical Faculty Foundation report: https://www.nmff.org/ClinicalGenetics/services.asp?id=89

refuse the amniocentesis in our hospital you must go through three hours of mandatory counseling if you want to deliver here." This was simply for refusing the procedure. The idea that she would love her child regardless of whether it was mentally handicapped or not meant that she had to go for counseling.

In genetic counseling, women are often advised to abort the baby, or in the case of IVF and the implanting of multiple embryos, to selectively save the one that looks the strongest and abort the weaker ones. This is a very utilitarian approach, and as it turns out, doctors can be wrong about suspected abnormalities. A lot of children who look as if they are going to have genetic abnormalities based on the ultrasound picture simply don't. They are perfectly healthy. We trace patterns by ultrasound and predict what may happen, but it's not a certainty. We all know mothers who were counseled not to have the baby and now that child might be an honor student or one of our good friends.

RTE: We also know that God's grace changes things. We need to pray for healthy children.

MELANIE: Yes. We have a host of intercessors in the saints who can take our cause to the throne of Christ. That is something that we should certainly never forget, that miracles can and do continue to happen.

Another friend just told me today that on her ultrasound last week, it looked as if there was an enlarged ventricle in her daughter's brain, and the area connecting the two spheres of the brain also seemed to be enlarged. She had to come to grips with the possibility that her child might be retarded, so that night she went to bed and had a good cry. When she awoke she did morning prayers with her son and found that the saints of the day were a young brother and sister. She mentally asked these saints to pray to God for her baby. When she went back for her next ultrasound, the doctor asked, "Do you know why you are here?" She explained why, and he answered, "We see none of those problems now."

RTE: So either you had a bad ultrasound reader or a miraculous healing. Either way she didn't need that kind of stress. A friend of mine was told from her first ultrasound to her last that she was absolutely having a little girl, but when the baby was born, it was a boy!

MELANIE: That's a classic example. If they can make this kind of mistake on something that is so apparent as external body parts, how on earth can they be so sure of all of the so-called problems? Even when problems are properly diagnosed, it is becoming a new social stigma to have a child who is imperfect, or even poor. We've begun putting those problems above familial relationships and happiness.

I recently read an article where a woman was targeting the political and religious right, saying that they were trying to infringe on her reproductive rights, among which she listed sex selection, which would involve either sex selection through IVF or, after she is pregnant, gender screening via ultrasound, and abortion if the sex of the child is not what she wants. Gender screening is now outlawed in India as it has had a devastating effect on their population, and there are many Indian men now having to look for brides in other countries. In China there are over a million missing girls for the same reason. Often you can't see the full effect of sin and its consequences for a generation or two down the road.

I'm a far cry from the hippie/naturalist type, but I do have to say that I had a breast mass extraction because they saw something on the ultrasound and thought it was cancerous, which it wasn't. Now all of the latest information coming out is saying that women without a positive family history for breast cancer shouldn't be screened before age forty because they end up having unnecessary biopsies and surgeries. Although I would want ultrasounds during pregnancy because I'm a worrier, it certainly can also place undue stress on you.

I want to say clearly that I would never tell anyone not to get an ultrasound, because there is so much valuable information that can be gained. You can see if the baby is growing at a proper rate and it is usually a great joy for the mother to hear her baby's heartbeat for the first time and to watch him move. Used correctly, ultrasounds can pick up many problems. With early diagnosis we can also do surgery in utero and have a baby continue to grow and be carried full term that otherwise might not have made it. There are many blessings to ultrasound.

RTE: What surgeries can be done in utero? It's amazing to think about.

MELANIE: They've done heart surgeries and all sorts of things. Perhaps you've seen that famous picture of the baby's hand holding the surgeon's finger? Again, problems are usually related to the misuse of a good tool.

RTE: Are there other types of reproductive screenings that we should be aware of?

MELANIE: One issue that we haven't talked about is the pre-implantation embryonic screening, where, for example in IVF, they will take the embryo and extract one or two cells to test for whatever the parents choose, which could be sex selection or a certain genetic code. An example I heard at a recent conference was about a sick child whose parents decided to conceive a second child as a bone-marrow match. They had to do pre-embryonic screening to make sure that the IVF embryos that were implanted were the correct match.

RTE: So, although one assumes they will love the second child, this was a very utilitarian conception.

MELANIE: And imagine if you were that child and find out that you were conceived for the purpose of being a donor. This is a slippery slope. We start with this kind of selection and it's not far from designer babies. "I'd like one with blond hair, freckles and blue eyes, please."

RTE: If you don't have a sense of God's providence, you won't see why not. A child may be born with a condition that helps them and those caring for them attain salvation or even become saints. I'm thinking here of St. Matrona of Moscow who was born blind and later wasn't able to walk, but became a great miracle-worker.

MELANIE: Yes. I remember being about thirteen, very idealistic, and knowing that we had several children with Down's Syndrome in our church, I said, "Oh Papa, do you think that God especially blesses the Orthodox with all of these wonderful people?" Look at Greg and Tammy…" He said, "No honey, that's because we don't get rid of them". I remember that slamming me like a ton of bricks.

Orthodox Christian Teaching on IUI and IVF

RTE: Can we talk now about the Orthodox Christian attitude towards these reproductive and infertility issues?

MELANIE: One criticism that we hear of the Eastern Orthodox stance is that we are wishy-washy and have no *magisterium* to follow like the Roman

Catholic Church, which has strongly said "no" to artificial contraception and to IVF. However, a majority of Roman Catholics do use artificial contraception, so there is a disconnect between the Catholic teaching and the practice of the people. This kind of universal blanket statement is not usually the way we Orthodox work, yet our people are caught in the same dilemmas. In our tradition, you might be talking to your spiritual father about it, but you also may not realize that this is an area of life that he should be included in.

RTE: With the way things have moved so quickly in this technology, it's a remarkable priest who can keep up with it all.

MELANIE: Yes, and with great sincerity a spiritual father may even say, "Oh you want to have a child, isn't that wonderful. God gives us medicine and doctors to help us." This is true, but in this case if it leads to the normal medical IVF route it is unfair to the mother and the child because it's not restoring her to physical, psychological or spiritual health, nor is the child being treated with dignity.

As an example of this, I had a client who had been trying to have a baby for seven years. When I first met her, I invited her to come see me, but instead she went to a doctor about IVF, who told her that she had a non-malignant fibroid tumor in her uterus that might be operable. So, I said, "Before you go through with the surgery and the IVF, can you just give me a few months to work with you? Come see my doctor, and let's figure out what's going on."

In the end what turned her off and sent her to me for natural fertility counseling was that when she went in to talk about IVF they walked her down to billing to get the details of her health insurance. She said, "It was a very, very large room, crammed full of desks and cubicles with everyone working hard and fast. It just creeped me out and I thought, 'What kind of a place are they running here?'" Again, this is $12,000-$17,000 per procedure. It seems to me that they are advertising themselves as angels of light, but really it's a money-making scheme with no real regard for the woman's overall health. Of course, there are some doctors who have the woman's best interest at heart, but as a system, I think it is very flawed.

Last month, I ran into this woman at a wedding. When I turned around, I saw that—lo and behold—there she was pregnant. So, just by removing the fibroid and using fertility-focused intercourse, this woman who couldn't conceive for seven years conceived successfully without IVF.

RTE: What have Orthodox patriarchates and jurisdictions said about IVF?

MELANIE: I've found it difficult to discover what the Church actually teaches, even after much library research and scouring the internet. There are some official statements by different Orthodox jurisdictions, but they are varied and sometimes hazy. For someone who is infertile, 39 years old, and trying to find out about these issues, it's extremely hard. They don't have time to sit around and wait for the Church's advice. If they have a spiritual father who went to seminary twenty years ago, he may not know much about these new contraceptives or about assisted reproductive technologies, especially IVF.

I don't think that any Orthodox patriarchate or jurisdiction condones the problematic aspects of IVF. Of the statements I've come across, the Russian Orthodox Church's detailed look at many social questions, *The Basis of the Social Concept*, is the most conservative. Here are two selections:

> …The Church cannot regard as morally justified the ways to childbirth disagreeable with the design of the Creator of life. If a husband or a wife is sterile and the therapeutic and surgical methods of infertility treatment do not help the spouses, they should humbly accept childlessness as a special calling in life. In these cases, pastoral counsel should consider the adoption of a child by the spouses' mutual consent. Among the admissible means of medical aid may be an artificial insemination by the husband's sperm cells [IUI] since it does not violate the integrity of the marital union.
>
> …Morally inadmissible from the Orthodox point of view are also all kinds of extracorporeal fertilization involving the production, conservation and purposeful destruction of "spare" embryos. It is on the recognition of the human dignity even in an embryo that the moral assessment of abortion by the Church is based.[8]

RTE: The position on IVF is very clear, but I can't help wondering about IUI and the integrity of the marital union.

MELANIE: Again, both Catholic bioethicists and our Greek bioethicist Metropolitan Nikolaos (Hatzinikolaou) of Mesogaia and Lavreotiki say that it is never a good thing to separate reproduction from the marital act, or the marital act from reproduction. This is very commonsense.

8 http://www.mospat.ru/en/documents/social-concepts/xii/

Within the framework of a long description of the problems of assisted reproduction, the Bioethics Committee of the Church of Greece (of which Metropolitan Nikolaos is the chairman) says:

> An immediate consequence of IVF is the creation of 'surplus embryos'. The Church rejects this term because she cannot accept that there are surplus human beings whose fate is determined by third parties... The so-called 'surplus embryos' are preserved in a frozen state (cryopreservation) so as to be used in the future by the natural parents, or to be donated to other 'parents'; or to experiment with; or to be used for organogenesis so as to cover transplant needs; or, finally, to be destroyed. The Church cannot give her blessing for any of the above. Orthodox Christian anthropology and theology cannot justify the existence of embryos that are independent from the pregnancy procedure. Each embryo constitutes the image of God and should be given the chance to become like Him.[9]

The Greek Orthodox Archdiocese of America's webpage says, "In vitro fertilization is looked upon with great doubt because present methods cause the destruction of numerous human fertilized ova and even developing fetuses and this is still a form of abortion."[10]

The most permissive stance towards IVF that I've come across is that of the Orthodox Church in America (OCA). They say, "The Orthodox Church in America supports the use of in vitro fertilization by married couples, with two major conditions: the husband must be the sperm source, and the wife provides the ova (egg) and she must carry the pregnancy." About the extra embryos from IVF the OCA says:

> Frequently embryos are frozen to reduce the risk of unacceptable embryos or the complications of multiple pregnancies. To act in accord with the teachings of the Church that each embryo has the potential for normal full-term development in utero, couples seeking assistance from in vitro fertilization must keep in mind and share the following conditions with their physicians: 1) They will not consider third-party assistance (e.g., donors or surrogates) 2) They do not consider "selective termination" (abortion) within a multiple

9 http://www.bioethics.org.gr/en/03_frame.html

10 http://www.goarch.org/ourfaith/ourfaith7101

> pregnancy to be acceptable. 3) All frozen embryos (if any) are destined to be returned to the wife at a later time. 4) Frozen embryos or cells from their embryos are not to be used in research or deemed to be "surplus". It is the accepted responsibility of the Orthodox couple using IVF to share these conditions with the medical staff and to gain assurances that their wishes will be honored.
>
> Furthermore, the couple must keep the potential development of their frozen embryos (if any) in mind for use at a later time. If the couple has reservations about the concept of frozen embryos and wishes to avoid these deliberations, timely instructions must be given to only inseminate a limited number of ova.[11]

RTE: What do you think of this statement?

MELANIE: It seems like a strong statement, and in a perfect world this might be adequate, but when you actually read it carefully it specifies that the parents must "keep in mind and share with the physician the following conditions…." It sounds as if you are only morally obligated to inform your physician. OCA couples may be told that they are to gain assurances that their wishes will be honored, but that is just not the way that IVF works. It's a business.

The doctor will inevitably counsel what will produce the best outcome. But what if the implantation doesn't take and several of the embryos miscarry, or what if they do have a child, and have eight left-over frozen embryos, or four, or even two? Is she going to implant all of them one by one? We know that the chances are they won't all implant. If they are willing, do they have the money to continue these expensive procedures, and what if the parents die?

RTE: And, as we already mentioned, even with the best of back-up, these lab refrigerators do stop running, and even if the embryos are kept safe there is still the ethical problem of putting a living human being into a frozen state—although I suppose that there are Christians who would argue that it is not clear when life starts.

MELANIE: In an Orthodox bioethics class at Holy Cross Greek School of Theology it was brought up that, the moment the Theotokos said "Yes" to God and conceived the Lord was when she became the Theotokos. She was carrying the Incarnate God, not a clump of cells.

11 http://oca.org/cdn/PDFs/christianwitness/2004-PMConf-LScheean.pdf

RTE: Yes. So what would you like to see Orthodox ethicists, canonists, and hierarchs address more clearly, and how?

MELANIE: I think we need to get a deeper dialog started. This is not a problem that is going away; it's a technology that is advancing rapidly and we laypeople need to hear from the Church.

RTE: Our hierarchs are being asked to make ethical decisions about issues that are so complex that it hardly seems fair to demand this, yet they are the ones who must guide the Church.

MELANIE: That's a great point. Expecting them to be informed on all of these technologies that change very rapidly is quite hard. I think it's also very difficult for scientists, who are almost never trained as ethicists, to understand the ethical implications of their work. Scientists are often like monks for science, working in the lab endless hours to accomplish a single goal; they can't possibly understand the ethical implications of everything they do. Neither can we expect that bishops, who have ethical training, will necessarily understand the newest scientific details of these issues without being properly briefed.

Interestingly, one of the most successful scientists in adult stem cell research stopped using embryonic cells because one day he looked through the microscope and realized that there was such little difference between what he saw and his own daughter. After that, he refused to do any more of the embryonic stem cell research. This is one scientist who made that connection, but the average person would not have that opportunity.

RTE: What do these official statements say about the use of birth control in general?

MELANIE: The Russian Orthodox Church is the strongest in its language, particularly in regard to pills that are also abortifacients such as the minipill. Across the board you can say that there is not a general concession that birth control pills can be used with abandon. The issue comes down to whether natural methods and barrier methods are permissible. But again, is it known that this is an issue?

RTE: What do you see as a difference between the Roman Catholic and the Orthodox ethos of marriage and family relations?

MELANIE: The Catholic marriage service with the vows, like many western Christian marriages, is more contractual and something that ends after death. For Orthodox, the service blesses something that you are allowing yourself to enter into; we don't have these contractual marriage vows. The West has always used precise language, while ours is more about entering a state of marriage. The view of many Orthodox would be that Catholics see the primary purpose of marriage to be procreation and mutual help, while for Orthodox the purpose of marriage is the couple's salvation.

RTE: In a talk at the OCAMPR Conference, Prof. Timothy Patitsas noted that when St. John Chrysostom comments on the Lord's phrase, "the two shall become one flesh," this refers to both their own union and also to their union in the flesh of the child. Certainly, a marriage is blessed if there aren't children, but I think that we also have to be careful not to create an artificial breach between ourselves and the Catholics by thinking that this "one flesh" has nothing to do with the child.

MELANIE: I believe we are actually more in line with one another than most people think. Catholics also say that marriage is not simply the procreative function, but also the spiritual dimension, whereas we would never say that it is only the spiritual dimension and not for the purpose of children.

The Creighton Method

RTE: Melanie, thank you for your detailed overview of what we are facing today. Let's turn now to this very interesting and hopeful program to help couples conceive naturally. What do you offer and how does it work?

MELANIE: Our method, the Creighton Model System (also called Natural Procreative Technology), is based just on external observation. It's a medically standardized model of the Billings Ovulation System where a woman observes the cervical fluid that is naturally released by her body, and tells her very precisely when she is ovulating. Knowing when she is fertile allows a couple to use fertility-focused intercourse if they want to conceive, or to avoid pregnancy if they need to.

Although most people still associate natural family planning with the rhythm method, this is much more reliable than the 1950's and 60's practice of charting your calendar date and temperature. Now we know that the lute-

al phase of the cycle—from ovulation until the next menses—doesn't deviate much, possibly by one day. What is highly variable is the proliferating phase, from the first day of your period to ovulation.

This can vary radically because women are so sensitive. One of the beauties in the way that we work is that men are very linear in the way that they experience their sexuality, while women are very complicated. If, for example, a woman's husband is up for a job promotion, although that is a good type of stress, she is anxiously anticipating his interview. Perhaps this stress is more acute than usual for her and it might actually delay her ovulation four or five days because the body doesn't want to conceive under any type of unnatural stress. It is holds off ovulation as long as possible until her stress dips a little bit.

RTE: How widely used is the Creighton Model, and how does it differ from other natural methods?

MELANIE: The Creighton Model is a medically standardized model, so we have an international system and code. We have teachers around the world and we train our own doctors, surgeons, and gynecologists. We are very focused on restoring a woman's reproductive system to full health, and are trained to read these biomarkers not only for gaining or avoiding pregnancy, but for women to maintain and monitor their gynecological health in general.

RTE: I know there are also Billings Ovulation Method teachers around, as well as other natural fertility programs. How are they trained and how does this differ from the Creighton Method?

MELANIE: Often they are trained with one or two weekend seminars where they receive a basic knowledge of the normal process. The Creighton Method-Natural Procreative Technology training is much more extensive and takes about a year, of which a few weeks are in residence. After you demonstrate that you understand the theory, experienced practitioners come to supervise and watch you teach and interact.

The old sympto-thermal method was about taking your temperature and charting your cycle, but this is more predictable. Dr. Hilgers, who refined the method, was originally at Creighton University and now is at the Pope Paul VI Institute in Omaha, Nebraska.

RTE: How many Creighton teachers are there?

MELANIE: I'm not sure, but the demand is exploding now because of the need. There are teachers of the Creighton Method all over the world. In my class in Omaha we had a variety of Americans and Europeans, a nun from Nigeria, a priest from Poland (it's very big in Poland), and a doctor from France.

RTE: How successful is the method?

MELANIE: In a study of the Creighton Model in 1998, the *Journal of Reproductive Medicine* said that out of 1,800 couples enrolled in the study, with 17,130 total months studied, the method's effectiveness at predicting ovulation was rated at 99.5%. In the actual study which was looking at it to avoid pregnancy, it was 96.8% effective when the system is used correctly. A group of Irish physicians trained in this method have had as much success at treating infertility as artificial methods—actually more success, as they took on clients who had previously failed with IVF treatment.[12]

I've had a few patients use this for birth control, but in the years I've been practicing and also for my practitioner friends, the majority of our clients come to us for infertility. With a couple with normal fertility and no real problems, but who haven't been able to conceive, the average couple will conceive within the first three months using fertility-focused intercourse.

RTE: That's amazing.

MELANIE: This average of three months for people of normal fertility would include couples who are newly married or engaged and know that they want to start a family right away. Or it could be people who have been using contraceptives for a while, but now want to have a child. Within the first cycle, that is, the first month of using fertility-focused intercourse, 76% of the couples achieve conception. By the third cycle, the third month of trial, 90% conceive, and by the sixth cycle (or month), 98% have conceived.

Here's another neat statistic. In a population of 100 couples with normal fertility who came in seeking to avoid pregnancy—within the first year 21% of them decided to use the method to achieve pregnancy instead.

12 "… Natural Procreative Technology, an integrative approach to infertility, resulted in substantial live birth rates with a minimal risk of twin or multiple births.… The treatment program is minimally invasive, with fewer multiple pregnancies." Stanford, Parnell, and Boyle, "Outcomes from Treatment of Infertility with Natural Procreative Technology in an Irish General Practice", Journal of the American Board of Family Medicine, January-February 2009, vol. 22, no. 1, pgs. 94-95.

For couples who have a problem with infertility, using only the Creighton Model of fertility-focused intercourse on their own with no medical help or treatment, 20-40% will conceive within eight to twelve months.

RTE: What would indicate a possible infertility problem?

MELANIE: If a couple hasn't conceived within a year, while trying, you might look to see if there are fertility problems. However, if the couple is using fertility-focused intercourse and haven't conceived within six months, we begin to look for reasons. We are interested in finding problems quickly because age is always a factor, particularly after 35. This could include problems like a low sperm count, which could be a sub-fertility issue, or if a woman is just not ovulating. Limited cervical mucus can be another factor. But with the Creighton Model and medical treatment, up to 80% will conceive.

RTE: Eighty percent! That's wonderful! What might medical treatment include?

MELANIE: It differs with individuals and causes for infertility. The 80% success rate would include women who have low progesterone and perhaps keep miscarrying because their hormone profile is off. They can be supplemented with progesterone and then carry the baby to term. Women with endometriosis would be less successful, but there is certainly hope. I myself conceived after laparoscopic surgery for endometriosis.

RTE: Obviously, some of these women have already sought regular medical treatment. Why do you think Creighton practitioners are more successful?

MELANIE: I think that we are just better at what we do. For example, even the way we take hormone profiles is more thorough than most OB/GYNs. They might test once for progesterone and it might be at a point in the cycle where they are just looking to see if ovulation has happened. We do a more extensive hormone profile. Even the way our Creighton-affiliated OB/GYN's do their surgeries can be considered a little counter-cultural to the regular medical establishment because we are so careful. For instance, we want to have less pelvic adhesions so we use more fluid in surgery than other surgeons. Common surgeries would include unblocking Fallopian tubes and treating endometriosis or Polycystic Ovarian Syndrome.

Using the Creighton /NaPro Method for Natural Birth Control

RTE: You've mentioned that the Creighton Method is close to 97% effective when used for birth control. In the Greek Orthodox world and many parishes in the West, birth control has generally been left as a decision between the couple and their spiritual father. In the Slavic Orthodox world there is usually a much more conservative attitude. In *The Basis of the Social Concept*, the Russian Orthodox Church condemns artificial birth control that might cause the fertilized embryo to abort, which includes the new mini-pills you mentioned earlier and IUDs. There is nothing specifically said about barrier methods, although they write that, "the deliberate refusal of childbirth on egoistic grounds devalues marriage and is a definite sin". The statement does accept periods of abstinence and this would include natural family planning.[13]

While some Orthodox Christians would say that we are co-creators with God and therefore can choose to use natural family planning methods, others are concerned that we are still exerting our will over God's providence in sending us a child when and as He wills. Will you speak to this?

MELANIE: It has certainly become harder for women, even for those who don't work full-time, because most of us don't have those extended family ties—the mothers and grandmothers living with us, the aunts and uncles close by, the brood of cousins as our playmates, the neighbors up and down the street watching out for us.

Not only do we lack this community infrastructure, but we often have two parents working to afford what everyone thinks you need now to have a family. Children used to be seen as a blessing, the fruit of your marriage and something that you prayed for and longed for. Although people now go to great lengths to have children, children are also seen as a financial burden, or "If I have another child, I can't achieve my career goals, I can't write my dissertation". There's very much a change in the language that we have chosen.

RTE: Yes, and I also believe that we need to find ways to support mothers who have academic and creative gifts to offer, not just the unwed teenagers. These talents are from God and it's not an accident that He has raised up these women in an era when they have these possibilities.

13 http://www.mospat.ru/en/documents/social-concepts/xii/

MELANIE: Yes, and also we are seeing more depression and anxiety in our general population which makes it very difficult for women and men to deal with daily life. This is why the connection to the spiritual father is so important. The spiritual father knows the situation of each person and can guide them accordingly. Couples may abstain for medical reasons, for severe financial reasons, or because they mentally can't handle another child.

RTE: I wonder if the financial reasons ever come by themselves? As we all know, many poor cultures have child after child with little income at all.

MELANIE: My boss is fond of saying that her Irish grandmother used to say, "Ah, every baby is born with a loaf of bread under each arm!" God will provide.

I also remember that in her book, *Real Choices*, Frederica Mathewes-Green wrote of her travels around the United States, speaking to women who have had abortions. Most of these women said that the deciding factor in changing their mind and keeping the baby would have been, "if one person had told me that they would stand by me and unfailingly support me." I believe that we as Christians have a responsibility to help those who are in need, whether that need is physical, mental, or economic. All of us are given gifts to help. This is why Orthodox charities like Rachel's Vineyard, which assists women with crisis pregnancies and healing after abortion are so important.[14] This is a way to help women who want to keep their children but don't know how.

RTE: The most radical example of personal charity I've heard of is from The Farm, a counter-culture commune in Tennessee that began in the late 1960's. Some of their women are highly trained midwives and they have a clinic as well. In the early 1970's they put out an appeal across the U.S., "If you find yourself pregnant and are thinking of an abortion, you can come and live with us, receive prenatal care, and after giving birth, if you like, you can stay as part of our community. If you want to leave, but don't feel you can care for your baby, we will take care of him, and if you want the baby back at any time you can come and get him." I think that many women took advantage of this. They were also some of the first proponents of the Billings Method of natural conception, which was a forerunner of your own method.

14 Rachel's Vineyard can be reached at (toll-free) 877-467-3463 or online at: http://www.rachelsvineyard.org/

MELANIE: Wow. People are starving for community, but at the same time we are so isolated and afraid that we don't know where to find it. There is also a kind of stigma now against large families. My Catholic friends with large families feel rather persecuted in public. People come up and say, "Gosh, when are you going to stop?" An Orthodox priest in my area recently told a group of teenagers, "When I see families with all of these kids running around I sometimes want to hand them birth control myself." To hear this being preached from the pulpit, that large families are somehow irresponsible and are using up the earth's resources is a truly Malthusian concept.[15] The seven billionth person was just born, and now people are starting to bring up overpopulation again. That kind of thinking is very dangerous.

RTE: What do you do if a couple comes to you with a contraceptive mentality?

MELANIE: There's usually one story that I tell when people ask me this. I had a young couple who had only been married about eight months who initially wanted to learn to chart the wife's fertile days so that they could use barrier methods only at the time of fertility. When they came in I asked, "Can you just give me a month—one cycle—without using the artificial barrier methods, just use the system as intended, and I promise I'll be at your beck and call if you have any questions. They gave me that month.

When the couple came in after trying this natural method as it was intended, they just seemed so in love. They were holding hands, they were close, laughing, and joyful. It was a dramatic change from their first visits and I thought, "How beautiful and wonderful." Later, after they had a pregnancy scare and went back to using the barrier method, I noticed a distinct change in their affect and demeanor. Another interesting fact is that among users of natural family planning the divorce rate is notoriously low, below 3% as opposed to the 40-50% rate that is generally reported.

RTE: At the OCAMPR conference again, Professor Patitsas spoke of the ethical problem of artificial contraceptives and technologies being a violation of hospitality, in this case a lack of hospitality to the child. Some people would take it further and ask if abstinence isn't a denial of hospitality to the husband and wife, as well as to the child?

15 Thomas Malthus: 18th-century English writer who was one of the first to develop the idea of overpopulation and that the world's resources are running out.

MELANIE: Although during major fasts we also abstain, as a means of opening ourselves to hospitality to God. All I can say is that I think that for everything there is a season. We aren't animals in heat and it's good to temper the passions.

This is an aspect of our Orthodox faith that is very beautiful and that many other faith traditions do not have—we not only fast from certain types of food, but from marital relations during the four major fast periods, on weekday fast days, and before receiving Holy Communion. In traditional cultures, couples also abstain while the baby is nursing, until it is weaned, so coming together after these times is beautiful. This was universal in Christendom before the Reformation. For us this is part of our spiritual life, and I hear from many women that coming together again is like another honeymoon.

Very observant Orthodox Jews still refrain half of the month, from the time of the onset of a woman's period until a full seven days after it has stopped. For a woman with a normal cycle, this would be the point at which most women naturally conceive, and because they have refrained, the man has more potent sperm. Physiologically it all works.

Now the traditional Jewish community is trying to figure out what this means for women who have very short cycles or abnormal bleeding. If a woman has a short 25-day cycle, she's not necessarily going to ovulate on day 14, which is when they can go dip into the ceremonial pool, be considered ritually clean and able to be embraced by their husbands. Some rabbis have said that it is better for a woman to follow the fast of the Orthodox-Judaic custom and then to go ahead and have one of these reproductive technologies than to be disobedient to what the custom says. They would actually say, "It's better for you to have IUF or IUI than to break this custom." But they are struggling with this now.

RTE: Abstinence during the fasts is still practiced almost universally by pious Orthodox in the Slavic churches. For most of the Christian era, abstinence was built in and births came in due season.

Vulnerability, Prayer, and Hope

RTE: I know that as a full-time high school teacher, you do this counseling in your spare time as a ministry. How do you feel about your work?

MELANIE: When I went for training my thought was, "If I can just help one person have a baby, the time, travel, expense for the course in Omaha will all be worth it." Fortunately, there have been more than one.

RTE: How does your Orthodox faith relate to your work with fertility?

MELANIE: I think that for every Christian, the message of the Gospel is Christ crucified and Christ resurrected, and to love your neighbor as yourself. In little ways everything in our life is a crucifixion and a resurrection and you see that mirrored with people: emotionally, physically, in every facet. Loving your neighbor as yourself is helping someone who is in pain. Trying to do what you believe is the best thing for a couple is a gift on both sides.

RTE: I've known several women who, after finding themselves unable to conceive, finally opened their hearts to adopting a child. After putting in the application, they suddenly discovered themselves pregnant. Do you think that the vulnerability of just abandoning oneself to God's providence is an aid to conception?

MELANIE: Yes, this is the idea that we don't set our own stubborn will up in opposition to God's will. At the root of that is pride and egoism. We want what we want, when we want it. When God doesn't give it to us we can kind of pout. We hear stories all the time that when people finally give up and let go of the desire is when they are blessed.

RTE: Similarly in the 12-step programs, once people finally admit their inability to control their own lives, they often have an experience of God and things start moving for them.

MELANIE: Tenderness and weakness can also initiate a change because there is a great amount of guilt, blame and shame that go hand-in-hand with infertility. It can be a very painful process for an individual and a couple. We can feel very hurt and lost because we think that something that should fulfill us is beyond our reach. Women particularly feel that biological clock ticking. This can lead us to some of the decisions that infertile women make—to use IVF or another reproductive technology. The pain and longing can be very acute.

It is particularly hard for those of us in a western society who are taught, "If you work hard enough you will get it." This is the American dream that

you can pull yourself up by the bootstraps, the rugged individualism of "I can do it, I can be it." For many women who are career women and wives—professionally successful, who entertain, shine socially and become masters of their own little universe—to not succeed at conception may be the first time in their life that they find themselves failing. This brings the realization that you can't control everything: we are all subject to God's will. Still, none of this diminishes or negates the pain or suffering of infertility because it is a cross. It is a cross that Joachim and Anna had to bear, as well as Elizabeth and Zachariah, Abraham and Sarah. Yet, as Metropolitan Nikolaos says, biological sterility may become the cause of rich spiritual fertility for a couple that humbly accepts God's will in their life.[16]

RTE: Which saints inspire you in this work?

MELANIE: I always pray to Sts. Joachim and Anna, asking for their prayers before God for my infertile clients. I've had one client who has not been able to carry a child. She conceived once with the method and since then she has advanced in age and has progressive endometriosis. She is now looking to adopt. For my clients who decide to adopt I pray to St. John Maximovitch, Archbishop of Shanghai and San Francisco, because of his great love for the abandoned children of Shanghai. Recently I also began contemplating unmarried women who have problems with their reproductive systems, or any woman who simply needs to be restored to health. Here I thought of the Gospels and the woman with the issue of blood, who in Orthodox tradition is thought to be St. Veronica or Berenice.

RTE: What do we know about her?

MELANIE: By tradition she was married and had suffered from the issue of blood for twelve years before she met Christ. This was a debilitating illness on which she had spent all of her money searching for a cure. In Hebrew tradition she wouldn't have been allowed to touch her husband because she was bleeding, nor would anyone be allowed to touch anything that she had touched. So, she not only felt sick and physically drained, but was living almost like a leper.

16 The Greek Orthodox Position on the Ethics of Assisted Reproduction, http://www.bioethics.org.gr/MMLN%20assisted%20repro.pd

RTE: We generally focus on the miracle and forget what those twelve years must have meant.

MELANIE: Yes, and when she sees Christ she kneels down to just touch the hem of His garment. The first time that I really thought about that Gospel, I couldn't understand why the Lord called her out in front of this crowd, by saying "Who touched me? ...Power has gone out of me." Chrysostom says that this was a theft on her part, but a good theft, and that the Lord exposed her in order to ease her conscience so that she wouldn't feel that she had stolen the miracle. At the same time He praises the faith that opened her to healing. I think He was also showing the Pharisees that although she had broken the law by touching him, her faith was rewarded.

RTE: Melanie, to close, do you see people reawakening to the need for a more natural approach to reproductive health and infertility treatments?

MELANIE: Yes. The Creighton Method practitioners in the Boston area are on the verge of being swamped. I've had five calls this week alone from couples interested in counseling, and this shows a growing awareness. Natural conception in the body is the most loving and healthiest option, and I think that that should be our goal—to restore a woman's system to health and help them to have a baby in the best possible way. ✣

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To find a local fertility counseling practitioner, look up the Creighton Method/Natural Procreation Technology websites at: *www.creightonmodel.com* or *www.naprotechnology.com*.