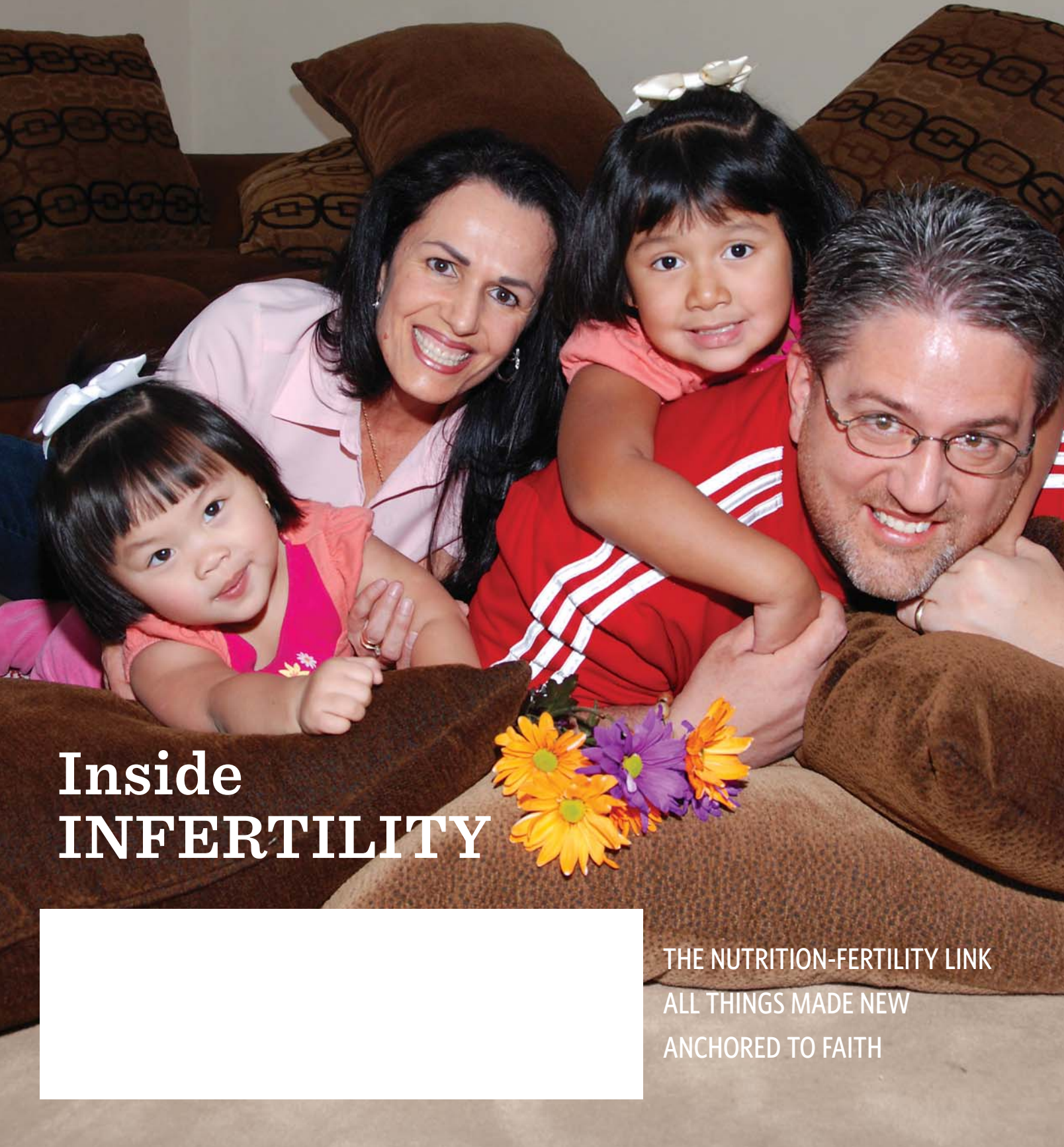


# Family Foundations



## Inside INFERTILITY

THE NUTRITION-FERTILITY LINK  
ALL THINGS MADE NEW  
ANCHORED TO FAITH

Gerard & Amy Kubelka of  
Conroe, Texas, at Our Lady of  
Guadalupe Grotto



# Inside infertility

by Kathleen M. Basi

When you start trying to conceive, everything feels different. Ordinary days are infused with a secret glow: Has it happened yet? Is a miracle taking place inside me? Is my wife carrying my child?

You count the days of the luteal phase like beads on a rosary, wondering how soon you can justify taking a pregnancy test. Heart pounding, fingers shaking, you stare at the little screen on the stick, waiting for the plus sign that will change your life forever.

But what happens when it never appears?

Most people assume that if the wife's cycles are normal, a couple shouldn't have any problem conceiving. But as NFP users, Alison and Michael Contreras, of Houston, Texas, discovered that's not always the case. After 18 months of textbook cycles, they have not conceived.

"We've been to the doctor to check that there's nothing obviously wrong," Alison said. "But while we are financially stable enough to have children, the extra cost of infertility treatment is something we're not prepared for. This equates to putting our dreams of parenthood on hold."

Infertility affects more than 7 million couples in America. In a climate where artificial insemination and IVF are part of standard treatment protocol, faithful Catholics carry an additional burden: They

have to defend their beliefs, often in the face of an unsupportive medical community and loved ones who don't know what to say.

In August of 2005, Nicole Havrilla, of Amarillo, Texas, began having abdominal pains. As the months passed, the pain became debilitating. Over the next two years, Havrilla and her husband went to five different doctors. Most wanted to prescribe medication to mask the symptom; one suggested that the pain was all in her head.

Havrilla was furious. "Doctors are supposed to listen to you and help," she wrote on her blog, *survivingendometriosis.blogspot.com*. "But I was getting brushed right out the door."

Others are influenced to make choices they later regret. When

## Fast facts

### 7.3 million

Number of women, ages 15-44, with impaired fecundity

### 11.8

Percent of women, ages 15-44, with impaired fecundity

### 85

Percent of infertility cases that can be treated with medication or surgery

### 0.07

Percent of U.S. health-care costs from assisted reproduction techniques, including in vitro fertilization

*Editor's note: Some sources chose to withhold their last names for privacy.*

Bernard and Bryant W., of Mobile, Ala., sought help for infertility, their doctor advised intrauterine insemination. They followed her advice and conceived, but it was an ectopic pregnancy. “I was never confident with our choice,” Bryant said. “After that, we knew we had a problem bigger than we could handle and we didn’t feel comfortable with the path our doctor was taking us down.”

## The emotional toll

Despite the growing number of people affected by infertility, the experience continues to be one of suffering in isolation. For NFP users, it can be particularly painful. Surrounded by families that bear visible tribute to openness to life, they often feel cut off from the normal human experience.

“We offer congratulations, we thank God for the gift of life, but we are dying inside,” said Annie Norton, an NFP user from Maryland. “We too are open to life but there is no laud for offering up to God yet another failed cycle, no congratulations for dying to ourselves over and over. Only God sees our pain.”

For CCL’s Project Manager Silvia Schmidt of Burlington, Ky., baby

## Reproductive technologies: What’s a good Catholic to do?

Recent medical advances have yielded many treatments for infertility. But not all of them uphold the dignity of the human person. No matter how noble the goal, nothing may interfere with the marital act.

Yes

### Infertility treatments allowed by Church teaching

#### Diagnosis of both spouses, as long as semen samples are obtained by

- a post-coital test
- using a “non-lubricated, perforated condom after normal intercourse” (USCCB guidelines — see below).

#### Treatment of ovulatory dysfunction or physical blocks within the wife’s reproductive system, for example:

- Metformin regimen for polycystic ovaries
- Clomid or other pharmaceuticals to encourage ovulation
- surgery to treat conditions such as endometriosis
- normal egg sonographic transfer (NEST, in which an ovum is surgically moved past a blockage within the woman’s fallopian tube)

### Treatments not ruled on

- Intrauterine insemination (IUI) of a semen sample obtained following normal intercourse.

*Dr. Kim Hardey, of Lafayette, La., points out that “most doctors who would do the insemination would not put up with you wanting to collect the specimen that way, anyway.”*

No

### Treatments contrary to Church teaching

- collecting a semen sample by masturbation
- in vitro fertilization (IVF), zygote intra-fallopian transfer (ZIFT), and intracytoplasmic sperm injection (ICSI)
- ovum donation or surrogate uterus
- artificial insemination using sperm obtained through masturbation

### In a nutshell

Anything that helps marital intercourse to be more effective is moral.

Anything that inserts a third party into the act of conception or replaces intercourse is not.

For more information, visit:

- [www.catholicinfertility.org](http://www.catholicinfertility.org)
- [www.usccb.org/prolife/issues/nfp/treatment.htm](http://www.usccb.org/prolife/issues/nfp/treatment.htm)

- Gamete intra-fallopian transfer (GIFT).

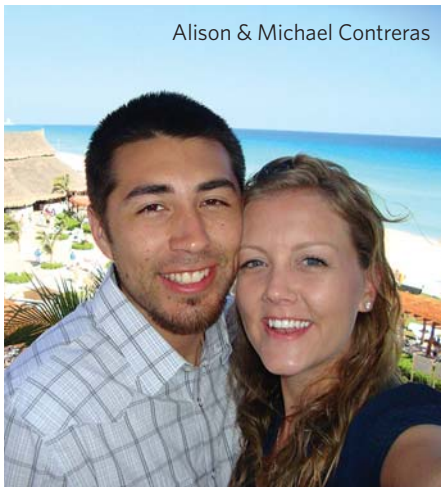
*This procedure has largely been replaced by IVF and is subject to the same moral issues as other treatments involving a semen sample.*

showers were excruciating. Often, she would retreat to a corner and cry. “I felt so empty, so lonely,” she said. “It’s the heaviest cross I ever had in my life.”

It’s not that people don’t care; they do, but they’re often afraid to say the wrong thing — which, of course, they inevitably do.

When Kathryn Groening, a CCL member from Midland, Mich., was suffering from secondary infertility, one person suggested that perhaps her recent miscarriage was actually a good thing.

But by far the most common, and frustrating, comments spoken to infertile couples include the words “stress” or “relax.”



Alison & Michael Contreras

Alison Contreras, who blogs at [matchingmoonheads.wordpress.com](http://matchingmoonheads.wordpress.com), points out, “With infertility, you are grieving the loss of children you will never be able to have. You wouldn’t tell someone grieving the loss of their father to just relax. You’d do something that would show you’re thinking about them and you’re trying to make their load lighter.”

Stress and infertility, she adds, go hand in hand because the emotional beating never lets up. “By the time you’ve accepted you’re not pregnant in the last cycle, the next cycle has already arrived and you’re hoping that this cycle will be the one,” she

## The right words for a tough time

What to say (and not say) to couples experiencing infertility

### Don’t say

#### “Just relax and it will happen.”

This implies that the couple’s inability to relax is the reason they can’t get pregnant. But infertility is caused by ongoing medical issues, which usually aren’t made public until the couple has struggled for some time with them in isolation and growing stress. The stress is a result of infertility, not the other way around.

#### Don’t ever offer to sell or give away your children.

It may be a joke, but it is incredibly insensitive to say this to people suffering from infertility.

#### “You can always adopt.”

True. But first, couples must go through the process of grieving the biological children they will never have. Besides, adoption costs tens of thousands of dollars; presenting it as a simple fix only adds to the pain of infertility.

#### “I just know you’ll be parents one day.”

You don’t know that for sure, any more than the couple suffering infertility does. The unending cycle of hope and despair is the hardest thing about the experience.

#### “I know how you feel.”

Unless you’ve dealt with infertility, you don’t.

### Do say

#### “I’m praying for you.”

Be quiet and listen.

Nothing you say can take away the pain of infertility, but couples aren’t asking you for a solution. They just want to share their burden and be understood.

#### “I can’t imagine how hard this must be for you.”

By the time a couple recovers from the last cycle’s disappointment, it’s time to try again. The emotional toll is never-ending.

#### “I love you.”

Every infertile couple doubts their self-worth at some point. Knowing they are loved can make all the difference.



I think God has our children.  
Sometimes we just have to find them.

## Silvia Schmidt's protracted journey to motherhood

*As told to Kathleen Basi*

I was a little older when I got married, but thanks to NFP, my husband, Bernie, and I knew we would be able to get pregnant whenever we wanted to. Only we didn't. After nine months of trying, I started to think there was something I didn't understand.

One day I called CCL Central and talked to a woman there who worked with Spanish development. It was her last day, as she was going on maternity leave. When she realized I was Mexican and, hence, bilingual and lived close by, I was then approached by CCL about taking over for her.

Looking back, I can see how God works. God was using the job to lead us to our daughter. If I would've called the next day, who knows?

Together, Bernie and I spent seven years trying to conceive.

My luteal phase was short, so I took Optivite. I was trying to be healthy, doing exercise, even yoga. Once, in 2003, I got pregnant, and I thought, "Thank you, God!" But I miscarried at 10 weeks.

For a year I suffered from depression. I didn't even want to wake up. I kept asking God to take away the pain. The fact that I didn't know the reason for the infertility made it so difficult.

We saw a specialist in Cincinnati, but he wanted to do artificial insemination. So I drove six hours to visit an NFP doctor named Dr. Mark Stegman.

Dr. Stegman told me, "I think you have endometriosis." We scheduled surgery, and he prayed with me before I went in. The surgery was successful, but after several more months, we found out my hormones were all out of whack. Dr. Stegman advised, "It will be very difficult to get pregnant. If I were you, I'd focus on adoption."

After seven years, it was over. It was hard, but at the same time, it was a relief, because I knew what the problem was. I could move on.

A few months later, we started the process of adopting from China. At the first meeting we had with the social worker, I cried. I couldn't believe we were here. I kept thinking, "Is this real?"

Not long after this, I saw God's hand at work.

I spend most of my days upstairs at CCL Central, but this day an errand brought me downstairs to the Order Processing department. One of my coworkers was having a difficult phone conversation in Spanish to a Guatemalan woman who was pregnant and desperate for help. I asked to speak to the caller, and in the midst of the conversation I talked to her about adoption. Without thinking about it, I used the example of my husband and me to express that there were many people who would love to raise her baby. A week later she called and said she wanted to us to adopt her daughter.

Bernie had a lot of questions, so we went to our social worker, who answered them. After much prayer and discussion, we decided to adopt. I became very involved with the birth mother, taking her to the doctor every week.

I was there for the birth of our daughter Karla. And ever since, even though I cannot have biological children, I don't feel infertile any longer. When Karla came into our lives, those seven years, the suffering and tears and pain, all went away. I felt fulfilled.

The China adoption was supposed to take six months, but actually took four years. The wait wasn't easy, but it would have been much, much harder without Karla in our lives. We took three-year-old Karla with us to China in November of 2009 when we adopted our second beautiful daughter, Kristina.

Our children grew in our hearts because we just wished for them for so long. We are all from different countries: America and Mexico and Guatemala and China. And we are a family. I realize now that God always had our children in His hand. We just had to find them.

said. "It's a rollercoaster."

There's a good reason why it's so hard to find the right thing to say: Mere words can't take away the pain. There's no guarantee that a baby will ever arrive, and the couple has to come to terms with that on their own. But Contreras advises loved ones to listen and remind infertile couples that they are loved, that they are not forgotten.

Men and women deal with infertility in different ways. "I don't call and talk to my friends about it," said Bernard W. "I don't look for consolation." But that doesn't mean he doesn't feel the pain. "Emotionally, it's draining," he said.

Michael Contreras has found that the differences in the way he and his wife cope can cause marital friction. "Making our marriage work

in day-to-day life, when this is hanging over our heads, is the hardest part," he said. "Every moment is a challenge for me to be better than I thought I could be."

## A spiritual journey

When crunch time comes to call, it's tempting to view Church teaching as a series of "thou shalt nots."

But Father Daniel Mindling, author of a 2009 USCCB-published brochure "Addressing Infertility With Compassion And Clarity" and dean of academic dean of Mount St. Mary's Seminary in Emmitsburg,

Md., insists that nothing could be further from the truth. The church affirms the dignity of the spouses, their marriage, and their God-given desire for a child. "To diagnose and address infertility is to seek health through methods which don't replace the conjugal act, but which assist it, to make it able to receive the gift of fertility," he said.

Father Mindling believes people understand this at an instinctive level, even when they resist. "People get glimpses of the truth in their

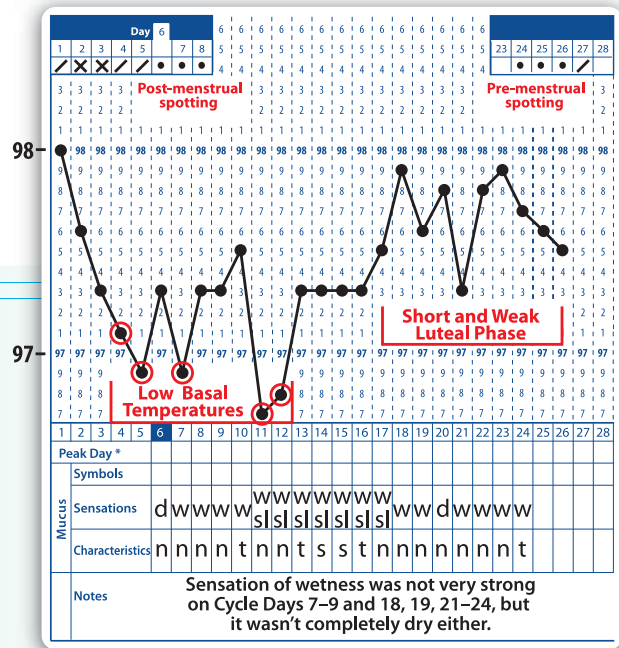
## Chart notes

### How CCL charts flag fertility issues

A CCL chart is well designed to help couples interpret their fertility. Here are some key things to be on the lookout for on your chart before it's time to conceive, as highlighted by CCL NFP Consultant Vicki Braun.

#### Note the following in the above chart:

- **Low overall basal temperatures.** This may indicate underactive thyroid or adrenal stress, which can influence a woman's ability to conceive and sustain a pregnancy.
- **Weak thermal shift, short luteal phase.** This could mean that progesterone levels are insufficient to sustain pregnancy. "If your luteal phase is 10 days or fewer, you really should be working to get a better one," Braun said.
- **Pre- and post-menstrual spotting.** This also points to inadequate corpus luteum function, or low progesterone, which affect a woman's ability to sustain pregnancy.



#### Any of these things may be addressed by:

- **Implementing the suggestions** found in Marilyn Shannon's *Fertility, Cycles & Nutrition*
- **Consulting a nutritionist** trained to determine underlying toxicities or nutritional deficiencies (see [www.iaacn.org](http://www.iaacn.org))
- **Consulting a doctor** who uses licit testing and treatment options (check at [www.omsoul.com](http://www.omsoul.com) or [www.popepaulvi.com](http://www.popepaulvi.com))
- **If CCL members, contacting Vicki Braun** at Central by email, [vbraun@ccli.org](mailto:vbraun@ccli.org), or phone, 800-745-8252.

Braun said, "A brief description of the woman's mucus sensations and characteristics helps us better understand if the follicle(s) is developing properly and the corpus luteum is functioning adequately."

desire to be as natural as possible, in a certain repugnance toward what's being suggested by infertility specialists, when they have this sense that something is uncomfortable or degrading." These are moments of grace, he says — opportunities to grow in understanding.

"Fertility is a gift from God in which we are invited to collaborate. It's an amazing thing God shares with us as human beings. You have a child because you have love that overflows, love that needs to be shared."

After three healthy pregnancies, CCL Promoters Gerard and Amy Kubelka of Conroe, Texas, lost three pregnancies to miscarriage. It was a crushing blow.

"I began to understand fertility humility," she said. "I had to learn that the Lord wants us only to be willing to create new life with Him. Mary was always willing to bring forth new life, yet the Lord asked her to bear just one child."

Bryant W. acknowledges that sometimes she has doubts. "It has been difficult," she said. "But I have developed a more mature faith. You are brought down to such lows that sometimes the only thing that keeps you going is faith."

The idea of infertility as a blessing seems foreign, but it is a recurring theme. "We are fortunate to have a faith that teaches value in suffering," said Contreras. "We are blessed and a very real sign of God's grace, because only through Him can we be healed and be able to carry this cross."

"Couples suffering infertility can feel betrayed," Father Mindling said. "They can feel spiritual sadness — 'I'm being punished; we messed around before we were married; I wasn't faithful' — who knows what they're carrying?"

And this, he says, is why it's so important that fertile couples support their infertile peers. "Couples have such a tremendous ministry to

## Cost and success rate of infertility treatments

### Fertility drugs

Success rate: About 20-60% with IUI  
Cost: \$50-5,000/month

### Surgery

Success rate: 10 to 90%, depending on type of surgery  
Cost: \$3,000 to \$10,000

### Artificial insemination

Success rate: 5-25%  
Cost: \$300 to \$700

### IVF, ZIFT and GIFT

Success rate: 28-35%  
Cost: \$9,000/cycle on average

### NaPro Technology

Success rate: 38-82%  
Cost: \$322-\$992

Sources: *BabyCenter.com, Dr. Hilgers*



one another," he said. "They bring light into that darkness and confusion — hope and compassion and insight and the Gospel."

### Grasping for hope

Hope can be found in many places: in online communities, where women compares notes and learn from each other's successes and failures; in the Bible, which tells many stories of people triumphing through great suffering.

Couples also stress that journeying together through infertility has strengthened their marriages. "As much as you'd like to think otherwise, your marriage is vulnerable," Michael Contreras said. "Infertility makes you discuss the very foundation of what makes your marriage unique and learn to



Dr. Thomas Hilgers,  
founder of Creighton NFP  
and NaProTECHNOLOGY

distinguish that from what is desirable but ultimately optional."

George Havrilla agrees. "As a couple who uses NFP, fertility is a joint reality," he said. "My wife's disease was something we had to both overcome. It was also this joint view that allowed me to be open to my own fertility being tested."



Photo: Maria Triticco

Gerard and Amy Kubelka in prayer in Sacred Heart Church, Conroe, Texas.

For the Havrillas, hope has a name: Dr. Thomas Hilgers. The founder of Creighton NFP and NaProTECHNOLOGY, a medical approach that cooperates with a couple's fertility, treats women from all over the country at his Nebraska practice. Hilgers surgically removed the endometriosis that caused Nicole's blinding pain, and with progesterone supplementation, the Havrillas conceived at last, bringing their daughter Claire into the world on March 8, 2010.

Bryant W. also praises Hilgers' work. "Dr. Hilgers' methods address health problems that prevent pregnancy, where artificial technologies focus on getting you pregnant, not addressing the health problems," she said.

NaProTECHNOLOGY helps many couples, but nothing is certain.

Some couples will never conceive, and Father Mindling stresses that we can offer them hope as well. "Infertility doesn't mean God loves them less," he said. "We can help them see that their marriages can be fruitful and complete by reaching out to those in need."

Kathryn Groening has a similar perspective. "Don't stare at a locked door so long that you don't notice the other doors or windows in the room," she advises couples experiencing infertility.

"God is not blind to our efforts, however fruitless they may seem to us," Norton said. "Fertile or infertile, our job is to trust God's plan for us, even — maybe especially — when God's plan doesn't match up with ours. Perhaps," she added, "this is what being open to life is all about."



## Web extras

For complete interviews with the interviewed couples as well as links to other helpful resources, visit CCL's new blog, [www.artofnfp.org](http://www.artofnfp.org).

## Further reading

To read Father Mindling's infertility brochure, log onto [www.usccb.org/prolife/programs/rfp/2009/](http://www.usccb.org/prolife/programs/rfp/2009/) and click on "Addressing Infertility With Compassion and Clarity."