

1. Infertility in Marriage and Assisting Reproduction

1.3 Morally Permissible Methods of Addressing Infertility

On behalf of the Natural Family Planning Program of the United States Conference of Catholic Bishops, Hanna Klaus, M.D., has formulated a list of medical procedures and technologies assisting reproduction which are in agreement with Catholic moral teaching:

- Observation of the naturally occurring signs of fertility, with intercourse timed on the days of presumed (potential) fertility.
- General medical evaluation of both spouses for infertility.
- Post-coital testing to assess sperm number and viability in “fertile type” mucus, undertaken after normal intercourse.
- Appropriate evaluation and treatment of male factor deficiency, with seminal fluid samples obtained from a non-lubricated, perforated condom after normal intercourse.
- Assessment of uterine and tubal structural competence (capability of performing its function) by imaging techniques (e.g, ultrasound, hysterosalpingogram).
- Appropriate medical treatment of ovulatory dysfunction.
- Appropriate (usually surgical) correction of mechanical blocks to tubal patency (the state of being open). (1)

For example, procedures aimed at removing obstacles to natural fertilization may be undertaken, such as surgery for endometriosis or unblocking of fallopian tubes or their surgical repair. (2) Drugs may be given to a woman to cure a pelvic infection in its early stages (3), and hormones can be administered for cervical mucus production. (4) Progesterone may be administered to help support a pregnancy by making the lining of the uterus more receptive to embryo implantation. (5) In the case of men, drug treatment can be used to alleviate Kallman’s syndrome, a condition affecting sperm production and the development of secondary sexual characteristics. (6) Such medical practices are in accord in with Catholic moral teaching on reproduction.

Catholic moral teaching does not preclude the use of **fertility drugs**. However, some cautions are in order.

Fertility drugs may cause multiple ova to develop and be released at one time, making it more likely for a woman to become pregnant with twins, triplets, or even higher numbers. (7) Such multifetal pregnancies bring risks for the mother, such as high blood

pressure (pre-eclampsia, toxemia), diabetes, anemia, gastrointestinal problems, and premature labor. (8) Multifetal pregnancies also pose serious risks for the fetuses. Such pregnancies can result in miscarriage or in premature birth. (9) Babies born prematurely may have problems with their lungs, stomach, or intestinal tract. Premature babies are more likely to experience problems with brain development and nerves, which may result in cerebral palsy. Premature babies are likely to be underweight, and may get sick and even die. (10) The March of Dimes has taken note that “the widespread use of so-called fertility drugs...likely plays a larger role than previously realized in the growing problem of premature births in the United States, because these drugs cause a high percentage of multiple births.” (11)

In the case of multifetal pregnancies, some health care professionals will recommend pregnancy reduction (that is, the selective abortion of some of the fetuses) in order to reduce these risks. (12) If a multifetal pregnancy does result from the use of fertility drugs, *aborting some of the fetuses is never permissible*. This falls under the Church’s general prohibition of abortion. (13)

The risk of a multifetal pregnancy occurring varies with the type of fertility drug used. Mayo Clinic reports that “oral medications carry a fairly low risk of multiples (less than 10 percent) and mostly a risk of twins.” (14) On the other hand, “chances increase up to 30 percent with injectable medications” which “also carry the major risk of triplets or more.” (15) Thus a couple should take time to become informed about the risk factor for the particular fertility drug recommended for their use. Moreover, some measures can be taken to reduce the risk of multifetal pregnancies. For example, if it appears that too many ova are developing during a particular cycle, a couple can decide to forgo attempts to conceive during that cycle. (16) Health care professionals have noted, however, that “for many couples, the desire to become pregnant overrides concerns about conceiving multiple babies.” (17) Morally, a couple should take into account the health risks of multifetal pregnancies for both the mother and the fetuses when making these decisions. This is part of our general moral obligation to avoid actions which can bring significant harm to persons.

Morally permissible are forms of **artificial insemination by husband** which do not replace the conjugal act but *which facilitate the act of sexual intercourse between spouses or help it to reach its natural objective of conceiving a child* (see *Handbook section 1.2*, Guiding Principle 3). For further explanation, consult *Handbook section 2.1 Particular Reproductive Technologies: Artificial Insemination by Husband (AIH)*.

Assessment by theologians of the moral permissibility of the procedure **Gamete Intrafallopian Transfer (GIFT)** has been mixed. To date, GIFT has been neither approved nor disapproved by the magisterium. (18) For an extended discussion of GIFT, consult *Handbook section 2.5 Particular Reproductive Technologies: Gamete Intrafallopian Transfer (GIFT)*.

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Notes

1. Hanna Klaus, M.D., *Reproductive Technology (Evaluation & Treatment of Infertility) Guidelines for Catholic Couples*. Natural Family Planning Program, United States Conference of Catholic Bishops, 2009. <http://www.migrate.usccb.org/issues-and-action/marriage-and-family/natural-family-planning/resources/upload/Reproductive-Technology-Evaluation-Treatment-of-Infertility-Guidelines-for-Catholic-Couples.pdf>. Accessed 2017.
2. Congregation for the Doctrine of the Faith, *Instruction Dignitas Personae On Certain Bioethical Questions*, no. 13. 2008. Available at [http://w2.vatican.va/English > Roman Curia > Congregations > Doctrine of the Faith > Documents](http://w2.vatican.va/English/Roman_Curia/Congregations/Doctrine_of_the_Faith/Documents). Accessed 2018.
3. Richard Marrs, M.D., Lisa Friedman Block, & Kathy Kirtland Silverman, *Fertility Book* (New York: Dell, 1997), p. 128.
4. *Ibid.*, pp. 178-9.
5. *Ibid.*, pp. 146-7.
6. *Ibid.*, p. 242.
7. American Society for Reproductive Medicine, *Fact Sheet Fertility drugs and the risk of multiple births*. 2012. <http://www.reproductivefacts.org>. Accessed 2017.
8. *Ibid.*; American Society for Reproductive Medicine, *Patient Fact Sheet Complications and Problems associated with Multiple Births*. 2008. http://www.uicivf.org/uploads/ASRM_complications_multiplebirths.pdf. Accessed 2017.
9. American Society for Reproductive Medicine, *Patient Fact Sheet Complications and Problems associated with Multiple Births*.
10. American Society for Reproductive Medicine, *Fact Sheet Fertility drugs and the risk of multiple births*; American Society for Reproductive Medicine, *Patient Fact Sheet Complications and Problems associated with Multiple Births*.
11. March of Dimes, "Fertility Drugs Contribute Heavily to Multiple Births." <https://www.marchofdimes.org/news/fertility-drugs-contribute-heavily-to-multiple-births.aspx>. Accessed 2017.
12. American Society for Reproductive Medicine, *Fact Sheet Fertility drugs and the risk of multiple births*; American Society for Reproductive Medicine, *Patient Fact Sheet Complications and Problems associated with Multiple Births*.
13. Congregation for the Doctrine of the Faith, *Dignitas Personae*, no. 21.

14. Mayo Clinic, *Female Infertility*. <http://www.mayoclinic.org/diseases-conditions/female-infertility/diagnosis-treatment/treatment/txc-20231648>. Accessed 2017.
15. *Ibid.*
16. American Society for Reproductive Medicine, *Fact Sheet Fertility drugs and the risk of multiple births*.
17. Mayo Clinic Health Oasis, *Fertility Drugs*. <http://www.mayohealth.org/mayo/9902/hm/fertility.htm>. Accessed 2001.
18. Klaus, *Reproductive Technology (Evaluation & Treatment of Infertility) Guidelines for Catholic Couples*.