



Infertility & Adoption Supplement *for Fully Engaged*

OFFICE OF MARRIAGE & FAMILY
DIOCESE OF SAINT CLOUD

Our Sexual Powers: A Great Two-fold Gift

The Catholic Church recognizes the goodness of the natural desire of a married couple to bring forth new life and have a child of their own. For many couples, the discovery that they are infertile causes deep sorrow and disappointment; not to be able to have children is a form of suffering for them.

In his 1968 encyclical, *Humanae Vitae*, Pope Paul VI enunciated the basic principle that ***there is an inseparable connection, willed by God, between two aspects or “meanings” of sexual intercourse: the unitive and the procreative.*** In other words, for a couple to engage in sexual intercourse is an expression of their mutual love and commitment, and is also the means by which new life is co-created. As intended by the Creator, sexual intercourse both communicates love and communicates life; it says to the other: “I love you” and “I am willing to be a parent with you.”

This inseparable link between the two meanings inherent in the act of sexual intercourse has various important

moral consequences for free human actions that involve our sexual powers.

Values that draw us out of ourselves and lead to communion with others are deeply enshrined in our sexuality. In other words, our being sexual is unavoidably tied to our being created by God who is Love, in love, for love. And this love is most authentic and fulfilling to us when it is true self-giving, through the body, in ways that are life-giving.

This bond between giving love and giving life underlies the Church’s understanding that sexual intercourse belongs only within marriage; and within marriage, it must always be open to communicating both love and the possibility of creating new life. It is this positive vision of the profound goodness and meaning of sex that grounds other Church teachings that reject other uses of our sexual powers that cannot fully realize these meanings. Masturbation is neither open to life nor to a mutual exchange of love. Sex outside of marriage, whether premarital or extramarital sex, lacks sufficiently deep commitment to the other person that makes one available for the long-term stability of family, sharing the whole of life. The various forms of

contraception deliberately seek to frustrate the procreative potential of sexual intercourse and thus also frustrate the full expression of married love. Homosexual activity is naturally incapable of bringing forth new life through sexual exchange. Rape is a violent attack on the integrity of the other person that contrary both to love and to human dignity.

For many persons, the sexual drive can be very powerful. At times its vigor can overwhelm us. The Church accepts the sexual powers of the person as a great gift, with marvelous potential both to express love and to hand on the divine image from generation to generation. Sex is good, indeed sacred, as a means to communicate interpersonal love and bring forth new persons in the process. It is this very power and goodness that leads the Church to teach us how to use this potent and inherently social energy in a way that truly gives glory to God and enhances our lives, made in God’s image.

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Infertility

Infertility is a growing problem for many couples. Estimates suggest that about one in eight married couples experiences difficulty in conceiving or carrying a child to term. About one third of this infertility is due to problems with the reproductive system of the woman, and one third to problems in the reproductive system of the man, and one third in a combination of factors between the two, or unexplained.

The underlying causes of infertility are many and varied: low sperm counts due to environmental factors; congenital abnormalities in the reproductive system; past injuries to the uterus, ovaries, or fallopian tubes due to previous surgeries, abortions or chemical contraceptive use; the normal decline of the woman's fertility in the years approaching menopause; and other factors that are being investigated. Identifying the likely cause or causes of infertility is a first step in knowing whether procreating a child is possible.

The longing to have a child of one's own as the expression and fruit of the love of a married couple is a beautiful and natural desire. It is implanted within us by God, the Giver of all life, in Whose image we are created. However, this longing is not always fulfilled. In recent years, science has advanced greatly in its understanding

of how procreation takes place and the miracle of life is handed on. Discoveries in genetics, embryology, endocrinology, and other medical fields have allowed the development of technological interventions upon human procreation that can increasingly bypass obstacles to fertility.

However, what is technologically possible is not therefore automatically right, moral, or ethical. Science and technology must remain at the service of the human family, and their accomplishments and abilities need to be assessed in light of moral criteria. As history has demonstrated so often, not every scientific advance leads to true human progress.

The Catholic moral tradition recognizes the goodness of the gift of life and children, and the goodness of parents' desire to have a child whom they can love and raise to maturity. This same tradition also recognizes that because the values at stake are so central to human life and dignity, not every means to achieve this good end is equally justified. There is a danger that scientific achievements which manipulate the very sources of life will undermine the respect due to human life as a gift from God, and increasingly view children as a product, a commodity to be created, marketed, and improved upon.

Why Should We Talk About This Before We Are Married?



This section of the Fully Engaged Inventory focuses on the "what ifs" of marriage more than any other section. Most couples entering into marriage have the mentality that children will come when they want them to come, piece of cake. However, according to the United States Department of Health and Human Service's Centers for Disease Control (CDC), the infertility rate is between 11 and 27 percent of women ages 18 to 44, depending on age and race.

Couples often experience deep grief when they find out that they may never be biological parents. Infertility may cause surprise, anger, denial, depression, guilt, insecurity and withdrawal. These are all very normal emotions, and the degree of them will vary from couple to couple. Marriage can be particularly stressful when one partner experiences these emotions more than the other.

Because of the unique stress and emotions associated with infertility, couples experiencing infertility are three times more likely to divorce. Sometimes the news of infertility evokes a sense of finality and hopelessness.

And since infertility is a growing problem in the United States, true to American fashion, there has been a corresponding growth in a "reproductive technologies industry" to provide a solution. But many of these solutions contain deep moral concerns. Being proactive about discussing the possibility of infertility will prove to be extremely beneficial to your marriage if you find yourself in this situation.

If you should encounter issues dealing with infertility or miscarriage, the web-sites below are good resources to assist you.

<http://www.usccb.org/beliefs-and-teachings/what-we-believe/love-and-sexuality/life-giving-love-in-an-age-of-technology.cfm>

<http://www.factsaboutfertility.org/>

<http://www.foryourmarriage.org/solace-and-strength-in-the-sorrow-of-miscarriage/>

Recommended Reading:

The Infertility Companion for Catholics
By Angelique Ruhi-Lopez and Carmen Santamaria

After Miscarriage: A Catholic Woman's Companion to Healing and Hope by Karen Edmisten

Fully Engaged Statement #89

We have discussed how we would deal with infertility. (Infertility is a period of twelve months of trying to achieve a pregnancy without success.)



Science and its achievements can enhance human life, health, and dignity in many ways. However, science must always be evaluated in its impact upon the human person, considered as a whole: as one made in the image of God, a body-soul unity, called to community here and also in eternal life. The Church seeks to guide us in assessing what is possible in the light of what is truly in keeping with the advancement of human dignity and in accord with the Gospel of Life.

It is important to be aware of your expectations and hopes regarding becoming parents and the obstacles you may encounter. Many couples don't address these issues because they are difficult to discuss or at this point do not feel it is relevant since they will be able to conceive when they want.

The engagement process (and future marriage) can be greatly enhanced when you devote time with trusted people (the mentor couple, priest, deacon, or other minister) to discuss possible future difficulties in their relationship.

Some questions to consider:

1. What would you do if you experienced infertility?
2. If you would have this situation, where would you go for help and support?

Fully Engaged Statement #102

If we cannot give birth to our own children, our marriage will be empty.

The Church recognizes the goodness of the desire of a couple to have a child of their own, and the real emotional suffering that infertility brings to many. It calls upon all of us to be sensitive and supportive to those who face this trial, encourages researchers to continue to find morally acceptable ways to overcome infertility, and suggests alternatives to address the couple's desire to expand their love to reach out in the service of life.



Some questions to consider:

1. How essential is it to your marriage that the two of you are able to give birth to your own children?
2. Would you consider adoption or foster-care as a way to address your desire for children and the experience of parenthood?
3. If you would have this situation, where would you go for help and support?

What is In vitro fertilization?

The most common form of intervention is IVF (yielding what are sometimes called “test tube babies.”) Common protocols treat the woman with hormones to stop her natural cycle and stimulate her ovaries to ripen a number of ova. The ova are harvested with a needle (through the vagina or through the bladder). The harvested ova are incubated in the laboratory with treated semen to allow fertilization. Prior to implantation in the woman’s uterus, the resulting embryos (conceived in the Petri dish) are analyzed and the supposed “best” are implanted, although visual inspection has shown no demonstrated predictive value of the embryo’s fitness. Often at least two, and sometimes up to four or more, embryos are implanted, in the hopes of getting at least one live birth. If more embryos thrive than are desired by the couple, the others are aborted (euphemistically called “selective fetal reduction.”)

Because, the actual conception takes place in a Petri dish and not as the result of an act of marital intercourse, the intrinsic link between the unitive and procreative meanings of sexual intercourse is violated. Further ethical problems with IVF have to do with its costs (an average of around \$13,000 per attempt, with higher costs for more complex situations), its relatively low rate of success (20-30% overall, depending on the woman’s age and other factors, and with a much lower chance of survival for any individual embryo), the possibility of multiple conceptions with resulting abortions, uncertain future health problems for children conceived through IVF, and the problem of “spare embryos” that are created for future attempts at fertilization that never occur, either due to an earlier successful conception or the couple’s decision not to pursue IVF further. These “spare embryos” number in the hundreds of thousands – perhaps millions – in the U.S. alone, and more worldwide. They are the most commonly targeted source material for embryonic stem cell research – research that destroys them and ends a human life.

Further, it is the technology involved in IVF that creates the possibility for genetic manipulations that can affect all future generations. While some of those manipulations have the good intention of eliminating genetic abnormalities that lead to various diseases, we simply do not know enough about the complexities of the human genome and how it guides cellular processes to intervene safely, reliably, or productively.

The Basic Teaching: Assist, Do Not Replace, Natural Sexual Intercourse

It is ultimately this same principle – that there is an inseparable link between the potential for our sexual capacities to communicate love and to communicate life – that grounds the Church’s position on artificial reproductive technologies. Interventions upon the procreative process must respect this link.

Thus, any means that attempts to assist the act of sexual intercourse to achieve its natural end of procreation while keeping intact the exchange of love is morally acceptable. Any means that replaces, bypasses, or substitutes for sexual intercourse in order to produce a child is morally unacceptable.

Just as the use of contraception might attempt to create a loving union through sex but intentionally excludes the procreative meaning, so many forms of ARTs might attempt to create a new life but intentionally exclude the unitive meaning. Although it happens in different ways, both of these violate the inseparable link between the two meanings of the gift of human sexuality.

It is important to acknowledge that a couple might have good subjective reasons for pursuing either of these courses, reasons that need to be explored and respected. However, good intentions alone are not sufficient to make an action morally good; the means chosen to achieve the intentions must also be morally acceptable. (This is illustrated in the familiar example of a person who desires money in order to provide food for his or her family. This good and noble end can be achieved by getting a job or by robbing a bank. Clearly, while the end is the same, the means are not ethically equal.)

Although technology is constantly evolving, it is possible here to apply this basic ethical rule (assistance with, but not substitution for, natural marital intercourse) to contemporary interventions to address infertility.



Interventions Compatible with Catholic Teaching

1. The use of Natural Family Planning to observe the wife’s naturally occurring signs of fertility and time intercourse to achieve pregnancy in the fertile periods.
2. General medical evaluations to determine possible biological causes of infertility in either the husband or the wife.
3. After normal intercourse, tests to assess sperm number and viability in “fertile type” mucus or in licitly-obtained seminal fluid. Some argue that if there is no evident cause of infertility in the wife, it can be assumed that the cause is in the husband and proceed accordingly, without the need for sperm testing.
4. Assessment of uterine and tubal structures by imaging techniques like ultrasound, MRI, etc.
5. Appropriate medical treatment of dysfunctions in normal ovulation.
6. Appropriate correction of medical obstacles in the fallopian tubes (usually surgical).
7. Hormonal treatments for infertility that aim to remove obstacles to the success of natural intercourse.

Surrogacy



Because it gets increasing media coverage, surrogacy is one approach to having children that couples may consider. Surrogacy is not always chosen in response to infertility; some couples choose it to avoid the experience of pregnancy while still having a child that is somehow genetically “theirs.”

Surrogacy can take several forms. In “traditional” surrogacy, a woman is injected with sperm cells, which fertilize her own ovum under an agreement to surrender the child upon birth (usually for a financial payment). Thus the child is both genetically and gestationally hers. Increasingly common is “gestational” surrogacy, in which the woman carries a child that was conceived by IVF using sperm and egg cells from a couple who desire “their own” child. Thus, the “gestational” surrogate mother is related gestationally but not genetically.

The separation of the sexual exchange of the couple and the birth of the child are starkly evident with surrogacy. Among the ethical objections to this practice are treating children as a commodity to be purchased and perhaps “designed” by genetic selection of desired traits; the exploitation of the gestational surrogate whose womb is “for hire”; the psychological impact on the child whose origins and maternal relations are confused; the creation of a brokerage industry trading human life as a product; and

the social erosion of the family by manipulating human life and relationships.

A significant part of the growth of these practices of IVF and surrogacy is related to single persons or same-sex couples who desire to parent a child but cannot do so naturally from their own relationship. As with IVF, the innate desire to become parents is praiseworthy, but not every means to achieve this desire is morally acceptable. Surrogacy underscores the problem of viewing children as a product or possession, rather than as a gift co-created with God through the couple’s sexual intimacy.

Sometimes people will argue that surrogacy is really the same as adoption: in both, a couple chooses in love to raise a child that is not born naturally from their own marriage relationship. However, while adoption accepts an existing child into a family when that child’s own family structure is not able to provide for his or her needs, surrogacy deliberately creates a situation that undermines the maternal-child bond with the surrogate mother.

“Children are the crowning gift of marriage,” Pope Paul VI wrote. Our acceptance of life as a gift co-created with God in accord with the design of the Creator excludes the use of IVF and surrogacy, since they are contrary to the human dignity of both parents and children.

Fully Engaged Statement #33

If we have difficulty becoming pregnant, we plan to use any means necessary to conceive a child.

Any means that attempts to assist the act of sexual intercourse to achieve its natural end of procreation while keeping intact the exchange of love is morally acceptable. Any means that replaces, bypasses, or substitutes for sexual intercourse in order to produce a child is morally unacceptable. (Dignitas Personae, no 12)

Some questions to consider:

1. How essential is it to your marriage that the two of you are able to give birth to your own children?
2. If you do have this difficulty, do you know where you could go for ethical advice?
3. How important would the above statement on Catholic moral teaching be in making your decisions? How important would this be to your future spouse?

Fully Engaged Statement #140

We may give prayerful consideration to adopting a child or being foster-care parents.

Families have grown through adoption for generations. The decision to adopt a child requires an incredible amount of reflection and contemplation. Building a family through adoption involves educational, social, emotional, spiritual, and legal processes. Adoptive parents need to be prepared to make a lifelong commitment to the child who becomes a part of their family. The agency and birth parents expect an adoptive couple to have good moral character; to be physically healthy, financially and emotionally secure; and to be able to provide the child with love, understanding, guidance, and companionship.

Some questions to consider regarding adoption:

1. Why do we want to adopt?
2. Can we handle the commitments that go along with adoption and parenthood?
3. Can we handle not being biologically related to our child?
4. What kind of adoption do we want? (Domestic or international, agency or private, open, semi-open or closed?)
5. What age child do we want?
6. Do we want a child of a certain race or culture? Are we open to a child with special needs?

7. How will we talk about adoption with my friends and family?
8. How will we talk to our child about his or her adoption?
9. How would we feel if our child wanted to learn about his or her background?
10. What support network do we have in place for problems that may arise?
11. Are we patient enough to successfully complete pre- and post-adoption placement counseling?
12. What would we do if we conceive after having decided to adopt, or after adopting?

Fully Engaged Statement #100

We know where to seek support if we have a miscarriage.

Losing a baby through miscarriage, stillbirth, SIDS, or any other time is, without a doubt, one of the most difficult experiences that a parent will ever endure. There are no words to explain the depth of despair that a parent goes through when attempting to understand the shift that occurs when it seems that all hopes and expectations suddenly drop out from underneath anything stable. It is an experience that many will never have. But, thousands upon thousands of families find themselves experiencing this grief.

For women in childbearing years, the chances of having a miscarriage can range from 10-25 percent, and in most healthy women the average is about a 15-20 percent chance. Ideally, the couple's family, friends, and parish would be their sources of support in the event they experience miscarriage. Your parish is always a place you can go in the event of a miscarriage.

Here are some questions to consider:

1. Do you have friends or family who have experienced a miscarriage? If so, what was that like for them?
2. If you would have this loss, where would you go for help?

Fully Engaged Statement #18

If we conceive a child and find out there are special needs (for example, Down syndrome, spina bifida, etc.) we will carry the baby to term (we will not have an abortion).



This is a hard topic to consider before you are married. Ninety percent of unborn babies with a diagnosis of Down syndrome and 86 percent with a diagnosis of spina bifida are aborted. As discussed in Section 9, the Church's consistent teaching against abortion and the defense of the sanctity of all human life, rules out abortion, for example, when the child is discovered to have a birth defect, disability, or other medical problem.

There are challenging aspects of raising a child, but there are also many joys. It is normal for parents with this diagnosis to be apprehensive about what lies ahead, but Down syndrome, spina bifida, etc. is a condition, not who the baby is. Parents of children with special needs also need special support and resources to assist them. Accepting this support not only benefits their child but also their marriage relationship and the other members of the family.

The most important thing to keep in mind is that a Down syndrome diagnosis is not as "life changing" as the fact that a new baby will enter the world, a precious gift from God. And in most ways, the baby will be just like other infants. Every baby needs to be fed, held and most of all, loved. For parents receiving a diagnosis that their pre-born baby may have special needs, there are many resources and support programs.

See more at: <http://www.ndss.org/Resources/New-Expectant-Parents/Where-Should-I-Go-From-Here/#sthash.IqXKXQWj.dpuf>

Resource

The above information is taken largely from the fact sheet, Evaluation and Treatment of Infertility by Hanna Klaus, MD (developed for the Diocesan Development Program for Natural Family Planning of the United States Conference of Catholic Bishops; 1999).

Web Resources:

Poor Prenatal Diagnosis

- National Catholic Bioethics Center (NCBC) (clergy and parent resources and phone consults) Phone 215-877-2660 or <http://www.ncbcenter.org>
- National Catholic Partnership on Disability (NCPD) (prenatal diagnosis resources for sensitivity and ministry development) www.ncpd.org
- Directory of perinatal hospice service providers nationwide <http://www.perinatalhospice.org>
- BeNotAfraid (peer support for carrying to term) <http://www.benotafraid.net>
- My Child, My Gift: A Positive Response to Serious Prenatal Diagnosis <http://www.mychildmygift.com>
- Prenatal Partners for Life <http://www.prenatalpartnersforlife.org/>

Reproductive Technology (Evaluation & Treatment of Infertility): Guidelines for Catholic Couples

- <http://www.usccb.org/issues-and-action/marriage-and-family/natural-family-planning/resources/upload/Reproductive-Technology-Evaluation-Treatment-of-Infertility-Guidelines-for-Catholic-Couples.pdf>
- <http://www.catholicscomehome.org/your-questions/moral-issues/contraception-and-infertility/>
- <http://www.popepaulvi.com/about.php>

Miscarriage Support

- http://www.elizabethministry.com/Miscarriage_Stillbirth.html
- <http://www.mysteriousmiscarriage.com/>

