CANFP NEWS

A quarterly publication of the California Association of Natural Family Planning

Spring 2024

Embryo Adoption: Setting the Frozen Free?

Fr. Jerome Magat, SThD

The recent Alabama Supreme Court ruling regarding the personhood status of frozen embryos has reintroduced discussions regarding the morality of in vitro fertilization (IVF) technology. More than forty years after the advent of IVF, there remains a debate among Catholic ethicists and moral theologians regarding the status of embryos created for IVF treatments but never used. These so-called "spare" embryos remain in a cryogenic state --- that is, perpetually frozen in liquid nitrogen. It is commonly believed that there may be nearly 1 million frozen embryos in the United States alone. While over 80 percent of these frozen embryos may eventually be used by their parents, the remaining 20 percent or so have a very uncertain future.[1] In IVF's early days, the parents of these embryos had several options when it came to their children(s)': they could ask the fertility clinic to thaw and destroy them; donate the embryos to research laboratories; or pay an annual fee to keep them frozen indefinitely.[2] Since the 1990s, however, another option has emerged: offering embryos up for adoption to other infertile couples, also known as heterologous embryo transfer (HET). Unlike options that involve fertility clinics that essentially serve as brokers for the fate of embryos, embryo adoption agencies operate like normal adoption agencies: the parents of the embryo can find a couple of their choosing whom they deem as a good "match" and offers the most ideal home for their child.[3] The embryo adoption or HET paradigm has created new ethical challenges and raised numerous questions, most of which are related to the Church's opposition to IVF as a biotechnical method altogether.

The Dicastery for the Doctrine of the Faith (formerly known as the Congregation for the Doctrine of the Faith [CDF]) has provided the most specific teachings regarding the morality of HET. It's most explicit statement on the issue is found in a 2008 instruction, *Dignitas Personae.*

cont on p. 10

[1] Michael O'Loughlin, "A Catholic dilemma: Should embryos be adopted?" December 3, 2015, https:// cruxnow.com/life/2015/12/03/a-catholic-dilemma-should-ivf-embryos-be-adopted/.

[2] *Ibid.*

[3] *Ibid.*

President's Perspective

Fr. Blaise Berg, STD

The Gift of Children

One never has a right to a gift, as much as it is good and desirable

One Sunday when I was a parish priest, I was greeting parishioners filing out of the church after Mass. A couple approached me and asked for a blessing for their child "in utero". They explained to me that they had struggled to conceive and now, through IVF, they were joyfully expecting a new son. I was caught off-guard for a moment as many questions ran through my mind. *Do they not know that it is wrong to artificially conceive children? Should I give them the Church's teaching on IVF at this moment? How could they not know that it was wrong to conceive a child in that way?* In the end, I gave the blessing and spared them the lecture. I felt that it was not the right time. In any case, the incident made me do my own examination of conscience and ask myself: *When was the last time I had preached on IVF? When was the last time I spoke about NFP and the benefits of NFP especially for couples struggling with infertility? When was the last time I wrote in the bulletin about the amazing responsibility that parents have in collaborating with God in bringing new life into the world?*

Collaborating with God to bring children into this world is a gift and a responsibility. Moreover, it is a gift and responsibility not only to co-create children for this world, but also for the world to come. Almost a hundred years ago, in *Casti Connubii* (1930) Pope Pius XI reminded parents that they have an obligation to bring children into the world so that, ultimately, there may be more saints in heaven. (CC, 13) In his 1981 document *On the Christian Family,* St. Pope John Paul II emphasized that sexuality be "respected and promoted in its truly and fully human dimension, and is never 'used' as an 'object' that, by breaking the personal unity of soul and body, strikes at God's creation itself at the level of the deepest interaction of nature and person." More recently, in the *Dignitas Infinita* (*Declaration on Human Dignity*, Dicastery for the Doctrine of the Faith, 2024) it was clarified once again that child-bearing is a gift and should come about through the conjugal embrace (and not in a laboratory):

> "Because of this unalienable dignity, the child has the right to have a fully human (and not artificially induced) origin and to receive the gift of a life that manifests both the dignity of the giver and that of the receiver. Moreover, acknowledging the dignity of the human person also entails recognizing every dimension of the dignity of the conjugal union and of human procreation. Considering this, the legitimate desire to have a child cannot be transformed into a 'right to a child' that fails to respect the dignity of that child as the recipient of the gift of life."

Father Blaise Berg, *President of CANFP, is Assistant Professor of Dogmatics, at St. Patrick's Seminary in Menlo Park. Born the ninth of twelve children in Yuba City, California, Fr.Berg was ordained a priest for the Diocese of Sacramento in 1998. Father Berg completed a baccalaureate degree in theology (S.T.B.) at the Gregorian University, Rome and licentiate (S.T.L.) and doctoral degrees in theology (S.T.D.) at the John Paul II Institute for Studies on Marriage and the Family at the Lateran University, Rome.*

All this points back to the gift of children and the importance of the language of gift when couples desire to conceive. A gift is something that is given, received and cherished. Ultimately, the gift of children can only be bestowed by the Creator. One never has a right to a gift, as much as it is good and desirable. When the conception of children is not seen through the prism of "givenness" and the language gift, things go awry. More than a million "frozen" embryos in the U.S. represents just one example. To be sure, NFP is a gift that helps couples conceive and space out the births of their children. God willing (and I'm sure He does), some day soon more and more will know the gift of NFP.

Director's Desk

Sheila St. John

IVF Is Your Only Option---NOT!

not only is it NOT their only option, it is not even their best option!

Over and over again, I respond to inquiries from woman seeking to achieve a pregnancy who were told by their doctor that their only option, their only hope of having a baby, is IVF. It is my privilege to tell them not only is it NOT their only option, it is not even their best option!

In most cases, when I ask what diagnosis they received for their infertility, the response is "unexplained" infertility.

Have you been diagnosed with "unexplained" infertility?

The woman/couple are left to conclude that the doctors cannot figure out what is wrong, so IVF probably IS our only option. In reality, IVF has become the assumed solution to infertility, so very little workup is directed towards diagnosing and treating the underlying cause of the infertility, but rather to identify if you are a good candidate for IVF. Couples are fast tracked to Assisted Reproductive Technologies, not because all medical remedies to restore or support fertility failed, but because their healthcare professionals failed to try.

Has this been your experience?

Despite the many and varied causes of infertility, most who contact us report receiving the same cookie cutter approach, with minor variations: 1) no intervention or work up unless they have been trying for at least a year 2) minimal testing, usually consisting of randomly timed lab work, or ordered on the same cycle day for all (such as cycle day 21, though we know the timing of ovulation varies cycle by cycle, and certainly woman by woman) 3) perhaps a cycle of ovulation induction (though they have not been diagnosed as anovulatory) 4) Or skip right to IUI, with its dismal success rate, so when it fails---as it usually does---it does indeed seem IVF is your only option.

It is almost as if the workup is designed not only to determine if you are good candidate for IVF, but to prepare you to emotionally embrace it as your only option.

Does this resonate with you?

The stories are so eerily similar, call after call, woman after woman, and I vacillate between heartbreak, that they were not given the care they deserve, and anger, at a system that failed them.

I vividly recall one conversation with a woman, even though it occurred twenty years ago. After listening to her story, I assured her there was hope, and resources, and she was not alone---so many women had, sadly, been through similar experiences. I innocently said to her "the unique thing about your story, is that you were not pressured to do IVF" (as that was the only part of the script I had come to anticipate, that her story did not include).

sheila@canfp.org

There was dead silence on the other end of the phone, then tears, as she shared that she had indeed tried IVF. Twice. She expressed deep regret over that detour on her infertility journey, as she was never comfortable with that approach which conflicted with strongly held convictions, but....she felt desperate and out of options. When we spoke she was being evaluated through NaPro. Her comparison of the experience of those two paths to resolve infertility was striking and profound, and that was *prior* to her positive pregnancy test, and the subsequent birth of her beautiful, healthy daughter.

While we are able to help most overcome their infertility, including those with a history of failed IVF, of course not all stories end with a baby. But it has been my experience, that the journey to restore health and fertility brings healing and wholeness, and can be a path to acceptance---even in those cases where our hearts desire for the gift of a child is not fulfilled.

Have you been told IVF is your only option?

We are here for you---with another way. A better way.

MEET MEMBER... Joan Noyes

MEET OUR MEMBER
is a regular feature of **CANFP *NEWS***, *coordinated by CANFP Professional Member* ***Peggy Stofila***, *who lives in Torrance, where she works part time as a Physical Therapist and teaches the Creighton Model FertilityCare System*

My name is Joan Noyes and I have been a member of CANFP for 28 years. I joined the organization in 1996 and went to my first conference in San Jose that year. My husband and I had used NFP throughout our childbearing years with great confidence and success, and I had hopes of becoming an NFP Instructor. My chance came two years later when I was offered, along with seven other women, a full scholarship to be trained as an Instructor of the Ovulation Method through Family of the Americas. The scholarship came from the Archdiocese of Los Angeles, where I reside, and I have always been very grateful for that opportunity. We were trained by Mercedes Wilson, which was a huge honor. We students were in awe of her knowledge, experience, and holiness.

I first learned about Natural Family Planning when I was 22 years old and serving in the Jesuit Volunteer Corps. Our mentor, a Jesuit priest named Father Arnold Beezer, told me about the exciting new research coming out of Australia, and thus introduced me to the new and wide open field of modern Natural Family Planning. Three years later, I remembered Father Beezer's wise words when my husband and I got married, and we signed up for an NFP class in a neighboring parish.

Joan, staffing CANFP exhibit at LA Religious Ed Congress February 2024

JOAN, WHY DO YOU SUPPORT CANFP?
"CANFP has been an invaluable resource to me throughout the past quarter century. I have learned so much from the conferences I have attended, and I have made wonderful friends and contacts who have helped me immensely in my practice."

I have been teaching NFP with great joy ever since that time, and this year marks my 25th anniversary of teaching the Ovulation Method.

My husband and I have seven children and eleven grandchildren. We spend much time with our large family, and we feel so blessed to have been gifted with each of them.

We are very active in our parish, and our favorite ministry there is working in the parish food bank.

***Joan Noyes**, Professional Member of CANFP for 28 years, teaches the Ovulation Method through Family of the Americas in the Los Angeles Region.*

As a retired school teacher, I continue to have the privilege of being in the classroom as a Catechist. I have been teaching Religious Education at our parish for 42 years, and I am very grateful that I am still able to have the energy to teach children.

As much as I love teaching children, teaching NFP to young couples continues to be my very favorite activity. The couples are a wonderful inspiration to me. They are deeply committed to their faith, and they are so excited about their future together as man and wife. Their energy and hope are such a beautiful testament to God's great love for all of us. I have been invited to my students' weddings and the baptisms of their babies. I still exchange Christmas cards with several of them.

Teaching NFP has been one of the greatest joys of my life, and CANFP has always been the backbone of my efforts. I am a very lucky woman!

FertilityCare Practitioner California Education Program

Offered by: FertilityCare Services Limited Education Programs

St. Anthony Retreat Center
43816 Sierra Drive
Three Rivers, California
Fresno Region

Deadline to apply
May 10, 2024

June 17-24, 2024
EDUCATION PHASE I
December 9-14, 2024
EDUCATION PHASE II

Submit application early to allow time for processing and preparation.

Application fee: $50 **Practitioner Tuition: $4,990**

Tuition Includes 13-month program: Education Phases I & II, Supervised Practicums I & II, final certification exam fees, required textbooks and up to $25 shipping/ taxes (any fees exceeding that amount will be billed to the student.)
On-Site Visit supervision costs are not covered by tuition; these are payable by the student directly to the supervisor.

St. Anthony Retreat Center - Lodging & meals *estimated – prices subject to change:*

EPI: $165.00 *per night* Private occupancy **$130.00** *per person per night* Double occupancy
EPII $165.00 *per night* Private occupancy **$130.00** *per person per night* Double occupancy

COURSE SUMMARY

The 13 month educational program to become a Practitioner is a professional program developed according to the basic educational principles utilized in allied health courses. The program is divided into two education phases (EPI & EPII). In addition, there are two supervised practica. During the second supervised practicum, an On-Site Visit is conducted by a faculty supervisor, for whom the student is responsible for costs of lodging and round trip transportation. The two education phases are designed to be total immersion learning experiences in order to receive an appropriate foundation of fundamental theoretical knowledge, preparing the student to undertake the clinical component of the course, which is the actual teaching of the CREIGHTON MODEL Fertility*Care* System. The clinical phases of the course occur during the supervised practica at the student's home location. During the entire year, the student will be working under the direct supervision of a Fertility*Care* Educator or Supervisor.

EDUCATION PHASE I June 17-24, 2024

An eight-day total immersion course covering:

- History of Natural Family Planning
- Anatomy of Male & Female Reproductive System
- Menstrual Cycle: Statistical Parameters
- Anovulation and Oligoovulation
- Physiology of the Cervix
- Beginnings of Human Life
- Physiology of Breastfeeding and Menopause
- Natural Methods of Family Planning
- Investigation and Care of the Infertile Couple
- Teaching Fertility Appreciation
- Methods of Artificial Contraception
- Physical and Psychological Aspects of Induced Abortion
- Use Effectiveness of Natural and Artificial Methods of Family Planning
- Psychodynamics of Natural Family Planning
- Philosophical Attitudes on Family Life, Family Planning and Unplanned Pregnancy
- Human Sexuality, Married Love and Fertility
- Importance of Standardized Teaching
- Conducting an Introductory Session
- Conducting Follow-ups
- Forms for Record Keeping and Standardized Teaching
- Business Aspects of Fertility Care Providers
- Case Management Approach to Problem Solving
- Introduction to NaProTechnology

INFORMATION & APPLICATION MATERIALS

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Go to https://canfp.org/events/ to view flyer, *also available at this link:* https://canfp.org/wp-content/uploads/2024/04/2024-Fresno-Program-Publication.pdf

Medical Matters

Lauren Rubal, MD

IVF: Not a Panacea but a Pandora's Box

data derived from the UK HFEA show that only 7% of created embryos are live born, which means that 93% aren't

The news cycle has finally focused on an area of medicine that typically goes under the radar: in vitro fertilization (IVF). Alabama was recently the site of a controversial legal decision after the embryology lab of an Alabama IVF center was breached, with the perpetrator destroying embryos there. The parents sued for wrongful death. The State Supreme Court agreed that the *"Wrongful Death of a Minor Act applies to all unborn children, regardless of their location."*

This set off a firestorm that led to IVF clinics pausing operations and a backlash that resulted in a law protecting IVF centers from civil and criminal liability if embryo damage occurs….regardless of why that damage occurs.

You may very well know someone who has been offered or underwent assisted reproductive technologies (ART), which is overall made up of IVF. Recent WHO data from 2023 show that about one in six couples worldwide deal with infertility. In fact, about 240,000 couples did IVF in 2021 in the US. On average, the percentage of cycles that result in live born infants is 37% for all ages. IVF has created over a million live born children, with at least a million more frozen.

Infertility is a unique and profound suffering and its end goal, a child, is always good. But there are significant issues with IVF---ethical, medical, and cultural---that need to be discussed.

What is an Embryo?

When the egg and sperm meet in the woman's outer fallopian tube, an embryo is formed. This embryo is typically composed of 23 chromosomes from the mother and 23 chromosomes from the father. He or she is a unique, substantially whole new human being from the moment of conception. The embryo's unique genetic code directs growth and development. In fact, the embryo's cells divide and grow in number from one to hundreds by the time he reaches the uterus, five days after creation.

This embryo may then implant into the uterine lining, producing hormones that direct the mother's body to help nurture his growth.

What is IVF?

IVF is a roughly two week process to stimulate eggs in the ovaries to mature. To do so, injections are given to induce the growth of many ovarian follicles. The goal is to have multiple eggs mature instead of the one that is naturally released. But instead of ovulating, the eggs are plucked out of the ovaries and handed over to an embryologist. This person either puts each egg in a dish with multiple sperm or they choose a sperm to inject into the egg. The next day the dishes are checked, with about 80% of them now containing an embryo.

Let's take a moment to reflect on the unique, new substantially whole human beings who have now formed.

They're kept in the dishes over the next few days. They have one of three fates at this point.

- They may be biopsied to have their chromosomes screened
- They may be transferred back on day 3-5 of their life
- They may be flash frozen and stored in liquid nitrogen containing canisters indefinitely.

What Issues does IVF Engender?

The creation of life.

A recent study showed that the 'optimal' numbers of embryos needed to optimize cumulative live birth rates were nine. Other data derived from the UK HFEA show that only 7% of created embryos are live born, which means that 93% aren't.

The suspension of life.

Over one million embryos are frozen in the US. Though couples may initially desire a surplus of embryos in order to increase their chances of a live born child, they may also be faced with what to do with those same embryos when they are done having children. There are multiple psychological, social, and legal quagmires regarding continued embryo storage (which occurs with a fee), the disposition of embryos whose parents cannot be located, the psychological impacts on parents must decide what to do with their embryos: disposal, adoption, or donation to scientific research.

The destruction of embryos.

This may occur in a variety of ways:

1. Human error, with accidental damage or destruction
2. Suboptimal conditions for their growth, from contamination of the dish or the nutrient-rich media they grow in to changes in the incubator temperature, to lack of sterile processes in the lab
3. Manipulation. The embryo may endure biopsies, freezing, thawing, and touching
4. The storage, potentially in perpetuity
5. Rapid adoption of new technologies with potential for imperfect tests. This may include chromosome screening. The original iteration of this chromosome screening was enthusiastically adopted by many centers, until a multicenter randomized controlled trial finally found that there were significantly lower rates of ongoing pregnancies and live births after IVF in women 35 and older using this, compared to those who did IVF without the screening.

Risks to the mother.

Take note of what may be increased for the mother who conceived using ART:

- 26% increased risk of preterm birth. This matters because babies born prematurely may have issues with any organ, an increased risk of cerebral palsy or of death.
- An over five fold increase in risk for placenta accreta spectrum compared to non-IVF pregnancies. This condition in which the placenta invades further into the uterine wall than it should can cause life-threatening bleeding or hysterectomy.
- Almost doubled risk of severe maternal morbidity. This includes severe postpartum hemorrhage, severe preeclampsia, eclamptic seizures, sepsis, or uterine rupture.

Risks to the children.

- Nonchromosomal birth defects. ART-conceived singletons had a 40% increased chance compared with all others.
- Autism is about twice more likely in the ART-conceived compared with others (possibly related to multiples, preterm birth or low birth weight).
- Stillbirth increases up to four times compared with spontaneous conception.
- Cancer risk may slightly increase, such as leukemia & hepatic tumors.

What are Alternatives to IVF?

Restorative Reproductive Medicine (RRM) is a whole-person approach that looks at understanding the reason behind fertility issues. It does a deep dive into hormone balance, decreases inflammation and toxins, and restores the reproductive system using nutrition, supplements, and even surgeries to normalize structure & anatomy.

So What is the Path Forward?

- Become a proactive participant in your health. For women, find programs that explain how to chart your cycles, by observing different signals throughout your body that point to which hormones are at work and where you are in your cycle. For men, understand what this means, too.
- Optimize what is in your control. These may be simple changes in your diet, exercise, or sleep.
- Make sure you are fully informed when consenting to something. This means understanding the options, pros and cons, and the full secondary consequences of the choice.

How can you know that you have a doctor who is comfortable with healing root issues? I would look for an RRM professional through CANFP, or through IRRMA or FACTS About Fertility. You can find reputable websites, like this one at CANFP.org, Natural Womanhood or Fertility Science Institute. And trust your gut. If you don't feel like your values align with your doctor's, there are many others. Find one who will care for you as you deserve.

I can't overemphasize the sympathy and empathy I feel for all couples who are struggling. And I don't blame the people who have made these decisions---I think people's understanding of life has been obscured. And of course children are always a beloved gift. But the truth needs to be proclaimed.

And so I am glad people are finally talking about IVF, because it allows us a chance to explain its full picture and discuss the issues that for too long have been kept inside Pandora's Box

Contact info for Dr. Rubal & other CANFP experts

***Lauren Rubal** MD, FACOG, Professional Member of CANFP, is a fellowship-trained Reproductive Endocrinology & Infertility specialist . She has focused her practice on NFP only , is trained and well-versed in multiple methods, including FEMM, Billings, SymptoThermal, and Marquette, and is Napro-friendly. She has a concierge practice focused on restorative reproductive medicine and holistic fertility in the Orange Region.*

The Heartbreaking Paradox of IVF

Alison Zinkewich

"why don't you try IVF?"

In our five year struggle with infertility, the first suggestion from friends and coworkers was always, "why don't you try IVF?". These were well-meaning people, who understood the natural yearning for a child that a happy couple has. As a nurse working in the ER, my coworkers were especially perplexed as to why I hadn't yet tried this medically advanced "solution". In Vitro Fertilization (IVF) seems, on the surface, to be the logical solution for this heart wrenching problem of infertility. But while this procedure might result in a healthy pregnancy, it isn't, in fact, solving any fertility problems. Moreover, in the process of trying to become a mother or father via IVF, couples become participants in an act horrifying to the very nature of a parent.

In the heart of most happy, God-loving couples, is a deep desire to multiply this love with children. When pregnancy doesn't occur naturally, these couples turn to their doctors for advice and direction. Unfortunately, most doctors do little testing to discover the reasons for the infertility, and even less to heal the root of the fertility problems. More often than not, the couples are simply directed to the IVF experts.

***Ali Zinkewich** attended Christendom College where she earned her BA in Theology, after which she got her nursing degree and worked for many years in emergency medicine. She is a Registered Nurse turned stay-at-home mom and teacher to her five children, ages six to in-utero.*

There are many issues with IVF "treatment", but the biggest problem is that the vast majority of the babies (in their embryonic stage of life) created in the petri dish, are disposed of. Making that couple's very first act of parenthood, oftentimes unbeknownst to them, a tragic one. And while it claims to be a treatment for infertility, IVF doesn't treat infertility at all. IVF doctors don't address any of the underlying issues of infertility, but rather just force the body into pregnancy, leaving the woman feeling more like a lab instrument, than a whole, healthy, woman. There is, thankfully, an option that treats the woman as a whole person, and views children as a gift from God, not a commodity to be demanded.

NaPro Technology offers infertility treatment that actually treats the underlying problems that result in infertility. NaPro doctors begin with detailed cycle-tracking, along with extensive testing, to uncover the diagnoses that have led to infertility. Next, they create a treatment plan for each of the diagnoses that have been identified.

NaPro doctors treat women as whole, precious, humans, and work with them to resolve the issues that are causing infertility. This approach leaves women with an optimistic future for their overall health and fertility throughout their lives, instead of the Band-Aid approach that IVF has, which just addresses one pregnancy, and doesn't resolve any of the medical issues the woman has.

While the first five years of our marriage brought all of the heartache that infertility brings, our next five years of marriage, after my NaPro treatment with my amazing NaPro doctor, brought four beautiful children, with the fifth one currently on the way. While IVF "treatment" seems to be a logical, procreative, and loving decision, the heartbreaking paradox is, that in the desperate search for parenthood, IVF destroys more lives than it lets live, and isn't, in fact, a treatment for infertility at all. ■

La Tristísima Paradoja de la FIV

Alison Zinkewich

en el proceso de hacerse padres via FIV, la pareja participa en un acto terrificante a la naturaleza de la paternidad

Durante los cinco años en los cuales sufrimos de infertilidad, la primera sugerencia de amigos y colegas siempre fue, "¿Por qué no tratan la FIV?". Ésta era gente bien intencionada, quienes entendían el anhelo natural de una pareja a tener hijos. Siendo enfermera de sala de emergencias, mis colegas estaban especialmente confundidos en cuanto a por que todavía no había tratado esta "solución" médica. La Fecundación In-Vitro (FIV) parece, en la superficie, la solución lógica al tristísimo problema de infertilidad. Pero, aunque el procedimiento resulte en un bebe saludable, de ninguna manera trata a la infertilidad. Más aún, en el proceso de hacerse padres via FIV, la pareja participa en un acto terrificante a la naturaleza de la paternidad.

En el corazón de las parejas más felices, que aman a Dios, hay un deseo profundo de multiplicar ese amor con hijos. Cuando un embarazo no ocurre naturalmente, estas parejas dependen de sus doctores para consejo y dirección. Desafortunadamente, muchos doctores hacen muy poco para entender la causa de la infertilidad, y aún menos en tratar el problema. En la mayoría de los casos, la pareja es simplemente referida a un experto en FIV.

Hay varios problemas con este "tratamiento", pero el mayor de estos, es que la mayoría de los bebés (en la etapa embrionaria) creados en placas de Petri, son botados. Haciendo que el primer acto de la pareja como padres, en muchos casos sin saberlo, es uno trágico. Aunque presume ser tratamiento de infertilidad, la FIV no lidia con la infertilidad de ninguna manera. Los doctores de FIV fuerzan al cuerpo an quedar embarazo, y la mujer queda sintiéndose como un instrumento de laboratorio, y no una persona entera y saludable. Hay, afortunadamente, otra opción que trata a la mujer como persona, y ve a los niños como un regalo de Dios, y no una mercancía a demandar.

La Tecnología NaPro ofrece tratamientos que tratan con los problemas subyacentes que resultan en infertilidad. Los doctores NaPro empiezan el tratamiento detallando el ciclo menstrual y con exámenes extensos para proponer diagnósticos médicos que expliquen la infertilidad. Luego, proponen tratamientos para cada diagnóstico. Los doctores tratan a la mujer como la persona preciosa que es para resolver los problemas de fertilidad. Este enfoque en la persona deja a la mujer con optimismo en su salud en general, y su fertilidad por el resto de su vida, en lugar del enfoque de curita de la FIV, que puede resultar en un embarazo, pero no resuelve ningún problema médico.

***Ali Zinkewich** estudió en Christendom College, donde obtuvo su licenciatura en teología. Luego se recivio de enfermera y trabajó varios años en emergencias. Ali es una Enfermera Registrada convertida en mamá que trabaja en su casa educando a sus cinco hijos, de edades de seis a en-útero.*

Mientras los primeros cinco años de nuestro matrimonio nos trajeron toda la angustia y tristeza que viene con la infertilidad, los siguientes 5 años, después de ser tratada con un increíble doctor NaPro, nos trajeron cuatro hermosos hijos, y hoy en día con un quinto en camino. Elegir el "tratamiento" de FIV parecería la decisión lógica, procreativa y de amor, pero la tristísima paradoja es que el acto desesperado en buscar hacerse padres resulta en más muertes que vida, y, de hecho, no trata a la infertilidad de ninguna manera. ■

Clergy Corner

Fr. Jerome Magat, SThD

Embryo Adoption: Setting the Frozen Free?

cont. from front page

What will be the criteria used as to which will live and which will die?

Relying on several references to a prior instruction in 1987, *Donum Vitae*, paragraph #19 of *Dignitas Personae* states,

> With regard to the large number of frozen embryos already in existence the question becomes: what to do with them? Some of those who pose this question do not grasp its ethical nature, motivated as they are by laws in some countries that require cryopreservation centers to empty their storage tanks periodically. Others, however, are aware that a grave injustice has been perpetrated and wonder how best to respond to the duty of resolving it...It has also been proposed, solely in order to allow human beings to be born who are otherwise condemned to destruction, that there could be a form of "prenatal adoption". This proposal, praiseworthy with regard to the intention of respecting and defending human life, presents however, various problems not dissimilar to those mentioned above.[4]

The instruction praises the intention of those who might consider HET as a means of respecting, rescuing, and preserving human life. However, it cites similar problems regarding HET with those that are found in the very act of creating and gestating those persons to term within the context of IVF in the first place. Referring to *Donum Vitae*, it draws a parallel analysis between the act of embryo adoption by an adoptive mother and the act of surrogate motherhood, both of which are morally illicit.

At first glance, the *Dignitas Personae* appears to make it very clear that HET is morally illicit, as an extension of the practice of IVF itself. And yet, this practice has not been condemned outright. Hence, there is a theological debate among orthodox Catholic theologians and ethicists regarding the moral liceity of HET. On the one hand, theologians such as Dr. John Haas, President Emeritus of the National Catholic Bioethics Center, argue that HET is morally illicit because embryos who are "adopted" are subject to manipulation that violates their personhood. He writes,

> First of all, some frozen embryos will be chosen to live while others will be allowed to die. What will be the criteria used as to which will live and which will die? Would just boy embryos be chosen, or just Asian or Caucasians ones? These are arbitrary criteria used to decide who will have a chance at life and who will not. Second, the "thawing" process itself will result in the deaths of some embryos. And then, after they have been thawed, the surviving embryos will be judged as to which will have the greatest chance of survival. Again, arbitrary judgments will be made as to which will be given a chance to live and which not. And how are the ones not chosen for implantation discarded? Third, single women have advanced the same arguments for rescuing the embryos by offering their bodies to gestate them even though they do not have husbands. This would deny the child the good of an integral family. Finally, husbands and wives give the procreative powers of their bodies to one another as a gift to be open to the engendering of new life between them...To place someone else's child into the body of the wife would violate the integrity of the marital union unique to that husband and wife.[5]

On the other hand, ethicists such as Dr. Janet Smith, retired philosophy professor at Sacred Heart Seminary in Detroit, Michigan, argues, "Couples adopt babies. Sometimes that calls for nursing a child, so she's offering her body to this child... If [embryo adoption] would come up outside of [the context of] the in-vitro situation, I think we would have an intuitively stronger sense of the possible goodness of this act".[6] Smith sees a distinction between the woman's reproductive capacity and her capacity to nourish a child. She states, "It seems to me the act of reproduction has taken place, so you're not engaging in sex with another man, any more than when breastfeeding another man's child...I'm not certain that I like it at all, as the solution to in-vitro fertilization, but in principle I don't think it violates the sexual relationship between husband and wife."[7]

Dr. Charles C. Camosy, Professor of Medical Humanities at Creighton University School of Medicine, agrees with Smith but from a different perspective. He cites an inconsistency with those who view the embryo as a human person and yet opposes their being brought to term. He states, "If there were hundreds of thousands of frozen four-year old's in need of rescue and adoption, wouldn't the tone of the theological and ethical discussion sound quite different?"[8]

There are no easy answers to this moral debate. Until the Church provides definitive clarity on the object of the act of embryo adoption, a lack of moral certitude regarding this issue will remain and the disagreement among pro-life Catholic moral theologians and ethicists will continue. Any analysis must concede that it is quite possible that there is no conclusive answer to the dilemma. ■

There are no easy answers to this moral debate

***Fr. Jerome Magat,** SThD is a priest of the Diocese of Arlington, Virginia. He is a 1995 graduate of the University of Virginia (B.A. Government) and was ordained in 2002, after having completed his seminary studies at Mount St. Mary's Seminary (M.Div., M.A. in Theology, summa cum laude) in Emmitsburg, MD. In his eleven years of diocesan service, Fr. Magat was a parochial vicar in four parishes, a marriage Tribunal auditor, an episcopal master of ceremonies and a peer-elected member of the presbyteral council. In 2019, Fr. Magat completed a licentiate in Moral Theology (STL) (summa cum laude) and in 2021, he completed a doctorate in Moral Theology (SThD) (summa cum laude) – both at the Accademia Alfonsiana (Pontifical Lateran University) in Rome. In 2023, Fr. Magat rejoined the faculty of St. Patrick Seminary in Menlo Park, California, (having previously served on the faculty there in 2013), where he now serves as vice-rector, professor of moral theology, formation advisor, assistant director of the Propadeutic Program, and program director for the Masters of Divinity degree. Fr. Magat is also the author of **Honoring the Covenant – Daily Mass Gospel Meditations for Busy Married Couples**, published in 2023*

[4] William Levada, Instruction *Dignitas Personae* on Certain Bioethical Questions, September 8, 2008, http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html.

[5] Stephen Napier and John M. Haas, "*Dignitas Personae* and the Question of 'Embryo Adoption' - A Debate on *Dignitas Personae*, Part Two, nn-18-19," March 2009, https://www.ncbcenter.org/resources/information-topic/dignitas-personae/freezing-embryos/.

[6] Kathleen Gilbert, "Top Ethicists duel over Frozen embryo adoption," August 2, 2011, https://www. lifesitenews.com /news/top-catholic-ethicists-duel-over-frozen-embryo-adoption.

[7] *Ibid.*

[8] O'Loughlin, "A Catholic dilemma: Should embryos be adopted?"

Ask the Expert

Question — What Am I Looking For?

After six babies, one every other year for 13 years of marriage, we recently had a very early miscarriage. We were only about seven weeks along, but had told the children and were very excited about having baby #7.

I am 34 and am worried that I may need progesterone, or else suffer more miscarriages. I'm not sure what to expect in this cycle. The bleeding only lasted a few days, but I haven't had a temperature shift indicating ovulation. Will this cycle be more of a "post partum" type cycle? I had only had one period since my last (sixth) baby before the miscarriage. I used to use NFP after baby #2, but gradually we realized we were open to having more children, and weaned ourselves off the method---so this is a "back to school" type of thing. I want to make sure there is not a luteal phase defect, and I would like to avoid "unnecessary" progesterone---however if I knew what I was looking for, it would be easier! What should my cycle look like? What are warning signs? I really don't want to lose another baby. *Stephanie*

***Judy Wilmurt,** Professional Member of CANFP, teaches NFP in the Oakland Region, where she lives with her husband Eric.*

Answer

Dear Stephanie, You and your husband are to be admired for your openness to life and desire to do the best for your family. I definitely recommend that you begin charting again and if at all possible see a NaProTechnology trained MD so that you can have the expertise of his training of using bio-identical hormones cooperatively with your menstrual cycle. He has to use your cycles biomarkers to determine the time in your cycle to do that. Those markers are menstruation, the phases of estrogen and progesterone and peak of the mucus in particular, and all need to be normal in length and duration.

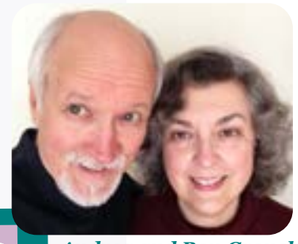
I would not take any artificial hormones by another doctor. If you don't chart your mucus or need a refresher course I would also suggest a Creighton trained NFP Practitioner. A practitioner will teach you the significance of what is normal and the warning signs that you should know to access your reproductive health. You should check the Questions and Answers already posted at canfp.org under "Achieving a Pregnancy", then, "Inadequate Luteal Phase". They can be very helpful to you. *Judy Wilmurt*

See [Ask the Expert CANFP.org](CANFP.org) for over a thousand Q and A's

Question — Can Increased Nursing Suppress Fertility?

If you are still breastfeeding but your baby is over six months old and your cycle has resumed, can you lose your fertility again if your baby suddenly starts to nurse more frequently? I'm wondering if it is possible for your estrogen levels to go back down. I'm especially concerned about this as my estrogen levels were extremely low when my baby was under six months old. She reduced her feeds at one time, but is now increasing them again. *Dee*

Answer



Dear Dee, When menstruation first returns postpartum, cycles may be longer, but fertility eventually returns. Menstruation by itself doesn't indicate the return of fertility, and it is normal for your hormones to be low during the baby's early months.

It is also normal for the baby's nursing needs to fluctuate with her growth and development. These differences don't usually affect your fertility once it has returned.

Monitoring your fertility signs will give you more confidence, as will personal consultation with an NFP instructor. *Andrea and Ron Gronsky*

Andrea and Ron Gronsky,** retired NFP teachers from the Oakland Region, and Professional members of **CANFP

Ask the Expert

Question — Can I Tell if I Am Ovulating?

When do most people ovulate?
And how can you tell if you are or not?

Answer

The window of fertility is far longer than the day of ovulation

Ovulation occurs approximately two weeks prior to the woman's next menstruation. In other words, once a woman has her period, she can look back and identify when ovulation would have occurred. Obviously, this is not useful for planning a family----to do that, a woman must be able to tell on any given day if it is a fertile or infertile day. A woman's body produces signs that tell her when she is fertile, and a woman can easily learn to observe and interpret these signs. She cannot identify the specific day of ovulation by observing these signs, but that is somewhat irrelevant, as fertility lasts longer than just the day of ovulation. A woman is fertile from the time her body begins producing the cervical mucus that indicates ovulation is approaching, and this can begin as much a week before the actual ovulation. The sperm can live for up to three to five days in this cervical mucus, and conception can occur up to 24 hours after ovulation, so the window of fertility is far longer than the day of ovulation---more like almost a week of every cycle.

A woman's temperature also rises when she ovulates, so if a woman were to take her temperature at the same time every day, and chart this, she could observe the rise that occurs with ovulation.

A woman can make casual observations of these changes, and know the general timing of fertility and ovulation in the cycle, and by doing so learn to know her body, and could also anticipate when her next period would begin. But to accurately identify the beginning and end of fertility, she must learn a very thorough technique for observing and interpreting these changes----this is called Natural Family Planning. With instruction from an NFP teacher, a woman can be taught how to identify precisely the beginning and end of fertility, and she and her husband can respond on this information to either achieve a pregnancy, or avoid one.

Check CANFP.org for more information about your fertility cycle and the advantages of learning about your body and keeping it healthy for your husband and the children you will have. *Judy Wilmurt*

Question — How Do I Chart Spotting?

I am trying to keep track of my menstrual cycle in order to be prepared for planning our next pregnancy, but since the birth of my first baby one year ago, my cycle has changed. I now have light spotting on and off for about one week before any regular bleeding starts. So, does that mean that day one of my cycle now begins on the first day that I notice light spotting or the first day of regular, obvious bleeding. I used to have a period with relatively heavy bleeding and no spotting, which was much easier to chart. I am still breastfeeding my baby two times per day, but I started my period again when my baby was five months old. It's only in the last 3-4 cycles that I've noticed this problem. Any thoughts? Thanks, *Sally*

Answer

Dear Sally, What you are experiencing is known as irregular shedding, a sign of luteal phase inadequacy that is usually easily corrected by nutrition. We suggest you consult Marilyn Shannon's book, Fertility, Cycles and Nutrition, for diet and supplemental suggestions. Day one of your cycle would be the first day of temperature drop to your low temperature level. Any days of spotting at the high temperature level would be counted as part of your previous cycle. *Andrea and Ron Gronsky*

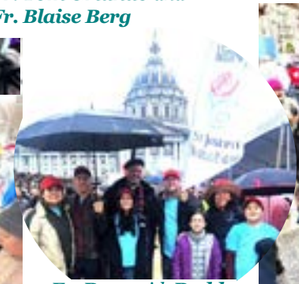
CANFP Kicking off 2024
Sharing the Good News around California

Bring CANFP to your event, young adult group, parish , or region!

Walk for Life West Coast

CANFP Clergy Members ***Fr. Tom Orlando*** *and* ***Fr. Blaise Berg***

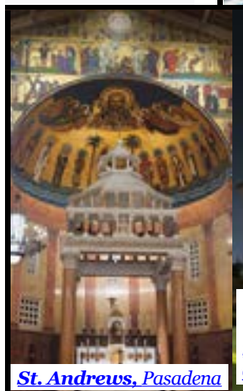
CANFP Board Members ***Fr. Blaise Berg, Maryah Nunez,*** *and* ***Sheila St. John***



Fr. Berg *with* ***Rodda Family,*** *longtime CANFP supporters*

LA Congress

Executive Director ***Sheila St. John*** *staffs exhibit with Professional Member* ***Joan Noyes*** *(see Joan's story on p. 4)*



St. Andrews, *Pasadena*

Bethlehem Perpetual Adoration Chapel, Shrine of Our Lady of Guadalupe, *Bakersfield*

Parish Member Visits

CANFP visited the dedicated Clergy and NFP Teachers of two Parish Members in February, both of which offer vibrant and comprehensive marriage preparation which includes a full course in NFP

Converging Roads *CANFP*

shared the role of NFP with Bay Area Healthcare Professionals gathered at St. Patrick's Seminary to discuss Fundamental Health Care Ethics

Stanford University

hosted CANFP for presentation/ discussion on ***REAL LOVE & SEX.*** *Shown here,* ***Dr. Robert Chasuk*** *responds to a question, with fellow board members* ***Fr. Mario Rizzo, Maryah Nunez,*** *and* ***Fr. Blaise Berg.***

Are You Ready for National NFP Awareness Week?

July 21 - 27, 2024

LOVE BEYOND MEASURE

Natural Family Planning

Supporting God's gifts of love and life in marriage

Sharing basic information about the methods of NFP and why they support God's design for love and life is at the heart of this national campaign

Natural Family Planning Awareness Week is a national educational campaign. The Natural Family Planning Program of the United States Conference of Catholic Bishops develops a poster each year, along with other resources, to assist all to focus attention on Natural Family Planning methods and Church teachings that support their use in marriage. The dates of **Natural Family Planning Awareness Week** highlight the anniversary of the papal encyclical *Humanae Vitae* (July 25) which articulates Catholic beliefs about human sexuality, conjugal love, and responsible parenthood. The dates also mark the feast of Saints Joachim and Anne (July 26), the parents of the Blessed Mother. Pope Francis has designated that feast as **World Grandparents Day**, a fitting commemoration during National NFP Awareness Week!

NFP Week Poster 2024

Sharing basic information about NFP and why it supports God's design for love and life is at the heart of this national campaign. The following USCCB resources can be found at the link at the bottom of this page, and used to create articles for diocesan newspapers, enhance websites, Facebook, and media threads. Permission is granted by the USCCB to reproduce these resources in print or electronically.

- **NFP Week Posters**
- **Poster Archives**
- **Liturgy & Prayers**
- **Articles**
- **Bulletin Inserts**
- **Couples' Stories**
- **Church Teachings**
- **Find an NFP Class** *in Person or Online*
- **More NFP and Related Resources**
- **Media Kit** *social media graphics and web banners*
- **Celebrate National NFP Awareness Week in Your Area!**
- **NFP Awareness Week also celebrates grandparents!**

https://www.usccb.org/topics/natural-family-planning/national-nfp-awareness-week

What Are YOU Planning for NFP Week?

Exchange ideas in YOUR online CANFP Community Forum!

CANFP Community Forum is a private space to meet, share experiences, and exchange ideas, in a forum available only to our CANFP Members/ Supporters We provide general groups for all our members:

- **CANFP MEMBERS**
- **CANFP MEMBERS ESPANOL**

We also provide forums for method specific discussions reflecting our membership:

- **Billings**
- **Family of the Americas**
- **Couple to Couple League**
- **Creighton Model FertilityCare**

And we offer forums for our Professional Members only:

- **Clergy**
- **Church**
- **Priests**
- **Diocese**
- **Physicians**
- **NFP Teachers**
- **Deacons & Wives**

and more!

To Join a Group:

REGISTER AS A CANFP MEMBER AT canfp.org

Registered members can view their groups in the drop down menu when logged in to their account, in the upper right corner of site, and join discussions or start a new one!

CANFP NEWS

1217 Tyler Street • Salinas, California 93906

Support NFP in California
JOIN CANFP

Want to join the ranks of California's NFP Teachers?

FertilityCare Practitioner California Education Program

Deadline to apply
May 10, 2024

June 17-24, 2024
EDUCATION PHASE I

St. Anthony Retreat Center
43816 Sierra Drive
Three Rivers, California
Fresno Region

CANFP NEWS
Edited and published quarterly by the
CALIFORNIA ASSOCIATION OF NATURAL FAMILY PLANNING
1217 Tyler St.
Salinas, CA 93906

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