

A LOOK AT THE  
GROWING AND  
MORALLY COMPLICATED  
WORLD OF IN VITRO  
FERTILIZATION

# The New BABY BOOM

**M**any couples dream of one day starting a family. For those couples who struggle with infertility—one out of every six in the U.S.—the road to starting a family can be filled with many harsh realities and can place them in the center of a heated moral debate.

The Covenant's Christian Action Commission resolution on bioethics, approved by delegates to the 2004 Annual Meeting, describes the ethical dilemmas infertile couples face this way: "Issues surrounding infertility place parents and families within the compass of tragic moral choice and a complicated emotional landscape.

These situations are numbered among those James 1:2 calls 'trials of many kinds.' They are painful and unwelcome."

While some infertile couples choose adoption, a growing number choose to use increasing complex assisted reproductive technologies (ARTs) to have biological children. In 2001, the last year statistics are available, 40,687 children were born after ART attempts, up from 20,021 in 1996.

The process of choosing adoption or ART can be emotionally grueling and painful. Many couples question what it means to honor God in the midst of such testing circumstances.

In 1997, Todd and Susan Stevenson, longtime Covenanters, were told they would not be able to conceive children biologically. They decided to try and adopt a child, and were thrilled in 2001 when they were matched with a young woman who wanted to place her baby with them.

The Stevensons went through the elaborate process of being approved by the state. They prepared a nursery in eager anticipation of the arriving child. Three days before the baby was born, the young woman changed her mind and decided to parent.

The Stevensons could hardly find words to describe the disappointment

they felt. This experience led the Stevensons to ultimately consider ART. Their doctor recommended in vitro fertilization (IVF), one of the most common ARTs.

In IVF, eggs are surgically retrieved from a woman's ovaries. It is often a painful procedure. Emotions run high as a result of the fertility drugs that are regularly injected into the woman before her eggs are surgically removed.

Once the eggs have been extracted, they are fertilized outside of the woman's body in the laboratory. Any eggs that have been successfully fertilized (embryos) are left to grow, and the two or three best are transferred into the woman's womb. Any remaining embryos may be frozen for future use or are discarded.

After a year of infertility treatment using fertility drugs alone, Bob and Aileen Callahan, members at Northwest Covenant Church in Mount Prospect, Illinois, decided to try IVF in the fall of 2000. Aileen says there were surprises along the way, such as having to decide what to do with excess embryos. They were also asked who would have custody of the embryos and what would happen if she and her husband were to divorce. Aileen was also unaware that the retrieval process would be severely painful.

After cycles of hormone injections, progesterone shots, and the emotional strain of anticipation, Aileen became pregnant. Her twins, Riley, a boy, and Cydney, a girl, were born six weeks early, weighing five pounds, and three pounds respectively. They are now healthy toddlers and a welcome addition to the Callahan family.

When asked about the process, Aileen says she is not sure whether she would be able to go through it again. Despite the pain and difficulty of the process, she declares that IVF was "totally worth it" and that her heart goes out to people who try and are unsuccessful.

Debbie and Dan Shelton of Kerman (California) Covenant Church considered IVF in the early 1990s, but found the price was prohibitive—each

attempt was \$10,000, and their clinic recommended at least three attempts, as success rates range from 20 to 40 percent (depending on factors such as age). The Sheltons' insurance at the time did not cover IVF.

Faced with the \$30,000 costs, and their own discomfort with some of the ethical issues surrounding IVF, the Sheltons instead sought to adopt children.

The Sheltons now live in Kerman, where Dan is pastor of the Covenant church, with their adopted children, Hailey and Luke. In some ways it was a natural choice—adoption was a familiar option because Debbie's mother had been adopted.

Couples who choose IVF are often faced with a number of moral issues that it raises. One of the most significant concerns is the creation of significant numbers of "leftover embryos"—some that are discarded, and some put into frozen storage. According to a 2003 study by the RAND corporation, about 400,000 embryos are being stored at U.S. fertility clinics. While the vast majority are being stored for future IVF attempts, a number have been in a kind of limbo for more than ten years.

The regard that we hold for human life must be considered with the possibility of creating embryos for use in IVF, says Brent Laytham, assistant professor of theology and ethics at North Park Theological Seminary. Laytham speaks strongly against the use of IVF.

The most sensitive moral issue at hand is the value of the human embryo and whether or not its life should be protected, he says. "Refusing to use and destroy embryos is a way of acknowledging life as a gift from God," he says.

IVF is morally challenging because during each attempt, as many as a dozen or more embryos could be successfully fertilized. Only the best embryos—those most genetically viable—will be implanted into the woman's uterus.

The discarding of excess embryos

presents an obvious problem, says Laytham—is it God-honoring to create embryos, then to discard them?

Freezing embryos is not without ethical consequences. According to Dr. Richard Schmidt, an infertility specialist at Nova IVF fertility clinic in Palo Alto, California, between 25 and 50 percent of frozen embryos die or are so damaged in the thawing process

that they cannot be used in IVF. In spite of the significant loss of embryos during the thawing process, children have been born after being stored as embryos for as long as ten years. The high number of embryos frozen has led to the development of embryo donation or "adoption" programs. The most well-known is the Snowflakes

program ([www.snowflakes.org](http://www.snowflakes.org)), which uses the tagline, "Like snowflakes, each embryo is fragile, unique, and the most beautiful of God's creation."

The Christian Medical Association has created an embryo donation center ([www.embryodonation.org](http://www.embryodonation.org)) for couples with frozen embryos they cannot use. Programs like these offer an alternative for parents who do not want their excess embryos discarded. They also provide infertile parents the physical connection of carrying a child to term through pregnancy, even though they are not biologically related to them.

Janell Williams Paris, author of *Birth Control for Christians* and associate professor of anthropology at Bethel University in St. Paul, Minnesota, acknowledges that rapidly changing technology, such as the use of IVF, is forcing Christians to make difficult moral decisions.

One of the concerns that Paris, a member of Solomon's Porch Covenant

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Church, raises is that many IVF pregnancies lead to what is now called “selective abortion” or “selective reduction.” If several embryos are planted in the uterus, usually only one or two actually implant successfully. (The chance of having triplets is 5 percent or less when three embryos are implanted.) But in some cases, several embryos successfully implant, which can create a situation where none of the developing fetuses have a significant chance for survival. Selective reduction is often a medical necessity so that one (or more) of the fetuses can be carried to term. This type of abortion may also be medically necessary for the health of the mother.

“This is an extremely difficult choice being made by parents who love their babies,” Paris says. “It is not the same as eliminating an unwanted pregnancy—it is intended to preserve the pregnancy.”

Potential parents who are wrestling with the ethical implication of IVF often feel uncomfortable sharing their concerns with their church community. It is almost as if infertility is a bad word, as if some sin in the couple’s life has caused them to be “barren.” Infertile couples may feel ostracized, because they do not fit into societal expectations that they be producing and rearing children. In addition, ethical questions raised by modern technology and current medical practices, particularly severely sensitive issues such as IVF, are rarely, if ever, talked about within our church communities. This is an area, says Laytham, where the church “has to do better.”

Ethical concerns can also overshadow the aim of IVF, says Paris. That aim—helping infertile couples conceive children—is a positive and godly one. “Sometimes we lose sight of the godly purpose of IVF,” she says, “to help people make babies that they can love and nurture. For me, the ultimate purpose of technology is a very good thing that figures into ethical reasoning.” □