





Pathways of hope

INFERTILITY & NFP

Story by Kathleen M. Basi
Photos of Bress family by Annie Norton

It's a statistic no one really wants to consider when trying to start a family: One in six couples experiences infertility.

This cuts to the heart of manhood and womanhood, and there is no guarantee that a couple will achieve the end they desire.

Even so, couples who follow the path laid before them in faith can attest that no matter where the road wanders, God can always bring them to a place of hope.

Ask Jennifer and Mike Tress, both 31, of Griswold, Conn., if they have advice for couples facing infertility, and Mike's reply is instantaneous: "Yeah, find a good NaPro doctor!"

At age 25, infertility wasn't even on the Tresses' radar. Their problem was that Jennifer was in pain. They consulted a doctor who came highly recommended. He found a cyst on her ovary, and after monitoring it for some time, decided to

perform surgery to remove it. The gynecologist assured the Tresses that there shouldn't be any complications.

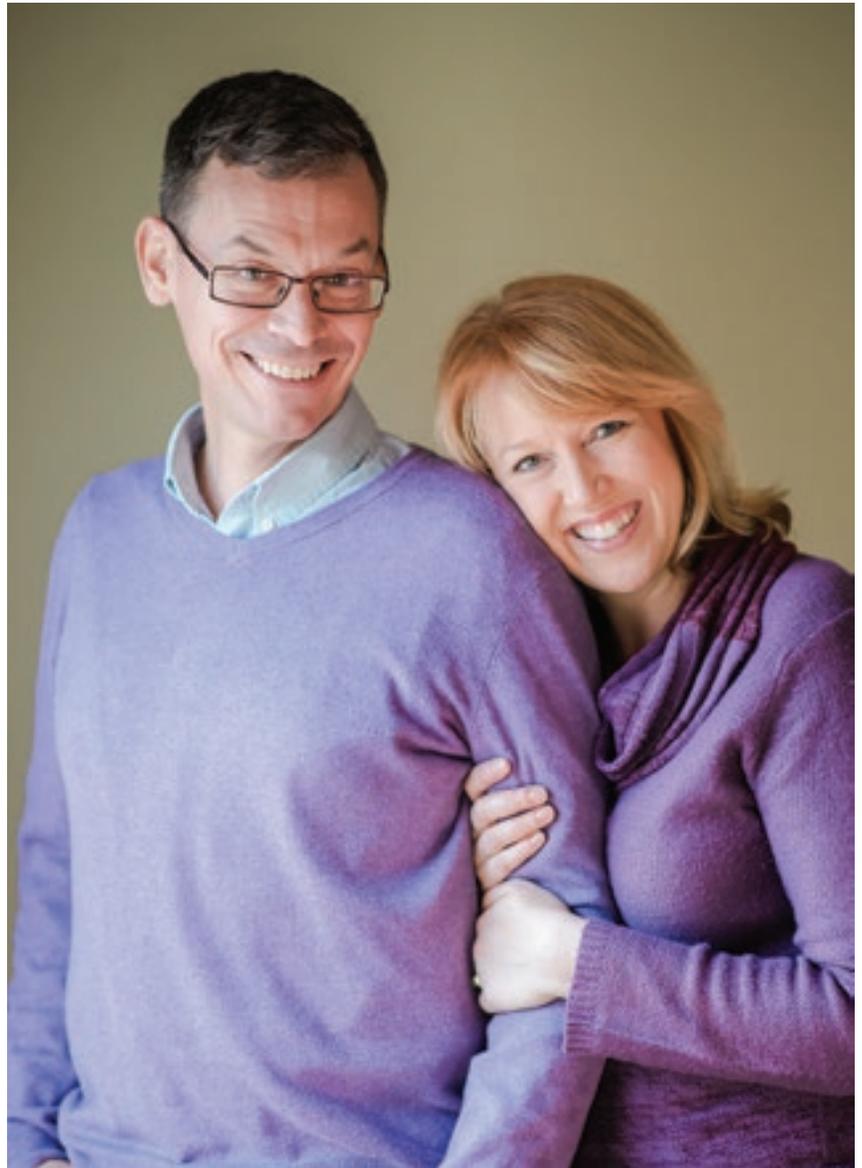
There were. When Jennifer woke up, the doctor told them he'd had to remove the entire ovary and Fallopian tube.

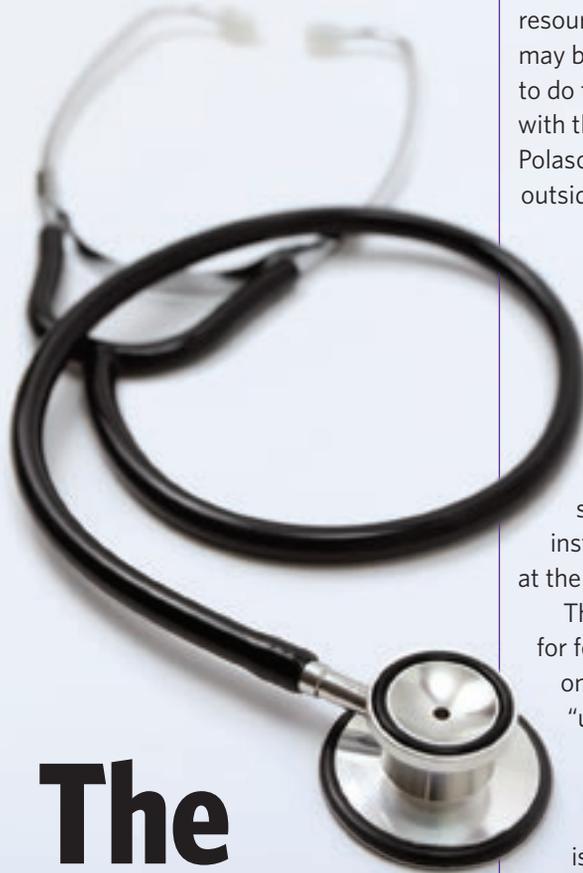
"The doctors said we could still have kids," said Mike, a general foreman for Electric Boat, which builds nuclear submarines, "but it certainly put things into perspective."

To make matters worse, the pain hadn't gone away. In fact, it was worse than ever. But the surgeon wouldn't see her, and his staff just told her not to worry. "I was already upset about losing the ovary," Jennifer said. "But they didn't even want to see me about the pain afterward!"

The Tresses pushed and finally were referred to a reproductive endocrinologist. They were given three options: get pregnant, go on the pill or have an injection to send Jennifer into artificial menopause.

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The doctor's view

Dr. Karla Polaschek converted her Moline, Ill., Ob/Gyn practice to NFP-only in 1999. She serves all methods of NFP, and her whole practice revolves around a motto: returning normal to normal. "That's the beauty of NFP," she said. "Women learning how their cycles work so they can be a participant in their medical care."

For couples starting down the infertility road, Polaschek says the first step is finding out which doctors and treatments are covered by insurance. The Affordable Care Act has led to some limits in coverage. The challenge for Catholics suffering from infertility is

that there are few infertility specialists who support their beliefs. One More Soul (onemoresoul.com) is a good resource, but general practice Ob/Gyns may be limited in what they are able to do for a couple. If the problem lies with the husband's fertility, for instance, Polaschek can't help, because it lies outside the scope of her practice.

Still, there are ways she can help a couple that they might not get elsewhere. Too many doctors try to address the symptom — infertility — rather than the underlying conditions that cause it. The difference in practices like hers, Polaschek says, is "making a diagnosis instead of just throwing medicine at the woman."

There are many possible causes for fertility. It can be a problem in one partner, both, or it can be "unexplained infertility." When Polaschek works with a woman, she does blood workups and dye studies to make sure the woman is ovulating and that the reproductive organs are clean and without blockage. She will perform laparoscopic surgery for tubal blockage and milder forms of endometriosis. For ovulatory disorders such as polycystic ovarian syndrome (PCOS), she will prescribe the entry-level fertility medications, like clomiphene and letrozole.

But those are only aids; the goal is to help the body conceive for itself. "My job is educate women about how their body works so they're an active part in their own medical care," she said. "We educate them about diet, exercise, getting enough sleep and figuring out what's normal for the patient by using the NFP chart."

If Polaschek can't help a couple, she takes the time to advise them before sending them on to a specialist. There is an infertility specialist at Loyola in Chicago who claims to follow Catholic directives for infertility, so she will sometimes send people there.

Otherwise, she just makes sure they are prepared. "I tell them another doctor can try some of the stronger drugs I don't prescribe because there are more complications. I try to encourage them not to do IVF. I give them the things they need to think about, even if they don't necessarily agree with me. Then, when they're talking with an infertility specialist, they can advocate for themselves."

Fast facts about infertility

Infertility is diagnosed through medical history, blood tests, ultrasound exam and semen analysis.

Is there more infertility than there used to be? Yes and no. "Our population is so hormonized-up with garbage," she said. Plus, it's cultural. Women are waiting longer to have babies, and the most fertile time is the late teens and early 20s. Also, the gynecological guidelines seem to be shifting toward less frequent pap smears, which means the opportunities to pick up on problems are growing less frequent.

On the other hand, the prevalence of hooking up has caused its own problems. Polaschek has seen a fair amount of infertility caused by scar tissue resulting from STDs. "These kids have no idea what they're doing to their bodies," she said.

In the end, she stresses that medical treatment isn't the whole story. Infertility influences the entire person, and so must the treatment. She knows this firsthand, having been through infertility herself. She is now the adoptive mother of a 9-year-old son. "My heart goes out to women who've been through this," she said. "I try to keep the parents focused on what's important. Getting pregnant can become a second job. You still have to make sure you enjoy being with your husband!"

This was a real wake-up call. “We had been focused on careers, graduate school and getting financially stable,” Jennifer said. “Of course, something like this really makes you analyze priorities.”

“I was told not to worry, that my other ovary would take over, but I wanted to know if that were the case,” said Jennifer. When they heard about a CCL class nearby, they signed up. It was their CCL teachers who referred the Tresses to a NaPro-trained doctor in Massachusetts. (Learn more at naprotechnology.com.)

This time, it was a totally different experience. The NaPro doctor focused on getting them healthy. He told them that any prior surgery increases the risk of adhesions and endometriosis, and he was appalled that a physician had suggested shutting down fertility to someone whose reproductive system was already compromised. He knew Jennifer needed surgery to remove endometriosis, but the Tresses were hesitant. “That was pretty hard for us to hear,” Mike said. “We had gone through the first

surgery only to find out that one of Jen’s ovaries was gone, and then to hear she had to go through a second surgery was scary. But having each other and our faith helped us get through it.”

The NaPro doctor first told them to chart using the Creighton Model so he could use Jennifer’s biomarkers to diagnose and treat. He focused on getting her immune system healthy. After a few months she was feeling healthier and they started trying to conceive but without success. Like many before them, the cyclic failures took an emotional toll. Even though Jennifer’s energy had improved, her endometriosis-related pain was now daily.

This time, they traveled to New Jersey to work with a NaPro-trained surgeon. He prayed for his patients, and Jennifer said, “Every little symptom I mentioned, he cared. For instance, when I was in recovery, I mentioned the pain in my shoulders. It had happened the last time, too, and the doctor gave me medication. This time I was told, ‘That’s gas pain. Medication won’t help. You need

Words of wisdom for those longing for children, from those who have been where you are.

On marriage

“We are infertile: It’s never ‘It’s him’ or ‘It’s her,’ but we are an infertile couple.”

Rebecca Donaghy

“The first thing to living through [infertility] is knowing your priorities. Yes, we wanted to have children, but we wanted our marriage, our faith and our sanity all to remain intact and uncompromised more. Without those, what would we have to give to our children?”

Donna Bishop, a Catholic infertile woman and author of whatifgodsaysno.blogspot.com

On staying positive

“Pain is weakness leaving the body.” Rhiannon Gil

“Anything that isn’t hopeful, that is starting to be dark — give it to Jesus.”

Rebecca Donaghy

“Babies were the best feel-good pill I could take. To withhold myself from being around them was doing myself a disservice. If there was a baby around, I had that baby. And I always felt so much better afterward.” Rhiannon Gil

On opening up to adoption

“A friend asked me to make a list of all the things I would get to experience by being a parent through adoption and what I wouldn’t. It helped put things in perspective. It was really only nine months that I wouldn’t get to experience. The vast majority, I was still going to get to do.”

Heather Bress

On when to say “enough”

“How do you draw a line in the sand and say enough is enough? You quit when trying takes something more from you than it should — your sanity, your faith, true intimacy with your husband, your ability to see anything good in life other than conceiving.”

Donna Bishop, whatifgodsaysno.blogspot.com





to walk.' So I didn't take anything other than a couple of Motrin, and yet I was able to walk next door. After the first surgery, I couldn't even lift myself off the couch."

Fast facts about infertility

One third of infertility is due to male factors, one third to female factors and one third is a combination or unexplained.

Their NaPro surgeon discovered that Jennifer had severe endometriosis and a blockage of her remaining Fallopian tube. He fixed both problems. The pain didn't go away completely, but it was much improved.

It was another nine months before the Tresses conceived. Her NaPro doctor checked hormone levels throughout the cycles and worked to improve her levels and fertility. Jennifer also worked with a naturopathic

physician to identify a more subtle type of food allergen through specialized testing and to boost Jennifer's immune system. The constant cycle of hope and disappointment was draining. Their NaPro doctor, who shared their Catholic faith, told them, "A baby should be a labor of love, not a labor of labor."

So they decided to take a break from all intervention except post-peak progesterone supplementation. And that was the month God blessed them with a baby.

Jennifer and Mike Tress have been married nine years now. They have a 2-year-old daughter, Sarah, and a second child due mid-winter. Jennifer left her job as a school teacher in order to care for her growing family as well as train to become a Creighton Model FertilityCare™ Practitioner. "There's nothing about Creighton and NaPro technology in our parishes," she said. "I felt called to pay it forward. Now I'm teaching clients in situations similar to ours."

Although infertility was a difficult experience, the Tresses recognize that it helped them focus on what was

most important. “I now know that was God’s way of leading us to the path of having Sarah,” Jennifer said. “If we hadn’t gone through all of that at age 25, we’d have been even older before we started trying to get pregnant.”

But there is no guarantee that infertility treatment will end in success.

‘Poisonous’ envy

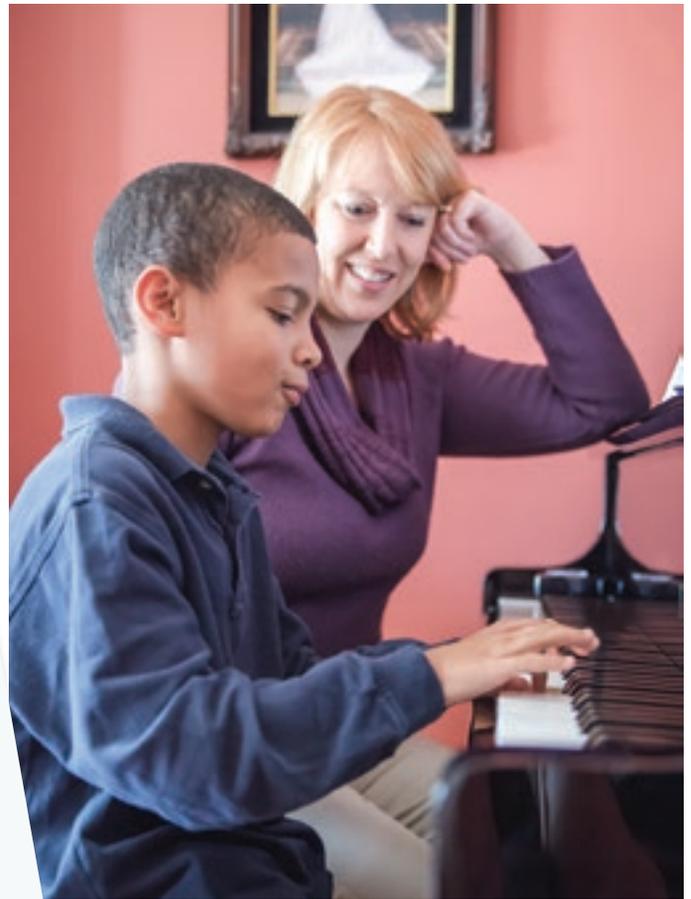
When Bill and Rebecca Donaghy got married in August 2003, they decided to let the babies come on God’s time. Almost immediately, Rebecca felt that something wasn’t



right. “As surely as a woman might feel she’s pregnant, I had a sense that I was not getting pregnant and it wasn’t going to happen.”

They received a diagnosis of Azoospermia, a condition in which the man’s body has no measurable sperm count.

“Literally in the same conversation, the doctor said, ‘How about adoption?’” recalled Rebecca, now 39. “We’ve always known adoption to be beautiful, but to have it said



in the same breath as an infertility diagnosis? It just crucified me.”

Bill’s first thought was for his wife, who had dreamed of being a mother since the fourth grade. “I realized this was a gift that I could not give her,” he said. He underwent two surgeries in an attempt to correct the problem, but later testing revealed that it hadn’t made any difference. They simply weren’t going to have biological children.

The Donaghys clung to their faith. “Month by month, the signs of fertility would come and go, but we couldn’t speak that language with our bodies,” said Bill, 46. “With each month I felt the sharp pain of loss, especially through Rebecca’s tears.”

At that time, he was teaching at an all-boys school. He loved his work, but his students felt like a daily reminder of what he couldn’t have.

Rebecca, too, fought darkness. “I was mourning a dream: my lost biological parenthood,” she said. “I dwelt in much jealousy and heartache and despair. It was poisonous. I hurt the person I loved most, my husband, who was hurting right beside me. I wasn’t telling him it was his fault, but I was saying it with my actions, by my bitterness. I was becoming the vehicle to hurt my marriage.”

Eventually, they began to pursue embryo adoption. (Editor's note: The morality of embryo adoption has not been determined by the Church.) But each of the embryo transfers ended in miscarriage or infant death. And that was when Rebecca's grief took on a new, and ultimately more healthy, dimension. "When I began

Fast facts about infertility

12 percent of all infertility cases are a result of the woman either weighing too little or too much.

to miscarry, it became about true human souls and persons who were being lost; it was not about me and what I was not getting. Yes, I was still mourning, but I was no longer mourning a dream. I was mourning a real, living child."

One day, post-miscarriage, she and Bill were taking a walk when she came to a realization. As a child, she had envied the saints who bore the stigmata; it was a reminder to help them in their spiritual life. "I realized God was asking me to bear within my flesh this wound. I realized I had been shoving off my stigmata. This was how God was calling me to deny myself."

For Bill, the turning point came when he was giving a Theology of the Body retreat. He shared the pain of infertility, and a woman came up and told him, "You are being a father to us right now. You're forming us in the faith. We are your children."

Today, the Donaghy household is bursting with four living children, adopted through a local crisis-pregnancy center — the most recent in November 2015. (See "Milk from heaven" on page 28).

"Our infertility really became in a way a gift," said Bill, who now serves as curriculum specialist for

Three things you should know about adoption

Adoption is often tossed out as a facile answer to couples who are suffering through infertility — and for good reason; there is no shortage of children, both at home and abroad, in desperate need of a "forever family." However, adoption is not an automatic solution. As Heather and Tom Bress said, "We weren't ready to jump right in. We had to grieve biological parenthood first."

Here are some things to know about adoption:

1 There are three basic ways to adopt:

- Foster adoptions are facilitated and supported by the state. The Congressional Coalition on Adoption Institute estimates that nearly 400,000 children (of all ages) need permanent homes. (<http://goo.gl/WY5az9>)
- Domestic adoption of newborns take place through private agencies, individual attorneys or crisis-pregnancy centers. Birth parents review dossiers prepared by potential adoptive families and choose a new family for their child. "The big difference between domestic and international is you're not really on a list," said Tom Bress. "You're in a pool. You could get chosen right away or never." The level of contact with the birth parent or parents is agreed upon in advance.
- International adoptions are closed, meaning there is no contact with birth parents. These children are usually older.

2 You will not love an adopted child less.

Heather Bress says, "Now it seems preposterous, but we had to wrestle with the question: Can you really love a non-biological child as if they are your biological child? I cannot imagine loving these children more."

3 Adoption is Scriptural

"Until we became adoptive parents, I never really understood those passages about all of us being adoptive sons and daughters of God. Now I realize what that means about the way God loves us," Heather Bress said.

Tom added, "Whenever it's mentioned at church, we nudge the kids and smile."





the Theology of the Body Institute. “It purified our hearts. It showed us motherhood and fatherhood at their deeper, more fundamental depths. We are gratefully and absolutely overwhelmed with life!”

24-hour notice

Even after discerning a call to adoption, not all roads run smooth.

Sixteen years ago, CCL members Heather and Tom Bress, of Bowie, Md., thought they were the poster children for NFP. They were CCL teachers, and since Tom was working on his doctorate degree, Heather was the breadwinner, so they delayed starting a family. But when they did try to start a family, nothing happened. Testing revealed that, like the Donaghys, they had male-factor infertility. “It took about a year and a half to go through the process of surgery, waiting for Tom to heal, and trying to conceive, before it became apparent that the surgery hadn’t helped,” said Heather, now 46.

Like many couples, they had discussed adoption in the abstract when they were engaged. But when “what

if” became reality, it took some time to feel ready to start the process. “We had to grieve biological parenthood first,” said Heather.

A friend who ran a crisis-pregnancy center in Dearborn, Mich., where they lived, walked them through the options. Soon they were answering questions for an adoption home study. “They ask you, ‘What kind of a baby do

Fast facts about infertility

One in 25 males has a low sperm count and one in 35 is sterile.

you want?” Tom said. “It makes you feel guilty to say, ‘Yes, I’d like a healthy Caucasian baby.’” Eventually the Bresses decided they were open to any child who needed a family.

When they were chosen by a young birth mother, they were ecstatic. As the time got close, they went to doctor visits with her and prepared their lives and their home.

Then, at the 11th hour, the birth mother changed her mind.

It was excruciating. “The due date came and went with no news,” said Tom. “Heather went to the next appointment and the mother didn’t show up.” She asked the receptionist if the birth mother had canceled the appointment and found out the baby had been born the day before.

“We’d already had a baby shower,” Tom said. “We had a name picked out, we had the house set up and then all of a sudden we didn’t have the baby.”

Faced with a whole new grieving process, the Bresses decided to get away for a few days. They went to a place they’d visited before, a luxury camping facility near Cancun, Mexico — a beachfront canvas tent with a bed and furniture inside but no phone. They emailed Tom’s mother details on where they were going, but she deleted the information, thinking they needed some time alone.

It was 2003, before mobile phones were ubiquitous. And while they were thus out of touch, a baby boy was born prematurely to a young couple who had planned to place their baby for adoption but hadn’t yet chosen adoptive parents. The couple called a lawyer, who brought in 10 profiles, and the Bresses were chosen. They had 24 hours to say yes.

And no one knew where they were.

Their friend from the crisis-pregnancy center went to their house and convinced their neighbor to let her inside. “She rummaged around till she found an address book,” Tom said. “And then she contacted everyone in it.”

Heather picks up the story. “My brother knew we were at a place with a Mayan name. He Googled around and figured it out, but the resort had no phone. So he had to call another hotel down the beach and convince them, with his very limited Spanish, to come find us.”

It was the Bresses’ second-to-last night at the resort. They were eating dinner on the beach when someone walked in and handed them a note. It said: “Emergency Heather call home.”

Thinking someone had died, they walked a quarter of a mile up the beach to find a phone...and they learned their sorrow was over.

“In retrospect, if we hadn’t gone through the failed adoption when this baby was dropped in our lap, we would have been scrambling,” said Tom, now 50. “But everything was already in place.”

Nathan was born at 31 weeks and 2½ pounds. He was being fed with a syringe through a nasogastric tube. But Heather went to see him every day and was able to have skin to skin contact with him. They brought him home on Mother’s Day in a car bed because, at 3 pounds 12 ounces, he wasn’t big enough for a car seat.

But the adventure wasn’t over yet.

Because of their background as NFP teachers, the

Fast facts about infertility

Napro technology claims success rates for couples faced with some of the most common infertility-causing conditions that range from 34 percent to 81 percent, significantly higher than rates for IVF.

Bresses decided they wanted the benefits of breastfeeding for Nathan, even if Heather couldn’t breastfeed him herself. So Heather made use of all her contacts: La Leche League members, NFP families, doulas — and got several dozen women to donate breast milk to supply Nathan’s needs for the first year.

“I would drive around with an empty cooler at all times and get sent off on a mission,” Tom said. “Heather would tell me where to go, and I’d drive someplace I’d never been, knock on the door and say, ‘I’m here for the breastmilk!’”

Once, a woman who had lost a baby gave them half an upright freezer full of milk. Another time, a doula in Windsor, Ontario organized a “pumping party,” with multiple breast pumps for women to use.

Which raised an important question: How does customs deal with something like this?

Tom called the U. S. Customs service. The woman had no idea. So he just decided to try it. “There I was,” he said, “crossing the border with a trunk full of breastmilk!”



Was it worth it?

The Bresses think so. At Nathan’s birth, the capillaries in one eye hadn’t formed, and he had brain bleeds. But all his health issues resolved in time. Today, at 12, Nathan is a Boy Scout, swims, runs cross country and plays piano.

Since Nathan was biracial, the Bresses decided to ask for a biracial child for their second adoption. Knowing that, like before, this birthmother could change her mind, they gave themselves some emotional distance from the

process. So when they got a 2 a.m. call saying that their second child was being born, they had to pick out names in the car on the way to the hospital. “Zachary was born on Martin de Porres’s feast day. Since Martin de Porres was also biracial, it seemed providential,” Heather said.

Fast facts about infertility

Chlamydia causes 4 to 5 million infections annually in the United States. If left untreated, chlamydia can cause infertility.

The Bresses tried twice more to adopt after Zachary, but both placements fell through. Zachary is now 10 years old, and with Heather being mid-40 and deeply involved in the Catechesis of the Good Shepherd, the couple no longer feels called to expand their family. Nineteen years into their marriage, the Bress family has found wholeness on a path they never imagined. And they wouldn’t have it any other way.

Better, not bitter

Like the Bress family, Grant and Rhiannon Gil battled infertility that led them to a heartrending attempt at adoption.

But they refused to let infertility rule their lives.

The Gils, who live near Lafayette, La., took a CCL course before they got married in 1999, but although they charted, they never tried to avoid having children. It had taken Rhiannon’s grandmother five years to get pregnant, and there were seven years between her and her sister. So for several years, they didn’t think too much about their failure to conceive. Besides, they always had kids around. Grant, a 44-year-old quality control supervisor for Halliburton, said, “We were the go-to babysitters. I had 13 kids in the house one day. It never dawned on me that I didn’t have any kids yet.”

But around the 5-year mark, Rhiannon said, “This is not normal. The charts were beautiful, and we have always let the chips fall where they may.”

A talk with their Ob/gyn, a CCL teacher, yielded no answers. They were classified as “unexplained infertility.”

The Gils took a pragmatic view. Rhiannon, 35, said, “I’m not one of these super-emotional people. I’m surrounded by super-fertile people, and there are usually two or three pregnancies every year. So I made a decision early on that I was not going to be one of those people that couldn’t go to baby showers.”

It wasn’t that they didn’t care, she stressed. “Infertil-

ity was disheartening. Monotonous. There was no reason for it. People with PCOS can say, “This is why I have an issue. We didn’t have that.”

Still, she’d seen friends suffering from infertility wrap themselves in a cocoon and wallow in their pain. She didn’t want to live like that. “Grant and I both felt that something was missing. But we always enjoyed each other. We enjoyed being married.”

In April 2009, after 10 years of marriage, they proceeded to adopt their first child. The birth mother was a meth addict. “It was just chaos,” said Rhiannon. “In the hospital there were police stationed outside my door. The dad was coming in and making threats.”

They waited 11 days for the birth mother to sign off on the adoption paperwork. She never did. At last, Grant said, “We’re not going to keep doing this.” They gave the child back to his birth mother.

“It was surreal,” said Rhiannon. “I had this baby from the moment he was born — she wasn’t with him at the hospital, nothing.”

The devastating loss gave the Gils some perspective. “Realizing what a lot of other women went through made us stronger instead of bitter,” Grant said.

This was the most difficult part of the whole journey. Grant’s sister is a cloistered nun, and on a semi-annual visit, Rhiannon vented her anger with God. Grant’s sister replied: “That’s fine. God knows you’re mad. Just don’t stop talking to him about it.”

“I went, ‘I can do that,’” said Rhiannon. “That was practical advice that resonated with me.”

The following July, they were on the way to work on a rental property when they got a call asking them to adopt a baby girl — right then and there. By evening, their daughter Alana was in their home. “We woke up a couple and went to bed a family!” Grant said.

Hope, fulfilled

Alana Gil is now 5, and her little brother Gavin is 2. Last January, at long last, the Gils conceived, but on their 16th anniversary, they found out their pregnancy had ended in miscarriage.

Even so, the Gils, like all the other couples sharing their stories, say they wouldn’t change a thing. Infertility has made them who they are and helped them find their place in the world.

That is the lifeline they want to throw to others experiencing infertility: the knowledge that there is hope at the end of the infertility road, and that in the meantime, couples can choose to enjoy their life despite the cross they bear. “For whatever reason, my womb is barren,” Rhiannon wrote on her blog. “But my life hasn’t been.” 