# Becoming and remaining pregnant – naturally!

How many couples do you know who are full of hope and wish to start a family? They are young, healthy and desire a child? After months of fruitless hope and expectation they realise that what they took for granted is not to be: the most natural thing in the world - father and bear a child - is outside their grasp. The questions come fast and relentless. Why? What is the problem? Not us!

One of my patients stated her position in her first consultation as follows: "100 menstruations, that's 100 disappointments." All the dashed hopes and the accompanying pain is laid bare in the above sentence.

We all know that the issue of infertility is becoming an increasing problem for couples as well as a growing social problem.

Of course, my colleagues try to treat women with an infertility problem. Maybe she is given a pack of Clomiphene ("just try it for 5 days, maybe it'll help"), advised to start temperature recording, do ovulation tests, take vitamin supplements, progesterone cream or naturopathy and yoga. Sometimes that is enough to get pregnant but there are many instances in which it is not.

If pregnancy does not occur despite having availed of some or all of the above hit and miss protocols the next step is usually to suggest an artificial method to the patient. A first step is often a series of inseminations but this rarely helps. The next step is in vitro fertilization with or without ICSI. While the patient's hopes are generally unduly raised the reality is different: the live birth rate per IVF cycle has internationally remained around 20% percent for years.

And as you know, such artificial methods are not only invasive and time consuming but can have many medical side effects for the woman, increased rates of illness in children, high costs and many legal and ethical questions.

**Isn't there an alternative which is as good if not better?**

A therapy to conceive naturally, without side effects? A therapy as good or maybe even better that artificial methods?

The answer is a confident yes.

A comparison of the life birth rate after in vitro fertilization and the method with which I work, shows that both are at about the same level. About 20% of women have a baby per IVF cycle. With increasing attempts the percentage rate may increase to 25 – 30%. In the FertilityCare clinic the birth rate is a good 30% although the statistical calculation is different.

**What is "NaProFertilityCare"?**

When artificial reproductive methods were developed, another method was simultaneously being developed with the same objective: the "restorative reproductive medicine". Hundreds of university and non-university institutions around the world have devoted themselves to the research and promotion of this science. They thoroughly investigate the reasons why a wanted pregnancy does not occur or why a miscarriage results – where are the problems and how can we solve them? That's the core question.

In 1999 the "International Institute for Restorative Reproductive Medicine" was founded. The Institutive conducts scientific studies and training, promotes exchange between colleagues and collects research literature on the topic. Of the many restorative procedures for treating the inability to conceive, the most common is "NaProFertilityCare".

The largest German speaking facility is the FertilityCare Clinic at Karl Leisner Hospital in Kleve. The clinic is not only frequented by couples from all over Germany but also from the Benelux countries, Switzerland, Austria, Romania and others. Since many couples come from far away we have developed a long distance protocol: the couples visit the clinic only 4 times a year. The consultations are thorough and last about 45-60 minutes. At these consultations many tests are carried out from which a diagnosis is arrived at and treatment is prescribed. The patient receives the prescriptions and her individual treatment plan. We offer to carry out all routine examinations such as ultrasound and blood tests by the own gynaecologist or GP on site. The results will then be taken to the next consultation. For short questions there's the possibility for consultations by phone. So we can save couples time, cost and stress.

**Where others stop, we look further: what are the underlying problems and how can we treat them?**

The effectiveness of the method relies on two elements.

1. The diagnosis is much more thorough, detailed and comprehensive than what is generally provided.
2. The therapy which is prescribed is therefore more individual and comprehensive.

## What do we test and treat?

### Hormone axes

Of course we examine all the usual hormones: TSH, prolactin, androgens etc. and treat them as common practice . Of course there are many more hormones which affect the ovaries. One example: we all know that stress can have a major impact on fertility. Therefore we measure stress hormones such as cortisol and incorporate appropriate

measures into the therapy . We then can measure again to ascertain sufficiency. No doubt you will observe how the more comprehensive diagnostics offer more therapeutic options.

**Organic causes**

It stands to reason that a rather normal anatomy and physiology of the female genital organs is a prerequisite for conception and maintenance of a pregnancy. I emphasize: rather normal. Recently one of my patients gave birth to her second baby after therapy with us. We diagnosed that she has only one open fallopian tube and a divided uterus which highlights the importance of a thorough gynaecological examination at the beginning of therapy. The diagnosis in conjunction with the history of the patient will determine whether corrective surgery is necessary to optimise the best conditions to conceive and carry to term. Other situations which may require surgical intervention would be the presence of polyps in the uterus, adhesions in the pelvis, endometriosis or uterine fibroids.

**Lifestyle**

"Lifestyle" conditioning contributes positively or negatively to our wellbeing. It is well know that negative factors such as obesity, stress, nicotine, alcohol and caffeine etc. impact negatively on the fertility of both men and women. Therefore lifestyle habits are discussed at the beginning of the diagnosis and targeted measures for improvement in these areas are included in the therapy. It is increasingly becoming clearer how immune and digestive system disorders or various allergies can have a significantly impact on fertility. For this reason various tests are carried out for allergies or food intolerance as standard in our diagnosis.

**Cycle course**

A good pregnancy starts with a good cycle!

That's why we take a close look at the female cycle. All couples who come to us go through a FertilityCare course. In this course women learn to observe biomarkers on a daily basis such as the cervical mucus at ovulation time or the bleeding pattern during menstruation. These observations are recorded on a daily base in cycle card which creates a unique individual cycle pattern. When the method was developed it was observed that women with various gynaecological irregularities exhibited typical changes in the cycle pattern. These changes provide the doctor with important diagnostic information. In addition to the cycle cards we examine the course of the cycle hormones by taking blood samples and carrying out ultrasounds so as to precisely determine ovulation.

So with the cycle chart, the ultrasound and hormonal levels, we possess great detail of the individual fertility status of our client which enables us to determine what, when and how to treat. The hormones we administer are common medicines e.g. clomiphene, FSH,

Ovitrelle, Pregnyl, Utrogestan etc. They are effective and used worldwide. Since we require much smaller amounts than what is used in artificial procedures, there are no relevant side effects. On the contrary - women usually feel better and fitter by the normalising of hormone deficiencies. One husband called it the “miracle pill” because his wife no longer experienced any of the emotional fluctuations which she used to experience before menstruation.

## Miscarriages

The diagnosis therapy already mentioned we also apply in cases of miscarriage – a good pregnancy starts with a good cycle! However we complement the diagnosis by some specific tests which are particular to discover possible problems which can lead to a miscarriage.

Every pregnancy is checked regularly for any insufficiency of maternal hormones. If our patient exhibits .such a problem she is given the appropriate natural hormone to balance the deficiency. The well balanced cycle and this support during pregnancy lead to the fact that the risk of miscarriage, small for date-babies and premature deliveries in our patients is not higher than in normal population. Furthermore in up to 80% of cases women with repeated miscarriages can carry their pregnancy until term.

As a gynaecologist I have treated many risk pregnancies and many of them were women who had in vitro fertilization. I see that my own patients have normal, healthy pregnancies, This is another fact that convinces me of the excellence of this approach.

## Diagnosis and therapy for the man

When I first engaged in fertility treatment I believed that nothing could be done in the case of a poor semen analysis. And I often see that couples are poorly if not totally uninformed about the treatment options for male subfertility.

Investigations reveal that men can suffer from the same irregularities as women e.g hormone disorders, infections, lifestyle and organic problems – and so much is treatable! Many babies have been conceived after an initial bad sperm count. I work with a specialist urologist.

## Medical and social framework for therapy

As in the case of all treatments, there are conditions and limits to fertility treatment in the FertilityCare clinic. In the case of men, a minimum number of functional sperm is necessary. If this cannot be achieved despite therapy a natural conception is not possible.

In women, cases of severe endometriosis, adhesions or both fallopian tubes blocked, can present limits to therapy options.

During the development of the therapy, the question raised as to what extent the attending doctor is responsible for the wellbeing of the child which develops from his treatment. An intensive questioning of the couple with regard to their financial, psychological and social situations as in the case of adoption, is not in within doctor's responsibility. Therefore an easily verifiable and objective criterion was sought: couples who are married statistically stay together longer than unmarried couples. So the child has a better chance of both of its parents taking care of it. Thus the marriage is the condition for therapy.

## Together for the couples

The therapies described above to improve fertility problems are primarily medical interventions. However there is no denying of the social, psychological and couple dynamic component of unwanted childlessness. This is why we work as a team: doctor and practitioner.

The medical consultations in the FertilityCare clinic usually last 45 to 60 minutes. The couple is the While the couple is the main actor, the doctor presents the therapy options, monitors the safety of the therapy and optimises the treatment. The couple "don't go through treatment" but are actively involved throughout. Emphasis is placed on the couple's common fertility so no one is to "blame". The common fertility is constantly in the foreground and is improved as much as possible.

The FertilityCare practitioners on site play a key role in accompanying the couples. They see the couples regularly and are an important contact for many. They know the therapy and have a lot of experience with childless couples. Their training consists of a one year programme which includes psychological, ethical, spiritual, moral and theological elements.

"Perhaps we will not have a child" summed up one patient who is now a mother "but we have found each other again through the treatment."

In course, the couple learns the woman's cycle from the counsellor and experiences encouragement and a listening ear in the ups and downs of the therapy. Husband and wife are on a journey and have a common destination. Topics such as intimacy and fulfilled sexual interaction of the couple are an integral part of the discussions. Couples

are encouraged to live their intimacy “by the clock” and to experience the marital union as an expression of their love for each other. For many couples, after years of centering on a few days or maybe hours of the month, the new freedom experienced is a great relief.

If pregnancy proves elusive for the couple, it is important to talk about other forms of fertility. For some couples adoption may be an option while others may go for fostering a child or volunteering with a charitable organisation. The open discussion which is part of the consultation, engages the couple, the doctor and practitioners.

## Finally…

In summary, the therapy in FertilityCare is a proven structured method which uncovers the causes of the unwanted childlessness which are then treated with modern medical and surgical therapy. The goal is to restore the couple’s fertility. The pregnancy which results is always consequence of natural conception. The process of conception is not interfered with in any way whatsoever.

Throughout the therapy the focus is on the couple with their individual physical, medical, psychological, social and spiritual needs.

The FertilityCare practitioner works in close cooperation with the medical care. She not only provides the couple with insights into the cycle but supports then all the way. The term Fertility Care is not just a name but means exactly what it says - taking care of fertility. It is the passion of all the employees involved. Fertility is a gift and at the same time a task. We respect our limitations.

**We don’t play God, we don’t make children.**

**We simply enable couples to become parents.**

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