

have a pelvic ultrasound examination or a series of ultrasound examinations to determine any ovulatory defects that might occur. The husbands should also have a seminal fluid analysis to assess their competency at achieving pregnancy. If abnormalities exist then specific treatments can be implemented.

Finally a diagnostic laparoscopy and hysteroscopy should be conducted and if necessary, a selective hysterosalpingogram. The first of these tests allows for the visualization of the internal reproductive organs of the uterus, fallopian tubes, ovaries, etc. Such diseases as endometriosis, pelvic adhesions, polycystic ovaries, obstructions of the fallopian tubes, etc. can be visualized and diagnosed. The latter of those examinations allows for a specific testing of the integrity of each fallopian tube separately to make sure that there are not even subtle obstructions present.

With a disease based approach to infertility and comprehensive planning in its treatment, there is a considerable amount of hope that is available to the woman and her husband seeking help with an infertility problem.

Thomas W. Hilgers, M.D., Dip. ABOG, ABLS, SRS is the director of the Pope Paul VI Institute for the Study of Human Reproduction, an Institute that is dedicated to research, education and service in the areas of human reproduction. He serves as the Institute's senior medical consultant in obstetrics, gynecology, reproductive medicine and surgery. He is board certified in obstetrics and gynecology and gynecologic laser surgery, and is a member of the Society of Reproductive Surgeons. The co-developer of CREIGHTON MODEL FertilityCare™ System and NaturoTECHNOLOGY®, he has been named by Pope John Paul II to the Pontifical Academy for Life and with his wife, Susan, to the Pontifical Council for the Family.

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Omaha, Nebraska

The symbol on the front cover symbolizes the creation of a new human person. It represents the equation $1 + 1 + 1 = 1$. A man, a woman and God all come together to create the new child.

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INFERTILITY



A
FERTILITY CARE
EDUCATION
BROCHURE

Thomas W. Hilgers, M.D.

INFERTILITY

Infertility is defined as the inability of the married couple to achieve a pregnancy over the course of one year when intercourse is occurring randomly. A newer definition of infertility also exists in a situation where the woman is **NaProTRACKING** her menstrual cycles (a technique learned through the use of the **CREIGHTON MODEL FertilityCare™ System**). With **NaProTRACKING**, a couple can use fertility focused intercourse. In such a situation, if pregnancy does not occur over the course of six menstrual cycles then it can be assured that a fertility problem exists.

There is some question as to whether infertility is on the increase or not. Indeed, there is evidence to suggest that the lifestyle that exists in much of the western world, which is on the one hand very hectic and stressful and, on the other hand, encourages promiscuity, has actually led to an increase in the number of infertile couples. This rate may be close to 20 percent. At the same time, there are some who believe that infertility rates have not changed over the last 20 to 30 years.

In any regard, infertility is an extremely difficult problem because it not only involves physical disease entities or problems but it also involves psychological and emotional ef-

fects. Most infertility problems are related to some type of functional or anatomic disease process and most infertility problems create emotional feelings of sadness, regret, inadequacy, frustration, discouragement, etc.

Most problems related to infertility have an underlying organic and/or hormonal/functional cause. The latter usually results in some type of abnormality in ovulation while the former creates other difficulties including obstruction of the fallopian tubes, biochemical disturbances that disrupt fertility, etc.

In approaching a problem of infertility, it is best to seek assistance from physicians who are disease based in their approach to the evaluation and treatment of infertility and also will provide a comprehensive plan for the evaluation and treatment of this condition. With this approach, as opposed to the more "modern" reproductive technologies such as in vitro fertilization, artificial insemination, gamete intrafallopian transfer (GIFT), etc. a higher pregnancy rate can be achieved while, at the same time, having the underlying disease process recognized and treated.

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underlying organic cause and/or a hormonal/functional cause. The latter usually results in some type of abnormality in ovulation while the former creates other difficulties including obstruction of the fallopian tubes, biochemical disturbances that disrupt fertility, etc.

Conditions such as endometriosis, pelvic adhesions (scar tissue), previous infections with chlamydia or gonorrhea, polycystic ovarian disease, etc. are all organic, diseased causes of infertility. In addition, many of these women have associated hormonal dysfunctions which ultimately create abnormal ovulatory patterns which are either incompatible with pregnancy or prone to producing abnormal pregnancies such as miscarriages, tubal pregnancies, etc.

The most important approach to any infertility problem is to have an adequate evaluation. **NaProTRACKING** the menstrual cycle is the basic step for accomplishing this. This is a system of evaluating different biological markers of menstruation, fertility and infertility and then recording them appropriately so that a daily record can be obtained. In order to **NaProTRACK** the menstrual cycle one has to go to classes where this is taught and are associated with the **CREIGHTON MODEL FertilityCare™ System**. **NaProTRACKING** becomes the foundation upon which other testing can be accomplished including the cooperative and reproducible hormonal evaluation of the menstrual and ovulation cycles.