

Thinking about God's good gift of children in rapidly changing society.



## **Infertility: what do Christians do when faced with this challenge?**

# FACING INFERTILITY

Infertility raises personal, painful and complex questions. This paper aims to provide some key information to help you think about infertility as Christians.

Infertility is not an easy subject for most couples to talk about, especially within the church as it can be a taboo subject, or one surrounded by strongly held opinions. If you have found that you are unable to have children, or are starting to suspect that might be the case, we'd suggest that you talk things over with your minister or a trusted Christian advisor.

### **Why can't we have a baby?**

A couple decides that they want to start a family, but over the next few months they don't fall pregnant. They begin to wonder if it is not just a matter of waiting for a baby. This is often a story of grief and disappointment, and perhaps including a series of heart-breaking miscarriages.

In Australia, one in six couples suffer from some form of infertility. Australia has increased its spending on fertility treatments at about 11.1% per annum and it is estimated to be \$501m in 2013. In-vitro fertilisation (IVF) is the most common form of treatment and the number of IVF treatments in Australia has grown at 4.4% per annum from 2008 to 2013. These trends are expected to continue over the next five years, especially since Australia is one of the few nations that has substantial government funding for fertility treatment.

### What is infertility?

There can be a range of reasons why a couple cannot have a child, so medical specialists have had to develop a standard definition of infertility. Clinically, infertility is defined as the inability to conceive after a year of unprotected sex, or the inability to carry pregnancies to a live birth. The physical cause of infertility can be determined in approximately 80% of cases and in these the cause is shared equally among men and women.<sup>1</sup>

Infertility is a life crisis that can last many years. For many couples, discovering that they are unable to have children is a difficult and confronting experience. Most couples desire and expect to have children from their relationship, and often this is reinforced by the expectations of the wider family and community. Understandably, couples start to feel very uncomfortable from constant enquiries about when they plan to start a family.

In Australia and most western countries there is a trend to delay marriage and children, and this impacts fertility rates<sup>1</sup>. As women age, the number and quality of eggs that she carries is affected.

### Infertility and Grief

A couple facing infertility encounter a major challenge in their lives. It is important for them to recognise this and be prepared for some of the struggles. It is also important that their church and friends understand that it is usually a difficult and long term struggle for couples to come to terms with, no matter what finally happens through treatment or other choices.

Infertility itself and its various treatments produce a range of psychological effects on both women and men. Around half of the women and 15% of the men affected find it the most distressing experience of their lives. It may cause depressive and anxiety symptoms comparable with those caused by serious medical conditions,

such as cancer or a heart attack. Infertility may result in a grief reaction that is comparable in severity and stages with losing a loved one or divorce. Couples can think that God is punishing either or both of them. Some of that guilt or blame can focus on previous wrongdoing, such as pre- or extra-marital relationships or prior termination of pregnancies.

Infertility may affect the self-image of each member of a couple, resulting in feelings of inadequacy as a man or woman, particularly in the individual who is considered to be the 'cause'. There may also be long-term concerns and sometimes guilt for the potential termination of the family's name and line.



The experience of infertility can also cause conflict and marital problems within the relationship. There may be sexual problems, including reduced sexual satisfaction, and a perception that intercourse has become mechanical, and engaged in solely for the purpose of procreation. Wider relationships with friends and family may be affected by the offering of well-meaning but sometimes misguided opinions and advice. Often the couple may avoid social interaction with friends who are pregnant or families with children.

Couples using assisted reproductive technology (ART) may struggle with additional stress and anxiety. The interventions are intrusive and may result in anxiety; there may be guilt from the requirement to produce semen by masturbation. The drugs used to enhance ovulation may in

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themselves have side effects such as anxiety, irritability and sleep problems. There is often heightened anxiety with each treatment cycle, and distress and grieving with every cycle that is not effective. The couple may suffer relationship strain from differing viewpoints about the financial commitment each is willing to undergo for the sake of parenthood, and also the decision about when to end treatment.

## The biblical view of infertility

God made humans to have children and commands them to. In the opening chapter of Genesis he tells them to fill the earth, subdue it, and have dominion over all the creation (Gen 1:28). This is sometimes called the 'cultural mandate'. There is, thus, a clear biblical command to have children, repeated many times (Gen.1:28; 9:1, 7; 24:60; 28:3; 48:16; 49:25; Deut.28:4; Ps.128:3). In line with this, pregnancy is regarded as an indication of God's blessing on a marriage (Ex.23:26; Deut.7:14). When this blessing does not come, there is terrible anguish. Sarai experienced it (Gen.16:2), and Rachel cried out to Jacob, 'Give me children, or else I die!' (Gen.30:1). When Jephthah's daughter was to be sacrificed, she asked for two months to bewail her virginity: the fact that she would never bear children (Judg.11:37). Hannah's distress was such that she is described as being in bitterness of soul. She prayed and wept before the Lord, pleading for the gift of a child. So intense were her prayers that Eli, the priest in the tabernacle at Shiloh, thought that she was drunk (1 Sam.1:1-16). In the New Testament, the aging Elizabeth considered that her barrenness was 'a reproach among men' (Luke 1:25).



The grief of Hannah, Cologne Bible, 1475.

Christ Jesus, our sympathetic high priest, recognised the joy that comes to a mother when her

child is born - joy that obliterates all the sorrow of the labour (John 16:21). The apostle Paul also pointed to the Bible's high view of the calling of motherhood when he declared that women were not to rule or teach in the church but to bear (and raise) children in faith, love, holiness, and self-control (1 Tim.2:9-15).

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DIETRICH BONHOEFFER

The desire for children is a perfectly natural and God-given desire. Writing from a Nazi prison cell, the Lutheran pastor and martyr Dietrich Bonhoeffer expressed a sentiment with which the Bible would be in full accord: 'there comes over me a longing (unlike any other that I experience) to have a child and not to vanish without a trace'. In 1989 Joni Eareckson Tada wept when she was unable to fall pregnant, not because of her spinal cord injuries but because her A-type kept her from being able to conceive. She desperately wanted to bring a little girl into the world—one who would learn to trust, wonder, and appreciate God's gifts, and who would enjoy beach camping and horseback riding, and who would sing songs with her.

Couples who can't have children should turn to the Lord and ask for his gift. Children are a heritage from the Lord (Ps.127:3). Conception comes from Him, the creator of all life (Gen.4:1; 16:2; 29:31; 30:22; 33:5; Ruth 4:13; 1 Sam.1:5-6, 19-20). Hannah (1 Sam.1:10-16) and Zacharias (Luke 1:13) give the pattern to follow.

Christians should be sympathetic and compassionate to couples who can't have children. When Elkanah saw of the distress of his wife Hannah, he tried to comfort her, 'Hannah, why do you weep? Why do you not eat? And why is your heart grieved? Am I not better to you than ten sons?' (1 Sam.1:8) The priest Eli was also very tender to her: 'Go in peace, and the God of Israel grant your petition, which you have asked of Him' (1 Sam.1:17).

Having children is a proper desire, and even a command from God, yet it can get out of pro-

portion. Our sense of security and significance can become utterly dependent on being a parent, rather than resting in being a child of God. The result might be that a couple pursue having children by any means, without asking about God's revealed will.

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(PS.73:25-6)



Although God had commanded that one man marry one wife (Gen.2:24) and had promised that Abram would be given a son (Gen.12:2; 13:16; 15:5), Sarai faltered when the promised son was slow in coming. She gave her maid Hagar to Abram as a concubine (Gen.16:1-4). Later, Rachel and Leah were to provide Jacob with concubines in Bilhah and Zilpah in order to obtain children (Gen.30:1-13). God over-ruled these situations to achieve His good purposes, but their actions were wrong. These biblical accounts are recorded as a warning to us; they are not models for imitation. Referring to the latter account, Calvin states, 'Rachel acted sinfully, because she attempted, by an unlawful method, and in opposition to the will of God, to become a mother.'

Expedience is not the door to happiness, and it is no surprise to read of the tensions and animosities which resulted in the households of both Abraham and Jacob because they had set aside the law of God (Gen.16:6; 21:8-19; 29:31-35; 30:8, 14-18).

We cannot assume that all solutions to infertility are acceptable to God or beneficial to us. 'Test all things,' says the Word of God, 'hold fast what

is good' (1 Thess.5:21). For the infertile Christian couple, there is the biblical assurance that God is able to make the barren woman a joyful mother of children (Ps.113:9). Should God withhold the blessing of children, the Christian knows that God alone is his or her sufficiency: 'Whom have I in heaven but You? And there is none upon earth that I desire besides You. My flesh and my heart fail; but God is the strength of my heart and my portion forever' (Ps.73:25-6).

Even more subtle is the temptation to think that we have the right to be in charge of our fertility and that we can master our fate. This is a common view about all of life in our culture and it is very evident in the area of fertility treatment. No matter how clever our medical advances become, we remain dependent on God.

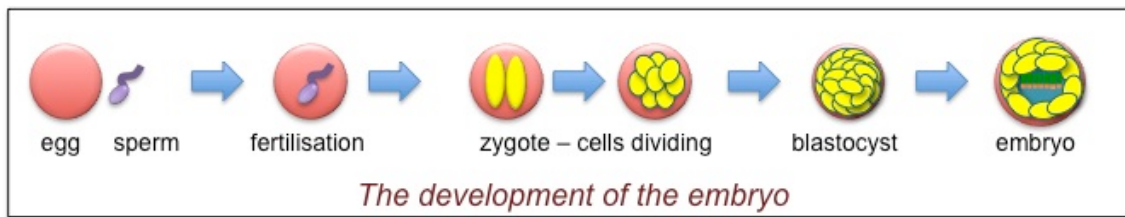
On the other hand, it is perfectly acceptable to seek to overcome infertility if that can be done in an ethical way. If we have a problem with our eyes, we know that it is fine to use glasses or contact lens or have corrective surgery. We don't assume that it is God's unchangeable will that we not be able to see clearly. In the same way, if there are ways of treating infertility, it can be quite proper for a couple to use these. The question is whether these treatments are ethical. The next section of this paper looks at the science of fertility and the ethics of infertility treatment.

### What is an embryo?

At fertilisation, one cell is formed from an egg and sperm uniting. This one cell undergoes multiple divisions to form a blastocyst that contains within it the cells that eventually form both the embryo and the necessary supporting tissues like the amniotic sac. An embryo is the early form of development of a human life.







### When does a person begin?

For Christians, the key question in thinking about fertility treatments is when, in the process, does a person begin? This matters because many forms of treatment can involve creating and destroying embryos. If we do not have to treat an embryo as a person, then the destruction is relatively unimportant. If it is a person, or if we should treat an embryo as a person, then we cannot be party to its destruction.



It is important to note that at fertilisation all information needed for development into a human life is present and the entire process is self-directing. The Bible says that the child in the womb is fearfully and wonderfully made by God (Job 31:15; Ps.139:13-16; Isa.44:2, 24; Jer.1:5). As David praised his sovereign God, he declared: 'For you created my inmost being; you knit me together in my mother's womb' (Ps.139:13). David did not magically become David at birth; the man is identified with the child in the womb. Even sin is traced back to the conception, not the birth, of the child (Ps.51:5; 58:3).

The unborn child can move, even leap (Gen.25:22; Luke 1:41, 44), be consecrated in God's service (Jer.1:5; Gal.1:15), be filled with the Holy Spirit (Luke 1:15), and blessed by God (Luke 1:42). The same Greek word is used to describe the unborn John the Baptist (Luke 1:41, 44), the newborn baby Jesus (Luke 2:12, 16) and the young children who were brought to Jesus (Luke 18:15). When God became man in Jesus Christ, He did not come as a newborn infant but became a child in the womb of Mary. God became an embryo! The major differences between the born and the unborn are thus to be found in growth and geography.

Since the child in the womb is alive, it is therefore possible for him or her to die in the womb (cf. Job 10:18). In the midst of an extraordinary cry of despondency, the prophet Jeremiah cursed the day of his birth and also the man who could have killed him in his mother's womb but did not (Jer.20:14-18). 'The poor man's 'crime' was that 'he did not kill me in the womb, with my mother as my grave, her womb enlarged forever' (Jer.20:17). The same Hebrew word is used in 1 Samuel 17:50-51 to describe David's slaying of Goliath.

When Elisha foresaw the crimes that Hazael, the king of Syria, would commit against Israel, he wept. Part of the reason for Elisha's distress was



the coming destruction of unborn life: 'You will set fire to their fortified places, kill their young men with the sword, dash their little children to the ground, and rip open their pregnant women' (2 Kings 8:11-12). Later, one of Israel's last kings, Menahem, would perpetrate the same kind of barbarities (2 Kings 15:16). Such a practice is not only against the written law of God, but also the unwritten law upon our hearts. When the heathen Ammonites ripped open the pregnant women of Gilead, the prophet Amos announced God's judgment upon them (Amos 1:13).



The one text which has been used to justify attaching less value to the unborn child than to the child after birth is Exodus 21:22-25. The situation envisaged is, one would hope, unusual. Two men are fighting, and in their struggle one accidentally hits a pregnant woman. What exactly happens next is somewhat ambiguous. According to some translations, the woman miscarries (NASB, RSV, NEB, GNB, NRSV). The culprit is then fined, and only if there is any further injury - presumably the death of the woman - is there 'life for life'. Yet even on this interpretation, an *accidental* abortion leads to a fine; a *deliberate* abortion would obviously be regarded with greater seriousness. The main point of the passage would not be the weaker view of the unborn child but the greater protection given to the pregnant woman. Her death, *albeit* accidental, requires the death penalty.

According to other translations, the woman does not miscarry but gives birth prematurely (KJV, NKJV, NIV, ESV). If there is no serious injury, to mother or child, the fighter is only fined, but if the infant dies, it is life for life. This interpretation has much to commend it. The Hebrew text in Exodus 21:22 does not actually use the word for 'miscarriage' (which is found, for example, in Genesis 31:38 and Hosea 9:14) but a word which simply means 'to go out' or 'to depart'. It is used to describe Abram's departure from Haran (Gen.12:4) and also to describe live births (Gen.25:26; 38:28-30). God cast His protective

law around the unborn, even to preserve them from accidental death.

All the biblical evidence points to the conclusion that a child in the womb is a person. Of course there is no scientific test for 'personhood', the existence of a person has to be assumed. Modern scientific knowledge supports this conclusion. The study of embryonic development does not suggest any point at which there is a sudden change to being a person. Rather there is a slow and gradual process in which a conceived egg develops into a human person. To place a dividing line at one stage of the development and determine that before that point an embryo is disposable is arbitrary and claims to know more than humans can know.

### What if you have already embarked on ART?

We are about to examine different forms of ART. First, a word about how you might respond to our discussion. You may have already had ART procedures, perhaps you've had a child from ART. Having children is an issue that affects us to the deepest core of our being and as you read the paper you may feel that the issues raised about ART are an attack on your child or your integrity.

We will argue that ART may be carried out in a way that is right and which respects the life of each unborn child. That may be your experience. Or, your experience of ART may be more ethi-





cally complicated and you feel guilty or confused or that you face difficult decisions.

If you face decisions about frozen embryos it is important to get good advice from clinicians and from informed Christians ethicists. It is possible to arrange to have embryos adopted. The Embryo Donation Network in Australia can help (see <http://www.embryodonation.org.au>)

Sometimes you face not decisions, but regrets. It is important to remember that while past actions cannot be undone, they can be forgiven. Paul wrote: 'But one thing I do: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus' (Phil.3:13b-14). The past should not govern the present for a Christian, since everyone in Christ is a new creation (2 Cor.5:17).

### What is assisted reproductive technology (ART)?

Now that we have seen the value of an embryo and thought a little about the process of fertilisation and development, it is possible to assess the treatments available for infertility. As we consider ART we advocate the protection of life from its very beginning. As a consequence not all ART is acceptable for a Christian couple.

ART is any form of treatment to assist in producing children. *In vitro* fertilisation (IVF) is probably the most well-known of these. There are several other types of ART available and the choice will depend on the cause of the infertility for each couple. It is important to remember that ART itself presents many health challenges such as a high incidence of multiple births, preterm delivery, and low birth weight babies. In 2010, 18.1% of ART treatment cycles resulted in a live delivery.<sup>2</sup>

### What types of ART are available?

#### *Intrauterine Insemination (IUI):*

This method of attempts to *give the sperm an advantage*. Using a catheter, sperm are directly released into the uterus. The goal of IUI is to increase the number of sperm that reach the uterine tubes and subsequently increase the chance of fertilisation.

As a therapy IUI is unobjectionable. It simply helps the normal fertilisation process to take place. It does raise the issue of the source and collection of sperm these issues are addressed later in the paper, since they are common to several forms of ART.

#### *In vitro fertilisation (IVF)*

In IVF, multiple eggs are stimulated to mature in the ovary. The eggs are harvested and fertilised in the laboratory with sperm. The fertilised embryo that are produced can then be inserted into uterus.

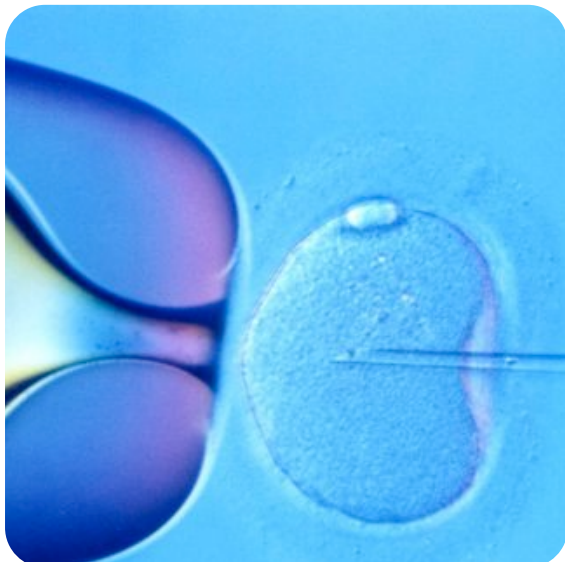
In simple IVF, one egg can be used to create one embryo. The standard practice of most clinics is to produce many more embryos. Usually one or two embryos are implanted at the same time. Not all embryos will result in a live birth.



Because many embryos don't result in a birth, or even in a pregnancy, a further process has been developed called *blastocyte culture*. In this process, embryos are grown in the laboratory for several days until they reach the blastocyst stage of 50-200 cells. In this process the stronger, healthiest embryos survive and so the implanted embryos have a better chance of leading to a pregnancy and a live birth. This approach limits the need for implanting several embryos which can make multiple births (which are themselves risky) quite common. In 2010, 52% of IVF procedures used this technique.<sup>3</sup> The rate at which embryos are lost in blastocyte culture is no higher than occurs in the womb (and may even be somewhat less).

So we do not take the view that this procedure puts embryos at an increased risk.

Unused embryos can be frozen and stored, then thawed and used in subsequent IVF procedures. In Australia, extra embryos can only be kept alive in the laboratory for 14 days, after which they need to be cryopreserved (frozen) or destroyed. If they are stored they can be kept for five years with the option of a further five years.



There are conflicting reports on the rate of a successful pregnancy from frozen and fresh embryos but irrespective of this, it is accepted that between 50-90% of cryopreserved embryos do not survive the thawing procedure.

With permission, unused embryos can be donated to someone else for ART, donated for use in research or in training and quality assurance activities, or destroyed. When an embryo is donated, the responsibility and decision making for the embryo is transferred to the recipients, and the woman who brings the pregnancy to term is regarded as the birth mother. In Australia there is a shortage of donated embryos available for adoption by couples facing infertility. Most frequently couples wanting to pursue this option are advised to find their own donors. This is in spite of there being hundreds of thousands of embryos frozen in storage, 90% of which will be discarded.

### *Intracytoplasmic Sperm injection (ICSI)*

ICSI differs from IVF in that a single sperm is **injected** into a mature egg. More than one em-

bryo can be formed in this way. Once the embryo is formed, one or two are inserted into the uterus as for IVF. ICSI however is associated with a greater incidence of birth defects.

### *Gamete intrafallopian transfer (GIFT)*

GIFT is a type of ART where eggs and sperm are collected and then mixed together and immediately transferred to the woman's uterine tube. Fertilisation occurs inside the woman's body. Although this raises fewer ethical questions, it is seldom a method of choice as IVF is a less invasive and non-surgical procedure. Most fertility clinics will accommodate a couple's request for GIFT. Where possible, this method should be advocated as it presents the least number of ethical concerns.

### **Selective reduction**

When several embryos implant in the uterus and thrive, selective reduction is often undertaken. In this process, the couple is allowed to decide how many embryos they would like to allow to continue to thrive and the excess are terminated. This is effectively an elected abortion where embryos are killed that have been created, implanted and are thriving. It should be noted that there is a growing trend in Australia, to transfer fewer embryos for implantation.

### *Genetic testing*

Today, embryos can be subjected to genetic testing to eliminate those that could predisposed to genetic problems. In recent years, there has been great concern around the so-called 'designer baby' where genetic screening is used to select embryos for sex and other traits, and embryos are sacrificed if not deemed 'perfect'. In this recent trend, even woman without fertility issues opt for IVF so that their embryos can be screened to eliminate those that may be predisposed to diseases like breast or ovarian cancer win adulthood.

We hold the view that the deliberate destruction of embryos is wrong, since they should be considered persons.

### **Other concerns about ART?**

Besides those ethical concerns raised above, ART raises a number of questions that a christian couple must seriously consider.



### *Sperm collection*

All ART procedures centre involve collecting sperm or sperm and eggs. Masturbation to collect sperm in a fertility clinic may seem objectionable to some Christian couples. We would suggest that, for a married couple, masturbation not using pornography in order to collect sperm for IVF is quite acceptable. However each couple will need to settle this for themselves. It is possible to use a silastic condom and collect sperm during intercourse.

### *Freezing embryos*

IVF and ICSI (when more than one embryo is produced) raises a number of ethical questions about the future of the unused embryos like: Is it acceptable to freeze eggs if the process itself will destroy some? What happens to the embryos that are not implanted or used? What happens to the embryos if the couple cannot afford to storage? What happens to the remaining frozen embryos if the couple have a successful pregnancy or if one or both of them die, or if they divorce?

Christians should not plan to destroy embryos. The best course is to seek an IVF clinic which will fertilise a small number of eggs and should implant all the embryos that result from the process.

Some Christians may feel that freezing embryos is an unnecessary extra risk to the embryos. The other view is that the freezing and thawing are not being done in order to kill the embryo, in fact their goal is to bring the embryo to implantation in the uterus and to develop into a child. So an embryo which does not survive the process is much like an embryo that is fertilised through sexual intercourse but does not survive.

### *Selecting embryos*

Also of great concern is the trend to select embryos using advanced optical microscopy and bio-imaging analysis. With these techniques it is possible to track the 3-D development of the living early embryos and select embryos based on sex or other traits.

### *Surrogacy*

Many of the ART options make surrogacy a possibility. Surrogacy in itself presents numerous ethical and moral dilemmas. The Bible gives an example of surrogacy with Sarah's plan that she

might have a family through Hagar is an example of surrogacy (Gen 16:2). This incident is morally ambiguous and is no commendation of surrogacy.

There are two main types of surrogacy. In 'partial surrogacy' the male partner supplies sperm (by natural or artificial insemination) and the surrogate mother gives the custody of the child to the couple at birth. In full surrogacy IVF is used to fertilise an egg with a woman's partner's sperm and the embryo is placed in the womb of another woman.

Surrogacy is allowed in NSW but it is illegal for a NSW resident to enter into a commercial arrangement for surrogacy anywhere in the world. Northern Territory has no relevant legislation. Most states now allow that the intended parents may be recorded as the parents on the birth certificate (rather than them having to adopt the child later).

In many cultures it is not uncommon for an infertile couple to be given a child from a couple in their wider family. When this is done with the best interests of the child in mind, it is not necessarily wrong. Surrogacy can be seen as a sophisticated version of this practice. However it breaks the relation between marriage/sexual intercourse and childbearing/child raising. It also raises further concerns about possible financial arrangement and confusion for parents, surrogate and child. Surrogacy also allows for the 're-definition' of family (e.g. through surrogacy for homosexual couples). It must be approached with great care.

### **Conclusion**

If you are seeking fertility treatment it is important to think through and plan for all possible situations that can occur in and during the processes. Most IVF clinics provide pre-treatment counselling for clients, which can provide useful context for discussing some of these issues. IVF counsellors may not understand or be sympathetic to Christian ethical concerns. It is worth contacting a informed Christian counsellor as well as talking to your minister and mature Christian friends.

### Some steps for a couple facing infertility

- ▶ Spend time together talking about your hopes and feelings and bringing them to God.
- ▶ Share your situation with your minister and trusted Christian friends.
- ▶ Think about why you want to have children and pray about your motivations?
- ▶ See your regular GP and talk about possible causes for infertility and what can be done without complex medical procedures.
- ▶ Consider other alternatives to ART including adoption.
- ▶ If you plan to try ART work out all the questions you have, including questions about your own well-being as well as ethical questions.
- ▶ Find a Christian ethicist or well informed medical practitioner or scientist who can help you think about the relevant questions.
- ▶ Make sure that you have other activities in your life beyond fertility treatment and keep serving others as much as you can.
- ▶ Think about how widely you want to share about the ART process. While some couples share very little information, it is a good idea to tell a few people who can support you through the process.
- ▶ Pray for contentment in whatever the Lord gives you.

### Steps for your church to support couples facing infertility?

1. Be supportive of couples without children
2. Celebrate marriage and don't presume that God will call each couple to be parents
3. When celebrating babies and children be sensitive to couples without children
4. Consider ways in which we can support couples with infertility issues
5. Find ways to engage couples in talking about struggles with infertility and to seek counseling, if needed.
6. Support couples who have made less considered choices regarding infertility, and celebrate their children if this is the case. Ensure that these couples are in supportive groups that are equipped to deal with these issues **if** they arise.
7. Support couples seeking to adopt children as this is a long, costly and emotional journey
8. Run courses that raise awareness of these issues and especially of a Christian worldview to contemporary issues
9. Distribute this paper for discussion with church staff, sessions, ministry teams and small groups

### Recommended Resources

Megan Best, *Fearfully and wonderfully made* (Matthias Media, 2012)  
 J.E. Tada and N.M. de S. Cameron. *How to Be a Christian in a Brave New World* (Zondervan, 2009)  
 Eleanor Margesson and Sue McGowan, *Just the two of us* (IVP, 2010)  
 M. and S. Kelly *By Faith* “Infertility: Mastery or Mystery?” December, 2006  
<http://byfaithonline.com/infertility-mastery-or-mystery/>  
 Choice Report on IVF costs Feb 8, 2013  
[www.choice.com.au/reviews-and-tests/babies-and-kids/fact-sheets/well-being/ivf-treatment.aspx](http://www.choice.com.au/reviews-and-tests/babies-and-kids/fact-sheets/well-being/ivf-treatment.aspx)  
 Approaches to fertility treatment which does not use ART <http://www.fertilitycare.com.au/>  
 Embryo donation network <http://www.embryodonation.org.au>

### Endnotes

<sup>1</sup> IBISWorld’s Fertility Clinics report, <http://www.ibisworld.com.au/industry/fertility-clinics.html>

<sup>2</sup> AIHW 2011. Australia's mothers and babies 2009. Perinatal statistics series no. 25. Cat. no. PER 52. Canberra: AIHW.  
<http://www.aihw.gov.au/publication-detail/?id=10737420870>

<sup>3</sup> AIHW, Macaldowie A, Wang YA, Chambers GM & Sullivan EA 2012. Assisted reproductive technology in Australia and New Zealand 2010. Assisted reproduction technology series. Cat. no. PER 55. Canberra: AIHW.  
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737423255>



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