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Identifying the Causes and Solving Infertility with Modern Restorative Reproductive Medical Care, Home Fertility Charting, and Surgery

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The field of restorative reproductive medicine (RRM) is progressively advancing and successful. While the media and legislators are debating the usefulness of IVF (in vitro fertilization), our RRM practice in this past year achieved 106 live births with no stillbirths and only five premature births.

In the 1970-80s, while experiments were being conducted on IVF techniques, the field of RRM was emerging: a rebirth and modernization -

with the pioneering work at the Saint Paul VI Institute for the Study of Human Reproduction in Omaha, and others worldwide. This field of endeavor was titled NaProTECHNOLOGY and has spread across the globe, with doctors from dozens of countries now trained in this woman-friendly and successful approach. NaProTECHNOLOGY stands for Natural Procreative Technologies. It means that the doctors and surgeons are seeking out the underlying disease processes and striving to repair and restore normal fertility. NaProTECHNOLOGY represents the first comprehensive model of Restorative Reproductive Medicine and Surgery.

NaProTECHNOLOGY (NPT) is firmly rooted in reproductive endocrinology as well as the women's own fertility observations. Her observations are elucidated by the standardized charting process termed the FertilityCare System. This system is taught to couples in a standardized fashion over five visits - taught by FertilityCare Practitioners who have trained in a 13-month study of the physiology and endocrinology of the menstrual cycle as well as natural sperm transport physiology. The couples taught in this system are also coached and supported in the emotional and spiritual implications of infertility. Several other methods of Natural Family Planning (e.g. Billings, Sympto-thermal, and FEMM) are also developing medical services to assist couples with infertility and other reproductive disorders. FACTS is striving to bring this science to medical students.

The importance of this approach is attested in the medical literature. World renown journals have published research on this topic:

- New England Journal of Medicine
- Obstetrics and Gynecology
- Contraception
- Human Reproduction
- The European Journal of Contraception and Reproductive Health Care

For instance, "Human Reproduction," in 2004 published on the importance of cervical mucus for fertility, stating that on any given day of the woman's cycle, there is a higher chance of conception if the high quality cervical mucus is present[10].

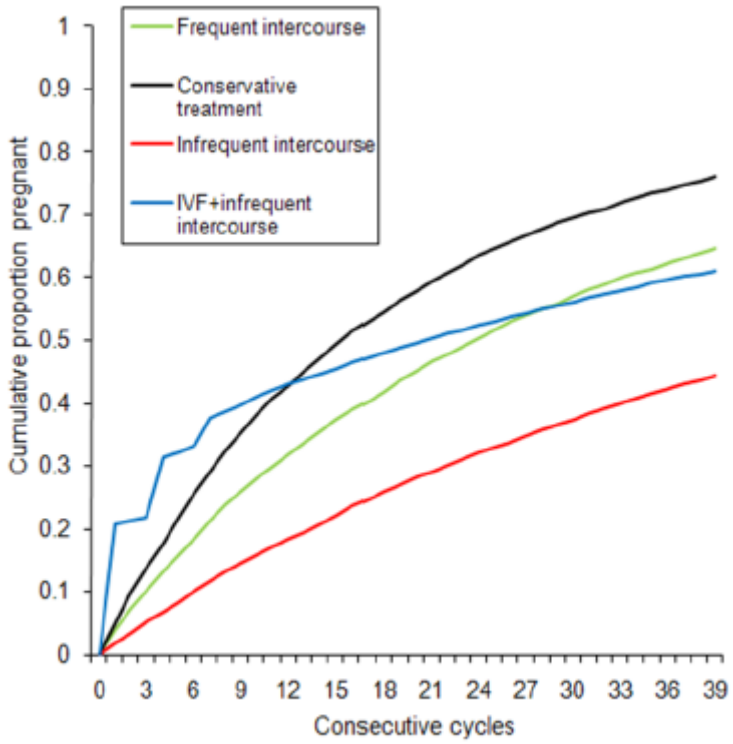
There are numerous RRM providers scattered across the U.S. and abroad. In addition to American Board of Medical Specialties certification, many of these providers are additionally certified by the American Academy of

FertilityCare Professionals. Subsequently, to promote ongoing physician and nurse practitioner education in this field, we established the International Institute for Restorative Reproductive Medicine.

Restorative reproductive medicine and surgery seek to identify the underlying causes of infertility, menstrual disorders, pelvic pain, and even male infertility. We then can work toward individualized solutions for each couple. This can be summarized as comprehensive preconception evaluation and treatment. As the women, and often the men, begin to feel healthier, the female cycle improves and then pregnancy is likely to occur without the need for powerful injections, harvesting eggs or sperm, in vitro (in glass [outside of the body]) embryos, frozen embryos, or surrogate uteri.

One of the founders of some of the IVF procedures, Sir Robert Winston, recently complained that the IVF industry is not "seeking the 70 different causes of infertility" and instead is "preying on the couples' despair for profit."

Comparing the success rates of these various approaches has been studied in several articles including those listed below[1, 2, 4, 5, 9, 12].



From Stanford, et al, Fertil Steril 20101. Pregnancy rates amongst infertility couples for various strategies. RRM = Conservative treatment.

According to my patients in N.Y. who have experienced IVF, the typical cost of one round of IVF is $19,000. Successful live birth with one round of IVF is 16-34%[6]. After several rounds of IVF, the successful delivery rate could potentially reach 52%[6]. With RRM, it is estimated that successful live birth would reach 52% after about 16 months[1]. The average time to achieve pregnancy in my practice is 6.4 months.

The rate of twins and higher order pregnancies resulting from IVF over the past 30 years has been tremendous. This greatly contributes to the morbidity and mortality associated with premature delivery. And the cost of twins is three-fold higher than a singleton pregnancy[3].

On the other hand, the typical RRM twin pregnancy rate is 2% or less. This compares favorably with the average in the community: about 2% of all live births. The RRM rate of triplets is very rare.

In a published review of cases that achieved pregnancy with RRM after failing IVF[12], Drs. Boyle and Stanford emphasized that infertility is not a diagnosis, it is a symptom of several underlying disorders. "These chronic disorders diagnosed and treated correctly will result in restoration of normal reproductive function. This may be more effective than the widespread acute strategy employed by ART[12]."

While RRM has the capacity to reduce costs[3], it has also been shown to decrease the incidence of premature birth[4]. Couples with infertility and recurrent miscarriages have a much higher chance of premature birth. Yet, this year as a performance improvement project for the American Board of Family Medicine, my practice amazingly demonstrated a prematurity rate of only 4.9%. The prematurity rate for average patients in New York state is 9.5%, and for IVF can be higher than 31%[4]. So, RRM reduces the risk of prematurity to half the average, and 1/6th of the IVF rate!

Infertile couples who are charting their cycles using modern methods of Natural Family Planning (NFP) are three times more likely to achieve pregnancy than couples who were not charting[4]. Previous research has shown that women are able to identify the likely day of ovulation with tremendous accuracy[5]. And research from Germany has revealed that 56%

of infertile couples waiting for IVF achieved pregnancy simply learning the Sympto-thermal method of NFP[11].

Amongst couples who have failed IVF, all RRM providers have helped couples achieve live births[13]. So many couples are told that they have "unexplained infertility." I would estimate that more than 60% of our patients have been given that "diagnosis" in their preceding infertility evaluations. Our RRM unexplained rate is <1%[4].

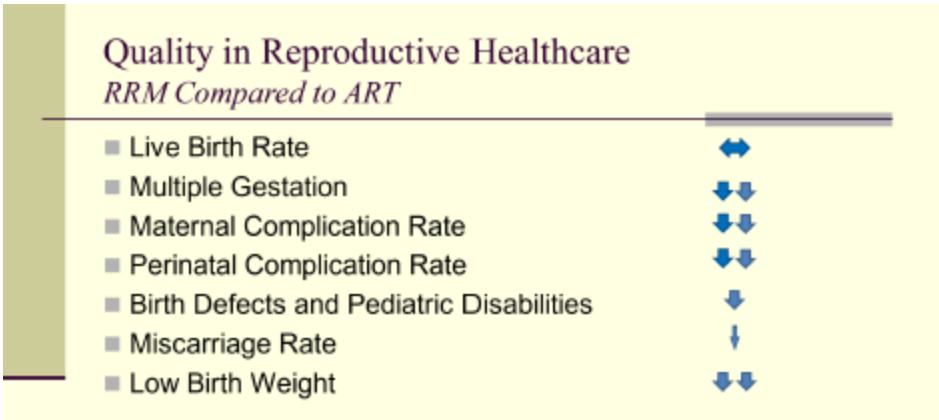
Historically, one of the premier arguments for the development of IVF was to bypass blocked fallopian tubes. Amazingly, second year medical student Cara Buskmiller, with a thorough review of the published studies regarding infertility due to tubal disease, was able to demonstrate that repairing the fallopian tubes was more successful and much less expensive than IVF for achieving pregnancy[7].

Recent studies have also shown that IVF has significantly increased the risk of devastating pregnancy complications called Ischemic Placental Diseases (IPD)[8]. These include preeclampsia, abruption, and low birth weight. The risk ratio (RR) for IVF = 2.9. This means that the chance of these pregnancy complications is more than double the rate of conservative infertility treatments. The associations were even stronger for donor egg IVF pregnancies.

In conclusion (see Chart 1), the medical literature supports restorative medical and surgical interventions as more successful, with fewer complications, and better economic performance. It will probably not be long before the insurers begin recommending RRM. Meanwhile, we are thrilled to be able to bring this to couples and to the medical world.

Though creating human persons outside of the body is possible, it does not mean that it is safe and wise. Attention to pathophysiological processes is at the heart of solving infertility and bringing about healthier pregnancies at lower costs.

Chart 1:



ART = Assisted Reproductive Technologies such as Intrauterine Insemination and IVF. Arrows indicate: Small single = insignificant decreased rate; Medium = decreased rate; 2 Medium = markedly decreased rate; Sideways = similar rates.

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