

Fertility & Midwifery Care Center



A Disease-Based Approach to Infertility Utilizing the CREIGHTON Model FertilityCare™ System and NaProTECHNOLOGY®

Our approach to fertility care is known as a disease-based approach. In today's world of artificial reproductive technologies, including things such as in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), intrauterine insemination (IUI), and the like, most fertility specialists have abandoned this centuries-old, standard medical decision making approach. We, on the other hand, perform a comprehensive evaluation to detect any and all signs of disease followed by a plan to treat any abnormalities discovered. Outside of fertility, this is the way medicine is practiced. Sadly, the majority of fertility specialists today view the absence of pregnancy as the disease itself. They respond with a plan to *make the woman pregnant*, typically by utilizing IVF, or IUI, or some other intervention, never taking the time to determine and then address the underlying cause or causes of the couple's infertility.



Imagine if you were to visit a cardiologist because of chest pain and the physician heard your complaint and then suggested taking a pain medication for your pain without any evaluation as to the source of the pain. This would be unthinkable, yet this occurs every day in the offices of so-called fertility specialists. This approach creates confusion for couples struggling with infertility, along with frustration and anger at a lack of attention to the details of the underlying problems. Many patients report feeling as though they were on a conveyor belt leading to IVF with no exit possible. Even more frustrating, many couples have religious and ethical problems accepting IVF as an option, yet feel they have no alternative if they wish to conceive.

We utilize the **Creighton Model FertilityCare™ System** and **NaProTECHNOLOGY®** in the treatment of infertility. In this disease-based approach the fundamental principle is to properly evaluate the underlying disease causes of infertility. Pregnancy is the natural state. If a couple is unable to conceive, by definition, there must be a disease process responsible. Contrary to what most would suggest, infertility is nearly always caused by an identifiable, underlying disease process. This disease may be hormonal or structural, and often both. Examples of hormonal causes of infertility include thyroid disease, pituitary gland disease, polycystic ovarian syndrome (PCOS), anovulation, and adrenal disease. Examples of structural causes of infertility include endometriosis, pelvic adhesions, cervical mucus abnormalities, and blocked fallopian tubes. And as a separate category, there may be male fertility abnormalities including low sperm count, reduced sperm motility, and prostatitis. Once the cause is identified then a disease specific treatment program can be implemented. Through the treatment of the disease and its elimination, a normalization of human fertility occurs and pregnancy can result.



The Evaluation

We fully recognize that by the time you make the decision to see us it is very likely that you are already concerned and, in many cases, frustrated with what may seem like the inability to obtain answers to your questions. Our approach is different than most; it is our goal to get you answers. With that, we want to get you through the initial evaluation phase and on to the treatment phase as efficiently as possible without overlooking any relevant information. Recognize, however, that our comprehensive, holistic approach is part of what makes us different and it takes an investment of time. Please also recognize that demand for this approach to fertility management is extremely high, and while we're not pleased with the wait times for consultation appointments, we do our very best at seeing new consultations in a timely manner. To accomplish this we utilize the four steps outlined below. Your evaluation will begin with a pre-consultation complete history and physical exam performed by one of our certified nurse-midwives. She will work through a detailed history of your fertility journey to date, determine if any additional outside medical records are needed, and order any necessary testing. This could include, among other things, a comprehensive hormone assessment, a pelvic ultrasound, and a semen analysis. She will also help you arrange to begin Creighton Model FertilityCare™ System menstrual charting, which involves attending a class, called an "intro session" and a series of follow up sessions with one of our Creighton Model FertilityCare™ Practitioners.

By doing this work in advance it will allow us to have all your evaluation results at the time of your initial physician consultation and to immediately begin planning any needed interventions, saving you time and frustration in the long-run.

So to summarize:

Step one: pre-consultation exam with a certified nurse-midwife.

Step two: begin Creighton Model FertilityCare™ menstrual charting

Step three: initial physician consultation

Step four: begin treatment phase as indicated

In some cases we may deviate from this outline based on individual circumstances. For example, if a patient has already been diagnosed with endometriosis by laparoscopy performed by another physician we may skip steps one and two, moving directly to consultation with Dr. Stroud. More information on the individual components of evaluation and treatment is listed below:

A Creighton Model FertilityCare™ System class to teach you how to NaPro-TRACK your menstrual cycle. This gives us an enormous amount of information about your hormonal function and becomes the foundational language of everything we do. Even if you have charted your cycles using another method, we will ask you to learn this method while working with us to achieve pregnancy.



Seminal Fluid Analysis (semen analysis). There is a dignified, ethical method of obtaining the seminal fluid utilizing a special condom with small perforations in the end. This is not contraceptive when performed as we instruct. The seminal fluid is collected with a normal act of intercourse, offering the least amount of interference with the normal processes. It is rare that the problem is detected with this test, yet it is common to find a problem. For this reason, we recommend performing this test early in the evaluation phase.

Physical Examination. While this sounds simple, it is often omitted. Here we are looking for any evidence of disease processes that may be interfering with normal fertility. We will perform a complete physical examination that may include a pap smear and/or cultures of your cervix. Any abnormalities detected during the examination will be pursued with further evaluation as indicated.

Comprehensive Hormone Evaluation. This blood testing will include an analysis of all hormones related to the reproductive system including an analysis of thyroid, pituitary, ovarian, and adrenal function. It generally requires 7-10 days to obtain all of these results. Once available, we will review these with you at your appointment with Dr. Stroud in detail and you will be given a copy of all your results if you wish.

Pelvic Ultrasound. A complete pelvic ultrasound is performed to evaluate the uterus, the endometrial lining of the uterus, and the ovaries. In addition to this baseline exam, we often perform what is known as an ultrasound series to track the development of a follicle within the ovary in order to determine if and when ovulation is occurring.

Diagnostic Laparoscopy/Hysteroscopy. Depending on the information obtained from the evaluations described above, we may recommend these surgical procedures, which are performed in the hospital as an outpatient. Diagnostic laparoscopy involves a small incision near the umbilicus (belly button) through



which a camera is inserted. This allows us to evaluate the pelvis, ovaries, and fallopian tubes for any causes of infertility including blockage of the fallopian tubes, pelvic adhesions (scar tissue) and endometriosis. A diagnostic hysteroscopy involves the passing of a small camera through the opening in the cervix and into the uterine cavity. This allows us to evaluate the uterine cavity for structural abnormalities such as polyps, fibroids, and/or chronic inflammation known as endometriosis. In some cases, at the same time we perform

laparoscopy and hysteroscopy, we also perform a **selective hysterosalpingogram (sHSG)**. This is markedly different from the standard x-ray test known as an HSG ordered by most gynecologists. During this test, we evaluate each fallopian tube separately, measuring not only if the tube is open, but the pressure within each tube. In many cases, when discovering that a fallopian tube is blocked or partially blocked we can cause the tube or tubes to open.

Treatment

Once the evaluation is completed, then a comprehensive plan can be developed for the treatment of the underlying cause or causes of infertility. Treatment is primarily aimed at treating the underlying diseases and restoring the woman to the natural, fertile state. This could, at times, require further surgery and/or medications to normalize hormonal function. The key to the outstanding success of the **Creighton Model FertilityCare™ System** and **NaProTECHNOLOGY®** is the identification of all the problems and the implementation of an organized, comprehensive, problem-specific treatment program that is individualized for each couple's unique circumstances.

It is important to point out, given the complexities of health insurance coverage today, that our comprehensive, disease-based approach has financial implications. That is, since we are working to restore normal function and treat underlying disease states, most procedures, office visits, and laboratory tests are covered by insurance plans.

Summary

Our disease-based approach to fertility management utilizing the **Creighton Model FertilityCare™ System** and **NaProTECHNOLOGY®** has helped couples all over the world achieve pregnancy thanks to the groundbreaking work by the founder of the method, Dr. Thomas Hilgers and the Pope Paul, VI Institute for the Study of Human Reproduction. At the very least, we are able to give couples definitive answers about their fertility; answers to questions that have often been troubling them for years. Our approach is ethical, logical, and effective—in many cases more effective than in vitro fertilization (IVF) and intrauterine insemination (IUI). Our approach is life affirming and completely consistent with and supportive of the teachings of the Catholic Church.

