# The Other IVF

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https://firstthings.com/the-other-ivf/

One in six couples wanting to conceive a child find themselves, after a year or more of trying to get pregnant, unable to do so. The anguish of infertility is hard to understand for those who have not experienced it. In a country like the United States, where the birthrate is currently below replacement levels and continues to drop, infertility is not just a personal or familial challenge, but a serious societal problem as well.

Couples who present to physicians for medical assessment and treatment of infertility are typically given a few basic screening tests to assess the problem. Regardless of whether the underlying cause is discovered or not, couples are almost invariably offered in vitro fertilization (IVF) as the intervention of choice.

The first thing to note about IVF is that it does not actually treat infertility, because it does nothing to correct the underlying cause so that couples can conceive a child on their own. Instead, the procedure does an end-run around the problem, introducing a third party into what is ordinarily an intimate and personal act of love. The underlying cause of infertility remains in place, unaddressed and uncorrected. Instead of treating the root problem, the child is conceived in a petri dish with the help of lab technicians.

The second thing to note, as President Trump's recent executive order on IVF mentions, is the considerable cost of this invasive procedure, which puts it out of reach for many couples who want to conceive. As the EO fact sheet explains, "The cost can range from $12,000 to $25,000 per cycle and multiple cycles may be needed to get pregnant." Furthermore, "IVF is often not fully covered by health insurance." While the industry remains extremely lucrative, IVF is a luxury for the wealthy who can pay out of pocket. Those without sufficient means are often left without help and thus without the possibility of having children.

The third thing to note is that IVF is an invasive and medically risky procedure for the woman involved. The egg-harvesting phase introduces nontrivial medical risks, and the hoped-for outcome of pregnancy is far from guaranteed. Although we need much more longitudinal data on this, current evidence strongly suggests significant risks also to the child conceived by this procedure—including elevated risks for birth defects, as well as chronic illness later in life, such as cardiovascular problems and metabolic dysregulation, cognitive impairment, and perhaps even cancer, possibly due to epigenetic changes introduced by the procedure. This research supports the common-sense notion that, whenever possible, it would be preferable to make babies in the bedroom rather than the laboratory. And much more fun, as most couples will attest.

Finally, creating children in the laboratory introduces serious ethical issues that trouble many Americans, leading them to forego this route but without viable alternatives. To mention just one example of the ethical conundrums introduced, because egg harvesting is an invasive and sometimes risky procedure, IVF cycles typically aim to create as many embryos as possible per cycle—usually more than the couple intends to bring to birth. Unused embryos go into cryo-storage but can later be thawed and implanted. In one 2022

experiment, twins were born after thirty years in cold storage; their adoptive father was five years old when they were created.

Because federal law does not require that clinics report data on this, we do not know precisely how many embryos are now in cold storage. Credible estimates range from 500,000 to several million. Many of these end up abandoned by parents who stop paying the $500 to $1,000 yearly storage fees and fail to respond to repeated requests from clinics. Most parents remain reluctant to allow clinics to destroy their "spare" embryos, suggesting at least moral ambivalence. Other available options include adopting out their embryos to another infertile couple or donating them to embryo-destructive research, but parents rarely consent to these, likely out of similar moral reticence.

These parents know well what happens when those "clumps of cells" are placed in a mother's womb. Thus, those parents who do not want to raise additional children are stuck in an insoluble ethical conundrum and their embryos are left in a cryogenic nursery limbo. In creating countless human embryos that will never be placed in a nurturing uterus—the only conducive environment for embryonic life—we have orchestrated a situation to which there seems to be no morally just solution.

To avoid these considerable medical and ethical problems, if given the option, most parents-to-be would select the *other* IVF—in ventre fertilization—that is, medical interventions that help previously infertile couples to conceive the child in the womb rather than in a petri dish. Consistent with the drift of much contemporary medicine, by reaching immediately for the more medically invasive lab-based IVF, we offer couples a Band-Aid—or in this case, a workaround—for the problem, instead of assessing and attempting to correct the underlying cause.

In ventre fertilization refers not to a single medical intervention but to a therapeutic approach aimed at restoring reproductive function by addressing the root causes of dysfunction. Interventions under this umbrella range from dietary changes or hormone balancing to, in some cases, medications or surgery. This approach accords with the sensible and necessary push by the new administration to Make American Healthy Again by addressing the root causes of our epidemic of chronic illness, rather than just applying superficial, expensive, and suboptimal quick fixes.

There are several challenges to making in ventre fertilization available and accessible to more couples; however, with sensible policies these obstacles can be addressed. First, as most resources in this space are siphoned away by the lucrative in vitro fertilization industry, too little research and clinical funding have gone into in ventre fertilization. A related problem is lack of adequate training for physicians in assessing and treating the root causes of infertility. To mention just one example, among the most common causes of infertility is endometriosis—a condition that not only makes it difficult or impossible for the affected woman to maintain a pregnancy, but if uncorrected, causes intense pain and other troublesome symptoms. However, most physician specialists are not trained in the complex surgical approach required to adequately treat endometriosis to allow for pregnancy. Other such examples abound.

The Trump administration's goal of helping infertile couples to bear children is laudable, but IVF narrowly conceived is not the solution. Instead of putting all our eggs in one basket, so to speak, we need a capacious and inclusive approach to supporting fertility that does more to address the root causes of infertility and, whenever possible, restore

reproductive function the way nature intended. In ventre fertilization—the other IVF—is an approach that not only respects human life at all stages, it also offers a recipe for happier parents and healthier children. Surely this is a proposal for addressing our fertility crisis that all Americans can endorse.