RECLAIMING "REPRODUCTIVE HEALTH" IN THE TWENTY-FIRST CENTURY: A HOLISTIC VISION FOR THE PRO-LIFE MOVEMENT IN THE UNITED STATES

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"For verily, great love springs from a great knowledge of the beloved object, and if you little know it, you will be able to love it only little or not at all."
Leonardo da Vinci

INTRODUCTION

The pro-life movement in the United States has undergone transformative shifts since the Supreme Court's landmark decision in *Dobbs v. Jackson Women's Health Organization*,[1] which overturned *Roe v. Wade*[2] and *Planned Parenthood v. Casey*.[3] For nearly half a century, the movement focused on judicial strategies to protect unborn life, fostered public understanding of fetal personhood from fertilization, and established numerous pregnancy care centers.

While many scholars emphasize a pro-family framework that combines protections for unborn life with material support for families, a growing cultural movement—exemplified by the "Make America Healthy Again" platform—may offer an innovative path forward. With the right focus and leadership, this vision could advance a comprehensive "culture of life" by transcending traditional political groups and promoting a holistic view of reproductive health.

Over the past seventy years, "reproductive health" has often been narrowly defined, becoming a euphemism for reproductive autonomy and abortion. Policies that truly value reproductive health should pursue the natural fertility of the human body, recognizing that reproductive and hormonal health is a major indicator of a person's overall well-being—emotional, mental, and physical. Unfortunately, modern healthcare trends—driven by Big Pharma and heavily managed and regulated healthcare—prioritize symptom management over preventative care that nurtures the whole person. A far better approach would be grounded in a deeper understanding and appreciation of life, including the reproductive health of men and women, and extending to the care and

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1. 597 U.S. 215 (2022).
2. 410 U.S. 113 (1973).
3. 505 U.S. 833 (1992).

dignity of the unborn. By promoting restorative reproductive medicine (RRM), the pro-life movement can reclaim the true meaning of reproductive health, fostering a deeper understanding of the human body and the value of unborn life.

This paper argues that for the pro-life movement to succeed in the current social and political environment, it must promote restorative reproductive medicine. By addressing the root causes of reproductive maladies and teaching men and women to understand their bodies, the movement can cultivate a comprehensive culture of life that respects and values all stages of human development.

I. BACKGROUND

To understand the current state of the pro-life movement, and the strategies needed, we should first explore the history of the women's health movement (WHM) and the corresponding role of technology in shaping our cultural imagination.

From its inception, the WHM was morally and philosophically fragmented. Some adherents championed abortion and birth control as tools of liberation. Others, in contrast, called for a return to nature. They promoted unmedicated childbirth, paternal involvement, and education through organizations such as Lamaze International and the International Childbirth Education Association.[4]

This is because, for better and for worse, choice has been the cornerstone of the WHM, driving a desire for control, autonomy, and active stewardship over one's body. Of course, this principle manifested in two opposing directions: one embracing technological intervention to destroy or delay children, and the other seeking a more natural, holistic relationship with their body and subsequent children.[5]

Technological advancements profoundly shaped these divergent paths. The development of hormonal birth control and the legalization of abortion enabled women to exert unprecedented control over their reproductive choices, while childbirth classes and a greater understanding of female anatomy empowered women to take a more active role in labor. These innovations, as Mary Harrington argues in *Feminism Against Progress*, demonstrate how philosophical and cultural shifts often follow changes in technology.[6]

A holistic approach to women's health remains a critical need, as highlighted by Walker and Tinkle.[7] They argue that women's healthcare must address the whole person, considering the link between physical, reproductive,

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4. *See, e.g.*, Francine H. Nichols, *History of the Women's Health Movement in the 20th Century*, 29 J. OBSTETRIC, GYNECOLOGIC & NEONATAL NURSING 56 (2000).

5. *See generally* SHERYL BURT RUZEK, THE WOMEN'S HEALTH MOVEMENT: FEMINIST ALTERNATIVES TO MEDICAL CONTROL (1978).

6. MARY HARRINGTON, FEMINISM AGAINST PROGRESS (2023).

7. *See generally* Lorraine O. Walker & Mindy B. Tinkle, *Toward an Integrative Science of Women's Health*, 25 J. OBSTETRIC, GYNECOLOGIC & NEONATAL NURSING 379 (1996).

and social health. This includes integrating various scientific disciplines to treat the "whole woman" and linking reproductive health to broader life needs such as disease prevention, health promotion, and chronic illness management. However, the failure to adopt this approach has perpetuated what is often called "bikini medicine," a reductionist model that focuses narrowly on reproductive issues while neglecting broader health concerns, such as cardiovascular disease and cancer.[8] RRM corrects this error by looking at a woman's entire environment including her whole body, nutrition, potential toxins, sleep, and her partner's health.

This example holds an important lesson for the pro-life movement. The WHM and our broader approach to reproductive health are inseparable from the nature and development of technology. These technologies will either help us shift cultural values toward a proper view of unborn life or teach us to view the human person as a mere compilation of parts that can be removed or altered at will.

Given this, it is important to consider what technology is and how it shapes culture. The word technology is derived from the Greek words techne (skill or craft) and logos (reason or discourse).[9] Technology is the act of transforming ideas into tangible realities through material creations.[10] As Emmanuel Mesthene succinctly defines it, "we define technology as the organization of knowledge for practical purposes."[11]

The application of technology to human health carries profound moral implications. As Georgetown professor Joshua Mitchell observes, technology can either supplement—and so enhance—or substitute natural functions, thus undermining the body's integrity and creating dependency on external interventions.[12] At its best, technology reveals human nature and aids in restoration, prevention, and holistic support. At its worst, it disfigures our understanding of the interconnectedness of body, mind, and spirit, diminishing the human person. This tension is particularly evident in the fight to protect unborn life. Surgical and chemical abortions, the abortifacient effects of hormonal birth control, and embryo destruction in *in vitro* fertilization and stem cell research are examples of how technology can disfigure cultural perceptions of the unborn child and human life itself.

On the other hand, technology has also brought about profound advancements in maternal-fetal care. Innovations such as Doppler ultrasounds,

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8. Elizabeth Poynor, *Why It's Time to Uncouple Obstetrics and Gynecology*, TIME (Oct. 3, 2024, 10:37 AM), https://time.com/7031874/uncoupling-obstetrics-gynecology-essay/ [https://perma.cc/R6NY-XVZY].

9. *Technology*, ETYMONLINE, https://www.etymonline.com/word/technology [https://perma.cc/4S4N-MKQM].

10. *Id.*

11. Emmanuel G. Mesthene, *Some General Implications of the Research of the Harvard University Program on Technology and Society*, 10 TECH. & CULTURE, 489, 492 (1969).

12. Joshua Mitchell, *When Supplements Become Substitutes*, CITY JOURNAL (2018), https://www.city-journal.org/article/when-supplements-become-substitutes [https://perma.cc/YE4W-KEHC].

advanced sonograms, in utero fetal surgeries, and improved viability outcomes for preterm births exemplify how technology can affirm and protect life. Fertility awareness-based methods, which use biomarkers like basal body temperature and ovulation tests, further show how technology can empower individuals with knowledge and tools to steward their reproductive health. These advancements underscore how we can use technology to affirm human life and promote human flourishing.

As I argued in an essay for American Reformer, "technology may be understood as a material tool that humans use to *build* tangible structures," but this isn't all it is.[13] Technology is also "a metaphysical force that shapes how human beings view the world. In other words, we shape our tools, and our tools, in turn, shape us."[14] This latter point reveals the culture-shaping power of technology. Technologies can influence how we see other people and the world. Some can even rewire our biology.

Marshall McLuhan, a Canadian philosopher, famously, and pithily, made this point with his claim that the *medium is the message*.[15] This means that a given technology should be assessed not only by what it does, but by its "psychic and social consequences."[16] Using the example of the railway, McLuhan goes on to say:

> For the "message" of any medium or technology is the change of scale or pace or pattern that it introduces into human affairs. The railway did not introduce movement or transportation or wheel or road into human society, but it accelerated and enlarged the scale of previous human functions, creating totally new kinds of cities and new kinds of work and leisure. . . . This fact merely underlines the point that "the medium is the message" because it is the medium that shapes and controls the scale and form of human association and action.[17]

In short, a given technology must be judged by the impact it has on culture, human association, and a given person's worldview.

Unfortunately, instead of continuing to pursue, and even prefer, positive technological developments, the WHM has stagnated in recent decades. The healthcare industry continues to rely on the outdated methods of abortion, hormonal birth control, and assisted reproductive technology, which often substitute the human body rather than enhancing or restoring it. Moving forward, a pro-life framework must champion technological advancements that prioritize healing, prevention, and holistic care, reinforcing the inherent dignity of every human being and aligning medical practice with life-affirming care.

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13. Emma Waters, *How Christians Should Assess Reproductive Technology*, AM. REFORMER (Jan. 30, 2024), https://americanreformer.org/2024/01/how-christians-should-assess-reproductive-technology/ [https://perma.cc/XH2R-V8EN].

14. *Id.*

15. MARSHALL MCLUHAN, UNDERSTANDING MEDIA: THE EXTENSIONS OF MAN 7 (1964).

16. *Id.* at 8.

17. *Id.* at 8–9.

II. THE HEALTHCARE INDUSTRIES "TRIFECTA" OF REPRODUCTIVE HEALTHCARE

Given the goal above, the healthcare industry has failed in its approach to reproductive health. The so-called WHM relies on a trifecta of interventions—abortion, hormonal birth control, and assisted reproductive technology—marketed as silver-bullet solutions for complex reproductive conditions and diverse fertility goals. Rather than addressing the root causes of reproductive health issues, the industry has embraced "one-size-fits-all" approaches that destroy, suppress, or circumvent the natural functioning of the human body.

These approaches reflect an outdated understanding of both women's and men's bodies. Developed in the mid-twentieth century, abortion, hormonal birth control, and assisted reproductive technology remain the dominant tools offered to women facing reproductive challenges or unplanned pregnancies, despite the wealth of scientific and technological advancements in the last half-century. These interventions are treated as default solutions, often sidelining newer, more comprehensive approaches.

All three methods share a reductionist view of the human person, which leads healthcare providers to focus narrowly on isolated symptoms or biological functions. Indeed, the prevailing healthcare paradigm prioritizes symptom management through pills or recurring procedures, rather than pursuing preventative care and restorative solutions that address underlying conditions.

This neglect has fostered a "band-aid" mentality, wherein doctors use abortion, hormonal birth control, and assisted reproductive technology as quick fixes for complex issues. Worse, these technologies often compound harm, creating a cascade of interventions. For example, reliance on birth control to manage painful menstrual cycles can mask underlying health issues that later require assisted reproductive technology when a woman is ready to have children.[18]

As we will explore in the following sections, this overreliance on abortion, hormonal birth control, and assisted reproductive technology has taken a heavy toll on women's emotional, mental, and physical well-being. Moreover, it has dissuaded researchers from studying natural biomarkers—such as basal body temperature, menstrual cycle tracking, and metabolic health indicators—that offer a robust foundation for holistic reproductive care and body literacy. Equally troubling is the near-total exclusion of men from meaningful reproductive healthcare. Beyond the perfunctory "I support your decision," men are rarely engaged in conversations about fertility, sexual responsibility, or proactive care.[19] This lack of attention not only diminishes men's role in reproduction but also fails to address their reproductive health needs.

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18. *See Unpacking the Pill: Masking Symptoms vs. Addressing the Root Cause*, KAN CLINIC (Nov. 29, 2024), https://thekanclinic.com.au/blog/unpackingthepill [https://perma.cc/VTS9-KHEE].

19. *See generally* Alyssa F. Harlo et al., *A Qualitative Study of Factors Influencing Male Participation in Fertility Research*, 17 REPRODUCTIVE HEALTH (2020).

III. SURGICAL AND CHEMICAL ABORTION

Since the *Dobbs v. Jackson Women's Health Organization*[20] Supreme Court decision overturned *Roe v. Wade*[21] and *Planned Parenthood v. Casey*,[22] the United States has experienced an increase in total abortions. Indeed, more than one million abortions were performed in 2023—the highest number in a decade.[23] This surge is largely attributed to the rise of chemical abortions, via mifepristone and misoprostol, which now account for 63% of all abortions.[24] Designed for use up to ten weeks of pregnancy, these pills have provided mass access to abortion through telemedicine, interstate commerce, retail availability, and, in some cases, force.

Behind this renewed effort to promote abortion as essential healthcare for women stands Planned Parenthood. Abortion services dominate Planned Parenthood, accounting for 97.1% of the organization's pregnancy resolution services.[25] Further, it is estimated that 228 abortions are performed for every adoption referral.[26] In its 2022–2023 annual report alone, Planned Parenthood performed over 308,000 abortions, generating $2.1 billion in revenue from grants, contracts, reimbursements, and donations.[27] Abortions increased further the following year with a 12% increase from 2023 in the first part of 2024, driven primarily by telemedicine and protective legislation in pro-abortion states.[28] While marketed as a simple and painless solution to an unwanted pregnancy or perceived health risks, abortion's reality is far from benign. Its primary goal—the termination of unborn life—carries serious physical and mental repercussions for women.

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20. 597 U.S. 215 (2022).

21. 410 U.S. 113 (1973).

22. 505 U.S. 833 (1992).

23. Deidre McPhillips, *US Abortions Reach Highest Level in Over a Decade, Sparked by Surge in Medication Abortion*, CNN (Mar. 19, 2024, 12:01 AM), https://www.cnn.com/2024/03/18/health/abortion-data-guttmacher/index.html [https://perma.cc/N97P-6CBT].

24. *Medication Abortions Accounted for 63% of All US Abortions in 2023, an Increase from 53% in 2020*, GUTTMACHER INSTITUTE (Mar. 19, 2024), https://www.guttmacher.org/news-release/2024/medication-abortions-accounted-63-all-us-abortions-2023-increase-53-2020 [https://perma.cc/XP8J-XVPG].

25. *Fact Sheet: Planned Parenthood's 2022-23 Annual Report*, CHARLOTTE LOZIER INSTITUTE (April 17, 2024), https://lozierinstitute.org/fact-sheet-planned-parenthoods-2022-23-annual-report/ [https://perma.cc/XQM5-SHMV].

26. *Id.*

27. *Id.*

28. *See #WeCount Report: April 2022 to March 2024*, SOCIETY OF FAMILY PLANNING (Aug. 7, 2024), https://societyfp.org/wp-content/uploads/2024/07/WeCount-Report-7-Mar-2024-data.pdf [https://perma.cc/P48Z-QPEK].

The physical risks of abortion are well-documented.[29] These include an increased likelihood of breast cancer (by 44%)[30] damage to the uterus or cervix (potentially resulting in infertility and necessitating future reliance on ART),[31] hemorrhage,[32] preterm births,[33] low birth weight in subsequent pregnancies,[34] sepsis,[35] and even death.[36] Mentally, women who undergo abortion are 81% more likely to struggle with mental health issues such as substance abuse, anxiety, and depression.[37]

Abortion not only destroys unborn life but is also medically unnecessary. Under the guise of a "solution," abortion thwarts a natural function of the human body rather than restoring it. Promoted by groups like Planned Parenthood and the broader medical establishment, it substitutes holistic care with a harmful, outdated procedure that ends the life of a child while potentially jeopardizing the mother's well-being.

Instead of equipping men and women with the knowledge to manage their fertility or to care for an unexpected child, the current system offers inadequate support. Indeed, proper medical interventions aim to preserve life wherever possible, such as relocating an ectopic pregnancy or inducing early labor to save both mother and child when health risks arise. In contrast, abortion deliberately ends unborn life, offering neither healing nor restoration.

For the pro-life movement to advance in this politically and technologically charged moment, it must confront abortion not only as the unjust killing of an unborn child—a moral atrocity—but also as part of a broader assault on the human body and a failure to provide genuine medical care.

By championing holistic healthcare and reclaiming reproductive health, the pro-life movement can inspire a cultural shift. Emphasizing treatments that

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29. *Anticipating Abortion Risks to Mental Health*, ELLIOT INST., https://afterabortion.org/abortions-mental-health-risks/ [https://perma.cc/X9UU-YM2E].

30. *See* Yubei Huang et al., *A Meta-Analysis of the Association Between Induced Abortion and Breast Cancer Risk Among Chinese Females*, 25 CANCER CAUSES & CONTROL 227 (2014). *See also Induced Abortion Increases Risk for Breast Cancer*, AM. COLL. OF PEDIATRICIANS (Oct. 21, 2021), https://acpeds.org/press/induced-abortion-increases-risk-for-breast-cancer [http://web.archive.org/web/20220114031209/https://acpeds.org/press/induced-abortion-increases-risk-for-breast-cancer].

31. Kenneth F. Schulz et al., *Measures to Prevent Cervical Injury During Suction Curettage Abortion*, 321 THE LANCET 1182, 1184 (1983).

32. WARREN M. HERN, ABORTION PRACTICE 175–193 (1990).

33. Jing-Yun Yu et al., *History of Induced Abortion and the Risk of Preterm Birth: A Retrospective Cohort Study*, 36 J. MATERNAL-FETAL & NEONATAL MED. 1, 3–4 (2023).

34. Michael B. Bracken et al., *Low Birth Weight in Pregnancies Following Induced Abortion: No Evidence for an Association*, 123 AM. J. EPIDEMIOLOGY 604 (1986).

35. L. Lewis Wall & Awol Yemane, *Infectious Complications of Abortion*, 9 OPEN F. INFECTIOUS DISEASES 1, 4–5 (2022).

36. Suzanne Zane et al., *Abortion-Related Mortality in the United States 1998–2010*, 126 OBSTETRICS & GYNECOLOGY 258, 261 (2015).

37. *See* Priscilla K. Coleman et al., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experiences*, 22 J. AM. PHYSICIANS & SURGEONS 113 (2017).

heal rather than destroy will not only save lives but also win the hearts and minds of those divided in this contentious political landscape.

IV. HORMONAL BIRTH CONTROL

It is a familiar story: a young woman visits her doctor seeking help for painful symptoms, acne, or the desire to avoid pregnancy. She is quickly prescribed hormonal birth control, often without comprehensive testing or a thorough discussion of alternatives. While hormonal birth control may temporarily alleviate her symptoms, it introduces a range of physical and mental health changes. More critically, symptoms like painful cycles, excessive bleeding, or acne are often early indicators of underlying reproductive health conditions such as endometriosis or polycystic ovary syndrome (PCOS).[38] Instead of addressing these root causes, hormonal birth control frequently serves as a temporary mask, allowing these conditions to progress unchecked. Years later, when the woman decides to discontinue hormonal birth control, she may face debilitating symptoms or discover that her fertility has been compromised.[39]

A key issue with the widespread reliance on hormonal birth control is the lack of education provided to women about their own bodies. Many are unaware that the fertile window during a menstrual cycle is limited to five to seven days, or that tools like basal body temperature tracking, ovulation tests, and cervical mucus observation can help monitor fertility. Moreover, symptoms that hormonal birth control suppresses are often the body's way of signaling deeper issues that, if addressed, could lead to improved health outcomes. Instead, hormonal birth control fosters a disconnection between women and their bodies, perpetuating the misconception that their reproductive systems are inherently problematic rather than integral to their overall health and sense of self.

The question is not simply whether one should use hormonal birth control but whether it is the best method for managing fertility and reproductive health in light of modern advancements. For pro-life Americans, there is the added concern that some forms of hormonal birth control may act as an abortifacient by preventing a fertilized egg from implanting in the uterine lining. This potential effect, combined with the pill's impact on overall health, warrants deeper scrutiny.

Instead of creating tools that inform and support fertility health, the medical field relies on methods that suppress or bypass the body's natural functions. Hormonal birth control is frequently prescribed as a one-size-fits-all solution for problems ranging from acne to irregular cycles and painful menstruation. In *This is Your Brain on Birth Control*, Sarah E. Hill explains that hormonal birth control uses synthetic estrogen and progestin to mimic the luteal phase of a woman's cycle, suppressing the release of follicle-stimulating

38. *Unpacking the Pill*, *supra* note 18.

39. *Id.*

hormone (FSH) and luteinizing hormone (LH).[40] By tricking the body into thinking it is already pregnant, HBC prevents ovulation.[41]

While effective for avoiding pregnancy, this approach fails to treat underlying reproductive issues. Over years of use, these untreated conditions may worsen, leaving women with delays in their ability to conceive.[42] Worse still, the pill suppresses the body's natural warning signs that serve as indicators of reproductive diseases or problems.[43] The result is that what may have begun as stage one endometriosis or early PCOS has, without the woman's knowledge, progressed to such a degree that natural conception is difficult, if not impossible.[44] In either case, standard medical care directs doctors to offer women additional interventions in the form of assisted reproductive technology.

As with any technology, we must ask not only "What does this tool do?" but also, as Marshall McLuhan suggests, "How does it shape our values and the world around us?"[45] This question is especially pertinent for hormonal birth control. As Hill further elaborates, the influence of the pill extends far beyond fertility suppression. It affects nearly every aspect of a woman's body and mind, from her stress response[46] and mood[47] to her cognitive function[48] and partner preferences[49] The pill's hormonal manipulation reshapes how women perceive themselves and interact with the world, often without their full awareness.

The pill's effects are not confined to reproductive hormones but affect the entire endocrine system, affecting everything from brain function to emotional regulation.[50] This comprehensive hormonal manipulation can alter a woman's

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40. SARAH E. HILL, THIS IS YOUR BRAIN ON BIRTH CONTROL: THE SURPRISING SCIENCE OF WOMEN, HORMONES, AND THE LAW OF UNINTENDED CONSEQUENCES (2019).

41. Rachael Pells, *The Untold Story of the Contraceptive Pill*, WIRED (Oct. 27, 2021), https://www.wired.com/story/contraceptive-pill-the-lowdown/.

42. Jennifer J. Yland et al., *Pregravid Contraceptive Use and Fecundability: Prospective Cohort Study*, 2020 BMJ 1, 5–7 (2020).

43. Charles Chapron et al., *Questioning Patients About Their Adolescent History Can Identify Markers Associated with Deep Infiltrating Endometriosis*, 95 FERTILITY & STERILITY 877, 879 (2011).

44. Abigail Agbabiaka, *Endometriosis and Infertility: A Review*, FACTS ABOUT FERTILITY (Mar. 10, 2022), https://www.factsaboutfertility.org/endometriosis-and-infertility-a-review/.

45. *See generally* MCLUHAN, *supra* note 15.

46. Shawn E. Nielsen et al., *Hormonal Contraception Use Alters Stress Responses and Emotional Memory*, 92 BIOLOGICAL PSYCH. 257, 264–65 (2013).

47. Eveline Mu & Jayashri Kulkarni, *Hormonal Contraception and Mood Disorders*, 45 AUSTL. PRESCRIBER 75, 76 (2022).

48. Caroline Gurvich et al., *Oral Contraceptives and Cognition: A Systematic Review*, 69 FRONTIERS IN NEUROENDOCRINOLOGY 1, 18–20 (2023).

49. Sheer Birnbaum et al., *Can Contraceptive Pill Affect Future Offspring's Health? The Implications of Using Hormonal Birth Control for Human Evolution*, 3 EVOLUTIONARY PSYCH. SCI. 89, 93 (2016).

50. Summer Mengelkoch et al., *Hormonal Contraceptive Use Is Associated with Differences in Women's Inflammatory and Psychological Reactivity to an Acute Social Stressor*, 115 BRAIN, BEHAV., & IMMUNITY 747, 753–54 (2024).

sense of self, diminish her cognitive performance, and increase her risk of mood disorders such as anxiety and depression.[51] These far-reaching consequences underscore the need for greater transparency and education about the risks and limitations of hormonal birth control.

While men and women should steward their fertility wisely, hormonal birth control presents significant physical and mental health risks that are often overlooked. Moreover, it is not as reliable as commonly assumed. According to the Centers for Disease Control and Prevention (CDC), 9% of women using hormonal birth control experience an unintended pregnancy within the first year of typical use.[52] For male condoms, the unintended pregnancy rate rises to 18%.[53] Furthermore, 51% of U.S. abortion patients were using contraception during the month they became pregnant.[54]

One-size-fits-all solutions like hormonal birth control are insufficient for the complex and evolving reproductive health needs of women and couples. These approaches often suppress women's symptoms and disconnect them from their own bodies, rather than empowering them to understand and manage their fertility through methods such as fertility awareness-based practices. By fostering greater awareness and prioritizing restorative reproductive medicine, women can address the root causes of their symptoms, achieve better health outcomes, and steward their fertility with greater confidence and control. And while some question the effectiveness of fertility awareness-based methods, studies have found that its typical use rate effectiveness is on par with barrier methods and hormonal birth control in its ability to avoid pregnancy.[55]

V. ASSISTED REPRODUCTIVE TECHNOLOGY AND INFERTILITY CARE

While abortion and hormonal birth control are designed to terminate or prevent pregnancy, assisted reproductive technology aims to create children for individuals or couples who are unable or unwilling to conceive naturally. Assisted reproductive technology, particularly *in vitro* fertilization (IVF), bypasses the natural biological processes of conception. In IVF, doctors fertilize an egg with sperm in a laboratory petri dish, effectively circumventing

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51. Therese Johansson et al., *Population-Based Cohort Study of Oral Contraceptive Use and Risk of Depression*, 32 EPIDEMIOLOGY & PSYCHIATRY SCIS. 1, 6 (2023).

52. CTRS. FOR DISEASE CONTROL & PREVENTION, RR04, MORBIDITY AND MORTALITY WEEKLY REPORT APPENDIX D: CONTRACEPTIVE EFFECTIVENESS (2014).

53. *Birth Control Methods*, U.S. DEP'T OF HEALTH & HUM. SERV., https://womenshealth.gov/a-z-topics/birth-control-methods [https://perma.cc/X8H6-GGYP] (last updated Mar. 5, 2025).

54. Rachel K. Jones, *Reported Contraceptive Use in the Month of Becoming Pregnant Among U.S. Abortion Patients in 2000 and 2014*, 97 CONTRACEPTION 309, 310 (2018).

55. *See FAM Effectiveness Rates*, NATURAL WOMANHOOD, https://naturalwomanhood.org/topic/effectiveness-rates/ [https://perma.cc/B8LL-EL2M] (last updated July 9, 2024); *see also* Petra Frank-Herrmann et al., *The Effectiveness of a Fertility Awareness Based Method to Avoid Pregnancy in Relation to a Couple's Sexual Behaviour During the Fertile Time: A Prospective Longitudinal Study*, 22 HUM. REPROD. 1310 (2007).

the natural interaction of the male and female reproductive systems. Although IVF is widely used—accounting for 99% of assisted reproductive technology cases in the United States—its effectiveness is limited.[56] Success rates hover around 23%, and some studies estimate that up to 93% of embryos created during IVF cycles are destroyed, frozen indefinitely, perish naturally, or fail to implant.[57] These statistics raise significant concerns about the efficiency and ethical implications of this procedure.

Individuals or couples may choose IVF for a variety of reasons, such as a diagnosis of infertility, their singleness or same-sex relationship, their desire to use preimplantation genetic testing to select for the child's sex or specific traits, or their reliance on third-party reproduction with egg or sperm donation and surrogacy. IVF is often the go-to recommendation for couples who find themselves in any of these situations.

Infertility is generally defined as the inability to conceive or maintain a pregnancy after six to twelve months of barrier-free intercourse. In some states, the definition has been expanded to include single individuals and same-sex couples, bypassing that timeline for an immediate diagnosis. Following an initial infertility diagnosis, doctors often conduct basic examinations and bloodwork before referring patients to fertility clinics, where the focus quickly shifts to artificial insemination, intrauterine insemination (IUI), or IVF. Unfortunately, this approach prioritizes invasive and costly procedures while often overlooking the underlying causes of infertility. Indeed, a significant percentage of infertility diagnoses are classified as "unexplained," leaving patients with no clear understanding of their condition.

Doctors, researchers, and lawmakers alike tend to present IVF as a treatment for the disease of infertility, but this is misleading in several respects. First, infertility is not a disease, but a *symptom* of underlying conditions such as a person's age, the loss of reproductive function, or underlying reproductive health conditions, which are the leading cause of infertility.[58] Men and women tend to bear the burden of infertility equally with one-third of cases due to women, one-third of cases due to men, and the remaining one-third due to combined causes.[59] Indeed, researchers estimate that infertility is often the result of four or more reproductive health conditions within the man and/or

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56. *About ART*, CTRS. FOR DISEASE CONTROL & PREVENTION (Dec. 10, 2024), https://www.cdc.gov/art/about/index.html [https://perma.cc/52UF-95S2].

57. Emma Waters, *Why the IVF Industry Must Be Regulated*, THE HERITAGE FOUND. (Mar. 19, 2024), https://www.heritage.org/life/report/why-the-ivf-industry-must-be-regulated [https://perma.cc/DX77-LWW2].

58. *Infertility: Frequently Asked Questions*, CTRS. FOR DISEASE CONTROL & PREVENTION (May 15, 2024), https://www.cdc.gov/reproductive-health/infertility-faq/index.html [https://perma.cc/5R22-HTYK].

59. *How Common Is Male Infertility, and What Are Its Causes?*, NAT'L INST. FOR HEALTH (Nov. 18, 2021), https://www.nichd.nih.gov/health/topics/menshealth/conditioninfo/infertility [https://perma.cc/RL5E-N4S9].

woman's body.[60] These conditions may make conception difficult or impossible, but infertility is still only the result of these conditions.

IVF bypasses the body rather than treating its underlying problems. Whether or not IVF results in a child, the underlying reproductive health conditions remain unresolved. Couples gain little understanding of their bodies, and they are not offered treatments that might restore or improve their fertility. IVF treats the body as a barrier to overcome, rather than a system to be healed. For example, conditions such as hormonal imbalances or blocked fallopian tubes, which contribute to infertility and recurrent pregnancy loss, are not corrected through IVF. Consequently, even when IVF successfully creates a pregnancy, couples often face high rates of miscarriage and other complications.

For starters, IVF increases maternal and neonatal health risks compared to naturally conceived children. For example, children born from IVF have a higher likelihood of preterm birth,[61] low birth weight,[62] cerebral palsy,[63] cancer,[64] minor cleft pallet,[65] or a congenital heart defect.[66] These children are four times more likely to be a stillbirth,[67] twice as likely to have autism,[68] and they have a 40% chance of non-chromosomal birth defects.[69] Since the Centers for Disease Prevention and Control only tracks at-birth demographic outcomes, there are potentially more side effects that develop over time.

Similarly, mothers fare worse with IVF. For example, the risk of hypertensive disorders (including preeclampsia) increases by approximately

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60. *See* Joseph B. Stanford et al., *International Natural Procreative Technology Evaluation and Surveillance of Treatment for Subfertility (iNEST): Enrollment and Methods*, 2022 HUM. REPROD. OPEN 1 (2022).

61. Saswati Sunderam et al., *Assisted Reproductive Technology Surveillance–United States 2018* 71 SURVEILLANCE SUMMARIES CTRS. FOR DISEASE CONTROL & PREVENTION 1, 7 (2022).

62. *Id.* at 5–7.

63. Jin Liang Zhu et al., *Parental Infertility and Cerebral Palsy in Children*, 25 HUM. REPROD. 3142, 3143 (2010).

64. Marie Hargreave, *Fertility Treatment and Childhood Cancer Risk*, 5 OBSTETRICS & GYNECOLOGY 1, 1–2 (2022).

65. Ying Liang et al., *Which Type of Congenital Malformations Is Significantly Increased in Singleton Pregnancies Following After In Vitro Fertilization/Intracytoplasmic Sperm Injection: A Systematic Review and Meta-Analysis*, 9 ONCOTARGET 4267, 4274 (2018).

66. Press Release, Eur. Soc'y of Cardiology, Babies Born After Fertility Treatment Have Higher Risk of Heart Defects (Sept. 27, 2024), https://www.escardio.org/The-ESC/Press-Office/Press-releases/babies-born-after-fertility-treatment-have-higher-risk-of-heart-defects [https://perma.cc/SE9M-52SV].

67. Kirsten Wisborg et al., *IVF and Stillbirth: A Prospective Follow-Up Study*, 25 HUM. REPROD. 1312 (2010).

68. *See About Autism Spectrum Disorder*, CTRS. FOR DISEASE CONTROL & PREVENTION (Nov. 25, 2024), https://www.cdc.gov/autism/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/autism/features/artandasd.html [https://perma.cc/G6EA-XQUR].

69. Sheree L. Boulet et al., *Assisted Reproductive Technology and Birth Defects Among Liveborn Infants in Florida, Massachusetts, and Michigan, 2000–2010*, 170 JAMA PEDIATRICS 1, 6 (2016).

50%,[70] women are more likely to undergo medically necessary caesarian sections,[71] experience higher rates of gestational diabetes,[72] and their risk of severe maternal morbidity,[73] severe postpartum hemorrhage,[74] of ovarian hyperstimulation,[75] and severe preeclampsia or eclampsia (seizures) also spikes.[76]

Of course, many children and mothers experience these difficult—or worse—conditions without the use of IVF. The primary moral difference is that in IVF parents and doctors knowingly place the unborn child and mother at greater risk. As Oliver O'Donovan says, "[t]here is a world of difference between accepting the risk of a disabled child (where that risk is imposed upon us by nature) and ourselves imposing that risk in pursuit of our own purposes."[77]

Like abortion and hormonal birth control, IVF represents a one-size-fits-all approach to complex reproductive health issues. It reduces the human body to a collection of parts to be extracted, manipulated, or bypassed, rather than treating it as a whole. These technologies were developed in the twentieth century, a time when knowledge of reproductive health conditions, environmental impacts on fertility, and family planning were less advanced. Today, there is a growing demand for proactive, preventative care that enables individuals to identify, diagnose, and treat the root causes of infertility. This approach, which seeks to restore the body's natural functions rather than override them, aligns closely with the values of the pro-life movement.

By affirming the human body's intrinsic dignity and potential for healing, restorative reproductive medicine offers a more ethical and effective alternative to assisted reproductive technology. It empowers individuals to address the underlying causes of infertility, improve their health outcomes, and achieve fertility in harmony with their bodies.

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70. *See* Shannon Anderson et al., *Frozen Embryo Transfer and Risk of Hypertension in Pregnancy*, AM. COLL. OF CARDIOLOGY (Jan. 25, 2023), https://www.acc.org/Latest-in-Cardiology/Articles/2023/01/25/13/06/Frozen-Embryo-Transfer-and-Risk-of-Hypertension-in-Pregnancy#:~:text=A [https://perma.cc/7X77-32Z3].

71. Evangelia Antoniou et al., *The Kind of Conception Affects the Kind of Cesarean Delivery in Primiparous Women*, 33 MATERIA SOCIOMEDICA 188, 192 (2021).

72. Matias Vaajala et al., *In Vitro Fertilization Increases the Odds of Gestational Diabetes: A Nationwide Register-Based Cohort Study*, 60 ACTA DIABETOLOGICA 319, 320 (2022).

73. Candace Belanoff et al., *Severe Maternal Morbidity and the Use of Assisted Reproductive Technology in Massachusetts*, 127 OBSTETRICS & GYNECOLOGY 527, 533 (2016).

74. Ling-Ling Lei et al., *Perinatal Complications and Live-Birth Outcomes Following Assisted Reproductive Technology: a Retrospective Cohort Study*, 132 CHINESE MED. J. 2408, 2413 (2019).

75. *See* Klaus Fiedler & Diego Ezcurra, *Predicting and Preventing Ovarian Hyperstimulation Syndrome (OHSS): The Need for Individualized Not Standardized Treatment*, 10 REPROD. BIOLOGY & ENDOCRINOLOGY 1 (2012).

76. Reza Omani-Samani et al., *Risk of Preeclampsia Following Assisted Reproductive Technology: A Systematic Review and Meta-Analysis of 72 Cohort Studies*, 33 J. MATERNAL FETAL & NEONATAL MED. 2826, 2836 (2019).

77. OLIVER O'DONOVAN, BEGOTTEN OR MADE? 100 (2d ed. 2022).

VI. MAIN ANALYSIS

A. Identifying Reproductive Health Conditions

As this paper has argued, the current approach to reproductive healthcare is deeply flawed. It fails to adequately address the needs of individuals who wish to conceive, avoid conception, or manage painful and debilitating reproductive conditions. This fragmented system fosters an antagonistic relationship with the body, leaving individuals disconnected from their own physical health. Instead of understanding and working within their bodies' natural processes, men and women are often led to view their bodies as foreign entities to control or dominate, rather than integral and valuable parts of themselves.

In recent years, reproductive health conditions have become increasingly common for both men and women. However, the underlying causes and optimal treatment options remain poorly understood. As a 2024 Forbes article notes, "[w]hile women represent more than half the population, the National Institute of Health allocated only $4,466 million—10.8%—of its budget to women's health research."[78]

The most common reproductive health conditions in women include endometriosis, adenomyosis, polycystic ovary syndrome (PCOS), uterine fibroids, blocked fallopian tubes, and hormonal imbalances. These conditions often manifest as painful menstrual cycles, heavy bleeding, fatigue, mood disorders, and infertility. For men, common issues include low sperm count, reduced sperm motility, erectile dysfunction, and lifestyle factors such as substance abuse, smoking, and obesity. However, their impact extends far beyond reproduction, negatively affecting the quality of life for individuals of all ages and sometimes beginning as early as puberty.

Reproductive health conditions also correlate with a higher likelihood of diseases such as cardiovascular disease, diabetes, and cognitive decline. The body is complex and interconnected; health issues in one area often signal broader systemic imbalances. By focusing exclusively on treating symptoms, rather than addressing underlying causes, current medical practices can alienate individuals from their bodies and hinder optimal health outcomes.

1. Reproductive Health in Men

For men, reproductive health conditions are not only significant in their own right but are also indicators of broader health problems. As Dr. Casey Means and Calley Means argue in *Good Energy*:

> The fertility crisis in America isn't confined to women. Sperm count has fallen precipitously this century—by more than 50 to 60 percent in forty years as of the last count—and metabolic dysfunction is one

78. Geri Stengel, *Women's Health PAC Launches: A Turning Point For Research and Care*, FORBES (June 5, 2024, 6:30 AM), https://www.forbes.com/sites/geristengel/2024/06/05/womens-health-pac-launches-a-turning-point-for-research-and-care/ [https://perma.cc/VV63-NTJJ].

> key reason. Low sperm count hits obese men particularly hard: they have an 81 percent higher chance of having zero sperm in their semen than men of normal weight. 'Male factor' infertility contributes to up to 50 percent of infertility cases. This is directly related to metabolic issues, as fat tissue contains enzymes called aromatases that convert testosterone to estrogen and disrupt the delicate hormonal balance required for sperm production. Dr. Benjamin Bikman notes that fat tissue in men basically acts like a big ovary, causing low testosterone and higher estrogen.[79]

Similarly, testosterone levels have declined significantly—approximately 1% per year over the last four decades.[80] This decline has coincided with a rise in sexual dysfunction, with 52% of men over age forty reporting concerns, including erectile dysfunction.[81] Researchers have highlighted the relationship between these issues and overall health, noting that "semen quality and male infertility may be fundamental biomarkers of overall health and could serve as harbingers for the development of comorbidity and mortality."[82]

Encouragingly, studies also suggest that lifestyle and environmental changes—such as improving diet, reducing chemical exposure, weight loss, and addressing metabolic health—can reverse sperm count decline and improve fertility outcomes.[83] Restorative reproductive medicine may help prevent the growing reproductive health crisis in men.

2. Reproductive Health in Women

For women, it is more complicated. The reproductive health challenges faced by women are interconnected with their overall well-being. Women's bodies, designed to conceive, sustain, and nurture new life, are uniquely complex, and their reproductive health conditions are influenced by a range of factors including environmental exposure, metabolic health, and lifestyle choices. These conditions are not confined to her physical health. They also influence a woman's perception of self, her mental and emotional state, and her overall engagement with the world—including toward unborn children.

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79. CASEY MEANS & CALLEY MEANS, GOOD ENERGY: THE SURPRISING CONNECTION BETWEEN METABOLISM AND LIMITLESS HEALTH 41 (2024).

80. Joseph Whittaker & Kexin Wu, *Low-Fat Diets and Testosterone in Men: Systematic Review and Meta-Analysis of Intervention Studies*, 210 J. STEROID BIOCHEMISTRY & MOLECULAR BIOLOGY 1, 1 (2021).

81. Selahittin Çayan et al., *Prevalence of Erectile Dysfunction in Men Over 40 Years of Age in Turkey: Results from the Turkish Society of Andrology Male Sexual Health Study Group*, TURKISH J. UROLOGY 122, 128 (2017).

82. Christopher J. De Jonge & Christopher L. R. Barratt, *The Present Crisis in Male Reproductive Health: An Urgent Need for a Political, Social, and Research Roadmap*, 7 ANDROLOGY 762, 764 (2019).

83. *See, e.g.*, Krzysztof Balawender & Stanislaw Orkisz, *The Impact of Selected Modifiable Lifestyle Factors on Male Fertility in the Modern World*, 73 CENT. EUR. J. UROLOGY 563, 567 (2020).

Despite the far-reaching implications of these conditions, women's health research and care have historically been limited. The tendency to reduce women's health to their reproductive organs—a phenomenon referred to as "bikini medicine"—has marginalized other vital systems like the heart, brain, and gut. As one scholar notes:

> While the merger of obstetrics and gynecology seems logical, the union has led to "bikini medicine," a remarkably short-sighted approach that reduces women's health to their reproductive organs while short-changing other vital systems like the heart, brain, and gut. This narrow focus has had far-reaching consequences for women's overall health and the medical profession's approach to treating women. In fact, it has become increasingly clear that a more holistic, specialized approach is needed to address the complex health needs of women throughout their lives.[84]

These reproductive health conditions correlate with poor pregnancy outcomes such as "preterm delivery, low birth weight, hypertensive disorders, and gestational diabetes."[85] Many women with reproductive diseases struggle to conceive, often receiving a diagnosis of infertility. For women seeking medical intervention, solutions such as IVF not only fail to address these underlying conditions but can exacerbate risks to both mother and child.

Given the prevalence of reproductive health conditions for women, and how little they are understand in research or medical practice, it is worth briefly exploring three of the leading conditions: endometriosis, polycystic ovary syndrome, and blocked fallopian tubes.

3. Endometriosis

Endometriosis is a chronic gynecological condition characterized by the growth of tissue similar to the endometrium—the uterine lining—outside the uterus. Affecting an estimated 10% to 15% of women globally, this condition impacts approximately 190 million women.[86] Common sites for ectopic endometrial growth include the ovaries (96.4%), pelvic lining, and, less frequently, the gastrointestinal or urinary tracts.[87] The ectopic tissue responds to hormonal changes during the menstrual cycle, causing inflammation, scar tissue, and adhesions in the pelvic cavity.[88] Symptoms include chronic pelvic

84. Elizabeth Poynor, *Why It's Time to Uncouple Obstetrics and Gynecology*, TIME (Oct. 3, 2024, 10:37 AM), https://time.com/7031874/uncoupling-obstetrics-gynecology-essay/.

85. Natalie D. Mercuri & Brian J. Cox, *The Need for More Research into Reproductive Health and Disease*, 11 ELIFE 1, 1 (2022).

86. Safak Hatirnaz et al., *Cystic Endometriosis in a Huge Degenerated Subserous Leiomyoma Mimicking Bilateral Multicystic Endometriomas in an Infertile Woman with Diminished Ovarian Reserve: A Rare Endometriotic Implantation*, 2016 CASE REPS. OBSTETRICS & GYNECOLOGY 1, 1 (2016); *Endometriosis*, WORLD HEALTH ORG. (Mar. 24, 2023), https://www.who.int/news-room/fact-sheets/detail/endometriosis?.

87. *See* WORLD HEALTH ORG., *supra* note 86.

88. *Id.*

pain, heavy menstrual bleeding, fatigue, bloating, and difficulty conceiving.[89] Endometriosis is also a leading cause of infertility, with studies indicating that 30 to 50% of affected women face challenges in achieving pregnancy.[90] Despite its prevalence, research into endometriosis remains significantly underfunded, with only $2 allocated annually per affected woman.[91]

The underlying causes of endometriosis are not fully understood, though hormonal, genetic, and immunological factors are believed to contribute. The condition is staged from minimal (Stage I) to severe (Stage IV) based on the extent of tissue growth, scarring, and cyst formation.[92] Advanced stages, characterized by greater inflammation and adhesions, often impair fertility by disrupting reproductive organ function. Diagnosis for endometriosis is notoriously delayed, taking an average of six to twelve years due to non-specific symptoms and the need for invasive laparoscopic confirmation.[93] Such delays exacerbate disease progression and complicate fertility outcomes. As a result, many women live with debilitating pain or a reliance on hormonal birth control.

4. Polycystic Ovary Syndrome

Polycystic ovary syndrome (PCOS) is a prevalent hormonal disorder affecting 6 to 13% of women globally, with higher rates among individuals experiencing infertility, obesity, or insulin resistance.[94] PCOS is characterized by irregular or prolonged menstrual cycles, multiple cystic follicles on the ovaries, and hormonal imbalances that impair ovulation. Symptoms vary widely, including hirsutism (male-pattern hair growth), acne, weight fluctuations, heavy or light menstrual bleeding, and depression. Elevated insulin levels often drive hormonal disturbances in PCOS, prompting excessive ovarian testosterone production, which disrupts the hormonal equilibrium necessary for regular ovulation. Consequently, PCOS is a leading cause of infertility, often requiring medications, hormonal therapies, or assisted reproductive technologies to achieve conception.

The link between PCOS and metabolic health is substantial, with global rises in obesity and Type 2 diabetes contributing to PCOS' increase. Up to 80% of women with PCOS are obese, and nearly half are at risk of developing Type

89. *Id.*

90. Matthew Latham Macer & Hugh S. Taylor, *Endometriosis and Infertility: A Review of the Pathogenesis and Treatment of Endometriosis-Associated Infertility*, 39 OBSTETRICS & GYNECOLOGY CLINICS N. AM. 535, 535 (2012).

91. Ulrick Bak Kirk et al., *Understanding Endometriosis Underfunding and Its Detrimental Impact on Awareness and Research*, 2 NPJ WOMEN'S HEALTH 1, 1 (2024).

92. *See* Macer & Taylor, *supra* note 90.

93. *See* Eric Surrey et al., *Impact of Endometriosis Diagnostic Delays on Healthcare Resource Utilization and Costs*, 37 ADVANCES THERAPY 1087 (2020).

94. *Polycystic Ovary Syndrome*, WORLD HEALTH ORG. (Feb. 7, 2025), https://www.who.int/news-room/fact-sheets/detail/polycystic-ovary-syndrome.

2 diabetes by age forty.[95] Lifestyle interventions, including low-glycemic, nutrient-rich diets and weight management, have shown significant promise in improving insulin sensitivity and mitigating PCOS symptoms. Research demonstrates that just twelve weeks of dietary changes can improve key biomarkers, underscoring the crucial role of metabolic health in managing PCOS and enhancing reproductive outcomes.[96]

Despite its significant reproductive and metabolic implications, PCOS remains underdiagnosed, with up to 70% of cases going undetected.[97] Many women are prescribed hormonal birth control or metformin to manage symptoms without addressing the root causes of the condition, leaving them unaware of their broader metabolic and fertility-related risks.

5. Blocked Fallopian Tubes

Blocked fallopian tubes, or tubal occlusion, occur when one or both tubes connecting the ovaries to the uterus are obstructed, preventing eggs from traveling to meet sperm for fertilization. Affecting approximately 25 to 30% of infertility cases in the United States, this condition arises from various causes, including scarring from pelvic surgeries, infections such as pelvic inflammatory disease (PID), endometriosis, or prior ectopic pregnancies.[98] While some women with blocked tubes experience pelvic pain or painful periods, most discover the issue only when facing infertility, recurrent miscarriages, or undergoing fertility evaluations. As Veritas Fertility explains, "[t]his condition makes achieving pregnancy difficult (if not impossible) since healthy fallopian tubes are needed for the egg to be transported to the uterus and for fertilization to occur."[99]

IVF can bypass the need for functional fallopian tubes, but it does not address the root cause of the obstruction. Moreover, untreated underlying conditions, such as endometriosis, may continue to compromise fertility and overall reproductive health. Although IVF provides a pathway to fertilization, it often leaves underlying damage unaddressed, with long-term implications for women's overall health. Early diagnosis and targeted treatment for tubal blockages offer a more holistic approach, enhancing fertility outcomes while

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95. *Diabetes and Polycystic Ovary Syndrome (PCOS)*, CTR. FOR DISEASE CONTROL (May 15, 2024), https://www.cdc.gov/diabetes/risk-factors/pcos-polycystic-ovary-syndrome.html.

96. Malgorzata Szczuko et al., *Nutrition Strategy and Life Style in Polycystic Ovary Syndrome—Narrative Review*, 13 NUTRIENTS 2452, 2457 (2021).

97. *Polycystic Ovary Syndrome*, *supra* note 94.

98. *Tubal Factor Infertility (Fallopian Tube Obstruction)*, COLUM. UNIV. IRVING MED. Ctr., https://www.columbiadoctors.org/treatments-conditions/tubal-factor-infertility-fallopian-tube-obstruction#:~:text=Tubal%20factor%20infertility%20occurs%20when,or%20scarring%20narrows%20the%20tubes [https://perma.cc/DC8N-V8UP].

99. *Tubal Blockage*, VERITAS FERTILITY & SURGERY, https://veritasfertility.com/conditions/tubal-blockage/#:~:text=Approximately%201%20in%204%20women,%2C%20pelvic%20adhesions%2C%20or%20endometriosis [https://perma.cc/P2R3-SRL9].

addressing the broader health risks associated with untreated reproductive issues.

B. Restorative Reproductive Medicine (RRM)

Reproductive health conditions, including endometriosis, PCOS, and tubal blockages, remain critically under researched and poorly understood, despite their profound impact on fertility and overall well-being. The rising prevalence of these disorders underscores a significant cultural and medical challenge: how can individuals fully understand and embrace their reproductive health if they do not understand or they feel at odds with their own bodies?

To build a robust pro-life culture, the movement must champion proactive, evidence-based solutions that identify, diagnose, and treat reproductive health conditions. This approach eschews interventions that suppress, bypass, or harm the body, including the unborn child, in favor of those that promote healing and restoration.

An exciting and essential coalition is forming between the pro-life movement and advocates for holistic and integrated healthcare for women. This partnership offers an opportunity to rebuild trust with the American public and establish the pro-life movement as a force for life and human flourishing. Central to this vision is the promotion of restorative reproductive medicine.

Restorative reproductive medicine is the umbrella term that refers to medical treatments that identify, diagnose, and treat reproductive health conditions. In particular, it is a holistic approach to diagnosing and treating fertility issues by addressing the underlying causes of reproductive dysfunction. It integrates advanced medical diagnostics—such as ultrasounds, blood tests, hormone panels, and laparoscopic surgeries—with hormonal therapies and lifestyle interventions to optimize reproductive health. This evidence-based approach spans multiple disciplines, including endocrinology, gynecology, and nutritional science, emphasizing the identification and treatment of root causes of infertility.[100]

The cornerstone of RRM is its personalized diagnostic process, which involves detailed tracking of menstrual and ovulatory patterns, often through patient charting systems like the Creighton Model or FEMM. These tools allow physicians to identify hormonal imbalances, ovulatory disorders, or structural abnormalities in the reproductive system. Based on these findings, treatments may include tailored hormonal therapies to regulate cycles, surgical procedures to correct anatomical issues such as endometriosis or blocked fallopian tubes, and lifestyle modifications to address factors like stress, diet, and weight

100. *See* Joseph B. Stanford et al., *Restorative Reproductive Medicine for Infertility in Two Family Medicine Clinics in New England, an Observational Study*, 21 BMC PREGNANCY & CHILDBIRTH 495 (2021).

management. By correcting these underlying problems, RRM enhances the body's ability to conceive naturally.[101]

Studies indicate that women adopting RRM after failed IVF cycles can achieve comparable live birth rates, often with fewer complications, lower risks of multiple births, and reduced healthcare costs. As Dr. Phil Boyle demonstrates, "32.1% of women who have failed multiple IVF treatments can expect to have a baby using [RRM]."[102] Additionally, RRM is associated with improved neonatal outcomes, including higher rates of term live births.

Beyond fertility, RRM supports overall reproductive health by addressing conditions that contribute to infertility, such as recurrent miscarriages, endometriosis, and hormonal mood disorders. Studies suggest that this approach not only improves fertility outcomes[103] but also reduces the need for invasive interventions. Moreover, RRM alleviates symptoms associated with reproductive health conditions, such as hormonal acne, weight gain, mood disorders, painful periods, inflammation, and irregular cycles. Unlike methods that suppress or circumvent the problem, RRM actively works to heal or reverse reproductive health issues.[104]

One of the defining features of RRM is its preventative approach, which aims to restore the body's natural function without introducing new problems or side effects. RRM empowers individuals with the knowledge and tools to care for their bodies comprehensively. By addressing symptoms early, RRM helps prevent long-term health risks including cardiovascular disease, diabetes, infertility, and cancer.[105] The past forty years of technological and scientific advancements have made these holistic treatments more accessible and effective.

Fertility awareness-based methods are another key aspect of RRM. These techniques improve body literacy by teaching women to track their cycles, identify irregularities, and understand their reproductive health. This knowledge equips women to take charge of their health and fertility, offering alternatives to one-size-fits-all solutions that may destroy, suppress, or circumvent the body's natural functions.

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101. Amanda Naramore, *Why Don't More Couples Know About Restorative Reproductive Medicine?*, REPLY FERTILITY, https://www.replyfertility.com/what-is-rrm-and-why-have-i-never-heard-of-it [https://perma.cc/6QE4-BHZM].

102. *RRM Shows New Hope for Couples After Failed IVF*, INT'L INST. FOR RESTORATIVE REPRODUCTIVE MED., https://iirrm.org/hope-after-ivf-rrm/ [https://perma.cc/ED3N-U95Y]; *see also* Phil C. Boyle et al., *Healthy Singleton Pregnancies from Restorative Reproductive Medicine (RRM) After Failed IVF*, 5 FRONTIERS IN MED. 1 (2018).

103. *See* Stanford, *supra* note 90.

104. *See* Phil C. Boyle et al., *Restorative Reproductive Medicine: An Emerging New Treatment Process and a Prerequisite to Assisted Reproductive Technology for Treatment of Infertility*, PREPRINT (Jan. 2024); *see also* Boyle et al., *supra* note 92; Madison Ayers, *What Causes Painful Periods, aka Dysmenorrhea?*, NATURAL WOMANHOOD (June 9, 2023), https://naturalwomanhood.org/what-causes-painful-periods/.

105. Kurt T. Barnhart, *Introduction: Fertility as a Window to Health*, 110 FERTILITY & STERILITY 781, 781 (2018).

As part of the pro-life movement, which rejects the premise that abortion is healthcare, RRM provides innovative options that reinforce the value of life and respect for women's bodies. It is time to promote comprehensive, life-affirming healthcare solutions.

VII. WHY THIS MATTERS: MAKE AMERICA HEALTHY AGAIN JOINS A RENEWED PRO-LIFE MOVEMENT

Both pro-family conservatives and Silicon Valley entrepreneurs agree: the current approach to reproductive health is outdated and ineffective.[106] Relying on interventions that suppress or circumvent a woman's natural biological processes not only undermines her health but also limits her ability to make informed choices about her body and family planning. Moreover, the exclusion of men from meaningful conversations about reproductive health—beyond the perfunctory "I support your right to choose"—underscores a systemic failure. Reproductive health is not just a women's issue; it profoundly affects men and the shared goals of couples striving for optimal health and fertility.

The healthcare industry's shortcomings in addressing these problems have sparked a growing movement among women to proactively assess their health, considering factors like age and medical history in the context of reproductive well-being.[107] This shift transcends religious and partisan lines, finding its most prominent voice through the "Make America Healthy Again" movement.

This unexpected coalition of social conservatives, health experts, and eco-conscious families signals a transformative moment in American social discourse. Across political and ideological divides, individuals are uniting against the detrimental effects of modern living—poisoned food, polluted water, harmful chemicals, and environmental toxins that impair fertility and overall health. This convergence offers the pro-life movement a unique opportunity to align with the holistic health agenda. By emphasizing restorative healthcare and leveraging cutting-edge technologies, advocates can support men and women in achieving optimal health and fulfilling their desire for children. Indeed, this approach marries a firm commitment to protecting unborn life with a broader life-affirming movement. As women and men grow in their understanding of and appreciation for their own body, it will further reinforce a culture of life beyond religious or conservative circles.

Consider this: when individuals feel disconnected from their own bodies, it becomes harder for them to comprehend the concept of radical hospitality toward the unborn. If society neglects the foundational ability to love and

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106. Maria Di Mento, *Nicole Shanahan Gives $100 Million for Reproductive Research and Other Causes*, CHRON. OF PHILANTHROPY (Sept. 27, 2019), https://www.philanthropy.com/article/nicole-shanahan-gives-100-million-for-reproductive-research-and-other-causes/.

107. Emma Waters & Natalie Dodson, *To Address Infertility, It's Time To Give Real Reproductive Health Options*, THE HERITAGE FOUND. (June 17, 2024), https://www.heritage.org/marriage-and-family/commentary/address-infertility-its-time-give-real-reproductive-health-options [https://perma.cc/X7TE-8WV7].

nurture one's own body, how can we expect these same people to extend that love and nurture to unborn life, from fertilization to birth?

The widespread use of hormonal birth control offers a striking example. By altering a woman's hormonal balance, this technology can suppress emotional and intellectual engagement, potentially leading to a diminished sense of self-awareness and agency. Add to this the increasing prevalence of antidepressants like SSRIs among women,[108] and the result is a cultural context that makes it harder for many to empathize with or embrace the idea of nurturing an unborn child—particularly when such pregnancies might seem to undermine personal goals. In this way, the widespread use of hormonal birth control not only impacts physical health but also reshapes cultural beliefs about reproduction, control, and the value of life.

Similarly, as abortion and hormonal birth control diminish a person's understanding of their own body and the unborn, so unaddressed reproductive health conditions in assisted reproductive technology may have a two-fold effect on culture. First, unaddressed and painful conditions may contribute to a dualistic understanding of personhood that separates mind from body. Second, as procreation itself is removed from the body to a laboratory, it becomes increasingly difficult for men and women to value subsequent embryos as human persons whose life should be preserved.

By reframing its efforts within this holistic health paradigm, the pro-life movement can address deeper cultural and philosophical issues. The promotion of restorative healthcare, alongside advocacy for equal protection laws and personhood rights, offers a pathway to align pro-life principles with tangible health outcomes. This approach not only honors the sanctity of life but also fosters a broader cultural shift toward health and the inherent worth and dignity of each human being from the moment of fertilization.

CONCLUSION

The pro-life movement must not underestimate the culture-shaping power of technology, nor neglect opportunities to advocate for technologies that promote the flourishing of men, women, and children—whether born, in the womb, or conceived in a laboratory. The shared principles of the pro-life movement—the inherent dignity and value of all human life, and the profound interconnectedness between mother and unborn child—are equally foundational to the emerging reproductive health movement. By embracing a holistic view of the human person and underlying health conditions, the two movements may unite protect life and human flourishing.

Indeed, reproductive technologies will either help or hinder society's appreciation for unborn life. Consider the debates surrounding embryonic stem cell research in the late twentieth and early twenty-first centuries. Conservative bioethicists did not prevail on moral or ethical arguments alone—indeed, they were losing the public discourse. Instead, victory came because the proposed

108. DEBRA J. BRODY & QIUPING GU, NAT'L CTR. HEALTH STATS., No. 377, ANTIDEPRESSANT USE AMONG ADULTS: UNITED STATES, 2015-2018, 1 (2020).

technologies failed to deliver results, while alternative approaches, such as reprogramming adult stem cells, emerged as a more effective and ethical solution. The same dynamic holds for abortion, hormonal birth control, and assisted reproductive technology. The risks and harms of these technologies, though well-documented in medical research, remain insufficient to sway public opinion.

For the pro-life movement to succeed, it must offer a better alternative to unwanted pregnancies, questions about how to govern one's fertility, treatments for reproductive health conditions, and how to heal infertility. This alternative lies in technological advancements that affirm the goodness of the human body. To do this, it must embrace restorative reproductive medicine. RRM offers a life-affirming approach to reproductive health conditions by diagnosing and treating underlying conditions while recognizing the deep connection between a person's physical, emotional, and mental well-being. By promoting this model, the pro-life movement can combat society's antagonist relationship with their own body. The movement can also reclaim the term "reproductive health," redefining it to reflect the natural goodness of the human body and its capacity for life. This is not a matter of abandoning the fight to protect unborn life; it is a "both-and" approach. The pro-life mission must work in tandem with pro-health movements to ensure that restorative reproductive medicine is widely available. Taken together, the movements can forge a comprehensive vision of human flourishing, one that honors life and reproductive health at every stage of a person's life.