

## Pro-Life Catholic Obstetrics and Gynecology

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Pro-Life or Catholic patients often get recommendations which conflict with their beliefs. Hope has arrived.

Maternal Disorders Abortion for maternal disorders was obsolete by the early 1950's. A study by Cosgrove and Carter 1 in 1944 reported on 67,000 deliveries from 1931 to 1943 at the Margaret Hague Maternity Hospital in Jersey City. Only 4 of 67,000 were thought to require abortion for maternal indication. Cosgrove delivered a subsequent 70,000 babies with no therapeutic or maternally indicated abortions.

In 1953 Hefferman and Lynch 2 conducted a postal survey of maternal deaths at hospitals, which did or did not permit abortion for maternal indication. The death rates were not biased by referral patterns: the same diagnoses occurred in the same proportions in both groups. At hospitals that did not permit abortions, there were 1,469 deaths and 1,680,989 deliveries, for a maternal death rate of 0.87 per 1000. At hospitals that did permit abortions, there were 1,558 maternal deaths and 1,574,717 deliveries, yielding a maternal death rate of 0.98 per 1000. Maternal death was lower (0.87/1000) at institutions that did not allow abortions, than at those (0.98/1000) that did. These studies make a stronger case since they date from the 1950's. Even the most difficult situations can now be managed without abortion.

Fetal Disorders and Preconception Care Abortion for fetal indication often causes spiritual, psychological and/or physical harm to the mother, and death to the baby 3 . Having a baby die is a profound and unforgettable tragedy for a mother. To add abortion may make a bad situation worse. Some of my patients have had babies with lethal birth defects. Delivery at term, with supportive family in attendance, and holding and loving the baby until it dies naturally in its mother arms, can be an incredibly positive and healing experience 4 . An unforgettably tragic experience is then forever linked with an unforgettably loving and healing event.

New methods allow the prevention of birth defects and miscarriage before conception. These methods are consistent with pro-life fertility treatments and natural family planning. Natural family planning charts may indicate the likelihood for miscarriage before it happens. Improving nutrition and removing toxins before and during pregnancy may have long lasting benefits for children.

Female Disorders without the Pill Many female disorders, such as painful periods, irregular cycles, excessive bleeding, ovarian cysts, acne, endometriosis, premenstrual syndrome, etc. are treated with birth control pills. These can now be treated without the pill, using methods based on natural family planning 5 . Many women have anger, depression, irritability, headaches, breast soreness and many other problems in the week before their menstrual periods (PMS). Understanding the female cycle through natural family planning, and correcting the problems which are revealed, is a rewarding approach that respects life and improves marriage. The natural family planning approach is so novel, that it even leads to a new approach to menopausal care.

Pro-Life Fertility Care Many Catholics do not realize that assisted reproduction techniques are considered immoral in the Catholic Church. One patient was shocked to find, after the birth of her twins, that she had 24 more human embryos stored in a freezer. She said, "I can't have 24 more children!" Another patient said that as a pre-requisite to in-vitro fertilization, she had to sign an agreement promising to undergo fetal reduction (abortion) if too many embryos implanted (she complied). These examples illustrate a few of the many reasons why in-vitro fertilization and most assisted reproduction technologies should be avoided by faithful pro-life or Catholic couples.

New methods make ethical fertility treatments available for Catholic or pro-life men and women 6 . One couple had been infertile for 19 years, but succeeded with faith, prayer, and surgery.

References 1. Baggot, P.J., Diagnosis and treatment of infertility using natural family planning. Rethinking reproductive medicine. 2001: One More Soul. 2. Baggot, P.J., Hard cases do not justify partial birth abortion. Unpublished Manuscript, 2002. 3. Baggot, P.J., Little David. Focus on the Family, 2003. 4. Cosgrove, S.A. and P.A. Carter, A consideration of therapeutic abortion. Am J Obstet Gynecol, 1944. 48: p. 299. 5. Hefferman, R.J. and W.A. Lynch, What is the status of therapeutic abortion in modern obstetrics? Am J Obstet Gynecol, 1953. 66: p. 335. 6. Hilgers, T.W., The medical applications of natural family planning. 1991, Omaha, NE: Pope Paul VI Institute Press.

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### **Short note about the author**

Paddy Jim Baggot, MD is a Catholic Physician who is a board certified Obstetrician/Gynecologist and Geneticist specializing in preconception health and NaProTechnology, which is a new reproductive science for assisting couples to conceive naturally without the use of artificial reproductive techniques. To read more from Doctor Baggot visit: <http://www.majella.us>

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