

LIVE ACTION

Memo on How to Jump Start American Fertility and Not Fund Unethical, Expensive, and Ineffective IVF

I. Summary

Infertility can be a deeply painful and life altering challenge, affecting 1 in 6 couples worldwide.¹ We support and applaud the Trump administration's commitment to helping American families increase their fertility and flourish. More babies is a beautiful and necessary goal. While often promoted as the go-to solution, in vitro fertilization (IVF) is, in reality, an ethical, financial, and practical disaster. The procedure as it is practiced results in the destruction of millions of human lives, is exceedingly expensive, and has a low success rate, leaving many families still struggling after multiple attempts. Furthermore, IVF disregards a far more compassionate, effective, and natural alternative: **Restorative Reproductive Medicine (RRM)**. This approach addresses the root causes of infertility, works with the body's natural processes of both parents, and supports healing rather than bypassing it.

Every emerging technology, whether in reproductive or biotechnology, must adhere to core principles that uphold human dignity and promote human flourishing. Central to this is the inherent right to life for every human being. Furthermore, the ultimate purpose of any technology should be therapeutic—focused on healing and enhancing the human body—while respecting the rights and value of every person involved in its development and use.

As the Trump administration evaluates its commitment to helping American families flourish, it is crucial taxpayer funds are used in an effective and ethical way. These resources should not be funneled into a practice that is expensive, ineffectual and responsible for the loss of millions of human lives. Instead, federal funding should prioritize approaches like Restorative Reproductive Medicine that promote healing, dignity, and the natural restoration of fertility. By embracing these solutions, we can ensure the strength, health, and well-being of families across America.

Summary Problems with IVF:

- **High Human Embryo Loss Rate:** On average, 9 embryos are created during each round of IVF, with over **85% of embryos either frozen, miscarried, discarded, or subjected to experimentation.**
- **Low Success Rate:** Less than **10% of embryos created through IVF result in a live birth**, and only **43% of IVF cycles for women under 35**, 31% in those 35-37, 19% in 38-40 year olds, and less than 10% when over 40 **lead to a liveborn baby. Therefore, it may take multiple rounds of costly procedures (both egg retrievals and embryo transfers) to achieve a live birth.**

¹ "1 in 6 People Globally Affected by Infertility: Who," World Health Organization, <https://www.who.int/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility>.

- **Massive Financial Costs:** IVF costs average **\$20,000 per cycle**, with many couples requiring multiple cycles, leading to total expenses of **\$60,000 or more (Katz)**.²
- **Frozen Embryo Crisis:** Over 1 million embryos remain frozen in the U.S., with no clear path forward for their fate (NIH).³
- **Ethical and Effective Alternative: Restorative Reproductive Medicine (RRM) has an equivalent success rate to IVF** while treating root causes of infertility, without destroying human embryos. Certain international studies even suggest that the success rate is considerably higher compared with IVF (Reply Fertility)⁴

II. IVF Kills Human Beings

The core ethical issue with IVF is that it manufactures human life outside the womb, reducing human embryos to disposable commodities rather than recognizing them as unique individuals, often resulting in their destruction or indefinitely freezing them. IVF rejects the dignity of human life, blatantly ignoring the fact that each embryo is a distinct human being with a unique set of chromosomes, sex, and other traits determined at fertilization. The process of IVF results in widespread embryo loss:

- On average, 9 embryos are created in each IVF cycle (with an average of 2 cycles performed for each child born in the best-prognosis group).
- More than 85% of embryos are either frozen indefinitely, miscarried, discarded, subjected to experimentation, or die during the IVF process.
- Over 1 million human embryos remain frozen in the U.S., with uncertain futures..⁵

Human life begins at fertilization. If abortion is morally indefensible due to the destruction of innocent life, then so too is IVF, which involves the routine discarding of embryos. **The Trump administration has an opportunity to lead with consistency in its pro-life stance by refusing to fund this practice.**

III. Financial Burden on Taxpayers

IVF is one of the most expensive medical procedures, with costs potentially exceeding \$20,000 per cycle. Many couples require multiple cycles to conceive, leading to total costs upwards of \$60,000 or more (Heritage).⁶ With increasing calls for government-subsidized fertility treatments, public funding of IVF would place a significant financial burden on taxpayers, diverting resources away from more ethical and cost-effective alternatives.

IV. Lack of Efficacy and Risks

Despite its high cost, IVF has relatively low success rates:

² Katz P, Showstack J, Smith JF, Nachtigall RD, Millstein SG, Wing H, Eisenberg ML, Pasch LA, Croughan MS, Adler N. Costs of infertility treatment: results from an 18-month prospective cohort study. *Fertil Steril*. 2011 Mar 1;95(3):915-21.

³ Mindy S Christianson et al., "Embryo Cryopreservation and Utilization in the United States from 2004-2013," *F&S reports*, September 28, 2020, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8244341/>.

⁴ "RRM Science-Based Fertility Care in Durham, NC," , <https://www.replyfertility.com/rrm-science>.

⁵ Mindy S Christianson et al., "Embryo Cryopreservation and Utilization in the United States from 2004-2013," *F&S reports*, September 28, 2020, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8244341/>.

⁶ Emma Waters, "Why the IVF Industry Must Be Regulated," The Heritage Foundation, <https://www.heritage.org/life/report/why-the-ivf-industry-must-be-regulated>.

- Less than 10% of embryos created through IVF result in a live birth.
- Less than 50% of IVF cycles for women under 35 result in a live birth, with success rates dropping sharply for older women.
- IVF carries increased risks of complications, including higher rates of stillbirth, preterm birth, and multiple pregnancies, which pose risks to both mother and child.

A more effective and ethical alternative exists in **Restorative Reproductive Medicine (RRM)**, which seeks to diagnose and treat the root causes of infertility. Unlike IVF, RRM respects human life and has been shown to achieve equivalent—if not higher—live birth rates while also improving overall reproductive health.

V. Efficacy and Affordability of Alternatives Like RRM

RRM offers an effective, ethical, and affordable alternative to IVF for couples struggling with infertility. Unlike artificial reproductive technologies (ART), which bypass underlying health conditions and treat infertility as an episodic acute diagnosis that it solves, RRM identifies infertility as a chronic issue that is a symptom of underlying factors. RRM aims to correct and treat the root causes of infertility, allowing couples to conceive naturally.

It does so in both men and women using medical and surgical methods (IIRRM).

How RRM Works:

- Phase 1: Identify Underlying Issues (1-2 months)
 - Examine organs related to fertility (ovaries, tubes, uterus, sperm).
 - Use Fertility Awareness Based Methods (FABM) to track hormonal signs.
 - Assess hormone balance, metabolic issues, microbiomes, stress, and cellular function.
- Phase 2: Restore and Optimize Normal Function (1-3 months)
 - Correct abnormalities found during evaluation.
 - Nutritional support, exercise modifications, and pro-fertility diet.
 - Balance hormones, optimize cervical mucus, and address structural issues (e.g., endometriosis, uterine growths, varicoceles in men).
 - Optimize sleep and reduce environmental toxins.
 - Consider immunologic and antibacterial interventions.
 - Begin medications and supplements as needed.
 - Confirm normal ovulation.
- Phase 3: Allow Conception (1-12 cycles)
 - Can be unmonitored, though ideally is overseen by a professional.
 - Focus on optimizing health before conception, reducing risks for mother and child.
 - May include fertility medications, ultrasound monitoring, and bioidentical hormones.

Success Rates Compared to IVF

To infertile couples, success is a liveborn baby. This has been studied for both IVF and RRM. However, because of the fundamental difference between episodic IVF treatments circumventing optimal physiology (expressed as per-treatment cycle) vs. optimized and restored reproduction (achieved over a period of months) it is difficult to compare these equivalently. At

its most basic, live birth rates can be calculated by dividing the number of liveborn babies over a period of time by the number of couples within a population. However, most national IVF registries express live births as per treatment cycle (defined as live births that result from an intended egg retrieval and subsequent embryo transfers, regardless of number). While some studies show that RRM has similar live birth rates compared to IVF, particularly for couples who undergo sustained treatment, others demonstrate that the RRM success rate is actually higher:

- The **live birth rate** for couples completing a RRM program was **40.4%**, compared to **24.4% for IVF** (NeoFertility).⁷
- A study across ten RRM clinics in the U.S., UK, Canada, and Poland found a **44% cumulative live birth rate** and a **57% pregnancy rate within 3 years** (Stanford et al).⁸
- Several single-center retrospective studies have shown an adjusted cumulative live birth rate of 29-66% over 2 years.
- A Canadian study found that couples who had failed IVF later conceived naturally through RRM, with a **66% adjusted cumulative live birth rate within 2 years**.⁹
- Another study in Germany reported a **cumulative conception rate of 38%** within 8 months in those with an average of 3.5 years infertility. Couples trying for less time (1-2 years prior) had a cumulative conception rate of 56%.¹⁰
- Poor prognosis couples who had previously failed IVF (with average 2 prior cycles) were able to achieve an overall live birth rate of 32% (crude 18.4%) using NeoFertility.⁽¹¹⁾

Lower Costs and Greater Accessibility

IVF is prohibitively expensive, costing an average of **\$61,000 per live birth** (Katz).¹¹ In contrast, RRM is **far more cost-effective**, making it a more sustainable and accessible option for couples. One study found that **IVF babies cost four times more per birth compared to those conceived through RRM** (Dr. Phil Boyle, IIRRM).¹²

Many RRM evaluations and treatments are also already covered by insurance.

By addressing root causes, RRM reduces the need for repeated expensive treatments, offering families a **financially responsible** path to achieving pregnancy.

⁷ Phil C. Boyle; Toth, A.; O'Neill, L.; Turczynski, C. J. Restorative Reproductive Medicine: An Emerging New Treatment Process and a Prerequisite to Assisted Reproductive Technology for Treatment of Infertility.. *Preprints* 2024, 2024010624.

⁸ Joseph B Stanford et al. International Natural Procreative Technology Evaluation and Surveillance of Treatment for Subfertility (iNEST): enrollment and methods, *Human Reproduction Open*, Volume 2022, Issue 3, 2022, hoac033,.

⁹ Tham E et al. Natural procreative technology for infertility and recurrent miscarriage. *Canadian Family Physician* May 2012, 58 (5) e267-e274.

¹⁰ Frank-Herrmann, P et al. Natural conception rates in subfertile couples following fertility awareness training. *Arch Gynecol Obstet* 295, 1015–1024 (2017).

¹¹ Phil C. Boyle, et al. Healthy Singleton Pregnancies From Restorative Reproductive Medicine (RRM) After Failed IVF. *Front Med (Lausanne)*. 2018 Jul 31;5:210. doi: 10.3389/fmed.2018.00210. PMID: 30109231

¹² Phil C. Boyle et al., "Restorative Reproductive Medicine: An Emerging New Treatment Process and a Prerequisite to Assisted Reproductive Technology for Treatment of Infertility.," *Preprints.org - The Multidisciplinary Preprint Platform*, <https://www.preprints.org/manuscript/202401.0624/v1>.

Improved Overall Health and Natural Conception

Unlike IVF, which circumvents natural fertility processes, RRM **restores reproductive health**, leading to better maternal and infant outcomes (Natural Womanhood).¹³ Many couples who previously struggled with infertility due to conditions like polycystic ovarian syndrome (PCOS), endometriosis, thyroid dysfunction, and hormonal imbalances were able to conceive naturally after targeted RRM treatments.

A study of RRM patients found (Reply Fertility):¹⁴

- **87% had ovulation-related disorders diagnosed and treated**
- **47% had nutritional deficiencies addressed**
- **24% had male infertility factors that were improved with treatment**

By working with the body's natural reproductive rhythms, RRM leads to **healthier pregnancies, fewer complications, and lower rates of preterm birth.**

VI. Policy Recommendation

Given the ethical concerns, financial costs, and limited efficacy of IVF, the Trump administration should:

1. **Reject public funding for IVF** and oppose any efforts to mandate insurance coverage for the procedure.
2. **Promote ethical alternatives** such as RRM, which treat infertility holistically and have higher success rates. By investing in RRM, policymakers can support families, reduce healthcare costs, and provide ethical, life-affirming solutions to infertility.

VI. Conclusion

The Trump administration has the opportunity to reaffirm its commitment to helping American families flourish by embracing ethical and affordable means of increasing fertility. While infertility is a heartbreaking struggle, solutions must respect the dignity of every human being, from conception onward. IVF is disrespectful of human lives and leads to more loss of life than abortion each year. **Instead of supporting a practice that results in the destruction of innocent lives, the administration should champion ethical fertility treatments that offer true hope and healing for families.**

¹³ Madison Ayers et al., "Restorative Reproductive Medicine," Natural Womanhood, October 25, 2021, <https://naturalwomanhood.org/find-a-doctor/restorative-reproductive-medicine/#:~:text=This%20approach%20to%20healthcare%20is,and%20enhance%20their%20natural%20fertility.>

¹⁴ "RRM Science-Based Fertility Care in Durham, NC," The word reply is written in black and white on a white background., [https://www.replyfertility.com/rrm-science.](https://www.replyfertility.com/rrm-science)

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