



Ethical and Theological Considerations on IVF from the Southern Baptist Convention

1. What do Southern Baptists believe about life, marriage, and family?

Scripture clearly speaks to the dignity and value of every human being, no matter their location or capacities (Gen. 1:26-28, Ex. 20:13, Josh. 20:3-6, Psalm 139:13, Prov. 6:16-17, Luke 1:41). This value is not dependent on what one does or contributes but simply on the fact that they are made by God as biological human beings on whom God bestows value. As German theologian Helmut Thielicke states, “God does not love us because we are so valuable; we are valuable because God loves us.”¹

Though there are no resolutions from the Southern Baptist Convention which explicitly reference IVF or ARTs, the *Baptist Faith & Message 2000*, in [Article XVIII, The Family](#), offers some guidance:

“Marriage is the uniting of one man and one woman in covenant commitment for a lifetime. It is God’s unique gift to reveal the union between Christ and His church and to provide for the man and the woman in marriage the framework for intimate companionship, the channel of sexual expression according to biblical standards, and the means for procreation of the human race. ... Children, from the moment of conception, are a blessing and heritage from the Lord.”

In over 20 resolutions over 40 years, Southern Baptists have been incredibly clear on the personhood and value of the preborn from the moment of conception/fertilization.² This emphasis on the value of all human beings, especially the preborn, is not dependent on the location of the child. Thus we are opposed to the willful destruction or even donating to scientific experimentation of non-implanted human embryos wantonly created in the typical IVF process.

¹ Helmut Thielicke, *Nihilism*, trans. John W Doberstein (London: Routledge and Kegan Paul, 1962), 110.

² 1980 Resolution “On Abortion,” 1982 Resolution “On Abortion & Infanticide,” 1984 Resolution “On Abortion,” 1986 Resolution “On Sex Education & Adolescent Pregnancy,” 1987 Resolution “On Abortion,” 1988 Resolution “Pro-Life Actions of SBC Agencies,” 1989 Resolution “On Encouraging Laws Regulating Abortion,” 1991 Resolution “On the Sanctity of Human Life,” 1992 Resolution “On Fetal Tissue Experimentation,” 1993 Resolution “On the Freedom Of Choice Act, Hyde Amendment,” 1994 Resolution “On RU486, The French Abortion Pill,” 1995 Resolution “On Surgeon General Nominee Dr. Henry Foster,” 1996 Resolution “On the Partial Birth Abortion Ban,” 1996 Resolution “On Requiring all Political Parties to Include a Pro-Life Actions Platform,” 1999 Resolution “On Human Embryonic & Stem Cell Research,” 2000 Resolution “On Fetal Tissue Trafficking,” 2002 Resolution “On Partial Birth Abortion,” 2003 Resolution “On Thirty Years of Roe v. Wade,” 2008 Resolution “On Planned Parenthood,” 2015 Resolution “On the Sanctity of Human Life,” 2017 Resolution “On Defunding and Investigating Planned Parenthood,” 2018 Resolution “On Reaffirming the Full Dignity of Every Human Being,” 2019 Resolution “On Celebrating the Advancement of Pro-Life Legislation in State Legislators,” 2021 Resolution “On Abolishing Abortion.”



2. What are the problems with IVF from a theological and ethical perspective?

While many claim that IVF is simply a treatment for infertility, there are a range of ethical considerations with the process. Many individuals feel and even have been told by doctors that IVF is their only hope for biological children, and thus, these conversations must be conducted, and policy crafted, with the utmost care and wisdom.

At a very basic level, the way IVF is routinely conducted now, which includes over fertilization of eggs without a clear plan for implantation, freezing of leftover embryos, and even the destruction of these human embryos once a couple has succeeded in getting pregnant or no longer desires to keep them, is extremely problematic. It is within the jurisdiction of the state to promote the good of families and restrain the evil of treating these human beings as disposable or simply a means to an end.

The selective reduction of embryos based on the chances of implantation or pregnancy to term clearly violates human dignity and the guidance from Scripture. Though it does not necessarily occur in the womb, the willful destruction of fertilized embryos conducted in the typical practice of IVF is not theologically different from abortion procedures.

Christians should also weigh whether the practice itself violates certain theological principles. Namely, the question of severing procreation from the sexual union, and the anthropological question of “making” children as commodities rather than “begetting” them as gifts from God.³

Christians must take seriously the teleological and biological orientation of sexuality and reproduction. While procreation is not the only good of sexual union (among which we might include intimacy, companionship, relational restoration, pleasure, etc.), it is clear that the sexual union of one man and one woman is teleologically oriented toward procreation. When God commanded Adam and Eve to be fruitful and multiply, that command entailed the possibility that it could be fulfilled, namely through the sexual union of the couple. Protestant denominations have typically been less prone than Catholics to keep necessarily unified sexual act and procreation. Southern Baptists have never taken an official position on birth

³ Oliver O’Donovan, *Begotten or Made? Human Procreation and Medical Technique* (Oxford, UK: Oxford University Press, 1984).



control, instead only condemning those forms of birth control that are abortifacient in nature.⁴ However, it is theologically problematic to separate procreation from the sexual union of the man and woman in the marriage covenant.

Similarly, a discussion of the process of IVF creates a new way of thinking about children from previous generations. The term “test-tube baby” reflects this new reality in that the child was created not in the sexual union of mother and father, but from biological components brought together in a lab. Despite the trivial language referring to preborn human life, this does not diminish the humanity of the child, who as an image bearer holds equal status and dignity to all other people including children. The nature of the child’s “production” takes a natural process and treats the child as a product of mutual desire, rather than God’s gift. Thus, where desire is lacking or where desire is lacking to the degree needed for multiple embryos, they can be simply terminated or stored. The treatment of children as mere disposable commodities, possible only within a framework in which they are already devalued, is a natural outflow of a process that began by treating them as products to be manufactured rather than people that were begotten.

On the basis of the above, Southern Baptists believe that Christians should in general oppose IVF because by its very nature it separates procreation from sex and treats children as products rather than people. Though we should be hesitant to call it sin, it is morally ambiguous enough to be problematic and should be discouraged as a matter of wisdom and prudence.

3. Is there a way to conduct IVF that minimizes our ethical concerns?

IVF practices which encourage couples to harvest and fertilize more eggs than they plan to implant, which leave frozen embryos in indefinite stasis, and which encourage selective reduction, should be discouraged. All of these violate the principles of human dignity and the image of God, particularly those that encourage abortion for implanted embryos. We would strongly support any reforms that would ban or limit these procedures and disincentivize the overproduction and destruction of embryos.

⁴In this schema, the categories of birth control would include the following: 1) No Birth Control; 2) Natural birth control (selective abstinence, rhythm method, natural family planning); 3) Non-abortive birth control (barrier methods such as condom or diaphragms, medicines such as spermicides, or permanent methods such as vasectomies and tubal ligations); 4) Possibly abortive birth control (Hormonal contraception); 5) Abortion. Protestants have generally agreed that the first three categories are acceptable for a couple, though some have questioned the moral good of permanent procedures. Protestants have generally argued that category 4 should be evaluated and Christians should avoid hormonal contraceptives that prevent implantation of the fertilized embryo because it is abortifacient in nature. But contraceptives that prevent fertilization whether by stopping the release of eggs or thickening of the mucosal lining over the cervix and preventing sperm from reaching the ovum do not run afoul of this prohibition. Category 5 is morally sinful.



Though there are ways to avoid the most problematic ethical elements of IVF (the over creation and destruction of human embryos), Christians should also consider how their participation in the procedure could support and encourage the practice at a wider societal level, including by individuals who participate in the more problematic ethical practices. Christians are not directly responsible for the unethical actions of others, but they may bear culpability for how their actions support an inherently unethical practice. Because it is impossible to address all the fundamental theological concerns with IVF (namely its violation of the one-flesh sexual union), it would fall into this category. Again, while possible to remove the most egregious ethical concerns, it is impossible to carry out the procedure in such a way as to totally remove all moral concerns.

Though there may be ways to minimize some ethical concerns regarding the practice of IVF, it would be impossible to alleviate those concerns entirely and operate free from any moral concern.

4. How do we view those who have been created through IVF?

Ethical concerns about the procedure are not the same as ethical concerns about children born as a result of that procedure. In the same way that we oppose non-marital sexual unions as outside God's good design for sexuality and marriage, we do not oppose the children born as a result of those unions. Children, no matter how they were conceived or even where they are located (in or outside the womb), are full image bearers of God and possess inherent dignity and worth. No discussion, debate, or decision on the ethics of IVF can or should ever diminish the value of children created through this process.

We also recognize that IVF may meet a very real need in the life of couples. The desire for children is a moral good and Godly desire. As rates of infertility rise and couples find pregnancy difficult, it is natural to seek medical help so as to restore, where possible, the capacity for children.

The ethical concerns listed above (violation of one-flesh union and the treatment of children as products, not people) flow from our concerns about God's design for human flourishing, not a desire to disparage children conceived by IVF. They arise from our desire to see all children treated with dignity and respect (which is why we oppose the destruction of fertilized embryos) and are related to our beliefs that parents have unique obligations to their children because of their biological relationship and that sexual intercourse is reserved for the marriage covenant.



5. What should be done with the roughly 600,000-1,000,000 already frozen embryos?

Because of the history of IVF and the nature of the large number of frozen embryos currently in stasis, any evaluation of policy measures should include language of ending their indefinite containment. Each fertilized embryo is a person made in the image of God. As a child, they deserve the chance to be implanted and born.

We strongly support embryo adoption and believe policy steps should be taken to make it more affordable and accessible. There may be policy debates about how best to go about ending the practice of indefinite storage, and how best to encourage implantation in a humane and ethical manner for both mother and child. However, it is deeply morally problematic to leave the fate of over 600,000 children in limbo indefinitely.

6. Though we generally do not think IVF should be practiced, are there ways it could be done more ethically?

We are strongly opposed to the introduction of a third party in the sexual union (i.e. donors of sperm or egg and especially surrogacy). At a theological level, the introduction of third parties confuses the biological relationship between parent and child (i.e. Is the mother the woman who donates the egg, the woman who carries the child to term, or the one who raises/cares for the child? Is each one the mother?). These questions are complicated by a patchwork of state laws that do not always coincide with one another. Though we do not want to see federal protections for the IVF and broader ART industries move forward, any legislation that does come about must consider how the industry might be regulated to protect vulnerable women from exploitation, especially younger less affluent women who may choose to harvest eggs or carry a pregnancy out of financial need.

This commodification of fertility is related to the same worldview /philosophy that routinely treats preborn children as mere products. Additionally, unless vulnerable women are protected, they may be placed in situations where the contractual obligations incentivize them toward payment rather than the best interest of themselves or the baby (i.e. A contract that pays a bonus for a full-term pregnancy could incentivize a woman to delay potentially life-saving treatment for herself or the baby involving early delivery if she needed the bonus). Like IVF, while there might be ways of doing surrogacy better, there is no way to do it which would alleviate the core issue of introducing a third party into the one-flesh union.

Additional regulations that should be considered by any federal legislation would include not incentivizing the fertilization of more eggs than are implanted, prohibiting the destruction of



non-implanted fertilized human embryos, and prohibiting the use of non-implanted embryos for scientific research. In addition to these regulations, any federal approach should also include robust support for infertile couples including health care coverage for true fertility treatments (IUI, testing, etc).

Also, expanding access to embryo donation registries and regulating privately held registries to make sure they have consistent care for human embryos cryogenic freezing, robust protocols for who has access to these cryogenic units, and standardized procedure for dethawing/preparation for donor implantation. These provisions should also encourage and lower the burdens for embryo adoption among couples seeking to conceive. Given the overwhelming amount of human embryos on current registries, we want to encourage couples to consider embryo adoption over the creation of additional embryos given that these lives have already been created. Our goal is to give these children already created through the ethical compromised process of IVF a chance at life.

It should not cost more for a family to create life within ethical bounds or adopt embryos than it does to take life through abortion procedures. Whatever state and federal governments can do toward this reality would be welcomed.

7. What questions should be considered when defining terms like “infertility”?

Infertility is not defined simply as the inability to achieve pregnancy. The World Health Organization and American Medical Association define infertility as the inability to achieve a pregnancy after 12 months (or more) of regular, unprotected sexual intercourse.⁵ These organizations have recognized infertility as a disease of the reproductive organs of the male or female which may require treatment (i.e. obstruction of the vas deferens resulting in a dysfunction in the emission of semen, tubal disorders in women as a result of abortion procedures or untreated STIs, hormonal disorders for both men and women, etc.). Recognition as a true medical condition also brings encouragement for insurance carriers to provide coverage for treatment, even in the absence of specific diagnoses of underlying causes.

Implicit in the definition offered by these medical organizations is the fact that childbearing is the natural result of heterosexual intercourse. The biological systems themselves are for procreation and when functioning properly should achieve pregnancy. Medicine therefore

⁵ <https://www.who.int/news-room/fact-sheets/detail/infertility>;
<https://www.ama-assn.org/delivering-care/public-health/ama-backs-global-health-experts-calling-infertility-disease>;



aims at *restoring* those abilities rather than *intervening* and circumventing the natural processes of procreation. Treatments for infertility which address the underlying causes of the infertility are to be commended as good and in line with medicine's goal of restoring proper function to the body. Medical procedures for infertility which intervene to circumvent the body's natural processes should be avoided unless medically necessary.

While the medical organizations' definitions are biologically and theologically correct, it can be misapplied to certain situations. Implicit in the definition of the WHO and others is the capacity for procreation to occur. Thus, if there are no contravening factors, the natural processes should result (usually) in a pregnancy. The reproductive systems of males and females are oriented toward this end, and need one another to achieve it.

However, the WHO definition recognizes as "infertile" a number of groups (same-sex partners, those not in sexual relationships, etc.) who would not be able to achieve a pregnancy even outside of true medical conditions. The sexual relationship of a same-sex couple (male or female) would meet the surface level definition offered by the medical organizations. It fails however to meet the implied capacity for procreation to occur. Infertility is therefore not just the inability to achieve pregnancy, but the inability to achieve pregnancy where the capacity to achieve pregnancy exists. Similarly, individuals not engaged in a sexual relationship are not engaging in the activity necessary for procreation. Thus, they are not actually infertile, even by the definition of the WHO.

Though we are not advocating for any federal legislation to define fertility, any federal legislation seeking to do so should recognize both the biological facts of a couple's inability to conceive under the framework which accounts for their capacity to conceive. This will necessarily limit infertility discussions to heterosexual couples.