



A RESOURCE OF
THE ETHICS & RELIGIOUS
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Desiring Children

*A Practical Guide to Addressing
Assisted Reproductive Technologies
in the Church*

ERLC RESEARCH TEAM



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FOREWORD

CHILDREN ARE A GIFT FROM God. The desire to have children of one's own is a good and natural desire that recognizes the gift sons and daughters are to our families and our societies. The family is both a blessing from God and the building block of a healthy society (BF&M 2000, Article XVIII). Unfortunately, due to the fall in Genesis 3, the desire to have children is often complicated by the devastating reality of infertility.¹ In the United States, 12–15 percent of couples fail to conceive after a year of unprotected sex, and 10 percent of couples after two years. However, technological advances have made what seemed impossible now possible for some.² Today, many couples struggling with infertility are able to have children through the use of assisted reproductive technologies (ARTs). According to a Pew Research study, about 42 percent of U.S. adults have or personally know someone who has used fertility treatments.³ The realities of ARTs, such as intrauterine insemination (IUI), in vitro fertilization (IVF), surrogacy, and embryo adoption, have created ethical questions that Christians must consider.

Infertility and the desire for children are intensely personal and emotional topics. The view that ARTs can be a gift to solve the pain of infertility is one that many people, Christians included, have taken and acted upon to fulfill the dream of having children. However, while these technologies are available, the ethical implications of ARTs raise many concerns that we ought to evaluate before utilizing or recommending them to others. Even though the desire to have children is a good that comes from God, the question that ARTs present for us as Christians is: Are we to pursue having children by whatever means possible? Just because we *can* do something does not necessarily mean that we *should*.

1 Infertility according to the Centers for Disease Control is defined as not being able to conceive after one year or longer of unprotected sex. https://www.cdc.gov/reproductive-health/infertility-faq/index.html#cdc_generic_section_1-what-is-infertility

2 <https://www.nichd.nih.gov/health/topics/infertility/conditioninfo/common>

3 <https://www.pewresearch.org/short-reads/2023/09/14/a-growing-share-of-americans-say-theyve-had-fertility-treatments-or-know-someone-who-has/>

We all must slow down to consider how biomedical technologies like ARTs shape our view of the world around us. Technology itself is not intrinsically good or bad, nor is it morally neutral; these tools shape the way we view the value of human life, the nature of marriage and the family, and even how best to grow our families. Discussions about the use of ARTs are difficult but also vitally important work, especially for church leaders who are seeking to care for and support couples struggling with infertility.

The ERLC has produced this church guide on ARTs to assist Southern Baptist churches in navigating this complex and emotionally fraught issue from an explicitly Christian, pro-life framework. For many of us, the challenges of infertility hit close to home. We also recognize that many couples in our congregations have had children through the use of ART and want to affirm that each child is a precious gift from God, created in his image (Ps. 127:3). They are inherently valuable and worthy of our protection and care regardless of the circumstances under which they were conceived.

As we engage issues of bioethics centered on the sanctity of life, the complexities of this subject require theologically and biblically grounded ethical responses coupled with compassionate pastoral care. The format of this guide provides just that—a theological framework in part one and practical scenarios in part two. The scenarios in this guide are reactive, created intentionally so we can proactively consider potential issues in our own congregations and equip our churches to address the ethical implications of ARTs. The goal is to help local churches, pastors, ministry leaders, and other Christians navigate the heart-wrenching difficulties of infertility in light of the technologies available to couples who desire to have children. We pray that the guide will help our churches think through the ethics of ARTs, shepherd and care for families affected by infertility, and respond lovingly with the hope of the gospel.

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THEOLOGICAL & ETHICAL FRAMEWORK



Infertility is a widespread and devastating reality for many couples, and the Church must be prepared to engage in these realities with truth, love, and grace.

Many couples in our churches and communities are facing the devastating and painful realities of infertility. Some suffer in silence, given the deeply personal and intimate aspect of their suffering. The Church must be prepared to come alongside these couples, grieve with them, and point them toward the love of Christ for the brokenhearted, downtrodden, and suffering. All counsel and advice must be rooted in biblical truths about the goodness of God and the great love God has for those suffering from the deep pain of infertility. This diagnosis is widespread and affects both men and women in different ways. Because of technological advancements, some couples will pursue assisted reproductive technologies (ARTs) as a means to have children. Thus, ministry leaders, family, and friends need to be aware of what ARTs are and the ethical complexities of their use. Our responsibility as the local church, living as the family of God, is to care for those struggling in our midst.

Scriptural References: Genesis 25:21, 1 Samuel 1, Psalm 113:9, Romans 5:3–5, 2 Corinthians 12:7–10



Every human being is made in the image of God and has intrinsic dignity—no matter their stage of development, location, or the circumstances of their conception.

Scripture clearly indicates that humans are set apart from the rest of creation and have inherent dignity and worth as they are created in the image of God. From the moment of fertilization, every human being is made in the *imago Dei*, regardless of the

circumstances of their conception or perceived value and worth. Every human being is a person and morally possesses intrinsic dignity that must be affirmed, protected, and honored at all times. Thus, any use of assisted reproductive technologies (ARTs) must first be evaluated based on whether they honor or violate this fundamental truth. Many common practices with ARTs, especially in vitro fertilization, conflict with the biblical principle that every human life is sacred. We must slow down and consider these tools through the lens of human dignity because the means do not always justify the ends.

Scriptural References: Genesis 1:27 & 5:1–2; Psalm 127:3; Job 10:11–12 & 31:15; Psalm 22:9–10, 71:6 & 139:13–16; Ecclesiastes 11:5; Jeremiah 1:4–5; Matthew 18:6; Luke 1:44; Acts 17:26; Colossians 1:15



The marital bond between man and woman is sacred, and procreation is designed to take place within the covenantal relationship of marriage.

As Scripture outlines, God gave humanity the command to “be fruitful and multiply,” indicating the good of the one-flesh union between one man and one woman in marriage for a lifetime. There are multiple goods within the marital union—including fidelity, the covenantal bond, companionship, intimacy, and relational unity—with the marriage bond being proximally directed toward a sexual union that leads to procreation and welcomes children. Procreation is designed to occur within the covenantal union of marriage exclusively. ARTs that introduce third-party involvement (such as sperm/egg donation or surrogacy) violate the exclusive one-flesh bond of marriage. The moral complexities of ARTs should be measured against their adherence to God’s design for procreation within the covenantal relationship of marriage.

Scriptural References: Genesis 1:27–28; Ephesians 5:22–33; 1 Corinthians 7:1–16; Hebrews 13:4



Children are a blessing from God, not commodities simply to be made.

Scripture teaches that children are gifts from God and that the desire for children is a good thing as part of God’s good design for humanity.

Yet, Scripture routinely affirms that even the pursuit of good things can be disordered. While some ARTs may be used in ways that honor the intrinsic value of children and the sanctity of marriage, it is also possible that these tools lead us to faulty beliefs of seeing children as a commodity or product to be produced on our own terms. There is a great temptation for many to take a “means justify the ends” approach to ARTs and downplay the ways that these technologies can lead to the commodification of children. These technologies are not neutral, and all uses of ARTs must be approached with caution and wisdom to avoid treating children as products rather than gifts from God.

Scriptural References: Psalm 127:3; Proverbs 17:6; James 1:17



God is sovereign over the procreative process, and his good design for humanity is to be fruitful and multiply.

Scripture communicates that God is the author and sustainer of life. Also, Scripture reminds us that God is sovereign over one’s life; thus, we are not autonomous beings. Nothing happens in our lives outside of God’s sovereign power and infinite knowledge. Human beings are finite creatures subject to God’s sovereign will. At the same time, he created us with the freedom to shape the world around us, as demonstrated in the cultural mandate. Producing technology to enhance human life is one way we can exercise our God-given freedom as his image-bearers. Technology is an essential way for human beings to solve problems that inhibit flourishing. While medicine and technology can assist in overcoming infertility, Christians must recognize that it is God who ultimately opens and closes the womb. This means that, as Christians, we must ultimately rest and find contentment in God’s sovereignty and trust in his goodness, regardless of circumstances. Any use of ARTs must be pursued with a posture of prayer and submission to God’s will, avoiding any approach that, in our technological hubris, seeks total control over reproduction at the expense of critical moral considerations.

Scriptural References: Genesis 1:28, 21:1–2 & 29:31–30:24; 1 Samuel 1–2:25; Psalm 113:9; Luke 1:25



Technology can be used in ways that express our God-given dominion over creation, but it also shapes our perceptions of the world around us, including procreation.

God has given us the ability to create technology as one way we can fulfill the creation mandate, but technology is not morally neutral, as it shapes how we see the world in profound ways. Technology can be harnessed to reflect humanity's role in stewarding creation and cultivating the world, but just because we can do something doesn't mean we should. These tools subtly, yet drastically shape our perception of God, ourselves as human beings, and the world around us—whether we realize it or not. Reproductive technologies must be evaluated through a moral lens, not merely by what is scientifically possible. Central to any conversation surrounding the ethical aspects of intrauterine insemination (IUI), in vitro fertilization (IVF), surrogacy, and embryo adoption must be the rich theological principles of the image of God, the sanctity of human life, the sanctity of the marital bond between husband and wife, the blessing of children, and God's providence over procreation.

Scriptural References: Genesis 1:28–30 & 9:1–2; Exodus 31:1–6 & 35:31–32, 35; 1 Corinthians 6:12 & 10:31; Ephesians 2:10; Philippians 4:8

PRACTICAL SCENARIOS

1 A married couple in your church has long faced fertility challenges. They have explored several techniques recommended by their doctors, undergone various diagnostic tests, and used certain hormonal therapies to encourage pregnancy. But so far, they have been unable to become pregnant. They have delayed attempting in vitro fertilization (IVF) for various reasons, including the cost, but are now seriously considering it. They are told that it might be their best chance to have biological children at this point. How would you advise this couple on thinking through IVF biblically?

While the Bible does not directly address IVF or other ARTs, it does offer principles that should guide our ethical reflection on their use. First, we ought to acknowledge and encourage the couple's godly desire for children as a good and righteous one. The realities of infertility are a result of the brokenness and sickness that plague our world and are right to be mourned. Seek to come alongside this couple and grieve with them as they explore their options for growing their family in light of their faith. This is a long process, and they are to be applauded for seeking such counsel on these important matters. Remind them that medical treatments for infertility that do not circumvent God's good design for procreation but instead restore the ability to have children are good uses of medical technologies.

Second, Christians ought to slow down and especially consider the ethical realities at stake in the IVF process as traditionally performed. IVF is often practiced in ways that are morally problematic from a Christian ethical perspective. In most cases with IVF, a cohort of 6–8 human embryos is created in a laboratory setting using the gametes collected from both the woman and the man. Note that IVF can employ gametes

from third-party donation as well, which is even more problematic from a Christian moral perspective. IVF often involves a number of initial diagnostic tests to make sure that the woman is healthy enough to undergo the process and that her eggs are healthy enough for IVF. Various hormonal treatments are also used to prepare the woman's body for embryo transfer. These aspects of the IVF process ought to be taken into account when deciding whether to employ this ART. After the embryos are created, embryo transfer takes place, during which 1–2 human embryos are transferred to the woman's uterus, where implantation may occur. IVF does not guarantee implantation. Depending on the number of embryos transferred, selective reduction may be recommended if multiple embryos implant, given that this may increase the risks to the gestational mother. If IVF is not successful, the couple should not only think about the loss of human embryonic life but also the emotional and psychological toll amid seeking to grow their family. If IVF is successful even after multiple rounds, there is a real question as to what happens to the extra embryos created.

Most commonly, human embryos not initially used from the cohort are cryogenically frozen for potential future use as the couple desires. Some families see this as a way to have future biologically related children at a lower cost than fertilizing and transferring one embryo at a time, which is often discouraged by medical practitioners. Couples may choose to use these human embryos to grow their family in the future, donate their embryonic children to other couples wanting children through embryo adoption, donate them for scientific experimentation, or eventually allow them to be discarded. The routine destruction of human embryos—whether through reduction techniques pre- and post-transfer or after cryogenic freezing—is morally equivalent to abortion, as it is a willful decision to end a child's life which began at fertilization. Further, in those cases where donor gametes (egg or sperm) are used, third parties are also introduced into the marital union, which violates the one-flesh union of the husband and wife.

Finally, Christians ought to consider the moral implications of fertilization apart from the bodily union of man and woman, which attempts to bypass God's natural design connecting sexual union and procreation. This may stem from a good and righteous desire for children, but this element is impossible to ignore, as we must protect embryonic life and maintain the sanctity of the marital union. In contrast to other treatments for infertility, such as some hormonal therapies—which may be restorative

reproductive medicine intended to address underlying causes of the infertility—IVF does not restore the fertility of the couple per se, as it bypasses God’s good design for procreation. Children are a good gift of God, but just because we can do something does not mean we should.

If couples are intent on engaging in IVF, they should not fertilize more embryos than they plan to implant, and they should treat every human embryo as a moral person and their child who has inherent dignity rather than a potential person or mere product resulting from a medical procedure.

Christians should reconsider the use of and generally discourage IVF because, by its very nature, it separates procreation from sex and involves the handling of embryonic life. By participating in IVF even with the above ethical boundaries, we may also be unintentionally participating in the larger IVF industry and encouraging the practice of these morally problematic techniques. The IVF industry is highly unregulated and often treats children simply as a product to be made based on desires rather than as image bearers of God with inherent value. We ought to, at a bare minimum, encourage the regulation of IVF, bans on the experimentation and destruction of embryos, and bans on the use of anonymous donors (because children have a right to know their parents). Though we should be hesitant to call the entire practice sin, IVF is morally questionable enough to be deeply problematic and should be discouraged as a matter of prudence, as the lives of children are at risk, not simply the handling of gametes.

2 Should a Christian couple consider IUI as an infertility treatment?

Differing from IVF, intrauterine insemination (IUI) involves collecting and processing the male gamete (sperm) and transferring them into the uterus of the woman by means of artificial insemination. IUI can be accomplished with the husband’s sperm or that of a donor. These processes include artificial insemination homologous (AIH) or artificial insemination donor (AID). AIH only utilizes sperm from the husband or male partner, while the latter uses donor sperm from a third party. In AID, the child is biologically

related to the woman and another man, not the husband in the relationship. While AIH can be morally permissible as it only utilizes the sperm of the husband and does not create human embryos outside of the womb nor introduce a third party into the covenantal union, AID should be considered off limits for Christian couples and generally avoided.

While IUI does not handle human embryos, and it is not necessary to use donor sperm, there are several moral considerations that all Christians must think about with IUI. Couples should consider these types of treatments in consultation with others, including pastors and ministry leaders. It is wise to examine one's motives and intentions when employing any ARTs, including IUI, as we may engage in a morally permissible action with impure or tainted motives. Couples ought to slow down to consider all of the complexities with these technologies and the posture of their hearts before the Lord. Technology is not morally neutral; it shapes us in subtle yet distinct ways. ARTs shape how we view ourselves as human beings, the marital union of husband and wife, and the good gift of children from the Lord. Even as AIH is seen by many as morally permissible, we must not see it as morally neutral. Other moral considerations include the method of sperm collection from the husband and how the technique may be used in ways that circumvent the role of the sexual union in procreation between husband and wife.

Given the success rates of IUI treatments, pastors and ministry leaders ought to be aware of the emotional toll of these treatments and be prepared to love and support couples throughout their infertility journey.

3 A husband and wife in your congregation have always desired children but have never been able to get pregnant on their own. Amid their infertility journey, they recently learned about embryo adoption and have wondered if it is right for their family and about the ethics of such an adoption. They were told by their doctor that they will be given the option to adopt a cohort of human embryos if some become available through a local registry, but they also heard about national and private registries as well. If embryos become available through donation from couples who

have used IVF, they will be told about the biological couple's ages, ethnicities, health, and some other social factors. But they will not have any contact with that couple who donated the embryos, nor connections with other born siblings from the original cohort. The couple is praying about the process and if it is right for their family, but they want your counsel. How would you encourage them to think about embryo adoption and, if they choose to move ahead, prepare for the adoption?

Embryo adoption is a growing movement throughout our society as access to IVF technologies continues to expand. As noted above, the IVF process often leads to more human lives created than transferred to the uterus. Embryo donation is encouraged by many fertility clinics as a way for couples who created these lives to allow them to be adopted by another couple. Embryos may be donated quickly after an IVF process, but often are donated after a longer period of time, in which the biological parents decide if they want to grow their families. Over time, the cryogenic storage fees may become burdensome, or a couple may simply want to close that chapter of their lives. A couple then decides to donate their remaining embryos to other couples trying to conceive.

The process involves a host of factors, including screenings and diagnostic tests for recipients once a cohort becomes available. The procedure utilizes many techniques used in the IVF process, with one key difference being that the embryos have already been created and have often been in storage. If everything goes smoothly with the diagnostic tests, psychological evaluation, and other preparatory steps, doctors help to prepare the woman's uterus for a transfer by using various hormonal medications to thicken the uterine lining and transferring a human embryo via ultrasound placement. If the transfer is successful and implantation takes place, women are typically monitored closely during the early weeks and then proceed with regular pregnancy care. If the transfer is unsuccessful, a couple may wish to continue giving the remaining children in the cohort a chance at life. While laws may differ across various jurisdictions, most often the couple who receives the human embryos is considered the child's legal parents when that child is born.

This practice allows human embryos that would otherwise be discarded or donated to scientific experimentation a chance at life. The child will not be genetically related

to either the husband or the wife, even though the woman is considered the gestational mother. Given advances in DNA testing, the child and/or parents may choose to seek out genetic relatives, including biological parents and other genetic siblings, as well as others from the cohort.

While not without moral considerations that should be processed in counsel with others, embryo adoption is something that Christian couples should strongly consider because there are an estimated 1,000,000 embryos that have been created through IVF and are currently in cryogenic storage. Each of these is a child deserving a chance at life, even though a healthy pregnancy and birth are not guaranteed. Christians should consider whether they are willing to adopt one of these children, just as they would any other child at birth or in the foster system, though the adoptive mother will have a different relationship with the child through this process, given that she was the gestational carrier.

It would be a morally praiseworthy action to attempt to give these children a chance to be born. It is not a circumvention of God's good design for procreation, as the receiving couple is seeking to do good despite the process that led to that child's life being created. The morally questionable action already occurred when the embryo was created. While circumstances differ, the couple who enters this situation is no different from the couple who chooses to adopt a child by other means. Their participation in the system is meant to break the cycle of injustice to the child and is actually an attempt to give the child what he or she deserves: a chance to be born. To recognize this reality is not to condone IVF as it is routinely practiced, nor should it be an endorsement of the creation of more embryos to be fertilized. Embryo adoption is clearly morally preferable to abandoning, discarding, or destroying embryos. Ideally, though, it would be best for that child to be transferred to the biological mother's womb and raised by the child's biological parents.

As a pastor, you should walk alongside the couple throughout the process and treat them as you would any couple in your congregation considering adoption. Remind them that embryo adoption, while a moral good, may not be best for their family. Like traditional adoption, God often places a special call on families to consider embryo adoption as a way to rescue these children from eventual destruction and give them a chance at life.

There are added realities with embryo adoption that need to be discussed with the couple that are unlike traditional adoption. These include the chance that the embryo may not implant and the child may not be born. Other factors include the choice of a

cohort based on extraneous factors such as ethnicity, age, donors' physical characteristics, educational background, and other social factors. Couples need to consider the realities that these children also have biological parents and possible unknown biological siblings as well. A receiving couple should seek to keep sibling groups together, but this may not always be possible, depending on the registry or clinic procedures.

In the case that an embryo transfer is not successful, you should mourn with them just as you would if an adoption were to fall through or a miscarriage were to occur. At each stage in the process, you can hold out to them the beautiful image of our adoption through Christ into the family of God and how this very image is at the heart of our story of faith and salvation.

4 A couple in your church has always desired children but has never been able to get pregnant. They recently learned that this was due to a medical condition the wife has, which would prevent her from carrying a pregnancy to term. They are considering using a surrogate so that they can have biological children. How would you counsel them as they consider surrogacy?

Surrogacy raises multiple concerns, in addition to the broader ethical concerns with ARTs in general. There are two types of surrogacy: genetic surrogacy and gestational surrogacy. With the former, a woman may be hired or contracted to undergo an IUI or IVF procedure in which her eggs are used to create a child. In an IUI, a male gamete (sperm) would be used to inseminate the surrogate at peak fertility, possibly creating a life that the surrogate would carry until birth. The male gamete could be from the husband, but could also be donor sperm, as well, which leads to further ethical complications where multiple third parties are involved. Upon birth, the child would be given to the couple as their own, although the child would still be genetically related to the surrogate. In the latter type of surrogacy, a woman typically would have an embryo that was created via IVF, with the couple's gametes transferred to her uterus with hopes of implantation. The surrogate, then, is not biologically the child's mother, but is the gestational mother.

Both options involve the introduction of third parties into the sacredness of the marital union in various degrees, but no matter the option, the surrogate carries the child to term and has at least a physiological connection to that child.

By involving a third party in this union, surrogacy opens a question of confused parental lines. For example, in the case of gestational surrogacy, who should be considered the mother of the child? Is the mother the woman who donates the egg, which is fertilized and thus is genetically related to the child? Or, is the mother the woman who carries the child through pregnancy, has a unique physiological connection to the child, and gives birth to the child? Deciding this by contract moves further toward treating children as products rather than as individuals with a right to a mother and father.

Additionally, as surrogacy is commonly practiced, there is a danger to economically vulnerable women. By treating women like medical equipment, effectively renting out their womb and/or purchasing their gametes, the procedure both dehumanizes them and the children involved. The practice is also inherently commercial in most cases where women are exploited, and children are seen as mere commodities. It also raises questions about who can make decisions about the child when the parents and surrogate disagree. For example, if the parents learn that the child has a genetic disease and wish to have an abortion, but the surrogate objects, then that decision would be left to a contract and lawyers to determine who has ultimate authority. Surrogacy can also be employed by homosexual couples, which violates God's good design for both marriage and the family. Because of these and other significant moral concerns, Christians should oppose surrogacy.

This should not be taken as a condemnation of embryo adoption. While the actions are similar (a fertilized embryo is implanted and carried by a woman who may or may not be the biological mother), the intention, situation, and goals are very different. With embryo adoption, the goal is to give every child already in existence a chance at life because of their right to be born. With surrogacy, the goal is the creation of an embryo so that parents may have a child. While we can affirm parents' desire for children as good and mourn when this is not always possible, we cannot say that people have a right to a biological child or should pursue biological children by whatever means available.

5 You have been counseling a couple who is walking through infertility, and in these conversations, you have mentioned the possibility of adoption as an alternative to ARTs. The couple, however, does not want to adopt in place of pursuing ART treatment because they feel that having biological children is more significant and special than traditional adoption. How do you address this sentiment?

Procreation may be one of the clearest ways humans express the attribute of God's creativity. While it is not creation out of nothing (*ex nihilo*), it is the act of bringing new life into the world, which reflects the image of God embedded within us. For that reason, this couple's desire to express the image through procreation should be commended. At the same time, adoption is a biblical concept because it depicts how we become part of God's family. As unbelievers, we were not part of God's family because of our sin. But through Christ's sacrifice, we are adopted and become children of God, heirs of the covenant (Eph. 1:5; Rom. 8:14–16; Gal. 4:4–7). In addition to salvation being compared to adoption, Scripture also commends caring for orphans as a way that we practice our faith (James 1:27; Isa. 1:17). One of the clearest ways to care for orphans is to bring an orphan into one's home through adoption. Thus, we should encourage the couple's godly desire for biological children as well as encourage adoption—including embryo adoption—as part of their infertility journey.

6 Several years before coming to your church, a married couple went through a prolonged season of infertility and chose to undergo IVF. The multiple rounds were successful, and they now have three children, ranging from a newborn to 5 years old. Since coming to your church and hearing you preach about the humanity of the preborn, they have been convicted about their embryos currently frozen from their previous IVF procedures. They know that they don't want to discard them or simply leave

them in storage, both of which are options. They come to you because they learned about a process known as “compassionate transfer,” in which embryos are transferred to the mother’s womb at a time when pregnancy is unlikely to occur, but not impossible. They want to know what you would recommend they do?

The parents’ desire not to leave their children in storage is good, especially since life is suspended when embryos are frozen, and there is subsequent harm that ensues from long-term cryogenic freezing. The fact that they are trying to discern what is best in this situation and be obedient to the teaching of Scripture is something that you, as a pastor, should encourage. While the process of compassionate transfer is not the same as merely discarding the embryos, because there is a chance that pregnancy can occur, it is generally done to avoid a pregnancy. In this regard, it is only marginally different from actively preventing the implantation of the embryo after it has been fertilized through the morning-after pill (“Plan B”), which is abortifacient in nature.

However, because these embryos exist and are distinct individuals, they should definitely be given a chance at implantation under the best possible circumstances, rather than when survival is unlikely. As a pastor, you should encourage them to think seriously about their responsibility to these children who have been created. Just as they hold a responsibility to the children who were born, they also hold an obligation to care for their embryonic children. The ideal would be that they would implant these embryos (perhaps in phases to ensure that they have the best chance of survival) with the ultimate end of the children being born. They may choose to engage in a process of embryo adoption with another couple or through an embryo registry, which would also be morally permissible.

7 A husband and wife who attend your church have been struggling with infertility, but they are uncomfortable with the ethical problems of using IVF. However, they approach you to ask if it is acceptable to use a restricted version of IVF, one

in which they only fertilize and transfer as many embryos as they are willing to carry to term. How do you respond?

In this situation, the couple is attempting to mitigate the most difficult moral problems with IVF. First, in order to participate in the least morally problematic version of IVF, the couple must commit to using only their sperm and eggs in the process. The introduction of donor sperm and/or eggs will generate moral problems that cross the line into unethical versions of IVF. Second, the couple needs to avoid using a surrogate (see above). It is possible that one of the reasons for this couple's infertility is that the wife's body is unable to carry a child to term. In that case, the couple should consider alternative options rather than pursuing IVF with the use of a surrogate. Third, the couple needs to be committed to fertilizing only the number of eggs that they are willing to transfer. This is the most direct way to avoid the challenge of freezing embryos and the potential for discarding unused or unwanted embryos. The challenge in this case is the added expense of potentially needing multiple egg retrievals or multiple rounds of fertilization. Each round will bring significant costs for a couple who have already explored answers to their infertility. If the couple takes these three steps, then they can avoid the most direct ethical violations posed by IVF. At the same time, there are still underlying questions about the separation of procreation from marital intimacy through intercourse, which should be considered in counsel with others, like their pastor, who are able to provide biblically sound ethical guidance on this topic.

8 A married couple in your church has long faced fertility challenges and were able to conceive two children naturally. They desire more children, and this time around, due to their challenges to naturally conceive, they resorted to in vitro fertilization (IVF). The couple implanted one baby and had a little girl. They have a second embryo but chose not to implant due to the advancing age of the wife and potential health complications to the mother, as well as potential future medical issues for the embryo.

They are wondering what to do with the non-implanted embryo and have come to you for advice. Their main questions are: If the church affirms that life begins at conception, what responsibility do Christian parents have toward their frozen embryos? If a Christian parent refuses to provide life for a dependent child in that situation, what is the accurate biblical term for that action? If not “abandonment,” what would you call it?

It is important to provide pastoral care and education to the couple in question. Additionally, this moment can serve as an opportunity to teach the church about the practical implications of valuing the preborn. It is the church’s responsibility to affirm the inherent value of the preborn and create conditions for them to develop and flourish as human beings. There are three questions that we need to answer: First, what is human life? Second, when does life begin? And third, what are our moral obligations to that life?

First, human life is a unique creation, separate and distinct from the mother and father. This unique human is made in the image of God. Human life begins at fertilization, meaning the difference between a frozen embryo and one in utero is solely location. One is inside the womb and the other outside, but both are persons with unique DNA and possess inherent dignity and worth from the moment of fertilization. Based on that, we have certain moral obligations to that life. In this situation, the parents have an obligation to ensure the child has the opportunity to develop and grow, but the couple has intentionally chosen not to bring this child to full human development. So, in the education and pastoral care process, what they do with the frozen embryo matters.

Ethically, there are three options for the couple: 1) transfer the frozen embryo into the mother; 2) put the frozen embryo up for adoption to be implanted in another woman; or 3) do nothing. In the first scenario, the child has the opportunity to develop fully in the womb of the biological mother, which would be the best option. However, given the mother’s circumstances, it complicates what would otherwise be a “simple” solution. The risks here must be weighed against the potential health risks to the mother and the child. This would still be a calculated risk, but nonetheless is the preferable option. The second option, adoption, is also one worth considering if the risks mentioned in the first option make it an unwise decision. Some couples would love to have children, but aren’t

able to, and this gives them the opportunity to love a child who otherwise would remain in their frozen state as an embryo. Adoption gives the child an opportunity to develop as a human person. The third option is to do nothing. The frozen embryo remains in its current condition, and that is tantamount to abandonment. In this scenario, one should argue that there is one morally right and one morally permissible option given the circumstances, both of which uphold the value of life. Doing nothing is not one of them.

Pastorally, there should be plenty of opportunities to connect with the couple and to educate them on a biblical view of human life and dignity, as well as on our moral responsibility as individuals, families, and churches to protect human life and affirm human dignity regardless of stage of development, age, or other factors. Prayerfully, this will lead the couple to consider what is right before the Lord in how they treat their preborn child, regardless of the larger circumstances, and choose life. It would be wise to consider this a discipleship and moral formation issue as much as a life issue.

9 **The same couple in the previous scenario came back to you after your conversation to introduce a potential fourth solution. The parents struggle with implantation because of the complications of their situation, but also struggle with having their child raised by someone else. They agree that doing nothing is not a good solution, as it would amount to abandoning their child. Out of the desire to see their child born and raised within their family, they have proposed freezing their embryo until one of their older children is married and see if one of them wants to adopt it. So in a sense, their child will be their grandchild. You are personally uncomfortable with this for several reasons. How would you respond to their proposed solution?**

Their proposal is highly problematic for many reasons. Several factors in their proposal need to be addressed to articulate the concerns that make you uncomfortable. First, it will not be their grandchild. It will still be their child biologically, and they

are asking one of their children to carry their sibling. This does not absolve them of their moral responsibility to their child as parents. Also, what will it do to the familial relationship when your “grandparents” are actually your parents and one “parent” is your sibling? Another question to consider is whether they have considered the complications of explaining that dynamic to the child when they come of age. What will that do to the child emotionally and psychologically? Additionally, they are passing the parental obligations of the implanted child to a “potentially married” sibling. The parents are making many assumptions about this choice, including that their children will get married and be able to carry and/or care for a child. However, none of that is certain, and no promises can be made at the moment. They also mentioned that there can be potential health problems in the embryo, which they are, in essence, passing along to their children as primary caregivers.

This also complicates the marital bond between the sibling who is the “parent” and the spouse. The parents are literally inserting themselves into the marital bond between their one-day adult child and their potential spouse by hoping to have their frozen embryo implanted into one of their married children. How will that impact their marriage? How will it impact them if they have biological children of their own? Their “sibling” is really their “aunt or uncle.” There is also no full understanding of how long a frozen embryo can remain in a frozen state and what long-term effects that will have on this human life. Are they prepared to consider this and the costs of maintaining the frozen embryo over the years? Finally, what if one of their older children doesn’t want to do this for their parents? Are the parents putting an unreasonable burden on their children to carry and raise this child? These questions show the morally problematic nature of their proposed situation; as such, it would be wise to recommend that the couple reject this option.

10 A woman in your church has a sister whom she loves dearly, but this sister and her husband are having difficulty conceiving due to infertility. Out of a sense of compassion and familial duty, the woman feels that she should offer

to carry the genetic child of her sister and brother-in-law through gestational surrogacy. However, she is unsure if such an action would directly contradict scriptural commands about the marital union. How can you address these convictions?

While there are no direct scriptural commands related to surrogacy when the child is the biological offspring of the husband and wife, there are some serious concerns related to this situation. The first involves the sister's sense of familial duty to serve as a surrogate. No such duty exists in Scripture or anywhere else. The closest connection is the idea of levirate marriage (Deut. 25:5–6), but that relates specifically to the nation of Israel and the need to ensure the inheritance in the land of Canaan does not fall to someone outside the family. You should encourage this sister to look beyond any sense of “familial duty” when considering a possible role as a surrogate. Second, we need to address her motivation of compassion. This is a heart-wrenching situation. The sister is to be commended for her compassion. The problem is that her desire to show compassion may create a situation in which she becomes a wedge between her sister and brother-in-law by carrying a child that her sister could not. She will certainly have a unique bond with the child she carries—a bond that is usually reserved for the biological mother. And through carrying this child, she inserts herself into the marital relationship as part of the procreative process. This would not amount to adultery, but it could create a rift in her sister's marriage and an unnatural relationship with the child.

The unspoken problem in this scenario is how to explain this surrogacy arrangement to the child in the future. This child's biological aunt is also his or her gestational surrogate mother. Her bond with the child will likely be much stronger than that of a typical aunt-niece or nephew bond. And the child may be confused about why she is not his or her mother. For these reasons, we recommend against this woman acting as a surrogate for her sister and brother-in-law, even as she seeks to love and care for this couple as they struggle with infertility.

11 A married couple who attends your church recently asked to meet with you. They explain that given the wife's medical history, genetic testing, and visits with various doctors, they are afraid that having a natural pregnancy would result in great risks for both herself and the child. However, they still wish to have a child and are considering asking a family friend to carry a child through the process of genetic surrogacy, in which the husband's sperm would be combined with the surrogate's egg. How can you guide them as they consider this option?

In addition to the moral concerns in the previous scenario related to surrogacy, this version of genetic surrogacy raises another major concern. From a theological perspective, this is a violation of the marital bond through introducing a third party to the reproductive process. Even though the technology of IVF or IUI would prevent the act of intercourse from happening, the result of the reproductive process would be a child who is the genetic offspring of the husband and the surrogate. For this reason and others, we strongly warn against genetic surrogacy.

12 A young woman in your congregation is facing incredibly difficult financial times, burdened by student loans and rising living costs. She tells you that she is considering the possibility of becoming an egg donor, which she says would compensate her quite generously while simultaneously helping families struggling with infertility. How would you help walk her through the implications of this action?

While the desire to help families struggling with infertility is magnanimous, it does not overcome the moral questionability of selling or donating eggs. First, it seems the initial motivation is primarily financial rather than helping families struggling with infertility. Motivations matter when considering the morality of any action. If the

primary motivation is financial, then the praiseworthy nature of wanting to help couples struggling with infertility is morally compromised.

The primary moral issue in this situation is that she will likely be the biological mother of multiple children who will then be raised by other families. This will bring about the violation of the marital bond for the couples who use her eggs, and she will not fulfill her parental responsibilities for those children who are conceived through her egg donation. Finally, this would commodify her own body, treating it as a means to an end. For these reasons, we would recommend against selling or donating her eggs for surrogacy in any form. Additionally, the introduction of third parties into a marital union is ill-advised and should be avoided. Just because we can do something does not mean we should.

13 A couple in your congregation feels that God is leading them to adopt a child, but they are torn between embryo adoption and traditional adoption. How would you help them think through this decision?

Adoption is a beautiful reminder of the love of God and is deeply pro-life as it reminds us of the sanctity of human life and the centrality of the family. But adoption is not a calling that God has placed on every family, so these decisions must be made in community with others. Both of these adoption avenues are virtuous for a believer to pursue. Estimates vary, but there are likely more than 1 million frozen embryos in the United States. Since we believe that life begins at fertilization, these are human persons made in the image of God, frozen until they are given a chance to live or are condemned to death through being discarded. Saving these children from being discarded is a commendable act, and couples should consider the realities of embryo adoption as mentioned above. In traditional adoption, there are children across the country who are separated from their biological parents for any number of reasons and who are in need of adoption. Adopting these children is also commendable as it is a visceral reminder of God's love for orphans and the vulnerable.

The primary difference between these two types of adoption is the age and development of the child. In traditional adoption, these children have already been born and are at different stages of growth and maturity. In embryo adoption, the children are in an embryonic state and need the opportunity to develop in a womb before being born. In many states, embryo adoption is not legally considered adoption, nor does it require the same steps, even though, given our pro-life beliefs, they are morally tantamount.

While both are morally permissible and good acts, some factors that the couple needs to consider are the cost of adoption, the suitability of the mother's health for carrying a child in embryo adoption, and the needs of the children who are to be adopted. The immediate need of the children in traditional adoption is often easier to see, but that does not discount the great need for couples to adopt embryos, as they are image bearers as well.

At the end of the day, the couple should seek counsel, evaluate their personal family situation, and choose the route that best aligns with God's call on their lives.

ADDITIONAL RESOURCES

ERLC Resources

- ERLC Research Staff, [“Ethical and Theological Considerations on IVF from the Southern Baptist Convention,”](#) ERLC.
- Evan Lenow and Jason Thacker, [“Infertility & the Longing for Children: Considering the Ethical Implications of Assisted Reproductive Technologies,”](#) ERLC.
- C. Ben Mitchell, [Does the end justify the means for a new in vitro technology?](#), ERLC.
- C. Ben Mitchell, [How would you counsel a couple curious about IVF?](#), ERLC.
- Jason Thacker, [Flipping the script in the abortion debate: Strengthening the Christian pro-life ethic after Roe,](#) ERLC.
- Jason Thacker, [“Pastoral Bioethics and the Central Question of Being Human,”](#) ERLC.
- Andrew Walker, [A viral photo shows the problems with in vitro fertilization,](#) ERLC.

Books

- Gilbert Meilaender, *Bioethics: A Short Primer for Christians* (Fourth Edition). Eerdmans, 2020.
- Gilbert Meilaender, *Bioethics and the Character of Human Life*. Cascade Books, 2020.
- David VanDrunen, *Bioethics and the Christian Life: A Guide to Making Difficult Decisions*. Crossway, 2009.
- C. Ben Mitchell, *Bioethics and Medicine: A Short Companion*. B&H Academic, 2025.
- C. Ben Mitchell and D. Joy Riley, *Christian Bioethics: A Guide for Pastors, Health Care Professionals, and Families*. B&H Publishing, 2014.

- Robert P. George and Christopher Tollefsen. *Embryo: A Defense of Human Life* (2nd Edition). Witherspoon Institute, 2011.
- Mark D. Liederbach and Evan Lenow, *Ethics as Worship: The Pursuit of Moral Discipleship*. P&R Publishing, 2021.

Other Articles & Resources

- Matthew Lee Anderson and Andrew T. Walker, [“Breaking Evangelicalism’s Silence on IVF,”](#) The Gospel Coalition.
- R. Lucas Stamps, [“The Pandora’s Box of IVF,”](#) World Opinions.

APPENDIX A

SBC 2024 RESOLUTION: *ON THE ETHICAL REALITIES OF REPRODUCTIVE TECHNOLOGIES AND THE DIGNITY OF THE HUMAN EMBRYO*

WHEREAS, Every human being is made in God’s image (Genesis 1:27–28) and is thus to be respected and protected from the moment of fertilization until natural death, without regard to developmental stage or location; and

WHEREAS, Human beings possess an inherent right to life and the opportunity to reach their full developmental maturity (Exodus 20:13); and

WHEREAS, Governments are ordained by God to safeguard human dignity and promote human flourishing at all stages of life (Genesis 9:5–6; Romans 13:1–7); and

WHEREAS, Biblical creation order portrays the embodied union of husband and wife as the singular normative expression for procreation (Genesis 1:27–28); and

WHEREAS, Infertility affects many married couples who have the good and godly desire to bring children into the world; and

WHEREAS, Couples who experience the searing pain of infertility can turn to God, look to Scripture for numerous examples of infertility, and know that their lament is heard by the Lord, who offers compassion and grace to those deeply afflicted by such realities (Genesis 16:1–16, 25:21; Judges 13:2; 1 Samuel 1:11; Luke 1:5–13); and

WHEREAS, All children are a gift from the Lord regardless of the circumstances of their conception (Psalm 127:3); and

WHEREAS, Though all children are to be fully respected and protected, not all

technological means of assisting human reproduction are equally God-honoring or morally justified; and

WHEREAS, Southern Baptists have historically affirmed the value of every human life and opposed the use of technology that disregards the sanctity of human life; and

WHEREAS, The In Vitro Fertilization process routinely generates more embryos than can be safely implanted, thus resulting in the continued freezing, stockpiling, and ultimate destruction of human embryos, some of whom may also be subjected to medical experimentation; and

WHEREAS, In Vitro Fertilization most often participates in the destruction of embryonic human life and increasingly engages in dehumanizing methods for determining suitability for life and genetic sorting, based on notions of genetic fitness and parental preferences; and

WHEREAS, Estimates suggest that between 1 million and 1.5 million human beings are currently stored in cryogenic freezers in an embryonic state throughout the United States, with most unquestionably destined for eventual destruction; now, therefore, be it

RESOLVED, That the messengers to the Southern Baptist Convention meeting in Indianapolis, Indiana, June 11–12, 2024, call on Southern Baptists to reaffirm the unconditional value and right to life of every human being, including those in an embryonic stage, and to only utilize reproductive technologies consistent with that affirmation especially in the number of embryos generated in the IVF process; and be it further

RESOLVED, That we affirm all children, no matter the circumstances of their conception, are gifts from God and loved by him; and be it further

RESOLVED, That we call on Southern Baptists to love all of their neighbors in accordance with their God-given dignity as image bearers and to advocate for the

government to restrain actions inconsistent with the dignity and value of every human being, which necessarily includes frozen embryonic human beings; and be it further

RESOLVED, That we encourage Southern Baptists to continue to promote adoption as one way God may call upon couples to grow their families and to consider adopting frozen embryos in order to rescue those who are eventually to be destroyed (Proverbs 24:11–12); and be it further

RESOLVED, That we grieve alongside couples who have been diagnosed with infertility or are currently struggling to conceive, affirm their godly desire for children, and encourage them to consider the ethical implications of assisted reproductive technologies as they look to God for hope, grace, and wisdom amid suffering; and be it further

RESOLVED, That we commend couples who at great cost have earnestly sought to only utilize infertility treatments and reproductive technologies in ways consistent with the dignity of the human embryo as well as those who have adopted frozen embryos; and be it finally

RESOLVED, That we commit to pray to our God who hears, sees, and remembers on behalf of those couples struggling with infertility (1 Samuel 1:11–20).

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