



## Broadcast Transcript

**Broadcast:** Infertility and Miscarriage – Part 2

**Guest(s):** Lynn Behnke, Leslie Snodgrass, Janet Malcom, and Dr. Roy Stringfellow

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Dr. Dobson: Mark Twain once said, "All you need in life is ignorance and confidence, and then success is sure." Well, that's not altogether true, but his premise is on track. Whether we fail or succeed can sometimes depend on our own tenacity and on the confidence with which we approach a task. We've all heard stories of people who beat the odds and achieved where others tried and failed. But we seldom stop to think about the many times those same people fell flat on their faces before realizing their goals. Thomas Edison reportedly built and tested more than a thousand different light bulbs before finally getting one to work. How many of us, I wonder, would have continued the quest after so many disappointments?

The late Colonel Sanders took his chicken recipe to more than a thousand different restaurants before finally convincing one that it was 'finger lickin' good.' And consider Abraham Lincoln, for 28 years he couldn't seem to do anything right. He lost several jobs. He failed in business. He endured numerous losses while running for public office and eventually suffered a nervous breakdown. But he refused to give up. Finally, he won the election that made him one of the greatest presidents in the history of the United States. Time and again, we look into the lives of people who succeed and we find a string of failures and disappointments. That's a vitally important understanding for us all, but especially for young people just starting out in life.

Roger Marsh: To find out how you can partner with Family Talk, go to [drjamesdobson.org](http://drjamesdobson.org).

Millions of moms and dads can agree that being a parent is one of life's greatest joys. However, there are countless couples who aren't able to experience that happiness due to infertility, or miscarriage. Today on Family Talk, you're going to hear more from three women who suffered through the very pain I just described. Their names are Lynn Behnke, Leslie Snodgrass and Janet Malcolm. Together, they started an organization called *Stepping Stones* that ministers to and supports wounded families. That ministry is now part of Bethany Christian Services, which continues that work even today. I don't want to take anything away from their story, so let's be sure to dive back into this right now.

As we get started, Lynn Behnke addresses the tough decision that those dealing with infertility, or miscarriages must face: How long should couples seek out additional medical treatments before deciding to stop trying to have a baby? It's one of the questions that is asked and here are her thoughts on this edition of Family Talk.

Lynn Behnke: I never even had a laparoscopy. My husband suddenly felt that he didn't want to feel that he had in any way demanded a baby of God, if that wasn't God's best plan for us. So, once we had found out that he had some sperm, although it was low, and that I ovulated sometimes had one good tube, even though that didn't make for very high percentages, the door was open and God could put everything together if he chose to. And we were comfortable just to leave it in his hands at that point.

Dr. Dobson: Let me ask you on his behalf, if that differs from any other medical intervention? If the Lord wants to take me home right now, he can. It may be that my physicians can postpone my death for 10 years. So in a way we are overriding what would have occurred if just left to the Lord's timing, I suppose. Could you not make that case in any area?

Lynn Behnke: Yes, and when I wrote an article that talked about our decision, I got a lot of letters from people who said, "Hey, if you had cancer, you'd go to the doctor and do everything you possibly could." But I also had a local pastor's wife who'd been taking her temperature for 18 years and hadn't gotten pregnant-

Dr. Dobson: 18 years.

Leslie Snodgrass: It can go on.

Lynn Behnke: Read the article and said, "This is an answer. I'm free to stop. I don't have to do anymore." And after that she got pregnant.

Dr. Dobson: Is that right?

Janet Malcom: It's different for everyone, because I honestly believe that the Lord was leading me to have these surgeries, to work with the doctors. There was a point when I had had a laparoscopy and they said, "We need to go in and do another major surgery." And I asked him how long I could wait. He said three months at the most. I believed with all my heart that the Lord was going to allow me to conceive in that time. He did not. So I went ahead with the other surgery. I could have sat back and said, "But Lynn got pregnant. She didn't even have to do anything. Do I have to do this again?" But I think it's just how the Lord works differently with each individual.

Dr. Dobson: You said earlier that you sat in your doctor's office every month and wept. Is that right?

Leslie Snodgrass: Yes, and bless his heart. He would put his arm around me and say, "Leslie, it'll happen. It'll happen." He was a great encouragement to me.

Lynn Behnke: He's a Christian.

Leslie Snodgrass: And I think that's important. To me, the emotional support was as important to me as the physical advice. But it was exciting for him to be able to share in the joy that Dave and I felt at the birth of our daughter, after four years of infertility and a miscarriage. He was just as thrilled as we were.

Dr. Dobson: Leslie, that takes us to the good news that you do have a child.

Leslie Snodgrass: I have two now.

Dr. Dobson: You have two. And tell me how that happened.

Leslie Snodgrass: I couldn't tell you it. They never did...

Dr. Dobson: Was it solved medically? Or did it just occur?

Leslie Snodgrass: No, we never did find an actual physical reason. I had ovulatory problems and David did have a low sperm count with low mobility. So I think it was just a combination of things and just at the wrong time, I don't know.

Leslie Snodgrass: Brianna is four now and Aaron came along... I got pregnant while Bri was nine months old. And so they're both just miracle babies to me.

Dr. Dobson: You still have not forgotten, have you?

Leslie Snodgrass: Oh, to me it has been resolved, because I can look at my children and praise the Lord for them, but I will never ever forget those monthly visits. And I praise God for that too, because when I see my sister in the hallway crying because Mother's Day at church was so difficult, I can put my arms around her and she can know that I do understand.

Dr. Dobson: She's going through the same thing?

Leslie Snodgrass: Oh yeah.

Dr. Dobson: Leslie, we have not revealed until this moment that you are a mother, that you have the two children. Simply because you all told me in my office before the program started that the moment an infertile woman especially, but an infertile couple, find out that you have children, they don't identify with you quite in the same way. You're one of that other group that-

Leslie Snodgrass: Change camps.

Dr. Dobson: ... some of them resent. You change camps.

Leslie Snodgrass: I can remember in the first year that *Stepping Stones* was around, a friend called and said, "I finally got to the point where I realize I need to share my concerns and my frustrations with my infertility. Can you meet me for lunch?" Well, at that time I was about four or five months pregnant and I knew if I met her she would see this. And I wanted to be honest, because that was something I felt was important as an infertile, that people will be honest with me.

Leslie Snodgrass: I shared with her, I said, "Well, I will be glad to do that, but I want you to know now that I am expecting." And she said, "I'm sorry I cannot meet with you then."

Dr. Dobson: I don't want to see you.

Leslie Snodgrass: And my heart just cried out to say, "But I do know. I've been through all the tests. I understand." But I had to let her go. I had to let her get to the point where she could accept that. She wasn't going to receive anything that I had to say with that barrier between them. I don't think that is always the case, but a lot of times we're sensitive to that.

Dr. Dobson: It's just hard to overestimate the degree of frustration that a woman feels in that situation. Lynn, you also have become a mother. Tell us about that.

Lynn Behnke: After we decided to stop infertility treatment, I immediately became pregnant and then I had a miscarriage, and we had to wait three months before we tried again. And then I got pregnant again and now we have a precious two and a half year old. And I don't think I'll ever be able to take her for granted. But I am a normal enough mother that I was not unhappy to be able to get away for these few days [crosstalk 00:00:08:32].

Lynn Behnke: And that's something that I might mention. That sometimes, having been infertile, having prayed for these children, having had other people pray for these children, they don't want us to have the normal frustrations of mothers. And we are expected to really be super moms, and we're not. We are just as human as all those other mom's.

Dr. Dobson: You cried till you got him and now you don't want him.

Lynn Behnke: Now you don't.

Dr. Dobson: Has that been hurled at you? [crosstalk 00:00:08:56].

Leslie Snodgrass: A number of times.

Dr. Dobson: Janet, you have not been able to produce your own-

Janet Malcom: No.

Dr. Dobson: ... child, but you have two wonderful adopted children.

Janet Malcom: Yes, I do.

Dr. Dobson: Tell me about that.

Janet Malcom: Adoption was almost as difficult for us as infertility. I think we lost 10 before we finally...

Dr. Dobson: 10?

Janet Malcom: 10 times that we thought we were going to get one. The hardest one that we lost, we'd worked with a girl for about six months and her baby was born on April the 2nd, 1981 and we were leaving to go to the hospital to pick him up and they called and said that she had changed her mind. Needless to say, we were crushed. The next year, I dreaded for April the 2nd, because I knew that it would bring back all the memories. April the 2nd, 1982 we got a call that said, "We have a baby" and it was out here in California. And I was just overjoyed. "Lord you took one away from us last year, but only by your grace and love would you give us another one on April the 2nd."

That one also fell through. At that time I think I hit rock bottom. And I was finally able to look up and say, "If not a mother then what?" And I was ready to move out into any direction he wanted. But finally in August of '82 we got a call. [inaudible 00:10:12].

Dr. Dobson: Still there.

Leslie Snodgrass: It's such a wonderful story.

Janet Malcom: Okay. In August of 1982 we got the call that we had waited years for and they said, "We have a little boy that's 16 months old that needs a mom and dad." And they brought him to us the next day and they brought him out to our church, which was real special. We met them out there and this little tiger came running through the doors of the church and ran right past me.

Janet Malcom: And I went and picked him up, and I said, "Are you going to let me be your mama?" And it was just love at first sight. But I said, "When's his birthday?" And they said he was born April the 2nd, 1981.

Dr. Dobson: Is that right?

Janet Malcom: And I said, "Get me a chair." My legs were just shaking and at first I thought it was the same little boy and it had just taken 16 months for us to get him, but it was not the same mother. We had Tim a month when we found out that his birth mother was pregnant again. Her first choice was abortion and our lawyer said, "If you carry the baby, I'm sure Janet and Barry would love to have a

brother or sister for Tim." So she agreed to this, and Courtney was born on April the 2nd, 1983.

Dr. Dobson: Is that...

Leslie Snodgrass: Isn't that wonderful.

Dr. Dobson: That's the Lord's answer, isn't it?

Janet Malcom: And it was just...

Leslie Snodgrass: Two years apart.

Janet Malcom: I think he took two away from us that just devastated us. And he gave us two back. So we celebrate April the 2nd.

Leslie Snodgrass: And we cry every time we hear that story.

Dr. Dobson: You do. Lynn you're crying. This is Janet's baby and you're crying.

Lynn Behnke: When Tim came to Janet, the Vacation Bible school, thank you dinner, or whatever, was turned into an impromptu baby shower that the church was involved in.

Leslie Snodgrass: The whole church.

Lynn Behnke: And there was not a dry eye any place.

Leslie Snodgrass: We cried the whole night and had a wonderful time.

Lynn Behnke: I remember Janet saying, "What does a 16 month old eat?" Trying to go through the line [crosstalk 00:00:12:05].

Janet Malcom: We expected a baby. We had always expected a baby. We had a crib and baby clothes not...

Dr. Dobson: Instant toddlerhood.

Janet Malcom: Oh, instant discipline.

Leslie Snodgrass: Our minister said she got her baby that hit the ground running, and he does that.

Janet Malcom: Special.

Dr. Dobson: Well, our time is gone. You are special people and I can't tell you how much I appreciate your sharing your stories. I tell you what, on April 2nd of next year, we're going to be thinking about you. April 2nd-

Janet Malcom: It's a big day at our house.

Dr. Dobson: ... a very special day. You're going to have one big birthday party next year. And to all of you, I congratulate you. To those who are listening to us who don't yet have reason for a celebration and congratulations, our heart goes out to you. Our prayers go to you. And what else can you say, but put your hand in the hand of the Lord regardless of the outcome. [crosstalk 00:12:58] There's so many areas of life where we have to do that. And this is obviously one of them. Friends, thanks for being with us.

Janet Malcom: Oh, thanks for having us [crosstalk 00:13:05].

Dr. Dobson: And it's a real pleasure and maybe someplace sometime we can do it again.

Leslie Snodgrass: That'd be great.

Dr. Tim Clinton: You're listening to Family Talk, a radio broadcast of the James Dobson Family Institute. I'm Dr. Tim Clinton, Executive Director of the Institute. And we've come to the midpoint of today's broadcast. On behalf of Dr. Dobson and all of us here at JDFI, I want to thank you for listening today. And by the way, for your continued support, we're completely supported by you, our faithful listeners. We would not be able to bring programs to you like the one you're listening to today without your generous contributions. Learn how you can stand with us by visiting [drjamesdobson.org](http://drjamesdobson.org). Let's get back to today's broadcast right now, here on Dr. James Dobson's Family Talk.

Dr. Dobson: We have invited my very good friend, Dr. Roy Stringfellow to come and be with us and bring us up to date on some of the medical information that's very relevant to what we've been talking about today. Dr. Stringfellow is an OBGYN. He's a Family Talk board member. Roy, it is good to have you here in the studio today.

Dr. Stringfellow: Well thank you, Jim, it's great to be here.

Dr. Dobson: Well we've been talking about women who are suffering, women who are hurting over the loss of a child, or the inability to get pregnant, and husbands too. You have been through it as well with your children. You've got a son and a daughter, and the son's wife lost a baby and your daughter lost one. Right?

Dr. Stringfellow: Right. My daughter has had one miscarriage, and my son and his wife have had two miscarriages. The first one, my daughter and her husband had come to Colorado Springs to tell us about the pregnancy and they were just elated and

they were early on and while they were here she began to bleed. She just was in tears and said, "Dad, I don't have a doctor yet." Would you be my doctor?

Dr. Dobson: You had to deliver your own deceased grand baby?

Dr. Stringfellow: Yeah, we had to follow through with that and we got an ultrasound. It was clear that it was a non-viable pregnancy and serendipitously our son and his wife were here also and we actually had a funeral service in the backyard. And it was a very touching, special time with Bible verses. And it was hard, but that helped to be able to say goodbye.

And that's something that I would recommend to many of the listeners. If there is a miscarriage, very often it results in a DNC, which means there's really not a fetus that you can deal with that way. But to take something that's a token of that little baby. Like when my son and his wife had their first miscarriage, we were on a family vacation in Mexico. They had miscarried about a week earlier and we blocked out a very special time and met down on the beach, on the sea of Cortez, and had a prayer service with special Bible verses they'd picked out. And they had a beautiful flower that they threw into the water.

Dr. Dobson: That is still very, very tender for you, isn't it?

Dr. Stringfellow: Yeah, it really is. But, it was very special and a good time.

Dr. Dobson: Give us the statistics. What percentage of pregnancies end in miscarriage?

Dr. Stringfellow: Well, I think it's increasing because we can detect pregnancy now when we couldn't before. When I was a resident, the miscarriage rate that we quoted was 20%, which is really high, 10 to 20%. But now that we have very sensitive ways of detecting pregnancy early, we know that a very large number of pregnancies will miscarry early on and the lady won't actually recognize it as a miscarriage.

Dr. Stringfellow: The amount of bleeding, maybe even less than for a normal period. And it may be timed when a period was supposed to happen. And in reality, the miscarriage rate is between 30 and 50%, instead of the 20% we used to think of [crosstalk 00:17:21].

Dr. Dobson: So that 20% is a lower bound estimate, and the...

Dr. Stringfellow: That's right.

Dr. Dobson: ... true number is higher.

Dr. Stringfellow: That's right.

Dr. Dobson: How about infertility?



Dr. Stringfellow: Yeah, infertility is a relatively common thing, but I think the statistics read that if a couple is actively trying for pregnancy for one year, if you take a hundred of those couples that 85 of them, in other words, 85% will become pregnant within the first year. If they continue to try for another year, then by the time that second year is over, 95% of the couples have conceived. So it's a fairly common thing, but again, persistence pays off.

Dr. Dobson: If a couple is trying to get pregnant and is having difficulty, where along that timeline should the woman go see her doctor?

Dr. Stringfellow: Yeah, that's very good question. And basically what we tell our patients is if they're in the normal childbearing range and they've been a year of unprotected intercourse then it's time to go see a physician. If a lady is over 30 years of age, she may want to try it a little sooner because the ability to get pregnant declines with increasing age. So you don't want to wait until you're 35, or 36 and then see a doctor, in that way you've entered a time that's going to be very difficult anyhow.

Dr. Dobson: Is what I have read and heard accurate, that previous abortions and STD's, sexually transmitted diseases, play a role in the incidence of infertility?

Dr. Stringfellow: Well they do, and especially pelvic infections. And it can be very subtle. A lady can have a gonorrhea, or chlamydia and it can affect fallopian tubes and she may or may not even be aware of that she's had an infection, but then later has difficulty becoming pregnant. So we need to be very careful about that.

Dr. Dobson: How about the role of the husband in infertility? How common is that and what are the causes?

Dr. Stringfellow: Women are very complex. Men are a lot simpler, and so the workup for a man is getting a semen analysis, a sperm count. And usually you can detect if there's a problem. About a third of patients who experience infertility is due to the male factor, problems with the sperm count. About a third of the time it's due to problems with a lady, and about a third of the time it's a combination of the two.

And with the women, it's very complex. It can be a failure to ovulate properly. It can be a hostility of the cervical mucus to the sperm, which prevents pregnancy. There can be an abnormality of the uterus such as fibroids or polyps that might be a problem. It can be a tubal infection. It can be anovulation. Ladies with a polycystic ovary syndrome have a much a higher rate of infertility. So a lot of things that need to be thought about.

And that's one other thing, you talked to me about, when somebody should be evaluated. If they clearly have a history of a problem, say if someone has had a major tubal infection, or if somebody has a very large fibroid uterus, or if they have polycystic ovaries, then they should be evaluated a lot sooner.

Dr. Dobson: You and I were talking before that my wife Shirley was unable to have a second pregnancy. We had Danae, and then she was not able to get pregnant again. And they gave her something called clomiphene, which I understand is now called Clomid, and that is the ovarian stimulation drug. Is that an accurate description?

Dr. Stringfellow: That's right. It's a drug that stimulates the ovary to ovulate and it's only effective for infertile women who are not ovulating. It should not be used for women who are ovulatory and have other problems, obviously.

Dr. Dobson: Are there any treatments that Christians ought to be aware of, and wary of?

Dr. Stringfellow: Well, I think morality enters into the picture, because very often ladies that wants to do in vitro fertilization, will undergo a stimulation of the ovary and they'll collect multiple eggs and then they can be fertilized and it may result in a cluster of fertilized eggs. And what do you do with the ones that are not utilized? That's certainly a moral concern. I think most serious Christians consider the union of the sperm and the egg as initiation of human life.

Dr. Dobson: Life begins at conception.

Dr. Stringfellow: That's exactly right.

Dr. Dobson: Well, Dr. Stringfellow, thank you for coming by and talking to us about these issues. We could do three or four programs right here, because there's so many issues that I think women and men too would like to hear, but at least we've made a step in that direction.

Dr. Stringfellow: It's been a fascinating discussion about a very interesting and touching subject. Very important subject.

Roger Marsh: Well, that's certainly a moving discussion about the emotional whirlwind of infertility and it's devastating impact on a marriage. Today, here on Family Talk, you've been listening to a classic conversation Dr. Dobson had with Lynn Behnke, Leslie Snodgrass and Janet Malcolm. Also, Dr. Roy Stringfellow, a certified OBGYN, also weighed in on the second part of this conversation as well. Be sure to visit our Broadcast Page at [drjamesdobson.org](http://drjamesdobson.org) for additional resources that will minister to those wrestling with this hurt and this pain. That's [drjamesdobson.org](http://drjamesdobson.org) and then go to the broadcast tab.

Roger Marsh: Well, that's all the time we have for today. Be sure to tune in again tomorrow for another edition of Dr. James Dobson's Family Talk. I'm Roger Marsh. Thanks for listening.

Announcer: This has been a presentation of the Dr. James Dobson family Institute.

Dr. Tim Clinton: Hi everyone. This is Dr. Tim Clinton here for Dr. James Dobson's family talk. The news comes in all kinds of shapes, sizes, and formats these days, but how do you cut through the noise and get to the heart of the matters that affect your family? Come to Dr. James Dobson's Family Talk and sign up for Dr. Dobson's monthly newsletter. You'll find clarity on tough issues, encouragement for your everyday life, and trusted principles to help you build strong, healthy, connected families. Go to [drjamesdobson.org](http://drjamesdobson.org), sign up today. That's [drjamesdobson.org](http://drjamesdobson.org).

Dr. Dobson: In marriage as in courtship, there's a simple rule of thumb for intimacy: take your time.

Roger Marsh: Dr. James Dobson for Family Talk.

Dr. Dobson: Some interesting research has been done recently on the emotional bonding between husbands and wives. According to Dr. Donald Joy, a couple bonds most closely when they move slowly and systematically through the various stages of intimacy during their courtship and early marriage. When later stages are reached prematurely, such as when couples kiss passionately on the first date, or have sexual intercourse shortly thereafter, something precious is lost and the bonding is short circuited. The strongest marriages often occur where couples have walked slowly and deliberately through the progressive stages of physical intimacy, saving sexual consummation for the honeymoon.

This concept is important for singles, but it also has something to say for married couples, as well. Husbands and wives often make the mistake of rushing their intimacy or taking it for granted, but they also bond together best when they journey through the steps of intimacy regularly during their daily lives. Touching, talking, holding hands, gazing into one another's eyes and building memories are as important to partners in their midlife years, as to rambunctious 20-year-olds. So, to lovers of all ages, I say slow it down, make it last, take your time.

Roger Marsh: To find out how you can partner with Family Talk, go to [drjamesdobson.org](http://drjamesdobson.org).