

Infertility in the Torah: The *Halachic* Discussion of Treatment

By Tehila
Feinberg

A recurring theme throughout *Tanach* is the infertility of our matriarchs. Sarah (Genesis 16:5), Rivka (Genesis 25:22), and Rachel (Genesis 30:2), as well as Manoah's wife, the mother of Shimshon (Judges 13:24-25); Chana, the mother of Shmuel (Samuel 1 1:5); and Michal, the wife of King David (2 Samuel 6:23) were all afflicted with varying degrees of infertility. Most female infertility is associated with problems in the ovulation cycle, stemming from polycystic ovary syndrome (PCOS), primary ovary insufficiency (POI), and/or endometriosis [1]. PCOS results in irregular menstrual cycles and excess androgens, male hormones [2]. POI is categorized by abnormal ovarian cycles and a lack of female hormones [3]. Endometriosis is caused by displaced endometrial tissue (the lining of the uterus) that builds and leads to infertility [4]. The article focuses on the various explanations regarding the cause of Sarah's infertility, which can serve as a template to better understand the *halachik* implications of fertility treatments.

It is apparent that Sarah was unable to conceive from the verse in Genesis, "And Sarai was barren; she had no child" (11:30), where it is noted that she had no children after already mentioning that she was barren. Rashi, a Rabbinic scholar and commentator from France living in the 11th century, comments on this redundancy and presents a plausible answer. Some women are childless, but eventually are able to conceive, but here the verse is stressing that Sarah was completely incapable of bearing children. Rashi quotes the Talmud in *Yevamos* (64b), which interprets this repetitiveness to indicate Sarah lacked a uterus. This is a puzzling concept, since it is known that Sarah eventually bore Yitzchak. However, it later becomes clear, through Rashi's comment on the *pasuk* where God blesses Sarah with youthfulness (Genesis 17:16) that God provided Sarah with a uterus and allowed her to conceive.

The analysis of the dynamic relationship between Sarah, Avraham, and Hagar leads to a possible understanding of the cause of Sarah's infertility. Genesis (11:30) notes that Sarah, being unable to conceive, instructed Avraham to take her maid, Hagar, as a wife, thereby giving herself the opportunity to have a child through her maidservant. However, some time later, Sarah conceived and gave birth to Yitzchak and sent Hagar and her son, Yishmael, away. Oddly enough, after decades of marriage, Sarah was able to conceive only after Avraham had a child with someone else. Rav Levi ben Gershon (Ralbag), a mathematician and physician as well as a known Rabbinic commentator living in France in the 11th century, draws a parallel between Sarah and Rachel's paradoxical behaviors towards their husbands when confronting their infertility. Rachel suffered a great deal from her infertility, especially since her

sister Leah, who was also wedded to Jacob conceived with ease. The prophecy told as follows, that there would be 12 sons born to Jacob, and from them the whole Jewish nation would be born. Therefore, Rachel's inability to conceive, especially while her sister was fulfilling the prophecy of the tribes, brought a great deal of pain and jealousy to her. Rav Levi develops the thought that jealousy arising from polygamy was the common cure to both Sarah and Rachel's infertility. As a result of their husbands taking their maids as wives, both Sarah and Rachel became jealous, causing them to stop eating, which resulted in weight loss. It is the weight loss that allowed them to conceive. This theory would prove correct if Sarah and Rachel were severely overweight, *i.e.*, obese, which Rav Levi strongly suggests. PCOS is the leading cause of female infertility, and it is associated primarily with hormone imbalances and secondarily with obesity [5]. Thus, Rav Levi relates Sarah's infertility to her condition of PCOS.

Today there are several known treatments for infertile women, which include *in vitro* fertilization, and if needed, surrogacy. When contemplating these treatments, questions arise of who would be the Jewish (genetic) mother and who would be the *halachik* mother. This is crucial in defining the child's religious status. According to Jewish law religion is dependent on the mother. Rabbi Lord Jonathan Saks, previous Chief Rabbi of England, notes several possibilities of who would be considered the *halachik* mother: the genetic mother (the source of the egg) or the surrogate, birth mother (the "fetal incubator"), both or neither. Surrogacy includes an egg donor, a sperm donor, and the surrogate- who carries the child to term. Rabbi Shlomo Goren, who served as the chief Rabbi of Israel in 1972, maintained in cases of surrogacy that the *halachik* mother is the egg donor, not the birth mother. He derived this interpretation from the *pasuk* (Exodus 12:2) that notes "when a woman conceives," using the word "conceives" as the most significant event in a pregnancy. Therefore, if conception is the moment of life, which requires penetration of the egg by the sperm, then apparently it is the egg donor, not the fertilized egg carrier (*i.e.*, the surrogate) who is the *halachik* mother [6].

After investigating Sarah's infertility, and recognizing that it is an ongoing theme through *Tanach*, and still a current issue, Rabbis and commentators have come up with plausible treatments within the boundaries of religious observance. In light of these rabbinic commentaries, women who do have PCOS and cannot conceive, and could potentially have a child through surrogacy, or IVF, must be aware of the questions and possible answers to the definitions of a *halachik* mother in this case.

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References

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