

Mercier Therapy Helps Infertile Women Achieve Pregnancy

by Jennifer Mercier and Karen Miller

Among women ages 15–44, 6.7 million have impaired ability to have children, 1.5 million are infertile and 7.4 million have used infertility services in their lifetime (www.cdc.gov/nchs/fastats/fertile.htm). Now more than ever, women are having their fertility manipulated by reproductive endocrinology clinics and are undergoing multiple cycles without knowing the long-term effects of fertility drug use.

Purpose/Aim

Articles have been written about soft tissue abdominal and pelvic work alleviating fertility challenges, but no clinical research has been performed. The purpose of this study is to confirm that the use of site-specific, manual soft tissue therapy is valid as a stand-alone treatment and with assisted reproductive technologies to help women become pregnant.

The therapy used in this study is called Mercier Therapy. It involves gentle manipulation of the uterus and/or massage on a consistent basis—normally 12 sessions over a one-month period. Mercier Therapy not only addresses fertility challenges, but also improves soft tissue mobility and breaks down adhesions to relieve pelvic pain.

Jennifer Mercier, the study's author, practices in the Chicago area. But those living outside the area can benefit from her therapy as well, being treated over a four-day weekend rather than a one-month period. Mercier also trains licensed professionals in performing Mercier Therapy. Visit www.merciertherapy.com to learn more about her technique and training.

Materials and Methods

Forty-eight women ages 28–42 were interviewed and underwent at least two sessions of Mercier Therapy in Mercier's clinic in

Illinois, as well as in the co-author's office in Arkansas. Both offices are holistic, clinical, multidisciplinary environments. The women selected for the study all complained of primary and secondary fertility challenges and were selected regardless of age, current or past pathological condition, prior surgical intervention, prior treatment and history of no treatment.

Results

Eighteen women achieved pregnancy within the first six months of their first Mercier Therapy session. Twenty-two women achieved pregnancy within one year of their first Mercier Therapy session. Eight women did not become pregnant. Of the 40 women who became pregnant, 32 used Mercier Therapy as a stand-alone treatment, 6 used in-vitro fertilization, two

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used a combination of Clomid and intrauterine insemination.

Relevance

By educating participants about their fertility and cycles and using Mercier Therapy soft tissue manipulation to increase organ mobility and blood flow while enhancing optimal organ function, women responded very well without use of heavy-handed reproductive methods.

Conclusions


Mercier Therapy has proven beneficial in helping couples to achieve pregnancy in a diverse group of women with various prior assisted reproductive technology backgrounds, ages, races, current pathologies and medical histories.

Discussion

According to the Centers for Disease Control and Prevention, 147,260 assisted reproductive technology cycles were performed in the United States in 2010; 47,090 live births occurred (31.9%) (www.cdc.gov/art). Why settle for mediocrity? In this study, Mercier Therapy helped 83% of participants achieve pregnancy; 80% of those women used Mercier Therapy exclusively. When used in conjunction with medical fertility treatments for the remaining participants, Mercier Therapy shortened the number of cycles, achieving pregnancy sooner than with fertility treatments alone.

Implications

This study reveals that fertility does not need to be medically manipulated in all cases. Medical fertility treatments bypass the core problem of poor reproductive organ function. Mercier Therapy creates more blood flow and mobility of the uterus, ovaries and tubes, going to the source of the challenge and helping to fix it gently and effectively.

 Dr. Jennifer Mercier is a reproductive health specialist, women's wellness practitioner and midwife. Since starting her practice in 1999, she has had numerous and diverse training opportunities within traditional midwifery, allopathic gynecology/obstetrics, reproductive endocrinology and primary care. Jennifer is a published author, educator and lecturer as well. Fertility

challenge strikes a personal chord for Dr. Jennifer as she has been a sufferer of severe endometriosis. After her students used Mercier Therapy on her, she gave birth to her first child, Clair, in October 2011.

Karen Miller is a licensed massage therapist at Sparks Women's Center and Sparks Hospital in Fort Smith, Arkansas. She is a certified Mercier therapist under Dr. Jennifer Mercier.

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Ibone Olza Fernández is a perinatal psychiatrist and associate professor of medicine at Autonomous University of Madrid. She is currently researching the effects of intrapartum oxytocin on neonatal attachment and infant social behavior. Ibone is co-founder of the Spanish consumer group El Parto Es Nuestro (Childbirth Is Ours) and of the cesarean support e-mail list Apoyocesareas. She co-authored two books: ¿Nacer por Cesarea? and Hermanos de Leche, an award-winning children's book on extended breastfeeding.

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body-based wisdom in what midwives and birthing women do. The placenta teaches me so much in this regard. As French poet-thinker Hélène Cixous says, "I am on the side of life" (2011). And so in this vein I continue, the placenta guiding me on.

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Nané Jordan has a background in pre-regulation Canadian midwifery, working as a home and hospital birth attendant and postpartum caregiver. She recently completed her doctoral studies in education and her artful research is richly informed by women's spirituality and her love of birth and midwifery practices. She lives with her husband and two daughters on the west coast of Canada, with ample opportunities to admire both trees and placentas.

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Claudia Booker, CPM, is a homebirth midwife and activist in the Washington, DC, metro area. <http://www.birthinghandsdc.com/>

Jennie Joseph, CPM, LM, is director of the Commonsense Midwifery School and The Birth Place Birth Center in Winter Garden, Florida, and innovator of the JJ Way. <http://jenniejoseph.com/>