



The Odyssey And the Ecstasy

Bonnie Dwyer and her husband underwent the ordeal of fertility testing in search of conception. Along the way they discovered things they hadn't known about themselves.

by Bonnie Dwyer

OK, YOU WANT AN APPOINTMENT AS AN INFERTILE—when?” the receptionist asked. By the time we had scheduled a time for me to see the ob-gyn and confirmed it, she had called me an “infertile” at least six times. As I hung up, I cried over this telephone diagnosis. I felt as if I was wearing a giant “I” for all the world to see.

That is how my odyssey through the maze of reproductive medicine began. Given the psychological side effects, counseling might have made the journey easier, but since I felt like a healthy person, I continued to function with the myth that this process would be over quickly. There were lots of surprises to come, not the least of which was the fact that insurance companies did not recognize “infertility” as an illness, and therefore would not pay for the cost of treating it.

In contrast to her receptionist, the doctor was a very considerate woman with whom it was easy to discuss the private side of life. I left

after my first appointment with charts to record my daily temperature and help predict when I ovulated. I also had materials outlining the “infertility workup,” a series of tests used to figure out what might be interfering with the reproductive process.

One of the first tests ordered by the doctor was an x-ray of the pituitary gland. Getting one's head x-rayed to start things off seemed metaphorically too perfect. I wondered if it wasn't a not-so-subtle way of letting me know the whole problem was in my head.

Well, there was nothing wrong with my pituitary gland. “Everything appears to be normal” became a familiar, frustrating refrain as we worked our way through the series of tests. Medical science, astounding the world with its ability to fertilize eggs in petri dishes and artificially inseminate women, couldn't figure out why a perfectly healthy person like me could not conceive.

Of course, my husband, Tom, also went through a series of tests starting with a semen analysis. He had a varicocelectomy to increase sperm motility. I had a laparoscopy to remove

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a few spots of endometriosis. That should do it, we thought. But months went by, and all our efforts were unsuccessful.

It might have been easy to get wrapped up in the rest of life's activities and not think about infertility, if it had not been for the daily temperature routine. Every morning, as soon as I woke up, I had to take my temperature and record it on a chart. Starting each day by staring at these charts became depressing. It was a daily dose of failure. No two months of my cycle were ever the same. Sometimes they would be 29 or 30 days long, sometimes 45. Often when the cycle was long, I would start thinking I was pregnant about day 35, only to have my hopes dashed within a week. (This was in the days before over-the-counter pregnancy tests.)

Sex had to be planned for post-coital testing, and scheduled sex became work. As such, it no longer bound us together as a couple. Instead it became a strain on the relationship. We did try to joke about the situation. Tom would talk about who among our acquaintances we might call upon for sperm donations.

But it was hard to laugh when people would pass along the old wives' tales on how to become pregnant. "Tell Tom to wear boxer shorts instead of briefs," they would say. "Don't take hot baths or sit in the Jacuzzi." We would smile and tell them we were taking all of these suggestions very seriously, including the recommendation that the woman stand on her head after sex, "to get the sperm swimming in the right direction."

My mother probably asked me about the state of things more than anyone else. She had

informed me, not long after Tom finished graduate school, that she needed another grandchild. She would try to end conversations by saying cheerfully, "Well, Bonnie, don't give up. There's always hope."

But frankly I was tired of hoping. Hope hurt. I had hoped every month for a very long time. I was ready to declare this phase of my life over, and move on to other things. Children might be nice, but one could have a fulfilling life without them. I was tired of having my life on hold, waiting for something that might never happen.

After a few years of trying to find the answer to our infertility "problem," my doctor concluded that we fell into that small percentage of people for whom there was no explanation for their inability to conceive. Our doctor assured us there was no physical reason why we could not have

children. She recommended that we investigate *in vitro* fertilization and suggested a physician specializing in this procedure at a hospital in Long Beach, 60 miles from our home.

Then one evening we got a telephone call from an old high school friend living in Arizona. She knew a pregnant teenager who wanted to put her baby up for adoption. Were we interested? For some reason, she needed an answer within 24 hours. We told her we could not make a decision that fast to buy a piece of furniture, so there was no way we could decide on something like a baby in 24 hours. Besides, Tom did not want to adopt. He wanted his own child. We made our appointment with the Long Beach specialist.

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After reading our medical records, the doctor was encouraging about our potential for success with a new procedure called Gamete Intra-Fallopian Transfer (GIFT), an *in vitro* process in which the woman's eggs are collected, fertilized, and replaced the same day. This means that only one surgery is necessary instead of the two used in the regular *in vitro* process. But the doctor also told us that he was switching his practice to Cedars Sinai Hospital in Los Angeles the following month.

On the way home I voiced my apprehensions about being a biology experiment. "You've done everything else," Tom argued. "Why not this one last step?" We agreed to wait at least until the doctor was settled into his new office before undertaking this procedure. That gave me time to think about it a little more.

Three months went by. I decided Tom was right; I ought to give the process one last chance. I called Cedars Sinai. The operator had never heard of the physician. She checked her records. He was not on the staff.

I was relieved and ready to call it quits.

Tom found out that the other physicians in the clinic the doctor was joining had decided to stay at Good Samaritan Hospital rather than move across town to Cedars Sinai. "Tell your wife to call after her next period," he was told. I was having my period right then.

After years of having pregnancy continually put off for another month and then another and another, it was difficult to feel a sense of urgency about the process. But we had decided to move to Northern California. In fact, Tom was working in Sacramento during the week, and commuting to our home in Southern California on the weekends. Soon I would also be moving north. This clinic knew our history and would accept us now.

The time had come. I called, and two days later I was sitting in the waiting room at Good Samaritan. The doctor explained what the following days would involve. Every day

my husband would give me a shot. In the last few days before ovulation, I would need, every day, to have my blood drawn and ultrasounds taken at their clinic. That way, the doctors could pinpoint the precise moment for the laparoscopic surgical procedure: removing my eggs, fertilizing them with my husband's sperm in a glass petri dish (*in vitro*) and then returning the newly fertilized eggs from the dish to my body. The doctor told us this clinic had a success rate of about 23 percent, depending on the age of the woman. The younger the woman, the better the success rate. At 36, I was creeping up on the age where the success started to decline. We took home a two-inch-thick stack of consent forms to sign.

With Tom spending the work week in Sacramento, we had to recruit a nurse friend to give me daily shots. My first day for blood tests and ultrasounds fell during the week. So, after work I drove to Los Angeles by myself and spent a very lonely night in a hotel room. I wondered why I was doing this. It all seemed so mechanical. Being a romantic at heart, I wanted to have warm emotional memories of conception. This setting did not fit any of my fantasies. Then I thought about the success rate for the procedure and told myself it didn't



matter that there was no romance, because it would never work for us anyway. I would go through all of this to prove that we had tried everything possible, and then we could put this idea to rest and move on with our lives.

Sitting in the doctor's office waiting for my turn for an ultrasound proved enlightening. Some women were going through this process for a second or third time. They all looked like yuppies and hailed from the four corners of the state. We chatted to distract ourselves from the discomfort of having to drink and hold a half gallon of water in our stomachs, a step necessary for the ultrasound.

At work, I advised my supervisor that I would be absent on the following Monday because of an outpatient surgical procedure. She asked about the seriousness of my illness. I brushed it off, and assured her that I would be in the office on Tuesday.

On the drive into Los Angeles, I told Tom I would go through this process once. But if it did not work I did not want to try again. After all, the odds of success did not improve with second and third attempts; they actually got worse. So for us, this was a one-shot deal. We checked into our hotel room next door to the hospital and briefed ourselves on our appointments the next day: a shot to be given in the emergency room about 11 p.m., an early-morning blood draw, and finally the surgery, at 10 a.m. Monday. Then we paced the streets of Los Angeles, distracting ourselves by wandering in and out of shops.

The way I figured it, the surgery would be over by 11:30 or 12:00. It would take me a couple of hours to recover from the anesthesia,

and we would be out of there by 2:30, 3 p.m. at the latest. That meant we would miss rush-hour traffic.

Monday morning we kept all our appointments, and performed our parts as instructed by the medical directors in this biological drama.

The surgery went well, the doctor told me as I came to in the recovery room. They had harvested 16 eggs, rejected and discarded four, fertilized and implanted four, and retained eight, just in case.

I smiled and tried to look at the clock to see what time it was—1:30 p.m. I would be on my way shortly. Unfortunately, I kept getting nauseated. The nurse would not let me leave. I didn't get dressed until after 4 p.m. We had to drive

home through Los Angeles' beastly rush-hour traffic. That's about all that I remember from that day.

A few weeks later there were more blood tests, and I was told to phone on Friday afternoon for the results. When I sat down to make the call I told myself I was prepared for the negative outcome. But the test results were positive; I was pregnant. That was something I had not let myself anticipate. So I cried for a while. Then I went to the airport to pick up Tom and tell him the results. He smiled.

But we both knew that this was just the first step toward having a child. We had nine months to go. A clinical success at this point did not ensure our being parents. Miscarriage rates for *in vitro* fertilization are high. It was with some trepidation that we told our families that at last, after 16 years of marriage, we were with child. Or maybe children. Now the question

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was how many we would have.

I went back to the Good Samaritan Hospital for my final appointment with the *in vitro* specialists. The doctor gave me a referral to a group of ob-gyn specialists in Sacramento with whom he had worked. He also loaded me down with the ultrasound photograph of my single fetus at five weeks, a tiny T-shirt, and a button that read, "Believe in miracles, I am one!"

Once I announced my pregnancy at work, I discovered the bond that childbearing elicits in women. Everyone told me stories about her pregnancies and deliveries. Coworkers gave me advice on what to eat and how to sleep. Those who knew how I became pregnant were intensely interested in the process. It seemed as if that was all I talked about for days.

Then one morning, the drive-time news reported a papal proclamation that modern medicine's interference with procreation was sinful. Sinful. It was difficult for me to put that label on what I had been through. I wondered what the psychological effect would be on my child to have been conceived in sin. I thought of all the other children whose conception probably would also be declared sinful by the Catholics: all those born out of wedlock, or as a result of adultery, or worse. No matter how I turned the issue over in my head, the label hurt, just like "infertile" hurt. I was glad Adventists had not put a label on this process.

The weeks went by swiftly. We sold our house and we bought a new one in Sacramento. I quit my job and we moved. One of the first things my new physician began talking to me about was amniocentesis. Given my age, and the way in which I had conceived, amnio was highly recommended. Friends told me about the huge needle used in the procedure, and I wasn't sure I wanted to have it done. Besides, whatever they told me, it would be very hard for me to decide to have an abortion after what I had been through already.

Tom's response was, "Of course an amnio should be done." And if they found problems,

he would want to abort the pregnancy. When his mother told me about her niece who had been born with spina bifida, I decided to go ahead with the procedure. Tom accompanied me to have the amniocentesis done. We watched as the technician found the fetus on the ultrasound.

Suddenly, pregnancy took on new meaning. It was more than a condition. Now there was a person involved. I was extremely relieved when the results of the test were read and everything was declared fine. I was told that I would have a boy.

Each month during my doctor's visit, we would chat about *in vitro*. It was a topic of mutual interest. He told me about the first *in vitro* baby born in Sacramento, and about another patient who had traveled to New York, England, and Australia to have the procedure done. Her plan was to try 10 times before giving up. I shook my head in disbelief. "She must have a lot of money," I commented. "Well, she's a psychologist," the doctor replied. "That's good," I said, "because she will probably need a lot of counseling, too."

The first *in vitro* babies were all delivered by Caesarean section, he told me. But doctors soon learned that while the conception in these cases was exceptional, pregnancy and delivery followed a normal course. So he assured me I could have a natural childbirth.

We signed up for Lamaze classes. We were the oldest people there, older



even than the teacher who was describing the differences in delivery between her first and second children. By the end of the class I knew I wanted more than breathing routines to get me through labor. I asked for an epidural anesthesia. My doctor was very sympathetic. His wife was pregnant and said she wanted an epidural at month eight.

I got my shot block not long after checking into the hospital the day my water broke, signalling the onset of labor. Tom sat with me in the hospital room watching the monitors, which showed the baby's heart rate and the strength of the contractions.

We sat there all day. Finally after 18 hours of labor I was exhausted, and I had not dilated sufficiently. A Caesarean was performed. Mark Nathan checked into the world at 8 pounds, 2 ounces on July 17, 1987.

The next day, when my doctor came by to check on me, one of his questions was what we planned to do about birth control. The question made me laugh. It had been a very long time since I thought about preventing pregnancy. He told me, however, that just because

it had been difficult to conceive once did not necessarily mean it would be that way again. He had a patient who had had *in vitro*, and a few months after her first child was born, she got pregnant a second time. "I just want you to understand this so you aren't surprised," he said. It was a lovely way of saying that everything was normal again.

But all of this seems as if it happened in another lifetime, long ago and far away. When we were going through this process, *in vitro* babies were front-page news. Now there are thousands of them. Success rates at good clinics are twice what they were in the 1980s. Couples need not feel as if they are taking part in a biology experiment. They are receiving treatment for an illness—infertility—just as people with kidney disease receive treatments.

Mark takes it all for granted, too. The picture in his baby book that shows him wearing the "Believe in miracles, I am one!" button is just one of the many he enjoys looking at from his infancy. When we read stories about miracles, he says "Just like me, huh, Mom?"