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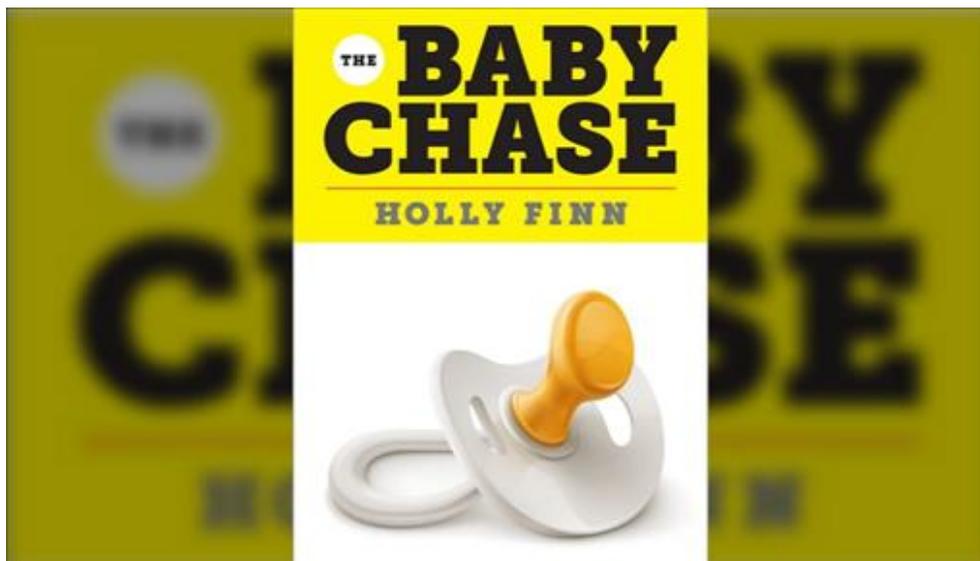
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# My Fertility Crisis

*We hear about fertility treatments when they're successful. But for millions of women, they mean regret, heartbreak, shame and silence.*

By HOLLY FINN



We hear a lot of stories about successful fertility treatments. But there are a lot of untold stories without such happy endings. Holly Finn, author of "The Baby Chase," talks about the emotional and financial toll of in vitro treatments, and the often heartbreaking outcome.

Usually it's only the people who come out beaming on the other side, with a baby on one hip, who speak up about in vitro fertilization. We never hear from those whom IVF has failed—it's too crushing to talk about. We don't hear from men and women in the middle of treatment, either. Our culture doesn't seem to know how to deal with people before we've figured out if they're successful or not. People like me.

In November 2008, I had my first IVF workup. In 2009, I had a laparoscopy, two egg retrievals and a canceled cycle. In 2010, three retrievals, two embryo transfers and a hysteroscopy. In 2011, two retrievals, and a transfer to come. That's eight times under general anesthesia in two and a half years.

What next? Either a baby, or not.

\* \* \*

For the IVF drugs to have a chance of working, I have



Jason Madara for The Wall Street Journal

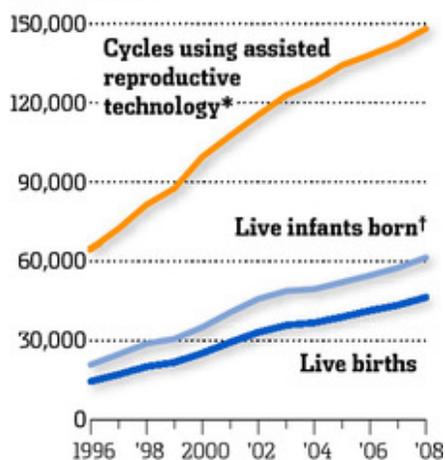
Holly Finn, pictured here. 'So how did I end up cruising a cryobank? Is this the punishment for romanticism: having to do the least romantic thing in the world?'

to administer them at the same time each day. I've shot up furtively in my office, in restaurants and in my car. It makes me feel like a badly behaved chauffeur. More than two years into IVF treatments, I've grown accustomed to this stealth. It's become a fact of my life.

Here's another fact: I'm a single woman in my early 40s. The odds of getting pregnant are conspicuously slim. For a woman my age, according to the American Pregnancy Association, the chance of having a baby via IVF is between 6% and 10%. That number decreases with every failed attempt, so now my odds are even lower.

## The Baby Quest

The rise of fertility treatments, including in vitro fertilization.



\*A cycle begins when a woman starts fertility drugs or has her ovaries monitored for follicle production. A woman may do more than one cycle a year.

†In some cases more than one infant is born during a live-birth delivery.

Source: Centers for Disease Control and Prevention

In the United States, infertility affects about 12% of the reproductive-age population. This includes 7.3 million women and their partners, or one in every seven or eight couples in the country. A third of infertility cases are related to the male, a third to the female, and another third to both partners (or unexplained). In any given month, with a man whose parts are in order, a healthy woman's chance of getting pregnant naturally is 20% to 25% if she's in her 20s, 10% to 15% in her 30s, and 5% in her 40s. Really, it's miraculous at any age.

Some four million babies have been born thanks to IVF since the first "test tube baby" was born on July 25, 1978. Many more have not. The overall IVF success rate sits at around 30% today.

The profession is advancing, but cases are getting trickier. I've been going to the Colorado Center for Reproductive Medicine, and the mean age of women walking through the door there has increased from 32 to 39 in the past two decades. That's a great leap in the wrong direction.

The clinic's founder and medical director, William Schoolcraft, says that about 65% of the female infertility he sees now is due primarily to the age of the eggs, which usually (though not always) correlates with the age of the woman. Freezing eggs (successful just 10% of the time a few years ago, 80% of the time now) and egg donation have revolutionized the business of infertility. But they can't solve everything.

When we were young, we were taught again and again that we shouldn't get pregnant. Now we can't.

I'm not that woman from the Roy Lichtenstein print who forgot to have children. I was never so wrapped up in my career that I didn't think about starting a family. But I'm not over 40 and childless for no reason. I was diagnosed with endometriosis, a condition that makes it hard, sometimes impossible, to conceive. I gave too much time to the wrong men. I smoked in my 20s. I preferred red wine to sparkling water. I ate too much milk chocolate. I liked limericks. I know all the wrong that I've done.



Jason Madara for The Wall Street Journal

Holly Finn's IVF protocol involves some 30 shots, 130 pills and 30 hormone patches over eight weeks. Last year, she spent nearly \$70,000 on fertility treatments and related expenses.

I was 39 when I started treatment; I am 42 now. And still I feel lucky. Unlike many infertile people, I have the resources, though they're not endless, to keep at it. Choosing to have children is not like choosing a pair of shoes. Most people know how serious a decision it is. But women who rely on reproductive medicine are still often seen as privileged procrastinators. Our supposedly arrogant delay—we'll get around to having children when we're good and ready—has put us in a pickle, and now we're buying our way out.

That may be true for some. But in my case, there's never been a time when I was "not ready" for children. At 6, I loved my Baby Alive doll like a real child and wanted to be a "baby nurse" when I grew up. By 26, not

much had changed. I was in business school but could have cared less about derivatives class. I was too busy dating and taking care of my digital egg, the Tamagotchi. Telling toys.

But here's the guilty glitch: In my early 30s, I took the morning-after pill. My then-boyfriend, the hunky one, said with a sweet smile that he wouldn't mind a baby. I wish I had listened, really listened, to him. But I was still piecing myself back together after a bruising former relationship and broken engagement, and something stopped me from saying the truth: I wouldn't mind a baby, either.

On a walk by the sea one blustery day, a friend told me he'd never hire a hooker. "It's efficient," he said, "but there's something so sad about not being able to get it for free." Picking a sperm donor feels like that, at least at first. For months before I started IVF, I sat down at my computer, logged on to a sperm bank and stood up again.

I've never wanted to pick a man just so I could have children. I craved something less logical. My first love was the man who drove all night in the snow to New York City. He called me from the corner of 93rd Street and Third Avenue and said nothing except, "Look out your window." There he was, shivering at the pay phone, gorgeously spontaneous. I miss pay phones.

And I believe in soul mates. So how did I end up cruising a cryobank? Is this the punishment for romanticism: having to do the least romantic thing in the world? Like many, I trusted that marriage and children—my family—would happen. In the meantime, I lived my life. I fell in with some fascinating men, up close and unvarnished, and had conversations I can still quote. I didn't want to settle at 25. I wanted adventures. I just didn't imagine their cost, and how I would struggle to keep paying it.

When Doc S. told me I'd need IVF to have even a shot at motherhood, I had just begun seeing someone new—I'll call him X. The first year we were together, I froze eggs rather than going through with full-on fertilization and embryo transfer, to give us some unpressured time. But I knew enough to keep making plans. And I thought about that talk on the beach. If you buy sperm at \$565 a vial, plus \$170 shipping, doesn't that mean you can't get it—in my case, a husband and family—for free?

In January of last year, I planned to go ahead with fertilization for the first time and was telling X about the donor when he said, "I think I'd like to be involved." He seemed lit by some competition with the man in the vial. But perhaps he'd gotten serious? I started to consider him instead of my Ph.D. donor.

The day before my flight to the fertility clinic in Colorado, I returned from an ultrasound to an empty house, no note. Later, X told me that he wanted four kids and thought I'd only be able to give him one or two. (To him, I was the bad bet.) I boarded the plane the next morning with swollen eyes.

\* \* \*

Attitudes about infertility haven't entirely evolved since the Dark Ages. And infertile women still feel the stigma. A few days after a failed embryo transfer, I said yes to a dinner party because I knew I needed to get out. I dreaded it, as one of the women who would be there had just had her fourth child.

I sat next to her and smiled as others joked about her being a "baby machine." Over dessert, she asked what I'd been up to, and I said I'd just come back from IVF. In a whisper, she told me that was how, after a number of tries, she'd had her son.

I understand why women, and men, might want to keep their baby business to themselves. But keeping quiet tends to keep us all in the dark. Had I been a slightly younger woman at that dinner table with the mom of four, I would have come away thinking that I had plenty of time to let nature take its course, when it's just not so.

Yes, some women are private and would rather not discuss intimate issues over tarte tatin. Others are competitive and corral information for themselves. But still others—and I think it's the majority—feel muzzled, unable to talk frankly about this essential thing. Whatever the cause, true communication about fertility has been squelched.

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### The Protocol

All IVF treatments are intensive and long. This is Ms. Finn's, including antibiotics, hormones and steroids.

**Days 1–9:** Doxycycline

**Day 10:** Doxycycline, ovulation test

**Days 11–14:** ovulation test

**Day 24:** Estrace

**Days 25–27:** Estrace, Cetrotide

**Day 28:** Estrace

**Day 29:** ultrasound, blood work

**Days 30–33:** Menopur, Gonal-F, Clomid, Dexamethasone

**Day 34:** Menopur, Gonal-F, Clomid, Dexamethasone, ultrasound, blood work

**Day 35:** Menopur, Gonal-F, Dexamethasone; fly to Colorado

**Day 36:** Menopur, Gonal-F, Dexamethasone, ultrasound, blood work, physical

**Day 37:** Menopur, Gonal-F, Dexamethasone, ultrasound, blood work

**Day 38:** Menopur, Gonal-F, Dexamethasone, Cetrotide, ultrasound, blood work

**Days 39–40:** Menopur, Gonal-F, Dexamethasone, Cetrotide, ultrasound, blood work

**Day 41:** Pregnyl, blood work, Pregnyl booster if needed, Dexamethasone

**Day 42:** egg retrieval, Medrol, Tetracycline

**Day 43:** Medrol, Tetracycline, baby aspirin

**Day 44:** Medrol, Tetracycline, Endometrin, Lovenox, baby aspirin

**Day 45:** egg transfer, Medrol, Tetracycline, Endometrin, Lovenox, baby aspirin

There's a reason women flock online for solace. The trouble is, every woman's experience is subtly different, and IVF success often lies in the devilish details. Beyond empathy, online message boards and autobiographical books tend to offer few useful facts. And even anonymously, not everyone is honest. Online forums are a good start, but if the conversation is contained among those already in hell, myths will continue to be told outside it.

The fertile also can be unthinkingly callous. I've had friends suggest that my experience could be a great lesson: This is the first time I haven't gotten something that I wanted (I promise, it's not). Others imply that IVF is a prideful attempt to outmaneuver nature, which may be true. But that's hard to hear from people who used contraception for years, then timed sex according to an ovulation kit, scheduled their C-sections around work and dye their hair.

To help those with children understand IVF on their own terms, I've started to quantify my progress the way they do their kids' ages, by overweeningly counting the months. My IVF is now 32 months old.

Sometimes, when they hear of a couple's IVF attempts,

**Day 46:** bed rest, Endometrin, Lovenox, baby aspirin

**Days 47-49:** Endometrin, Lovenox, baby aspirin; fly home

**Days 50-53:** Endometrin, Lovenox, baby aspirin, Vivelle

**Day 54:** Endometrin, Lovenox, baby aspirin, Vivelle, pregnancy test

people with children knee-jerkily suggest adoption—which is no less miraculous, but a very different path. They mean well: Here's a home wanting a child, and here are children wanting a home—neat trade. But perhaps these parents are forgetting the deep biological desire that they themselves felt. Certainly they're giving advice they're unlikely to take.

In the end, infertility can make you feel less human. As cultivated as we are, we hold on to a deep-rooted belief that our worth is tied to how well, and how much, we reproduce. I've seen women and men shrink like salted slugs during IVF treatment. I've done it myself, disappearing even as the hormones start to puff me up. The whole process makes you feel unlovable.

\* \* \*

Many women are still listening to their bosses instead of their gynecologists and their guts. They still trust that their mid to late 30s is a fine time to start trying for children. True, they could get lucky. But the question should be asked: Would you prefer to have children earlier and naturally or later, by dosing yourself up with drugs, submitting to surgery and paying tens of thousands of dollars?

In the first scenario, you'll probably have as many children as you'd like, and they'll be healthy. In the second, you may be able to have only one or two kids—maybe none—with a higher risk of defects and disorders.

In 2006, the CDC reported that about one of every 12 births in the U.S. was to first-time mothers older than 35, compared with one of every 100 in 1970. In 2008, it reported some of the ramifications: Babies conceived with IVF had a slightly increased risk of several birth defects, including a hole in the heart, cleft palate, improperly developed esophagus and malformed rectum.

Other studies have shown there may be some abnormal gene expression associated with IVF, thereby increasing the chance of genetic disorders. There's also an increased risk of premature birth and low birth weight. And recent studies have linked advanced paternal age—which often comes with the IVF territory—to autism, Marfan and Apert syndromes and other problems.

Down the line, there may be risks to the woman's health too. There is a proven connection between certain cancers, including breast cancer, and childlessness, but no research yet links cancer to IVF. It's too soon to tell. We are the generation from whose bodies researchers will learn about the ongoing effect of major hormone dosages. We know the odds may not be ideal, but we still take them. We want children that much.

People buy houses practically on top of the San Andreas Fault; I've done multiple IVF cycles. Sometimes, being reckless seems reasonable.

Nora Ephron has written how she regrets not having worn a bikini the entire time she was 26. "If anyone young is reading this," she writes, "go right this minute, put on a bikini, and don't take it off until you're 34."

The first thing I'd like to tell women ages 26 to 34 is: Start having babies. I know it's not polite or funny. But I don't want others to go through what I'm going through now.

I recently mentioned to an old friend how nobody talked to me in my early 30s about children.

Earthquake kits? Sure. Fertility preparedness? Nope. She said she and her married friends had gabbed about it all the time. Their presumption, it seems, was that if you weren't married, you weren't maternal.

I'm guilty of that kind of conventional thinking as well. For too long, I believed that having a husband was what made you ready for a child. But as a test for potential motherhood, I now think there's something better than marrying someone: IVF.

IVF brings you to your knees and dares you to stagger to your feet again. Even as you steel yourself for more shots and setbacks, it forces you to remember the gentleness in you and the true reasons you want to bring another human into this world.

\* \* \*

I have a small black-and-white ultrasound photo, like the ones couples are given after they see their fetus for the first time. Only mine was taken during one of my cycles, and there's an empty space with seven small black circles scattered about—my pre-people, follicles with eggs that never became babies.

The longing for a child isn't diluted when having one becomes a struggle. The desire stays as strong as it was. It's you who becomes weaker, like a fish wearing itself out on the line. Still, I'm not ready to move on to what's blithely called "child-free" living.

After a recent procedure failed—we got just two eggs, and neither was fertilized—I revisited decisions and doctors.

I went back to Doc S. and asked straight out: Would a sane person bother trying again? He said, "I don't think there's anything insane about what you're doing." But he gives me a less than 5% chance of a cycle working, down from 10% to 15% when I started, and he brings up the possibility of donor eggs. That's code for "time's up."

The success rate with donor eggs is 80% on the first transfer. Many people turn to this option (one out of 10 IVF cycles in the U.S., at last count), though nearly none admit it. I can imagine using this option if I were with a man to whom I would love to give a child, but right now, I'd be match-making a couple of strangers in my womb.

I know that it's not just genes that you pass down to a child; it's also your spirit and what you believe. Still, I resist having someone else's baby.

It's because of my thumbs. The left one is long, skinny and straight—very feminine. The right is squat, thicker and curved—definitely masculine. The first is my mother's; the second, my father's. They're exact replicas. My sister has them too.

There's something about being able to see where at least some of your parts are from. But when will I get to the point where, as Doc S. says, "nothing's going to make a dent"? How can you tell when you're destroying your own life to create another?

Our 40s, I realize, are the beginning of "nevers." It is the decade when doors close, never to reopen, not even if you push. We wrestle with this in different ways, women and men both. Perhaps that's why IVF is so hard. It might be my chance to have the baby I've always wanted. Or it might well be my first real "never," and possibly the worst: never having a child.

A tiny cream cashmere sweater comes with me to the clinic in Colorado every time I go, folded

carefully in a sheer gold bag and cozied in with my workout shirts. I bought it years ago, in London, when I was choosing baby presents for fertile friends. I kept this one little thing for myself, hoping.

Now when I imagine I might always have the sweater and never have a child, I have to sit down. For whatever mistakes I have made, this feels too brutal a price to pay.

—Ms. Finn is communications director for the Skoll Foundation, which supports social entrepreneurs worldwide. This essay is excerpted from the Byliner Original "The Baby Chase: An Adventure in Fertility" by Holly Finn, published by [Byliner.com](http://Byliner.com) and available as an [Amazon Kindle Single](#).

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