



# INFERTILITY DIAGNOSIS AND TREATMENT

Just as in baseball, hitting a grand slam in the game of conception is a challenge, even under the best playing conditions. The players on the reproductive bases need to anticipate the crack of the bat as it meets the ball and be ready to run: the egg must be ripe and ready, the fallopian tubes need to be open and clear, the sperm must be in tip-top shape to reach the egg and fertilize it and the uterus needs to create an inviting environment in order for the embryo to implant. But even when the ball hits the sweet spot, there's no guarantee that it will sail over the fence. For the pregnancy to continue to full term, hormones have to achieve the proper balance and the embryo must be healthy.

If even one of these players stumbles, the inning's over. When facing fertility issues, what may have begun as a neighborhood pick-up game becomes the World Series. Managers and coaches are consulted for expert advice, family and friends fill the bleachers and, with each strikeout, hopeful optimism gives way to a roller coaster of emotions. How many extra innings are played before the team wins or the game is called?

An estimated 6.1 million people in the U.S. are affected by infertility, which translates to about ten percent of people who are in their reproductive years. Contrary to the stereotype, infertility is not a "woman's problem"—only about a third of infertility cases are related to the woman's reproductive system. Another third is what is termed "male factor" infertility. The remaining third is either due to a combination of problems with the fertility of the two partners or, in about 20 percent of cases, considered "unexplained."

Pamela Madsen, executive director and founder of the American Infertility Association (AIA), falls into the latter, "unexplained," category. She married her husband, a merchant marine, when she was 20 and, while he was traveling, finished her degree in education and began to teach. By the time Madsen was 24, she was ready to have a baby. "I thought I was going to be like the fertility goddess," she re-

calls. "Most of our time together was spent worrying about birth control." Once she stopped using birth control, "I thought I would be pregnant the first night."

It didn't happen that night. Nor the next month. Nor the next. After trying for slightly less than a year, Madsen visited a reproductive endocrinologist, a doctor who specializes in fertility treatment. She and her husband underwent a battery of tests, but no cause could be found for their inability to conceive. For about a year, Madsen took ovulation-stimulating drugs and underwent intrauterine insemination (IUI), a procedure whereby the male's sperm is collected and prepared, then deposited into the woman's uterus during ovulation. Unfortunately, she says, "Even though my cycles were beautiful, we never had a child."

For Madsen and her husband, the next step was in vitro fertilization (IVF), a much more invasive procedure. In IVF, medications

are given to induce ovulation, eggs are retrieved from the woman, sperm is collected from the man, and a single sperm is injected into each egg. The woman takes more medication to prepare her uterus, and then embryos are transferred. For Madsen, now 40, and her husband, the countless appointments and procedures were worth it. They are the proud parents of two IVF children: Tyler, 13, and Spencer, 9. "For me," Madsen says, "being a mother was a life-changing experience. They were worth every shot I took in my backside."

### Causes of Infertility

Many otherwise healthy women and men are surprised—even shocked—to discover that they have fertility problems. And it sometimes takes savvy detective work to determine why a couple is unable to conceive (see chart, page 42). Barriers to fertility in women range from endometriosis (uterine tissue grows outside the

# Ovarian Olympics

CAN BE BOTH DIFFICULT AND REWARDING

By Sally E. Smith

uterus) and fibroid tumors to early menopause and luteal phase defect (uterine lining doesn't allow the fertilized egg to implant).

For some plus-size women, both weight and infertility are associated with Polycystic Ovarian Syndrome (PCOS). While only about 25% of women with PCOS have been diagnosed, this genetic disorder has a number of symptoms, including irregular or absent periods, weight gain, acne, excessive facial hair and premature balding. Small ovarian cysts prevent ovulation in women with PCOS, and insulin resistance causes a hormonal imbalance that can prevent conception.

Male factor infertility can also be caused by a number of different factors. Anatomical abnormalities may inhibit the flow of seminal fluid, sperm production disorders may inhibit the quantity or quality of sperm, ejaculatory disturbances may prevent the sperm from reaching the woman and immunologic disorders may keep the sperm from penetrating the egg.

## Seeking Help

Madsen and her husband followed the recommended timeline of trying to conceive for a year before beginning fertility testing and treatment. Sometimes, however, it's best not to wait that long. According to Diane Clapp, medical information director at RESOLVE, a patient education, advocacy and support organization, a woman's fertility begins to ebb after her late 20s. Clapp says that, if you're over 35, it's imperative that you not wait the full year before seeking treatment. And, she adds, "If you've had any history of abdominal surgery, pelvic infection or miscarriages, you should see a specialist before then."

Patricia Mendell, CSW, a therapist who has a private practice in Manhattan and Brooklyn and who specializes in counseling infertile couples, encourages women around the age of 37 to seek help after they have been trying to conceive for six months. "Most people tend to wait too long," she says. Mendell also emphasizes that people who have already had a child tend to delay treatment. "They make the assumption that they're fertile and they wait even longer. Sometimes the window of opportunity closes."

According to Michael Kamrava, MD, medical director of the West Coast Infertility Clinic in Beverly Hills, Calif., the first step for women with no apparent infertility issues is to have her partner tested. "If you have a regular period, are not on any medications,

and don't have any major health problems, the easiest thing to do is to have the husband checked with semen analysis," he says. This simple test, which checks for normalcy in the motility, mobility and shape of the sperm, "solves a lot of unknowns about what's causing the problem." Added benefits are that you can get test results quickly, and sperm analysis is relatively inexpensive.

Kamrava recommends that, if semen analysis doesn't reveal the cause of infertility, a woman should go to her gynecologist. A gynecologist, he says, can do preliminary testing, such as an abdominal and pelvic exam to make sure the organs are normal and an x-ray of the fallopian tubes to see if they're open. If the pelvic exam raises suspicions, the gynecologist can sometimes perform laproscopic surgery through the belly button to further explore and repair problems. A gynecologist can also order blood tests to check for hormonal imbalances and other problems. If the fertility problem isn't identified or resolved, the gynecologist can then refer the woman to a specialist.

The specialist, says Kamrava, may do a procedure called a hysteroscopy to look inside the uterus. This two-minute procedure, typically done in the doctor's office, is performed vaginally after giving the woman painkillers. Blood antibody testing may also be done to see if a woman has antibodies to different factors that may be interfering with fertility. A uterine biopsy might also be performed to evaluate the timing of the lining of the uterus.

Although Kamrava recommends sperm analysis and testing by a gynecologist prior to consulting a specialist, the women interviewed for this article who have undergone treatment for infertility disagree. According to the AIA's Pamela Madsen, "People don't realize how quickly they should see a specialist. There is hope; there is help."

Rose Mary Lumm, 35, a teacher in Orlando, Fla., feels that she lost two of her more fertile years by delaying seeking treatment from a specialist. Lumm and her husband tried unsuccessfully to conceive, and were referred to an urologist for male factor problems. "The urologist told us things like, 'It only takes one sperm. Hang in there. Come back in three months and see if those counts go up.'" It was two years before the urologist finally referred them to a reproductive endocrinologist.

The bottom line is that, if you do want children, be mindful that a woman's repro-

ductive span is limited, and be proactive about your reproductive health.

## Treatment Options

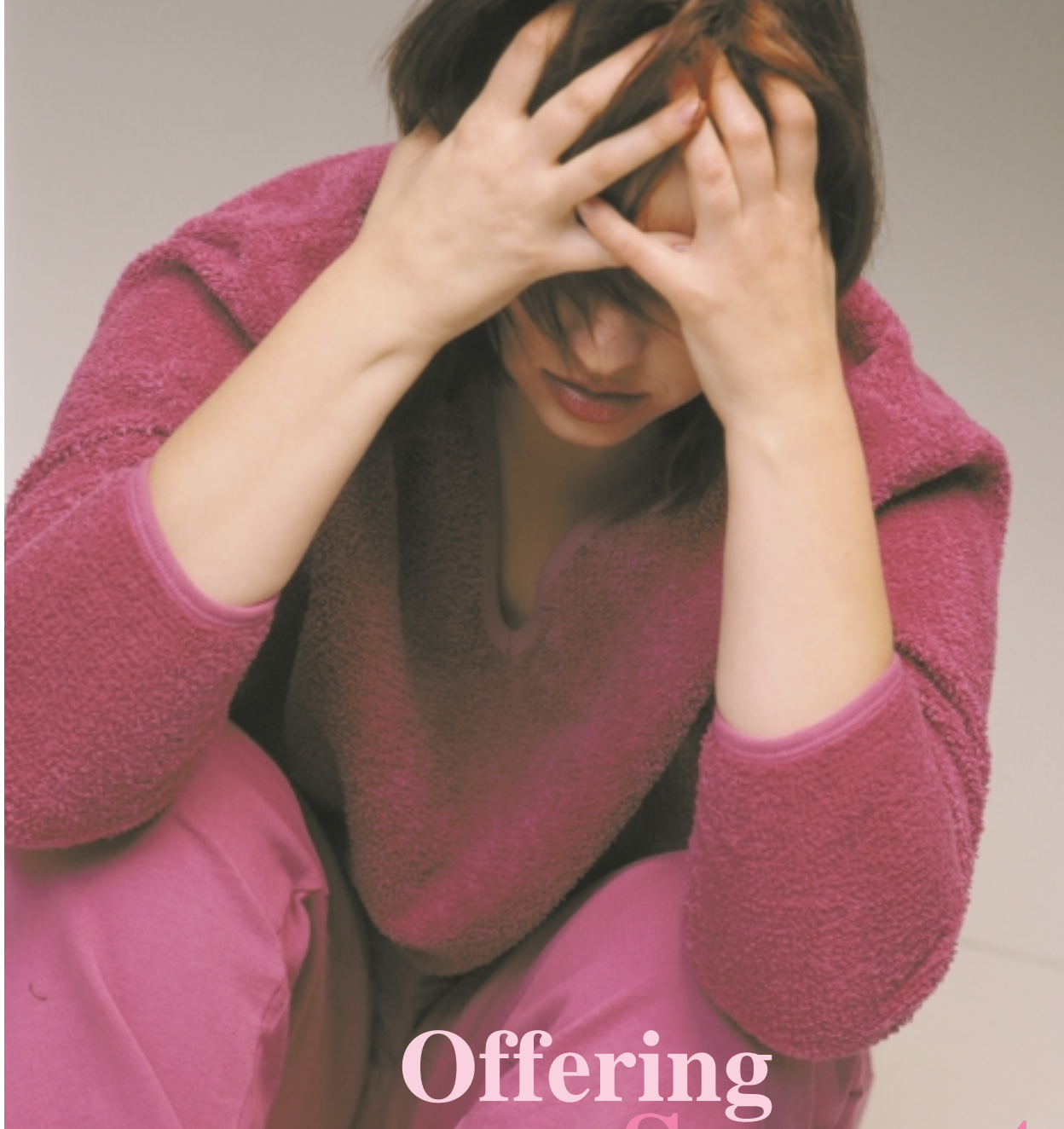
Aside from the standard courses of treatment for many of the medical conditions that can contribute to infertility in both women and men (see chart, page 42), aids to conception range from the relatively innocuous to the extremely invasive. At one end of the continuum, there are ovulation predictor kits available for purchase over the counter. These can help pinpoint when you're ovulating, so you can time intercourse accordingly.

Moving along the spectrum, intrauterine insemination (IUI) is often utilized when couples have unexplained infertility, male factor infertility and when women have cervical mucus problems. In this procedure, the husband's or donor's sperm is collected and deposited in the uterus during ovulation. Medications may be used in conjunction with IUI in order to stimulate ovulation.

In vitro fertilization (IVF) is utilized for many causes of infertility, including male factor infertility and blocked fallopian tubes. IVF requires meticulous timing and involves ovulation induction, egg retrieval and embryo transfer.

For Monica Sanchez, 36, the actual process of IVF is time-consuming and, at times, grueling. The Long Island, N.Y., resident describes the procedures very matter-of-factly, but it's clear that it takes perseverance and fortitude to optimize the chances of a successful outcome. In her experience, each IVF takes up the equivalent of two menstrual cycles. First, she's on birth control for 21 days, then takes another medication for 14 days, with a third drug thrown into the mix along the way. When taking the drug combination, she says, "There's a week where I have constant monitoring. Every day I'm going in for blood work and transvaginal ultrasound, up to the day where they retrieve my eggs." After a two-day incubation period for the egg and sperm to be matched, she goes back to the doctor for the embryo transfer to her uterus.

When it comes time for the transfer, Sanchez's husband accompanies her to the operating room and waits with her while the embryos are injected into her uterus. "Then you wait," she says. "They have you lay in the recovery room for about 30 minutes." But, she says, the hardest part is waiting to see if the



# Offering Support

IVF is successful. “It’s the longest eleven days you’ll ever have to wait.”

Sanchez, whose husband had his sperm frozen prior to undergoing a bone marrow transplant, recently had her fifth IVF (the first four were unsuccessful), and is awaiting the results of her pregnancy test.

## The Costs of Treatment

In addition to dealing with the medical and emotional issues surrounding infertility, getting medical help can be financially draining. Currently, 14 states mandate—to various degrees—insurance coverage for infertility treatment. According to RESOLVE’s Diane Clapp, “Infertility treatment is so expensive, if you don’t have insurance coverage in can be an incredible drain on a couple. Some of the high-tech treatments can run \$10,000 or more per treatment per cycle.”

If you know someone who is undergoing infertility diagnosis or treatment:

- Don’t expect your friend to be there for you throughout your pregnancy or to support you while you’re dealing with potty training. Instead, talk to her about topics other than kids
- Don’t run to her with the news that so-and-so is pregnant. Remember that, every time she hears the news about someone else’s pregnancy, she feels a loss.
- Do understand if your friend doesn’t want to go to another baby shower, and let her off the hook if she doesn’t want to come to your two-year-old’s birthday party. If you’re the mother of young children, know she loves you even if she stops calling. It might be too hard for her now, but she’ll be back.
- Don’t tell her you know how she feels. Even if you have experienced infertility issues yourself, each person’s experience is different.
- Don’t make assumptions about a person’s reproductive capacities or desires. She may want kids, but is keeping her infertility issues private.

# Women's Barriers

WOMEN'S BARRIERS	SYMPTOMS	CAUSES	RELATION TO INFERTILITY	DIAGNOSIS	TREATMENT
<p><b>ENDOMETRIOSIS</b> A disease in which uterine tissue grows outside of the uterus</p>	<ul style="list-style-type: none"> <li>• Painful menstrual cramps</li> <li>• Very heavy menstrual flow</li> <li>• Unusual spotting</li> <li>• Diarrhea or painful bowel movements around your period</li> <li>• Painful sexual intercourse</li> <li>• May be present without symptoms; in 30% of women infertility is only symptom</li> </ul>	<ul style="list-style-type: none"> <li>• Strong genetic component; ask mother and sisters if they have had condition</li> </ul>	<ul style="list-style-type: none"> <li>• Fallopian tube blockage caused by scarring and adhesions</li> <li>• Tissue outside the uterus triggers an autoimmune reaction from body</li> <li>• Increased prostaglandin may prevent transport of egg and sperm through the fallopian tube to the uterus</li> <li>• May cause luteal phase defect (see below)</li> </ul>	<ul style="list-style-type: none"> <li>• Medical history</li> <li>• Pelvic exam</li> <li>• Laparoscopy will classify severity, from I (mild) to IV (severe)</li> </ul>	<p><u>Surgery:</u></p> <ul style="list-style-type: none"> <li>• Laparoscopy using micro-surgery or laser surgery to remove adhesions</li> <li>• Laparotomy – major surgery under general anesthetic to remove adhesions</li> </ul> <p><u>Medication:</u> Hormone treatments may be used in conjunction with surgery to suppress growth of endometrial tissue</p>
<p><b>POLYCYSTIC OVARIAN SYNDROME (PCOS)</b> A hormone disorder</p>	<ul style="list-style-type: none"> <li>• Irregular or absent periods</li> <li>• Weight gain</li> <li>• Acne</li> <li>• Excessive facial hair</li> </ul>	<ul style="list-style-type: none"> <li>• Genetic component</li> </ul>	<ul style="list-style-type: none"> <li>• Insulin resistance creates hormonal imbalances</li> <li>• Small ovarian cysts prevent ovulation</li> </ul>	<p>Blood test to assess hormone and insulin levels</p>	<ul style="list-style-type: none"> <li>• No cure, but can be managed</li> <li>• Infertility can be treated with medications to trigger ovulation and control insulin production</li> </ul>
<p><b>LUTEAL PHASE DEFECT</b> A disease in which the endometrium isn't prepared for the fertilized egg to implant</p>	<ul style="list-style-type: none"> <li>• No symptoms</li> </ul>	<p>Unknown</p>	<ul style="list-style-type: none"> <li>• Secretion of progesterone is below normal</li> <li>• Endometrium isn't responding to stimulation by progesterone</li> </ul>	<p>Endometrial biopsy performed 1 or 2 days prior to menstruation to determine if condition of uterine lining is synchronized to monthly cycle. Diagnosis made by two out-of-phase biopsies</p>	<p>Medications:</p> <ul style="list-style-type: none"> <li>• To stimulate follicular growth</li> <li>• To improve secretion of progesterone orally, through injection or with vaginal suppositories</li> </ul>
<p><b>PREMATURE OVARIAN FAILURE</b> Cessation of menstrual periods before the age of 40</p>	<ul style="list-style-type: none"> <li>• Symptoms of menopause: hot flashes, absence of period, vaginal dryness</li> <li>• Irregular periods</li> </ul>	<ul style="list-style-type: none"> <li>• Strong genetic component</li> <li>• Pelvic surgery</li> <li>• Chemotherapy</li> <li>• Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Ovulation does not occur</li> </ul>	<ul style="list-style-type: none"> <li>• Medical history</li> <li>• Pelvic exam</li> <li>• Blood test</li> <li>• Thyroid test</li> <li>• Possible ovarian biopsy</li> </ul>	<ul style="list-style-type: none"> <li>• Thyroid or steroid therapy if diagnosis is hypothyroidism</li> <li>• Estrogen replacement therapy followed by ovulation induction</li> <li>In vitro fertilization using donor egg</li> </ul>
<p><b>FIBROID TUMORS</b> Benign growths in or on the surface of the uterine wall</p>	<ul style="list-style-type: none"> <li>• Pelvic pain</li> <li>• Bleeding</li> <li>• Heavy menstrual flow</li> <li>• Pressure on bladder or rectum</li> </ul>	<ul style="list-style-type: none"> <li>• Strong genetic component</li> <li>• More common in certain ethnic groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Fibroids can block the cervical area or fallopian tubes, or can distort the uterine cavity</li> <li>• Blood supply to uterus may be disrupted</li> </ul>	<p>Pelvic exam</p>	<p>Surgery to remove tumors; in absence of other infertility factors, pregnancy rate is good</p>
<p><b>D.E.S. EXPOSURE</b> Synthetic hormone used until the late 1960s to prevent miscarriage</p>	<p>None</p>	<p>Mother took D.E.S. during pregnancy</p>	<ul style="list-style-type: none"> <li>• Small, irregularly shaped uterine cavity</li> <li>• Irregular uterine lining</li> <li>• Ectopic (tubal) pregnancy</li> <li>• Premature labor</li> <li>• Incompetent cervix</li> </ul>	<p>Hysteroqram</p>	<p>None</p>
<p><b>ASHERMAN'S SYNDROME</b> Scar tissue in uterine cavity</p>	<ul style="list-style-type: none"> <li>• No menstruation</li> <li>• Light periods</li> </ul>	<ul style="list-style-type: none"> <li>• D&amp;C following miscarriage</li> <li>• Infection following abortion</li> <li>• Pelvic Inflammatory Disease</li> </ul>	<p>Scar tissue prevents embryo from attaching to uterine wall</p>	<p>Pelvic exam</p>	<p>Hysteroscopy to remove adhesion, followed by estrogen treatment or IUD to prevent uterine walls from melding</p>
<p><b>UNEXPLAINED INFERTILITY</b></p>	<p>None</p>	<p>Unknown</p>	<p>N/A</p>	<p>Made after both male and female factors ruled out</p>	

# Men's Barriers

MEN'S BARRIERS	SYMPTOMS	CAUSES	RELATION TO INFERTILITY	DIAGNOSIS	TREATMENT
STRUCTURAL ABNORMALITIES Obstructions that partially or totally block the flow of sperm and/or seminal fluid	<ul style="list-style-type: none"> <li>Varies, depending on the condition</li> </ul>	<ul style="list-style-type: none"> <li>Congenital</li> <li>Urinary tract infection</li> <li>Previous surgery</li> </ul>	<ul style="list-style-type: none"> <li>Varies, depending on the condition</li> </ul>	<ul style="list-style-type: none"> <li>Varies, depending on the condition</li> </ul>	Depending on the condition: <ul style="list-style-type: none"> <li>Surgery</li> <li>Hormone treatment</li> <li>None</li> </ul>
SPERM PRODUCTION DISORDERS Production of sperm is inhibited	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Vasectomy</li> <li>Varicose veins around testicle</li> <li>Blockage of the vas deferens</li> <li>Adult mumps infection</li> <li>Trauma to the testicles</li> <li>Prostate infection</li> </ul>	<ul style="list-style-type: none"> <li>Low sperm motility or mobility</li> <li>Sperm absent from semen</li> </ul>	Varies	<ul style="list-style-type: none"> <li>Microsurgery</li> <li>Antibiotic treatment for prostate infection</li> </ul>
EJACULATORY DISTURBANCES Prevent sperm from reaching female	<ul style="list-style-type: none"> <li>Inability to achieve or sustain an erection</li> </ul>	<ul style="list-style-type: none"> <li>Impotence</li> </ul>	<ul style="list-style-type: none"> <li>Sperm does not reach female</li> </ul>	<ul style="list-style-type: none"> <li>Medical exam, since 85% of cases are caused by other physical conditions</li> </ul>	<ul style="list-style-type: none"> <li>Varies, depending on underlying cause</li> </ul>
IMMUNOLOGIC DISORDERS Prevent sperm from penetrating egg	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Endocrine disorders</li> <li>Antisperm antibodies</li> </ul>	<ul style="list-style-type: none"> <li>Sperm does not penetrate egg in the female genital tract</li> </ul>	<ul style="list-style-type: none"> <li>Blood tests</li> </ul>	<ul style="list-style-type: none"> <li>Semen collection</li> <li>Hormone treatments</li> <li>None, in the case of antisperm antibodies</li> </ul>

SOURCE: WWW.RESOLVE.ORG

Because their insurance didn't cover it, Rose Mary Lumm and her husband paid \$17,000 in out-of-pocket expenses for infertility treatment. She has since discovered that, for many couples, good planning can help take the bite out of treatment costs. For example, some people in Lumm's support group take jobs with Disney or Walgreen's for three months in order to become eligible for medical insurance. Once they are granted permanent status, they quit and convert their coverage to COBRA, which entitles them to a continuation of coverage providing they pay the premiums. The cost of the premiums is much less than the cost of infertility treatment.

In other instances, couples take advantage of credit cards offering a 0% interest rate, or take a second mortgage on their homes. Another option, Lumm says, is a shared risk refund program offered by some clinics. For the cost of two IVF cycles (about \$14,000, though costs vary), you receive three treatments. Therefore, if your first IVF doesn't work, or results in miscarriage, you've already paid for the second one. If you don't bring home a baby after the second IVF, a third treatment is possible no additional cost. If the third IVF is unsuccessful, you receive a \$7,000 refund.

## Weight and Infertility

Dianne Budd, MD, an endocrinologist and assistant clinical professor at the University of California San Francisco, wishes that women and the medical profession would take weight out of the infertility equation. Each of us, she says, is genetically predisposed to be within a certain weight range. When we're within that weight range, Budd says, "large women have the same incidence of infertility as thin women. The whole array of infertility problems can happen to women of all sizes. If your weight triggers a medical condition, you're probably at a weight where you're not genetically predisposed to be."

Budd's bottom line is that each woman is an individual, and that fertility issues are not necessarily about weight. If that were the case, she asks rhetorically, "Then why are all the ancient fertility symbols fat?"

Dr. Kamrava disagrees with Budd. While he acknowledges, "You can't say that all plus-size women have problems getting pregnant or that nobody in that weight group can get pregnant," he says, "Percentages [of infertility in plus women] are much higher than the percentage of women in the so-called normal weight group."

Kamrava also points out that fertility treatment can be less effective in plus-size women. "The success rates of in vitro fertilization are inversely related to excess body weight. The higher the weight, the lower the success rate with IVF." He says that, because hormonal cycles are artificially controlled, the dosages of the medications plus women need to take "would be much higher than the normal weight/height ratios, so they will not get exposed to enough injectible hormones in order for the pregnancy to take." He adds that, "Retrieval of eggs isn't as easy because of the fat between the instrument and the eggs." A size activist could argue, however, that this is a failure of the medical profession to adapt medications and procedures to the needs of large bodies.

Budd asserts that doctors should approach the treatment of infertility in plus-size women just as they would in a woman of average size. "Diagnosis and treatment should be triggered by a woman's medical history, not by her size," says Budd. "It takes doctors longer to find the real problem because they're presuming it's weight-related."

Rose Mary Lumm, the Orlando teacher, experienced weight-related bias when she tried

to see a reproductive endocrinologist. Although all previous testing demonstrated that she was fertile and that male factor problems were involved, she was told that he did not accept patients over 220 pounds. "I felt like I had been punched in the stomach," Lumm recalls. "Before the lump in my throat got the worst of me, I managed to spit out that I'm 5'11" tall." Lumm had to wait a day to find out if the doctor would make an exception and take her as a patient. "No one had ever mentioned to me that there was a weight limitation at fertility clinics," Lumm says.

Even after she became pregnant, her obstetrician continued to focus on her weight, giving Lumm a diet and questioning her during visits. "On my third visit," Lumm recalls, "he asked me why I was still gaining weight even though I was supposed to be on the diet. I was humiliated that he asked me such a question in front of my husband, plus I was shocked because I thought I had done quite well." Her total weight gain after five months of pregnancy was five pounds.

According to the AIA's Pamela Madsen, "It can be challenging to be a plus-size woman who's not getting pregnant. How hard is it to know that what you want more than anything in the world is a baby, and then be told once again to go on a diet? Women who are plus-size may feel trapped when they're told they must lose weight in order to be treated."

Madsen acknowledges that there is evidence that some plus women don't respond well to treatment, particularly IVF, and that some may need higher medication doses, newer drugs, or recombinant drugs. Yet, Madsen insists, "Women of all sizes make great mommies. There are doctors who will treat you, but you have to shop around."

## Emotional Costs

Infertility diagnosis and treatment consume an enormous amount of time, money and emotional energy, and often lasts years. Calling the journey the "Ovarian Olympics", Madsen says, "Infertility isn't a life-ending disease, but it's a life-stopping disease."

Patricia Mendell, the therapist from New York, describes the roller coaster of emotions and the building of tension that accompanies infertility. In many cases, she says, a couple stops using birth control with the intention of conceiving a child. When the woman doesn't get pregnant, "They may secretly go on the Internet and take a look. They may look in a

bookstore and browse a little. They may just worry and feel anxious every month." The anxiety is followed by a letdown when the woman gets her period, and, after awhile, the tension builds further. "They go from thinking there might be a problem to thinking they're not trying hard enough or that they're not doing it on the right days. They might get an ovulation predictor kit or see their gynecologist."

As time passes, Mendell says, they get more sensitive to other women in their life who are getting pregnant. "They silently wait and wonder." After a visit to the gynecologist and some fertility testing, the dynamics of the intimate relationship the couple shares begin to shift. "Lovemaking and baby-making are not the same thing," Mendell says. "If you happen to make a baby while making love, great. But, for a couple experiencing infertility, it begins to get more difficult and it creates sexual tension between the couple."

The further down the path of infertility treatment you travel, there is an escalation of the demands on one's time. "When you move from doing timed intercourse to timed IUIs, you are then talking about a very planned event," says Mendell. If treatment eventually requires medications, "you require blood work or a sonogram, and you suddenly find yourself at the doctor in the morning, taking injections at night, getting phone calls telling you what to do and what not to do." In addition, many of the hormonal drugs have emotional side effects, which can add to the tension between a couple.

Often, feelings of inadequacy lurk just below the surface. "Women," Mendell says, "have imagined themselves having children from the time they are young. For men, since virility is tied to sperm, there are issues of shame, disbelief and disappointment."

Many couples who have trouble conceiving do not seek treatment because they may blame themselves instead of viewing it as a health issue. Pamela Madsen says, "Infertility is not a curse; it's a disease that can be treated. You're not being punished for some past sin." She emphasizes that infertility treatment should be an option for everyone. "There are people who want children, and they shouldn't be left out of this circle if they want to participate," she says.

These issues can also affect a couple's ability to support each other. During the time Rose Mary Lumm and her husband were being treated for male factor infertility, "It was difficult on our marriage because every month

I would get the signal I wasn't pregnant and I was disheartened. But I tried not to cry in front of my husband because I didn't want him to feel responsible."

Monica Sanchez, the New York marketing manager, has had a different experience. She says that infertility treatment has cemented the bond of her relationship with her husband. "We're in this together. We're fighting the good fight. Sometimes it's been an 'us against the world' mentality."

## Time Passages

One stressor that surfaced repeatedly while researching this article is the frustration women experience as time passes and treatment is not progressing as quickly or smoothly as they had hoped. Rose Mary Lumm says, "I literally did a timeline once. After awhile it drives you crazy thinking about all the time you've lost. One month here, three months there—it adds up."

Lumm's experience isn't atypical. Between medical circumstances and life circumstances, time can get away from you. Lumm and her husband stopped using birth control and spent a year trying to conceive. "Just like the books say, if you've tried for over a year, call your gynecologist. I called in May and couldn't get in until August." Next came the two unfruitful years spent seeing the urologist before finally seeing a reproductive endocrinologist. Because her husband's sperm count was low, Lumm's only medical option was IVF with ICSI (a micromanipulation procedure whereby a single sperm is placed directly inside the egg). After one week of injections, Lumm discovered her father was having heart surgery, so she cancelled the IVF to fly to another state and be with him. Then she learned she had pre-cancerous melanoma, and so had to have surgery prior to starting the IVF. Then, although she had approximately 14 eggs ready to harvest, her IVF cycle was cancelled by the clinic because her body was getting ready to ovulate and her eggs wouldn't be able to be retrieved in time. That was in October, and she was told she could not try again until January because the embryologist was going on vacation over the holidays. Despite these trials, Lumm's third round of IVF worked, and she has recently given birth to a baby boy.

## To Tell or Not to Tell

Each couple faces a dilemma about whether or not to tell family, friends and coworkers about their infertility issues, carefully weighing the

emotional risks of telling against the emotional costs from the feelings of isolation that surface. Lumm says that, when she and her husband first began trying to conceive, “I did what every female does—I told the world.” When each passing month brought another period, she says, “I wanted to tell people who were having happy lives, do you realize I’m not pregnant again this month?”

After discovering that male factors were involved, Lumm didn’t feel comfortable sharing her husband’s personal information. Indeed, they didn’t even tell their parents for three years. “We fished around for medical history that might help us. But we kept it to ourselves and it was difficult,” she says.

Another reason they didn’t share their journey was the fear that the advice they would get would be more hurtful than helpful. “People will say, ‘Just don’t think about it and it will happen.’ Or, ‘Go on vacation.’ Or, ‘Build a house.’ Most people know that it’s not that simple.”

It wasn’t until her third in vitro fertilization that Lumm and her husband told their parents and closest friends. “We told them what we had been going through since 1997, and they were shocked,” she says. But, as a result, “We had more prayers and we had a support system.”

The other network that helped Lumm and her husband preserve their sanity was finding a RESOLVE support group. “That finally shed light on a dark issue,” Lumm says. “We found this whole network of couples who were fun and normal and who had the same goals as us—they all wanted to have children, even though they were all on different paths.”

Monica Sanchez says it’s sometimes isolating to live in their Long Island, N.Y. neighborhood. “We live in a community with a lot of families with children. Three families in the neighborhood are planning their second child, another has had their second and another is pregnant. We’ve seen friends’ families grow around us. We’re not experiencing the same family joys they are. You feel isolated from people who are not experiencing the same thing.”

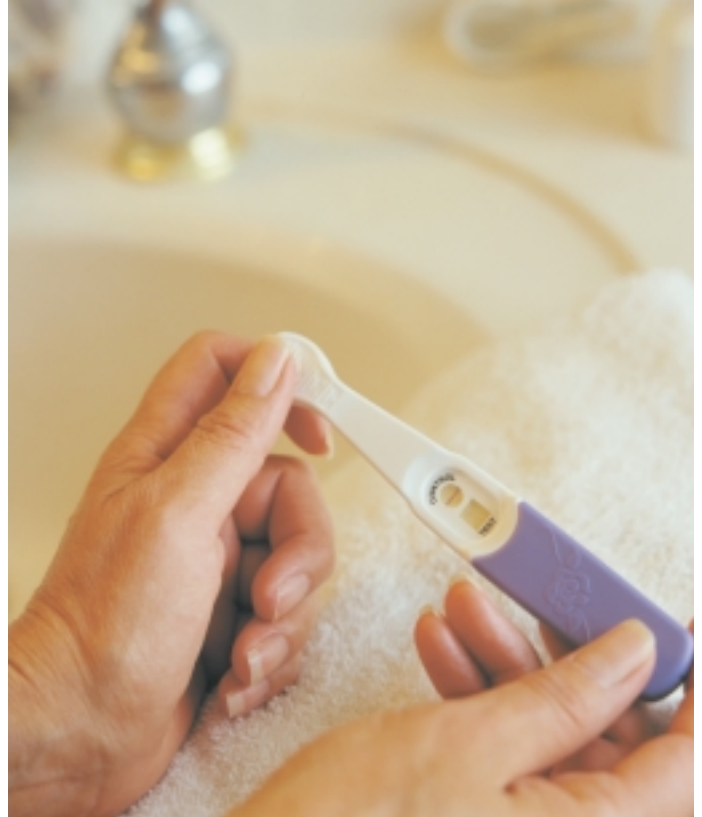
Sanchez has found it challenging to juggle work and her medical procedures, especially since she hasn’t shared the news with her co-workers. “I’m much more open with my family and friends. Maybe a part of it is that I don’t want to be judged by people at work, and because there is a kind of bias against working mothers.” The one exception has been her supervisor, whom she had to tell in order to schedule time off for medical ap-

pointments. She is grateful that her supervisor understands, and says it was helpful because the supervisor had also undergone infertility treatment. At the same time, she finds it difficult to return to coworkers’ comments about her “vacation,” when she knows she wasn’t basking in the sun, but rather undergoing IVF.

People who haven’t experienced infertility don’t understand the isolation and pain felt by those who are undergoing diagnosis and treatment. Pamela Madsen says that even the most routine life events take on a different meaning for those who are infertile. “You see your contemporaries building families. And it’s very difficult to get those birth announcements when you can’t have a child. You don’t go to a family wedding because you can’t see your sister pregnant. You’re in pain. You’re in terrible pain. When you hear, ‘My children are my greatest accomplishment,’ it’s like a fist going through your stomach. It’s a physical assault and an emotional assault for most people.”

### Alternatives

In the arena of family building, fertility treatment is just one of a number of viable options.



Those couples for whom treatment has been unsuccessful may find themselves seeking alternatives. According to Madsen, “Adoption is a wonderful option, but it’s a hard process. And child-free living is a viable alternative for people who decide adoption is not for them.”

Ultimately, though, the goal is to build a family. Madsen strongly believes that people have the inner strength and initiative to find their families. “The family they end up with may not be the family they started out to have, but it will be their family.” ♦

## Resources

- American Infertility Association ([www.americaninfertility.org](http://www.americaninfertility.org))—A national non-profit membership organization that provides support to men and women who are dealing with infertility and reproductive diseases, as well as their families and friends. Offers a monthly newsletter, an interactive website with weekly online chats and a toll-free number for support.
- RESOLVE ([www.resolve.org](http://www.resolve.org))—A patient education, advocacy and support organization with over 50 chapters. Individual chapters have help lines and newsletters, and provide a variety of support services. The national organization has a help line, publishes educational information and coordinates a physician referral system.
- American Society of Reproductive Medicine ([www.asrm.org](http://www.asrm.org))—A professional association that also offers educational information and other resources to infertility patients.
- InterNational Council on Infertility Information Dissemination ([www.inciid.org](http://www.inciid.org))—A non-profit site with comprehensive, consumer-targeted infertility information, as well as information and support for those who are pregnant after infertility, those considering adoption and those who are exploring the possibility of living childfree.