

Baby bumps

By Meg Villeneuve

The road to conception is a smoothly paved superhighway for some couples, while for others it's a bumpy back road full of potholes and detours. My husband and I have traveled both roads.

I became pregnant the first time with no trouble, and our daughter was born in 2004 without any complications. Given that easy success, we had no idea that our attempt to have another baby would prove to be so difficult.

An early sign that conceiving our second child would not be easy came when I suffered two miscarriages six months apart in 2006. Then in 2007, we experienced six failed attempts at pregnancy while using the drug Clomid, which stimulates the ovaries to release more fertile eggs.

So in July of 2007, we decided it was time to meet with a fertility specialist. We chose Dr. Richard Reindollar, head of obstetrics and gynecology at Dartmouth-Hitchcock Medical Center. Luckily, Parkland Medical Center in Derry, not far from us, had just announced a partnership with the Fertility Center at DHMC. At our first appointment, as my husband and I listened intently to Dr. Reindollar, all I could think was that perhaps I was already pregnant and this meeting was a waste of time. Unfortunately, that was not the case.

Help: Dr. Reindollar said the first step would be some lab tests. The results showed that my eggs were not as young as I was—36 at the time. In clinical jargon, I was diagnosed as having diminished ovarian reserve and was given only a 7% chance of conceiving without medical help. So in September 2007 we embarked on a new journey—*intrauterine insemination*, or IUI, commonly referred to as *artificial insemination*. This would boost our chance of getting pregnant to 12%. We went through six cycles of IUI, and all of them failed.

At that point we decided to reevaluate, since neither my husband nor I was getting any younger. It was now 14 months since we had started with Clomid, and still no baby was on the horizon. Maybe this just wasn't meant to be, I thought. Maybe we were supposed to have only one child. But if that was the case, why was my yearning for another baby so unbearable?

We sat down again with Dr. Reindollar early in 2008. This time, he described the process of *in vitro* fertilization, or IVE. I learned that if we moved forward with IVE, my cycles would be regulated by hormones that I'd inject into myself rather than those produced by my body. To say I found this prospect overwhelming is an understatement. Not only would I be handing over control of my body, but I'd have to regularly stick myself with needles. There would also be more blood



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work and ultrasounds, as well as prescriptions to fill. We left the meeting with a notebook that said on the cover "Where Families Grow." Well, *let's hope so*, I remember thinking to myself.

Six weeks after that meeting, I received a large package in the mail from the pharmacy. I opened it, stood back, and could not believe all the needles and vials it contained. "Are we ready for this ride?" I asked my husband. We both said yes and never looked back.

The first shot was the hardest because I had no idea what the pain would be like. I remember

standing in the kitchen, hesitating before I stuck the needle in my abdomen. My husband said, "Just do it." I did, and it was not bad at all.

Thirty days and 41 injections later, I walked into DHMC for the egg retrieval. When I woke up, I learned that my eggs had atrophied and only one had been retrievable. And the next day we learned that that lone egg was too old for fertilization. I was devastated.

Cycle: We regrouped and in June of 2008 decided to try again with a new course of medications. Eleven days into the cycle, the procedure was canceled when my first ultrasound showed that I had a large ovarian cyst. I needed a vacation—both figuratively, from the intense process, and literally. My husband and I left on vacation just a few weeks after this failed attempt.

After our return, we met with Dr. Reindollar once more. At that point, we didn't know if any of my eggs would prove viable. But Dr. Reindollar wasn't ready to give up. He felt we'd just had a "bum cycle" and said he now had enough information to adjust our protocol. We left that meeting knowing two things: that we'd try once more, and that it would be our last attempt—whether it worked or not.

On August 26, 2008, I started another round of injections, once a day for two weeks and then three times a day for another two weeks. Things were definitely different this time. My follicles were developing nicely, my estrogen levels were increasing, and I was at peace with whatever the outcome would be.

Eggs: One month later I was ready for the egg retrieval. As I woke up in recovery, my first question was how many eggs they'd retrieved. When my husband told me seven, that's when I knew that this time it just might work. The next 24 hours were nerve-racking, as we waited to learn if any of the eggs were fertilized. Five of the seven were, and they set the egg transfer for three days later. We arrived to learn that all five were still developing well; two would be put back inside me, and the other three frozen for possible future use.

Ten days later, we learned that we were pregnant. One week after that, we learned there was only one baby developing. She was born on June 5, 2009, and it wasn't until that night—as I watched my newborn sleeping—that I knew our journey was over. ■

The Point of View essay provides a personal perspective on some issue in medicine or science. Villeneuve is a freelance writer who lives in southern New Hampshire.