

marie claire

marie claire first person

“IVF WAS MY RITE OF PASSAGE”

What is it like to battle infertility? To wait in vain for the pregnancy test results? **Supriya Bezbaruah** shares her emotional and physical roller coaster, living on hope, and finding life after IVF



Supriya and her husband Ashok with their son Shiv

Like most couples, when my husband and I got married, we saw it as the first step towards building a family. Having a child was considered a natural evolution of our life together. Ironically, the initial years of our married life were spent actively trying *not* to have a baby, as we juggled a new life with our careers. The inevitable chant – “Any good news?” which came from relatives and near-strangers alike was simply laughed off.

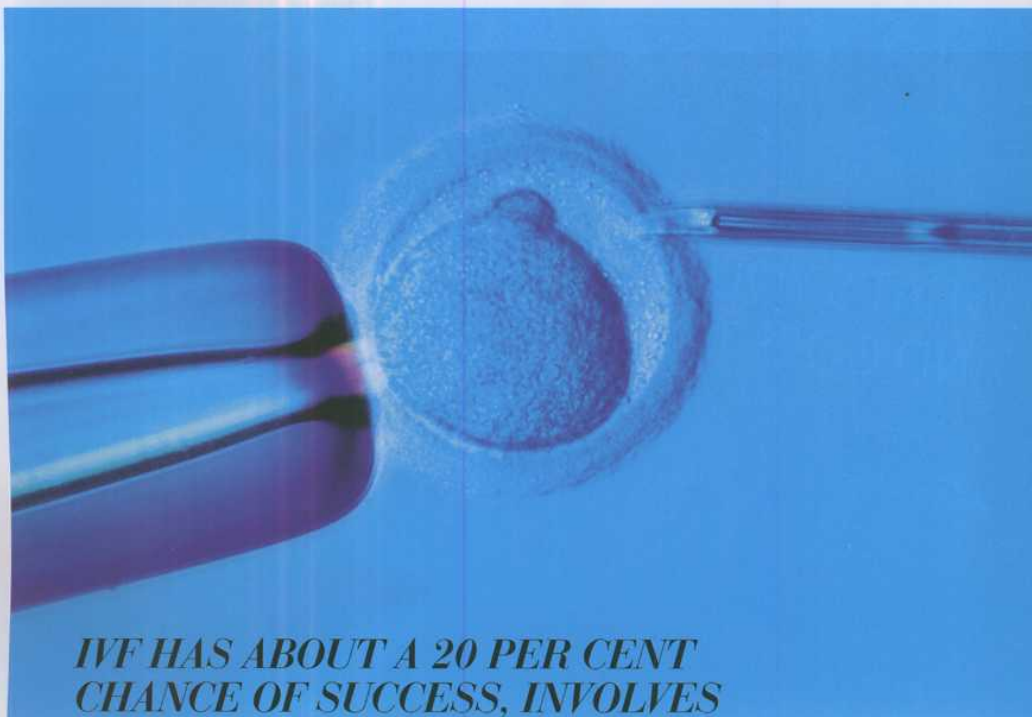
When we felt ready to have a child – I was in my early 30s then and could feel the biological clock ticking – it became an obsession. Month after month I would buy a pregnancy testing kit, and stare at the stick, willing it to turn blue. It never did. Little did I know what was in store.

My husband was initially reluctant when I suggested, after a few months, that we see a doctor. “Relax, it’s just stress,” he insisted. We were both going through turbulence in our careers and finances at that point. But he came along to please me and tests revealed that we both had medical problems. It’s not unusual, our doctor told us – more and more couples seemed to have such problems these days.

We were not special – we were a statistic: 35 to 40 per cent of infertility causes were due to women, we gathered. Another 35 to 40 per cent were due to men, and the rest due to a combination of unexplained factors: Common causes ▶

marie claire

marie claire first person



IVF HAS ABOUT A 20 PER CENT CHANCE OF SUCCESS, INVOLVES HORMONAL CHANGES, LOTS OF INJECTIONS AND A SURGERY

► among women were endometriosis, polycystic ovarian syndrome and fibroids. Increasingly, men had lower sperm counts too. There were some studies that indicated pollution was to blame.

Others simply pointed a finger at changing lifestyles. Diabetics, for example, were more likely to have fertility problems. Polycystic ovarian syndrome was part of the metabolic syndrome that made Indians more susceptible to diseases like cardiovascular ailments and diabetes.

As Dr B. Bhattacharyya, infertility expert at Delhi's Max Hospital, put it to me, "The most common reason for infertility in India is tuberculosis. Endometriosis, polycystic ovaries and blocked tubes due to infections are other reasons. The male factor also plays an important role. Stress too, as it increases the level of the hormone prolactin, which itself can lead to infertility."

Infertility; the 'I' word? We were left stunned, and initially in denial. I spent

hours scouring the Internet to find out more. Hubby put on a brave front. "Never mind if we don't have a child, we still have each other, and we can always adopt," he would keep repeating.

Infertility is defined as a couple not conceiving in spite of having regular sex on an average of three times a week without the use of any contraceptives for a year. Globally eight to 10 per cent of couples suffer infertility. In India, according to the 1981 Census, 4 to 6 per cent of couples were affected. More recent studies put it at 8 per cent. In absolute numbers that is a huge increase, since India's population has since expanded. It tells us how much infertility has grown as a social and health issue in new India.

I decided our lifestyles were hampering our efforts to conceive, and set about revamping the way we lived. We engaged a yoga teacher, I dragged my decidedly non-athletic husband to a state-of-the-art gym, opted for green salads instead of

takeaways. My husband started carrying his cell phone in his shirt pocket instead of his trouser pocket. Yet, month after month, the pregnancy stick still resolutely did not show the blue line.

In a society where children are seen as the *raison d'être*, enquiries from friends and relatives seemed like a cacophony. There were times when well-meaning queries pierced into me like accusations. I remember vividly an incident at my uncle's funeral. A woman I had never met before asked me how many children I had. When I said "None yet", she looked at me curiously and asked, "How many years have you been married?" She may as well have been picking up information for a gossip session; she probably was.

We finally went back to an infertility expert recommended by a friend. The doctor worked at a big, private hospital with multi-speciality check-in counters. She was efficient but busy, and did not have time to allay our fears. The first ►

marie claire

marie claire first person

step is usually intra-uterine insemination (IUI), but considering our medical problems, she suggested we go straight for an IVF. By the time we left, our heads were spinning. Desperate to talk to someone who would be sympathetic and understand the medical issues, I called my cousin, an infertility specialist in Assam.

She listened, and provided me with the pros and cons of the procedure. Essentially, I gathered, an IVF had about a 20 per cent chance of success, would involve lots of hormonal changes, injections for me and a procedure under general anaesthesia. Apart from the physical pain, there would be the financial cost, not to mention the emotional toll. "Is it at all worth it?" I asked. "Of course," she replied unhesitatingly. Only now do I understand what she meant.

We were informed that the entire cycle would take two months. In those two months I would have to go through blood tests, ultrasounds, injections and finally a painful procedure under general anaesthesia to have my eggs retrieved, and then the fertilised egg implanted.

Before the cycle, however, we had to go through extensive tests, including a pap smear, hormone and sugar levels, and for tuberculosis. I was also asked to take folic acid tablets daily. To my surprise, I was asked to take birth control pills, in order to regulate my cycle.

Then began the injections: One a day, at exactly the same hour, for a drug that acts on the pituitary gland of the brain to stimulate the hormones that are involved in ovulation. Simultaneously, blood tests and ultrasounds were conducted almost every day to monitor egg development and blood hormone levels.

Pricked and prodded, waiting every day in the tiny hospital room where the tension among the patients was palpable, I began to feel like a piece of meat that was being beaten into shape.

Then began the second round of injections: This time of the follicle-stimulating hormone, to stimulate the egg. All of this had to be closely synchronised and taken at the same time of the day, with the gap of a few hours between the two injections. By this time I felt big and bloated. With about 10

developed eggs, I was told to walk slowly or the ovaries could get twisted.

My eggs, the junior doctor said, were perfect – so much so that they took pictures for their training. To me it only looked like a great white blob on the ultrasound screen. I began to feel hopeful. Every time I saw a baby my heart would beat just that little faster.

About 10 days later came the third

round of injections, of HcG, a hormone for the final maturation of the eggs. The eggs were monitored regularly using an ultrasound machine, and we prepared for the retrieval. I was terrified and excited as I waited to be taken in, at the hospital. My parents had come to provide support, and my sister, who then lived in London, kept calling regularly. My husband paced up and down, unable to keep still. The ▶

TO ME, MY EGG ONLY LOOKED LIKE A GREAT WHITE BLOB ON THE ULTRASOUND SCREEN. I BEGAN TO FEEL BOTH HOPEFUL AND TERRIFIED



marie claire



MY SISTER'S BABY BROUGHT US ALIVE AGAIN, AND SLOWLY, ASHOK AND I BEGAN THINKING OF ANOTHER CYCLE OF IVF

► process itself is a blur. The eggs were retrieved and fertilised with my husband's sperm and allowed to grow in a test-tube.

It turned out that eight were fertilised and growing. The doctor showed me the growing cells through the microscope and I felt overwhelmed: "I'm watching my child take shape," I thought.

The doctor told us that she would implant three of them, and freeze the rest. I agreed: I knew the risk of implanting too many. Our friends, Sheela and Raj Bhatnagar (*names changed*), had gone through the same procedure. Their doctor had implanted six fertilised eggs. Unfortunately, it worked too well – three of those eggs survived and developed. Since triplets are a risk, one of those had to be taken out. "It was one of the most traumatic events of my life," felt Sheela.

Then came the agonising wait. Every day I would wake up and check for any symptom of pregnancy. The big day arrived. We went to the hospital for the pregnancy test, and waited – it was worse than waiting for the results of my board exams years ago. Finally the result was announced – it was negative. After all that, nothing... I went home to my room, put off the lights and refused to speak to anybody, even my husband.

I went through the next few months feeling, alternatively, angry with the world, or supremely indifferent. When my sister told me she was pregnant, I was delighted at one level, but also felt a loss equal to physical pain. Holding the phone in my hand, I tried to congratulate her but my voice just stuck in my throat.

Everything changed when my niece was born. The night we heard my sister had gone into labour, I couldn't sleep. When we heard news of her birth early in

the morning, we couldn't stop smiling. Both my husband and I fell completely in love with the first photos of the baby. We couldn't get enough of her. We called and e-mailed every day, and savoured every tidbit about her development. She brought us alive again, and slowly, independently, my husband and I began thinking of another cycle of IVF.

This time we decided to go to Dr Nalini Mahajan, whose clinic is a five-minute walk from our house in Delhi. We were both nervous, but the homely atmosphere of the clinic, so unlike a busy hospital, soothed me instantly.

Dr Mahajan looked at my records, sent me through a barrage of tests, and decided that I needed a procedure to remove a growth in my uterus. Then, systematically, we went through the whole procedure again. But there was a significant change in our attitude this time. Perhaps because we were now financially more stable, perhaps because we had been through the procedure once, perhaps because we were close to home and did not have to bear the daily commute through the crazy Delhi traffic, perhaps because by now we had come to terms with the idea of not having children – we were both perceptively calmer.

I knew, the day the embryos were implanted, that this time it would work. I felt it in my bones. And finally, the blue line showed up.

Three years on, watching my son sleeping blissfully, the IVF and the drama seem a distant memory. Actually, it's far from that – I remember every minute. The IVF was my rite of passage. In an age of working women, white-collar stress, late marriages and delayed babies, it is perhaps one for a million other women as well. ■

OTHER FERTILITY PROCEDURES

Fertility drugs: Regulate your reproductive hormones and trigger release of one or more of your eggs per ovulation cycle. May cause headaches, hot flashes, cramping and bloating.

Surgery: Can help fix genetic defects or blocked fallopian tubes, remove endometriosis, fibroids or ovarian cysts.

Artificial insemination: A concentrated dose of sperm from the partner is injected into the uterus. Success rates: About 5 to 25 per cent of women conceive.

Gamete intrafallopian transfer (GIFT): During GIFT, the eggs are mixed with the sperm in a lab, and this is surgically injected into your fallopian tubes so that fertilisation can occur naturally inside your body. It has a longer recovery time than IVF.

Zygote intrafallopian transfer (ZIFT): Eggs and sperm are mixed and placed inside the fallopian tubes only after fertilisation. Longer waiting time, about 25 to 30 percent of women who try ZIFT conceive.

Intracytoplasmic sperm injection (ICSI): During intracytoplasmic sperm injection (ICSI), a single sperm is injected into a single egg and the resulting embryo is placed in the uterus. The partner's sperm may need to be drawn from testicle with a microscopic needle or surgical biopsy.

Donor eggs or embryos: Using IVF techniques, an egg (or embryo) donated by another woman is mixed with your partner's sperm and implanted in your uterus.

Source: www.babycenter.com