

The Baby Formula

Local families face the science and psychology of infertility



BRYN MAWR RESIDENT HEATHER WARD AND HER SON, COLLIN, WHO WAS CONCEIVED THROUGH IN VITRO FERTILIZATION.

By Kaytie Dowling / Photography by Michael Sahadi

AS SOON AS BRYN MAWR RESIDENTS Heather and Chris Ward were married in 2006, they knew they wanted to start building a family. They tried for months, but without any success. At 33 years old, Heather was worried that time wasn't a luxury. At the advice of a friend who'd recently gone through a similar situation, Heather sought out treatment at Main Line Fertility in Bryn Mawr. "You start to think of every month that goes by [that you don't get pregnant] as wasting eggs," she says.

Heather's fertility specialist told her about the available options: injectable hormones, freezing eggs, egg or sperm donation, in vitro fertilization (IVF), or adoption. Each had its own set of pros, cons and terminology. After weighing the choices, the Wards opted for Clomid, a daily injectable drug used to stimulate the ovaries.

When they realized the drug wasn't producing the results they wanted, Heather and Chris decided to pursue IVF. "For us, it was why spend the money on Clomid when the odds go up so much with IVF," Heather says.

But IVF is not always the next step for all patients. For many, IVF is a last resort because of how invasive it can be. First, a couple meets with a physician to develop a treatment plan, start prenatal vitamins and begin a pack of birth control. Then, the hopeful

mother will start with daily injections of the hormone Lupron, return a week later for blood work and injections of a hormone that stimulates follicle growth. Then she'll come in for a checkup and ultrasound. Her shots will continue for another week when she'll stop taking the Lupron and begin a pregnancy hormone. A day and a half later, she'll come in for egg retrieval—a 20-minute, outpatient procedure that requires IV-sedation.

At this point, the doctors can store eggs, fertilize and freeze them, or fertilize and implant them. If the woman is ready for implantation, she begins a daily dose of progesterone the day after harvesting.

Then the waiting game begins. If implantation was successful, a pregnancy test will yield positive results two weeks later. If not, the process starts over again.

It might sound like a lot of needles and hormones, but the risks are low. "If you look at the drugs we have today and the methods of retrieval, they are so well-mastered that the risk is very, very low for mothers," says Dr. Michael I. Sobel, D.O., of Abington Reproductive Medicine.

And the results can seem miraculous. In one 2006 CDC study, 36 percent of IVF treatments resulted in successful pregnancies. That number translates to one in three treatments producing a child—not one in three

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—DR. MICHAEL I. SOBEL, D.O.,
ABINGTON REPRODUCTIVE MEDICINE

local resources

Abington Reproductive Medicine
1245 Highland Ave., Abington,
215-887-2010
1690 Summeytown Pike, Lansdale,
215-855-7511
Abington-ReproMed.com

Main Line Fertility and IVF
130 S. Bryn Mawr Ave., Bryn Mawr,
610-527-0800
11 Industrial Blvd., Paoli,
610-993-8200
915 Old Fern Hill Road, West Chester,
610-840-0062
MainLineFertility.com

Mind-Body Center of Philadelphia
100 Old York Road, Jenkintown,
215-692-4224
InfertilityBlues.com

NewBorn Concepts
116 E. King St., Malvern,
610-644-1379
NewBornConcepts.com

Pennsylvania Reproductive Specialists
700 Horizon Circle, Chalfont,
215-822-8400
PRSFertility.com

Reproductive Science Institute
945 Chesterbrook Blvd.,
Chesterbrook,
610-981-6000
RSInfertility.com

couples. It doesn't guarantee that every couple that goes through three cycles of IVF will have success.

There are factors that make some better candidates than others, and the biggest one is age. "The younger a woman is, the more potential [an embryo] has to implant," Sobel says. "The older a woman is, the less likely it is to implant."

Because of that, women over 34 often choose to implant several embryos. Heather and Chris Ward, who went through four cycles of IVF, eventually opted for five embryos. While multiple implantations boosts the chances of pregnancy, there's also a risk of multiple births. Just look at the Gosselin family or the infamous "Octomom" as evidence. That said, a good doctor can limit the chances of quintuplets, or even just twins.

"It's very well controlled, because you know what you're putting back," Sobel says.

For the Wards, the gamble paid off: From that series of five embryos, one im-

baby blues

The psychology of

The stress of infertility, which often goes unrecognized or untreated, can be the most overwhelming part of the process. Aimee Weston, RNC, the clinical nursing director at Abington Reproductive, suggests seeking out the help of support groups.

"Medically, it's pretty easy, but it's very difficult emotionally," Weston says. "There's the frustration of not getting pregnant. And you only have 12 tries in a year. If you wanted a baby yesterday, and you have to wait month after month, you can experience a full grieving process with each month that goes by."

For some women, that stress can be yet another obstacle standing between them and starting a family, says Dr. Gayle Crespy, PsyD, whose Mind-Body Center in Jenkintown works exclusively with infertility patients.

"The mind and body are at play together," she says. "When the mind is distraught or upset, it really affects the

planted. And in February 2009, baby Collin was born. To Heather's surprise, she became pregnant again a few months later—without the help of IVF—and is due to give birth to her second child next month.

Of course, things don't always work out so well for everyone. Some parents-to-be have complications to consider, like a genetic disease or the damaging effects of chemotherapy. For some, temporarily freezing their eggs is a solution. Eggs are harvested just like in IVF and stored until the patient is ready to have them inseminated and implanted.

If viable eggs can't be harvested, there's always the option of egg donation. This could be the right choice for someone who is no longer producing eggs, or whose eggs won't give them good odds for implantation. For others, it could be the solution when other treatments aren't giving good results.

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infertility

reproductive hormones.”

Crespy's goal is to help women in handling not just the trials and tribulations of trying to get pregnant, but the challenges at work, play and the day-to-day. To do that, she assesses a woman's mental health. From there, the two work to establish techniques that help end negative thoughts. That includes relaxation training, breathing exercises and cognitive restructuring.

“Think of it as a tool belt, and I give them a whole variety of tools,” Crespy says. “Some of them are to change negative thinking into positive thinking. For example, you want women to start thinking ‘I will have a baby in some form,’ or ‘When my time comes, I will have my baby.’”

Whether or not positive thinking can make a difference in a couple's chances is debated by some, but not by Crespy. “I can't give them their baby,” she says, “but I can give them their odds back.” ■