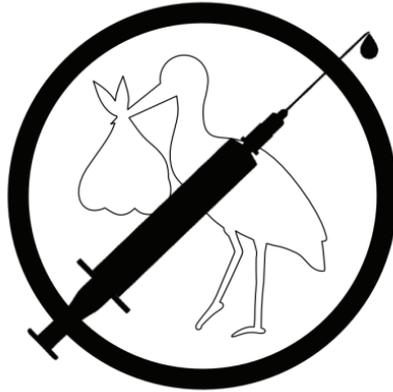


PART I

Infertility 101



*We want far better reasons for having children
than not knowing how to prevent them.*

~ Dora Winifred Black Russell

CHAPTER ONE

This is Me. In a Storm



A TYPICAL VISIT TO A FERTILITY CLINIC

It's the indignity of it all. That's what I think. That's what I'm thinking as a doctor moves my knees apart, warns me that I'm going to feel a push, and inserts a probe that's a lot bigger than any sex toy I've ever owned up my vagina.

It doesn't hurt. This is far from being my first pelvic ultrasound, and I know the drill cold, start to finish.

You show up at your fertility clinic, check in, sit down, and don't make eye contact with any of the other women or couples waiting there. There are always at least four other people, often more, because the clinic moves patients in and out all day long. Someone brought a baby in today because apparently, she has no sense of decency. Or possibly she has no childcare, but you're not in the mood to feel sympathetic. This is a fertility clinic. It is the last place where you want to watch other women hold or play with the happy babies they were able to deliver.

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Thankfully, this isn't like an obstetrician-gynecologist (ob/gyn) appointment where you have to wait forever for your turn. You barely have time to glower once at the woman with the baby and check your email before a nurse calls your name.

"Sandra Vasher?" she says. The nurse looks young, and she's carrying a clipboard. You get up and follow her back into the clinic. She confirms your birthday while you walk and leads you into a small, dark room with a raised examination table, an ultrasound machine, and a connected bathroom.

"Empty your bladder, undress from the waist down, sheet goes over your lap, the doctor will be here in a minute," the nurse says, barely looking at you while you set down your purse on the stool they put near the top edge of the exam table. That stool is for your partner to sit in, but if your husband came to all these appointments with you, he would no longer have a job. This is a routine appointment, so you are, as usual, alone.

You go to the bathroom, pee fast, wash your hands, and check to make sure you didn't accidentally leave any toilet paper behind. Clarification: you check to make sure you didn't accidentally leave any toilet paper in your vagina. That's pretty much all you worry about leaving up there these days. It's been a while since you cared about whatever else the doctor might find. The doctors in these offices see blood, mucus, semen, and all sorts of pubic hairstyles. It doesn't really matter if you've shaved all your hair off, trimmed it neatly, or decided to go au naturel. It doesn't matter if you have piercings or tattoos. The medical professionals at a fertility clinic see dozens of vaginas every morning. You can rest assured that you don't have a special snowflake vagina.

Now that you've stripped everything from the waist

down off (except your socks—you keep those on because for God’s sake, your socks are the last shred of physical dignity you’re holding on to), you sit down on the puppy potty pad they put at the bottom edge of the examination table, pull the inadequate paper sheet over your thighs, and try not to slouch too much while you wait for the doctor.

He comes in. Or she. You don’t have the same doctor each time. There are six in this office, and they take turns with these basic monitoring appointments.

The doctor says hello. Initially, you weren’t sure if you should shake the doctor’s hand or something as they enter the exam room. Your husband does that sometimes. But that seems weird for you, so you settle for trying not to look tense. This, after all, is something you are an old hat at. You are not stressed.

I repeat. You are not stressed.

You appreciate that the doctor puts a hefty amount of lube on that wand he’s about to stick up inside you, and you consciously try to relax all the muscles in your pelvic region while the wand slides in. Trust me, it won’t help anything if you clam up.

That’s where I am now. Thinking about how much privacy I’ve lost thanks to infertility, right while a doctor maneuvers an uncomfortably long wand in my body and shows me a picture of my empty uterus.

He measures the lining of my uterus. I’ve been on birth control for several weeks, so it’s as thin as they’re expecting. The doctor jabs the wand left. Left ovary looks good. Jabs the wand right. Right ovary looks good.

The door opens. It’s a nurse who has some questions for the doctor about your chart. There’s another nurse in there with the doctor already, and the nurses rotate

even more than the doctors, so I recognize one but not the other. It doesn't make a difference whether I have ever met them before. No matter how you slice it, three people I barely know still looked at my vagina today.

Don't even *try* to tell me that this is the same when you're pregnant. Pregnancy is limited to less than a year, and most of those ultrasounds are not transvaginal. Everyone gets a good look at your belly over and over, not your vagina. I will concede that labor and delivery involve plenty of people seeing things you probably never wanted anyone to see, but that happens once and with a lot of adrenalin and possibly an epidural. These factors are not present at a transvaginal ultrasound, and infertility can go on for years. I have had far more strangers look at my vagina than the young woman down the street who just had her first baby.

Since there is nothing spectacular about my ovaries or uterus today, the doctor pulls the wand out and tells me everything looks good. I'm left to put my pants back on, grab my checkout sheet, and head over to the lab for bloodwork. Over the course of a single frozen embryo in vitro fertilization (IVF) cycle, I will probably go through at least three appointments just like this. Usually, bloodwork to test my estrogen and/or progesterone levels comes along with the checks. I am a pin cushion during these cycles, and I have big veins, but I worry about whether having a needle stuck into the same vein so often might cause permanent damage.

The poor woman next to me looks like she's almost in tears. They're having trouble finding her vein. This reminds me that it is important for a woman going through this never to tell herself or anyone else that what she is going through is as bad as it can get. In the world of infertility, I can guarantee you, someone always has it worse.

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I give the lab my blood, give that poor woman a sympathy glance, get up from the chair, and go check out. My health insurance doesn't cover most of this, so my husband and I had to pay upfront for the vast majority of this infertility cycle.

In total, with drugs and monitoring appointments and the embryo transfer itself and the pregnancy test at the end, this will run us about four-thousand dollars, which we consider cheap. If we had needed an egg retrieval first, we would have been in for more like twenty-thousand dollars.

Infertility is expensive.

Somehow, even though I pre-paid for this cycle, I still owe a thirty-dollar co-pay today, and I don't question any of this anymore. The fertility clinic is always right when it comes to how much money you owe them. I hand over my credit card—my personal credit card; we blew through the FSA card much earlier in the year with a million diagnostic tests—and I genuinely appreciate that the receptionist here always smiles and says gently, “Now you have a nice day.”

“You, too,” I tell her. I mean that. I like her.

I head to the parking lot, get in my car, text my husband to tell him everything was fine, and move on to the rest of my day. The whole appointment took twenty minutes. In and out just like that, though by the time I'm out I always feel somewhat dazed. I think because it's all just kind of surreal and again because of that lack of dignity. You dissociate a little while you're spread out like a chicken about to be roasted on an examination table. You try not to wince while they take blood again, you try not to think while you pay your bill. You try to snap out of that dissociative state as soon as possible when it is over because you don't want to go through life not feeling anything.

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That's how I get through it. By trying to find the balance between feeling everything and feeling nothing. That is how I've done this for nearly a decade. By the time I wrote this memoir, I'd survived 16 infertility cycles.

That number includes four timed intercourse cycles, some with fertility drugs and some without anything but monitoring, and two intrauterine insemination (IUI) cycles with fertility drugs. It includes one fresh IVF cycle with egg retrieval followed by one fresh and three frozen embryo transfer cycles, plus a second fresh IVF cycle with egg retrieval followed by three frozen embryo transfer cycles. It includes two mock embryo transfer cycles.

I've had two miscarriages. I've had three pregnancies. I've never had a live birth, but I'm in an IVF cycle right now, as I write this story, and this is my third pregnancy, so this might be the one that makes it.

I'm thirty-nine years old, I started my infertility journey when I was thirty, and I do not yet have a baby in my arms.

If you're reading this book, I'm guessing it's because you're suffering through some of what I've gone through. Maybe you're going through infertility treatments yourself. Maybe your partner is going through the treatments, and you're suffering right alongside her.

Or if you're not the one trying to get pregnant, maybe you have a loved one—a daughter, a niece, a best friend, a cousin—going through this. Maybe you're afraid you're going to have to face something like this someday, and you want to know what you're up against. Maybe you are curious what all the fuss is about infertility. Maybe you just want someone to explain what the heck “IUI” and “IVF” even mean.

But probably you picked up this book because the nightmare that is infertility is affecting you personally. And if that

is the case, I'm sorry you're here. Really, terribly sorry. Infertility is awful, and no matter how you're facing it, you're in for a bumpy ride. I hope for your sake that it is a short ride. If you're in it for the long haul, though, you came to the right place. I've had a long journey myself, and I have a lot of information to share.

This is my story, and I'll walk you through the whole thing in this book. My story has a lot of twists and turns to keep track of, and I hope it makes you laugh more than it makes you cry. I've tried to clearly explain the lingo of infertility as I go through these chapters, but if you get lost with the terminology, I recommend checking out the glossary in Appendix A at the back of the book. You can also read a condensed version of my entire chronology of infertility treatments, including how much time and money it all took, in Appendix B.

To clarify before we begin, this is not a “how to survive infertility and make it out on the other side” book. Those are written by people who've made it out. I am not one of those people. It is late 2020, and my husband and I started “trying” in 2012. I've gone through so many drugs and so many treatments. I've had multiple miscarriages, multiple egg retrievals, multiple in vitro fertilization cycles. I've been through the wringer.

I'm not done, either. I'm currently eight months pregnant, and you would think that would be long enough to rest easy, but it isn't. I've had too much go wrong before. My current pregnancy is too high-risk.

Even if this pregnancy results in a live birth—and I pray that it does—I still have one embryo frozen on ice. I do not know what will happen from here. If I have a baby in a few weeks, will I push forward with

infertility treatments one day for a second baby? What if I do not have a baby? Will I try one last IVF cycle? Move on to adoption? Decide to live without children? I don't have those answers.

In other words: I can't tell you how to "get out" on the other side because I've never gotten out. I definitely can't give you a miracle cure that will guarantee you a baby. Nor can I teach you how to survive *until* you have a baby. I only know how to survive *while trying* to have a baby, and without any guarantees. Unfortunately, no one can guarantee anyone a baby. Babies are miracles, and you may never be blessed with that miracle. You may never get out on the other side. I may never get there.

But I'm in the same storm you are, and I'm sharing my story because I've been in this damned boat for long enough to know how not to sink. If you are reading this, I want you to know you can survive, too. Even if you have to stay here forever. You can learn how to steer this thing in a hurricane. You can learn how to see through your own tears. You can learn how to hang on when the worst waves threaten to rise over you and how to come back up for air if you go under.

I promise, you were made strong enough for this. You may be barren, but you are not broken. And I hope that you'll stick with me long enough to see that it goes beyond that.

Infertility is not a blessing. It is, however, something that will change you, and other than just being here with you as you fight hell and high water, I'm here because I want you to see that what you're going through has the potential to change you for the better.

I don't know when this is going to end for you. I know infertility will make you feel like you're drowning sometimes.

And then I know that there will be a day when you wake up with the realization that this has made you the kind of person who can get through *so much more* than you ever thought. I will not sugar coat anything for you here. I'm going to give you a real look at infertility. But I will also give you a real look at how you can survive and maybe even thrive in the midst of infertility treatments.

So now, let me show you how I've spent nearly all of the last decade hitching up my pants and removing them in front of everyone. This gets worse before it gets better, but if my story helps you, even just to feel less alone, then I am glad I shared it with you.

I hear some people just have sex to get pregnant.

Not me.

This is what I know about *not* being able to make babies, after eight and a half years of infertility.