



Infertility, Part 1: The Emotional Rollercoaster

by Dr. Jenn Berman

Most women spend their reproductive years working very hard to avoid pregnancy. It can often be shocking to those women when, after they stop taking birth control and have regular intercourse, pregnancy does not occur. Getting pregnant can actually be more difficult than your 8th grade health teacher led you to believe.

One in ten couples struggle with infertility. The largest and most respected infertility organization, Resolve, which provides education, support, and advocacy, defines infertility as "a disease or condition affecting the reproductive system that interferes with the ability of the man or woman to achieve pregnancy or of a woman to carry a pregnancy to live birth."

Most gynecologists are not concerned until you have been trying to conceive for one year if you are younger than 35 years old or six months if you are over 35. At that point most doctors refer their patients to an R.E. which is short for a reproductive endocrinologist, which is a fertility specialist.

Most couples experience many feelings when this step is advised—anger, fear, frustration, anxiety and sometimes relief. Whether or not you use ART (Assisted Reproductive Technology), struggling with infertility can be an emotional rollercoaster. While you are on the baby-making journey, try the following sanity savers.

Knowledge is Power

The more you know about reproduction and medical options, the better off you will be. For those who have not moved on to ART, I highly recommend the book *Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control, Pregnancy Achievement and Reproductive Health* by Toni Weschler. This book is one of the most informative of its kind. You are guaranteed to learn important information about fertility and conception that are both interesting and helpful to know. There are many things you can do to increase your chances of getting pregnant such as maintaining a healthy weight, improving your diet, and cutting out alcohol, caffeine, cigarettes, and drugs. To learn about other lifestyle changes and tips to increase your fertility check out the Harvard Medical School's book *6 Steps to Increased Fertility: An Integrated Medical and Mind/Body Program to Promote Conception*.

Once you move into reproductive technology and your RE will be swimming in

an alphabet soup of FSH, IUI, IVF, GIFT, ZIFT and HCG. Most patients feel better if they actually know what their doctors are talking about, and since there are 6.1 million infertility patients in the United States any given year, fertility specialists are very busy doctors and may not have as much time to answer your questions at each visit as you might need. In order to educate yourself and learn the language of fertility, I recommend the book *Fertility for Dummies*, which does a great job of explaining the ABC's of fertility. For those that decide to try IVF, *The Couple's Guide to In Vitro Fertilization: Everything You Need to Know to Maximize Your Chances of Success* is a really informative book.

While the internet can be a very valuable resource for both information and chat rooms, it can also be a vast source of misinformation and can even add to the stress of infertility when you find yourself reading about "worse case scenario" situations.

When "No" Doesn't Mean "No"

In the autobiographical book, *Inconceivable: A Woman's Triumph Over Despair and Statistics*, 43 year old author Julia Indichova was told by her doctors that she no longer produced fertilizable eggs and advised her to find a donor egg if she wanted to conceive. She refused to take "no" for an answer and, by doing her own research and using non-traditional methods like acupuncture, colonics, yoga, healers, Chinese herbs, hot/cold showers, jumping jacks, wheatgrass shots, raspberry leaf tea, visualizations, and a organic vegetarian diet she ultimately was able to conceive naturally. You can read more about non-traditional approaches in next month's column *Infertility, Part 2: Off the Beaten Track*. You should always discuss any methods you try with your medical doctor.

The moral of Indichova's story is that you shouldn't take no for an answer. It is important to take your health into your own hands, to trust your own instincts and be your own advocate. Many women who are now parents were initially told they would never be able to conceive.

Avoiding the Blame Game

It is very difficult to a woman's psyche to find out that there is something wrong with her or her spouse that is preventing her from becoming pregnant. It is especially difficult when it is related to a venereal disease or a medical condition that could have been prevented. Self blame does not help anyone

get pregnant any faster, nor does pointing the finger at a spouse. The two of you are in this together and need to support each other and work with "what is," rather than focusing on what you think you "should" have done. This behavior prevents you from focusing on what you need to do to take care of yourself now. If you have trouble with this step I highly recommend counseling.

The Talking Cure

Not too surprisingly, studies show that women struggling with infertility are more depressed than fertile women. It appears their depression levels peak two to three years after they start trying to conceive. A study examining the link between depression and fertility found that women who were able to reduce their depression through support groups or mind/body therapy sessions were more likely to conceive.

The desire to become a parent can be overwhelming and when attempts are unsuccessful it usually affects the emotional state of the fertility patient. Studies show that women experiencing problems with infertility show higher levels of distress than their male partners, except when the infertility has been attributed to the man; in that case, the male response tends to parallel that of his partner. Fertility problems combine the two biggest hot buttons of marriage—sex and money. Timing sex with ovulation can take all the romance out of lovemaking, causing the man to feel like nothing but a sperm machine. Also, since infertility treatment can be extremely expensive, the added financial burden often causes couples additional stress. This is only compounded when multiple attempts fail. A recent study found that patients who had counseling had lower anxiety and depression scores and significantly higher pregnancy rates.

Most fertility patients find it helpful to talk to someone who understands what they are going through. Psychotherapy can be a very helpful tool to reduce depression, stress, and anxiety in infertility patients and potentially raise pregnancy rates. Support groups can be helpful as well. The National Infertility Association, also called Resolve, offers support groups all over the country and can be contacted at 1-888-623-0744, or their website at www.resolve.org. Another helpful organization that offers support is Lifelines, 1-866-LETS-TRY (1-866-538-7879) or fertilitylifelines.com.

Continued on Page 18