WHEN BABIES WON’T COME
HOPE AND HELP FOR INFERTILITY

BY CINDY WEBB

The one thing I wanted in this life was to be a mother, and I couldn’t have it,” said 34-year-old Natalie Heinrich, a physician assistant in Radiation Oncology at St. John Hospital. “It was completely out of my control — something I just couldn’t fix.”

Natalie was 29 when she married Rocky Heinrich, president of Exceptional Health Products. Natalie and Rocky wanted at least four children and, due to Natalie’s age, decided to start their family right away. But when 11 months passed without a positive pregnancy test, Natalie began to worry and made an appointment with her OB-GYN. “She just gave me a prescription and said, ‘See you at your next annual exam.’” Natalie wasn’t happy. “I knew I needed to get on with this due to my age.”

Natalie sought a second opinion from Dr. Grant Cox, M.D. at Tulsa OB-GYN Associates, who found that she had a uterine septum: a band of fibrous tissue dividing her uterus that prevented fertilized eggs from attaching. Natalie was devastated. “He put his arm around me and said, ‘We can fix this problem. You can get pregnant.’” Natalie said. Dr. Cox then referred Natalie and Rocky to Shauna McKinney, M.D., at Tulsa Fertility Clinic.

Natalie’s story is not unusual. Most healthy women engaging in unprotected sex

Photo Credit: Rachel Covard
become pregnant within six months. But, according to the Centers for Disease Control (CDC), about 6 percent of married women 15-44 years of age in the United States are unable to get pregnant after one year of unprotected sex.

"Any woman under 35 who has been trying for a year and hasn’t been able to conceive, and any woman over 35 who has tried for up to six months and hasn’t been able to conceive, should seek fertility treatment," said Dr. McKinney, Tulsa Fertility Clinic.

"If a woman is over 35 and has concerns, she should come on in," added Stanley Prough, M.D., also of Tulsa Fertility Clinic.

"It’s only a simple blood test for women," Dr. McKinney said. "For men, it’s a semen analysis. It doesn’t have to be a huge expense."

**Fertility Treatment Takes Time**

After surgery to remove the septum and a four-month recovery period, Natalie and Rocky could finally start trying to conceive. Because Natalie’s periods were irregular, she was placed on a drug to induce ovulation and increase egg production. The couple then went through a series of intrauterine insemination (IUI) treatments where Rocky’s sperm was placed directly into Natalie’s uterus at the time of ovulation.

According to RESOLVE, The National Infertility Association, IUI is often a first line treatment for infertility as it costs less and is less invasive than more sophisticated treatments, such as in vitro fertilization (IVF).

However, after four attempts with IUI over a four-month period, Natalie and Rocky had not conceived.

"The first year trying to conceive wasn’t too bad," Natalie said. "I just kept thinking that every month I’d get pregnant."

But as time went on, the sadness and frustration increased. “It really brought me to my knees and became a spiritual journey for me,” Natalie said. “I had to release control to God.”

Natalie also had to work through her feelings when some of her closest friends and family members became pregnant. “You really notice other’s pregnancies when you can’t get pregnant,” she said. “My sister and my two best friends got pregnant, while I couldn’t. I had to make a choice: Was I going to get bitter or better? I’ve seen women get so bitter. I had to decide if I was going to let this rob me of the joy of being with those people I loved. I made a choice to thoroughly enjoy my sister’s pregnancy and my first nephew.”

After two years and the fourth failed IUI, Dr. McKinney recommended IVF.

### What is IVF?

According to RESOLVE, in vitro fertilization is “a technique where a woman’s eggs and her partner’s sperm are combined in a special laboratory in order to create an embryo(s). The resulting embryo(s) is then inserted in the woman’s uterus through her cervix to enhance the chances of pregnancy.”

The RESOLVE website states that a young, fertile couple has just a 15-20 percent chance of conceiving in any one month. According to Dr. McKinney, IVF has a “40-60 percent success rate per embryo transfer.”

### Reasons for Seeking Fertility Treatment

There are myriad reasons why a couple might seek fertility treatment. It can be a physical problem, such as Natalie’s uterine septum, a hormonal problem, low sperm count, a history of miscarriages, genetic problems, or simply a couple’s age.

“Age 35 or younger, women have the best chance of pregnancy due to the number of eggs and their quality,” Dr. McKinney said. “Men can have problems as they age, but there is more to work with.”

“If we’ve got even a few sperm, we can work with them,” Dr. Prough added.

“Sperm are constantly being made by the man’s body,” Dr. McKinney said. But women are born with all the eggs they will have for a lifetime. “During our reproductive life span, we collect damage to them and lose them. Women don’t get to make new eggs.”

“Fertility [for women] starts to diminish at 35,” Dr. McKinney said. “At 38 there’s a drop; at 40 there’s a significant drop off.”

“The chances for a woman to conceive on her own at age 40 is 5 percent,” Dr. Prough said. “At age 42 it’s 1 percent.”

### Secondary Infertility

“You’d be surprised how many people have trouble conceiving their second child,” said Dr. Prough, referring to a condition called secondary infertility. “Maybe they’ve had an illness since their first pregnancy or they’ve developed a chronic medical condition.”

Secondary infertility can be devastating to a couple, but often goes unacknowledged since the couple already has one child. According to RESOLVE, couples with secondary infertility tend to receive less social support than couples with primary infertility. Criticism from others “who think they should be grateful for one child” is not uncommon. But even if a couple is grateful for the child they have, they can still long for and grieve children they can’t have.

Fertility treatment can mean that a second child is a possibility, despite secondary infertility.

### Fertility Preservation

**Fertility Preservation**

An additional reason for individuals to seek fertility treatment is to preserve their fertility by freezing healthy eggs and sperm.

“People who use it may be single women in their early 30s who are not sure when they want to have a child and know their eggs will diminish with time, and couples who don’t want to be pregnant right now, but want to store healthy eggs for future use,” Dr. McKinney said.

“Also, cancer patients who want to store eggs or sperm prior to chemotherapy or radiation,” Dr. Prough said.

### The In Vitro Fertilization Process

With IVF, the woman is started on a series of ovulation-stimulating drugs to increase the number of mature eggs to be retrieved. At one point, Natalie was giving herself three hormone shots a day. Due to the effects of hormone treatment on a woman’s emotional state, this phase can be hard on a woman and her partner.

“The first round of IVF, they put you on so much medication that your whole body aches,” Natalie said. “At times I felt like I was trapped in a box and was so anxious that I couldn’t handle another human in the room. It wasn’t that I didn’t love my husband, but I needed to be alone. It’s crazy what the hormones do!”

Throughout the process, the woman’s ovaries are closely monitored for egg size and number. Once the eggs are ready, the woman gives herself a final “trigger shot” to bring the eggs to full maturation. The timing of the trigger shot is essential, and on Natalie’s second round of IVF (her first round did not result in enough mature eggs to continue), she was to inject at 12:30 a.m. Natalie kept a blog during her IVF treatment. The night she was to give herself her trigger shot she wrote: “I have now had over 35 injections, via self-injections or blood draws, this cycle. At this point, everything is riding on this trigger shot, 12:30 a.m. is way past my bedtime. I’m so scared to fall asleep. I’m so afraid something will happen and I won’t hear the seven alarms we have set! If we miss the trigger, it is likely that the entire cycle will have to be cancelled.”

At 12:30 a.m. on the dot, Natalie gave herself her trigger shot. Five days later the mature eggs were drawn out of her body and placed in a laboratory dish. Rocky’s sperm were then injected into the eggs.

Seven of Natalie’s eggs were fertilized. Natalie was so overjoyed she called to Rocky: “We have seven children in a dish!” Once the eggs are fertilized they are placed in a special culture media to divide...
and grow. When they reach a particular level of maturity, a certain number are placed in the woman’s uterus. Natalie had two of the seven placed in her body. Any surviving embryos would be frozen. Now the waiting began to see if the embryos would implant and start to grow.

Unfortunately, for Natalie and Rocky the second IVF was not successful. “I didn’t breathe for about 10 seconds. I felt like my heart was being ripped out,” said Natalie, when she heard the news. “The past several months just flashed before my eyes: the shots, appointments, juggling work, ultrasounds, blood draws. What is wrong with me? It was a pain that was so deep.”

Making matters worse, Mother’s Day fell 10 days after the failed IVF. “Mother’s Day is the hardest when you have fertility problems,” Natalie said. “Each Mother’s Day grows increasingly more difficult. By the second Mother’s Day in our fertility journey, my sister had her baby, I’d never really had pain in my life. I’ve had great parents, a great family. This experience has allowed me to have compassion for others going through great pain.”

After the second IVF failed, Dr. McKinney wanted to schedule surgery to remove any remaining tissue from the uterine septum that had divided Natalie’s uterus. “Two years to the month we were back having the same surgery,” Natalie said. “I got in my car and just bawled. I felt like we were starting all over. I always feel like I am taking one step forward just to take a million backward.”

Third IVF

The third IVF would involve transplanting two of the couple’s three remaining embryos. Two of the original seven had been transplanted during her last IVF, two didn’t survive long enough to freeze and three were frozen.

Facing more hormonal treatments and the possibility of more heartache were almost too much for Natalie. “The four long years of infertility seemed to be caving in on me,” Natalie said. “I didn’t know how I would survive another failed cycle. I kept telling my husband, ‘What’s the point? I am just buying more heartache.’ These thoughts came in waves, good days and bad days. To be quite honest, there were many moments of many days that I literally didn’t want to be here anymore. I wasn’t suicidal, it was just that the pain was so deep, and had gone on for so long, that I really just wanted to go on to heaven to get out from under the pain.”

But Natalie said her faith saw her through, and the third round of shots and pills and patches began. On December 11, 2013 two embryos were placed in her uterus. “I was able to see them as they were transferred. They looked like two bright, white bouncy little dots. It was totally amazing!” Natalie said.

Two weeks later Natalie took a pregnancy test. “It was faint, but there were definitively two lines! It was surreal. I felt like I was watching myself from a distance, as if I were someone else’s test. Rocky was ecstatic. I took several more pregnancy tests that week just for the sheer joy of watching the lines show up! We were finally pregnant!”

Donor Program

Though Natalie and Rocky were able to use their own eggs and sperm to finally conceive, some people cannot. For them fertility clinics offer donor programs. “The donor program includes: donor eggs, donor sperm, donor embryo,” Dr. McKinney said. “Donor embryos are from other couples who have gone through cycles and have embryos left. They have the option of donating them anonymously for other couples to use.”

Surrogacy

For women who can’t carry a baby to term, surrogacy is an option. Surrogacy involves having an embryo placed in another woman’s uterus, with the surrogate carrying the baby to term for the infertile couple. The laws in Oklahoma prohibit (or at least are vague) on the procedure, so fertility clinics in Oklahoma do not practice this procedure. Most patients desiring surrogacy are referred to clinics out of state.

Preserving Fertility

“Don’t smoke, don’t drink, don’t do drugs,” said Dr. Prough, when asked how individuals can maintain fertility. “Some of these things cause problems that can be circumvented, but some can’t.” He also advises that men stay out of hot tubs. “As long as the water is below 100 degrees, you’re okay,” Dr. Prough said. “But, two to three a week above 100 degrees and you are killing off the sperm.”

Dr. Prough also said that testosterone replacement therapy is rendering more and more men sterile. “When males take testosterone supplements, it tells the brain to stop making sperm,” Dr. McKinney said. “Usually going off the testosterone will solve the problem, but sometimes it doesn’t come back.”

“It’s a once-a-week issue for us.” Dr. Prough said. “Sometimes the wives don’t even know the husband is taking it.”

And for those well-meaning friends and family who advise women to just relax in order to get pregnant, Dr. Prough said. “Being anxious about getting pregnant doesn’t have anything to do with infertility.”

“If you have fertility problems, yoga won’t take care of that,” Dr. McKinney added. “But it may help with the process of fertility treatment so you won’t be so stressed out.”

“IInfertility is not your fault,” Dr. Prough emphasized. “That’s one of my big deals. You did not cause this. This is what you now have to deal with, and we’ll try to find a way to get around it.”

Natalie and Rocky are deeply grateful that, with the help of the fertility specialists, they were able to “get around” their fertility issues. On August 20, 2013, they brought home their two healthy baby boys, Hewitt and Harrington. “We cherish our boys exponentially more than we would have four years ago,” Natalie said. “That’s a gift infertility has given us.”

Natalie’s Top Eight Things To Remember When Facing Infertility

1. Educate yourself on your specific fertility issues. Do your research and don’t be afraid to ask questions. If your physician is not forthcoming with information, inhibits your ability to ask questions, or does not take you seriously, find one that does.

2. Have patience. Nothing happens quickly with fertility. There is a proper way things have to be done and you must be patient.

3. Do not set unrealistic expectations on the fertility treatments and/or your doctors who provide them.

4. Accept the fact that you don’t have control. The first two years I spent fretting, calculating and trying to control something that was out of my control. You can’t control it, so why die trying?

5. Make gratitude lists. To keep my head above water and keep from drowning in pain, I would literally start to list all of the things I was grateful for.

6. Don’t let infertility steal the joys of today. Don’t let the life you do have pass you by while trying to get to a future life as a parent.

7. Do not expect other people who haven’t gone through infertility to understand your pain. They can’t.

8. Find someone to talk to about your feelings and emotions—especially someone who has been down this road. Having someone who will just listen is priceless.
Five Common Infertility Issues

1. **Ovulatory Disorders**: Ovulatory disorders are a leading cause of female infertility. Ovulation occurs when an egg is released from the ovary. This is a condition that occurs when a woman does not ovulate regularly or has ceased ovulation. For most women with ovulatory disorders, periods are irregular or absent. The causes of ovulatory dysfunction can be broad and thus important to be evaluated. At least 75 percent of women that receive treatment for an ovulatory disorder will become pregnant.

   **Treatment Solutions**: Solutions will vary patient to patient, but it is important to maintain a healthy weight, decrease stress and follow a healthy diet. Exercise and proper nutrition can help normalize ovulation. For patients with hormone, thyroid, insulin or other endocrine imbalances, medication can aid in restoring ovulation.

2. **Male Infertility**: Women and men experience infertility equally, making this another common diagnosis. When sperm are low in number, misshapen, or immobile, this can make conception difficult. Male infertility can be caused by a number of reasons, such as injury, illness, health problems and lifestyle choices.

   **Treatment Solutions**: Exercise, proper nutrition, and abstaining from drugs, cigarettes and excessive alcohol consumption can transform male fertility. For some cases of male factor infertility, semen can undergo a semen wash, where the most viable semen are collected. Sperm can then be injected directly into the uterus in intrauterine insemination (IUI). An additional option is in vitro fertilization (IVF), where the highest quality sperm can be selected and injected into eggs.

3. **Poor Ovarian Reserve**: Women are born with six to seven million eggs, which is reduced to 300,000-400,000 at the onset of puberty. Over the next 40 years, approximately, 400-500 eggs will ovulate. Ovarian reserve declines as a woman ages, with egg supply taking a rapid decline in the late 20s and again in a woman’s 30s. A low ovarian reserve or poor quality eggs can make conception and a healthy pregnancy difficult to achieve.

   **Treatment Solutions**: Treatment protocol for poor ovarian reserve can vary greatly based upon age and quality of egg supply. Options can include intrauterine insemination, in vitro fertilization, donor egg. Couples and individuals now are able to use both fresh and frozen donor eggs as a treatment option.

4. **Endometriosis**: Endometriosis is a painful, chronic disease that affects at least 5.3 million women in the U.S. Approximately 35 to 50 percent of women with infertility also have endometriosis. Each month when women menstruate, they shed the endometrial lining found in their uterus. When the endometrial tissue normally found in the uterus grows outside the uterus and in other places of the body, it is known as endometriosis.

   **Treatment Solutions**: Scar tissue can form as a result of endometriosis, making surgical treatment to remove excess scar tissue a viable treatment solution. Should more extensive treatment be required, patients can also pursue in vitro fertilization.

5. **Tubal Factor**: When fallopian tubes are blocked or damaged, eggs cannot travel down the tubes to meet sperm and become fertilized. Tubal damage can be caused by scar tissue, which can occur as a result of endometriosis, prior surgery, or numerous other factors. Blockage can also occur as a result of tubal ligation or from infection, such as a sexually transmitted disease.

   **Treatment Solutions**: Surgical treatment can remove scar tissue or repair damaged tubes, allowing eggs to travel properly down the fallopian tubes. Tubal ligation can also be reversed through surgery.

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*From Dr. Jennifer Hinchfield-Cytron, a reproductive endocrinologist with Fertility Centers of Illinois.*