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Discovering you're pregnant after struggling with infertility is a dream come true. Then why do so many women feel anxious, conflicted or even guilty about it? Here's how one formerly infertile writer navigated the unexpected emotional challenges she encountered.



INFERTILE

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ONCE UPON A TIME, in a land far, far away, people had sex to get pregnant. They peed on sticks and waited with giddy excitement for two pink

lines to emerge. And when they learned a baby was on the way, they were happy.

Not so much today. One in 8 couples in the United States will battle infertility, and 1 in 100 babies are conceived in a petri dish. Hospital gowns and progesterone suppositories have replaced frilly lingerie and wine-soaked romps. More husbands know how to shoot their wives up with meds that stimulate egg production than how to fix a flat tire.

I know from experience. My husband, Dan, and I spent two years trudging in and out of fertility clinics, plowing through treatments such as the ovulation-inducing drug Clomid, intrauterine insemination (IUI) and injectable medications before bowing down before the granddaddy of them all: in vitro fertilization (IVF).

For us, procreation swiftly morphed from a pleasurable journey to a daily grind. Our baby was ultimately conceived not in our candlelit bedroom but in a darkened lab, where a man I've never met introduced my husband's sperm to my eggs. Five days later, I swallowed a Valium and had two embryos inserted in my uterus through a catheter before eating a Snickers bar and passing out (that's what I was told; the drugs caused amnesia). Eleven days after that third IVF attempt, we received the phone call that would change our lives: "Congratulations!" nurse Jamie proclaimed. "You're pregnant!" Our bodies flooded with shock and elation.

Then, the fear set in, and instantaneously, I knew: My pregnancy journey would not be like most women's. An anxious reaction is common, says Amy Blanchard, Ph.D.,

a psychologist in Cupertino, Calif., who specializes in infertility. "Women who become pregnant after infertility treatments face more complex challenges than those with a natural pregnancy," explains Blanchard. "They can't relax; there's incredible fear and anxiety over miscarriage or birth defects. They've usually spent years in infertility treatment, and are used to things not working out."

WALKING ON EGGSHELLS

I was certain the worrying and pain of infertility would vanish—Poof!—the moment we got our positive result. Instead, my concerns simply shifted from "Will I ever get pregnant?" to "Will this pregnancy last?" At the risk of sounding like a crazy person, I managed to convince myself in my first trimester that I had doomed our pregnancy by, in no particular order, eating blue cheese, skipping with my toddler niece, inhaling nail polish remover and having a sex dream about Shaquille O'Neal that resulted in an orgasm. (Yes, I actually called the nurse to ask if I might have "squeezed the pregnancy out.")

Other former infertiles (FIs) report similarly heightened levels of fear and vigilance right from the get-go. It took Jen Matz, 30, of Tega Cay, S.C., 19 months to conceive, during which she had surgery for endometriosis and took fertility drugs. "Right after I peed on the stick," she recalls, "I called my mother and announced, 'Hi, Mom. I just got a positive pregnancy test. But don't freak out, because I'm going to miscarry.' I wanted to protect myself and was sure the test was wrong." (It wasn't: Her son, Wyatt, was born late last year.)

Blanchard blames the reluctance to share or celebrate the good news on the fact that FIs have often exhausted themselves emotionally, physically and financially, creating "a deep-seated fear of losing the pregnancy or of something going wrong with the baby's development." Indeed, my husband and I waited until we were 10 weeks along to tell our families, and 25 weeks before posting a Facebook bump pic—all because of the "what-ifs?"

TREND ALERT } *fertility doulas*

Doulas traditionally offer physical and emotional support to women before, during and after birth. But as infertility rates soar, so has the need for such support during assisted reproductive technology (ART) treatments. Chicago-based doula Sarah Booten has attended 400-plus births but says more clients are seeking her out months before conceiving, when the anxiety and uncertainty of fertility treatments grow overwhelming. "Sixty percent of what I do as a fertility doula is offer emotional sustenance and information, including referrals for acupuncturists, chiropractors, herbalists and others," she says. Once you conceive, a full-spectrum fertility doula can continue to treat you throughout your pregnancy. Most insurance policies will not cover fertility doula services, but they may be reimbursable through your Flexible Spending Account. Visit doulamatch.net to find a doula in your area and ask her if she treats fertility patients.

AN UNEXPECTED IDENTITY CRISIS

FIs must also tackle a critical shift in how they view themselves, transitioning from "infertile woman" to "mother-to-be." Notes Blanchard: "Your identity used to be defined by your role in your family, your relationship, career, hobbies and friends. Once you realized that getting pregnant would be difficult, your identity became increasingly defined by your infertility."

There's also anxiety about "leaving behind" infertile friends. "Many women feel they don't fit into the world of their infertile friends, nor do they fit into the world of people who conceive easily," explains Barbara Collura, executive director of RESOLVE: The National Infertility Association. Consider Christine Otte, 32, a charming, warm, redhead I met in the waiting room during our first IVF attempt. We became fast friends, constantly texting each other messages of worry and support as our doctor synced our cycles. I dubbed her "My IVF BFF."

She got pregnant that round; I didn't.



"I felt horribly guilty," Otte remembers. "That's why, when my shower invites went out, I emailed you and told you not to come." (I didn't.) Four months later, when carpal tunnel syndrome rendered her hands nearly inoperative—a particularly wretched pregnancy symptom for a professional photographer—she didn't complain to me. "After all, I was pregnant and you weren't," she says.

Blanchard, who herself delivered twins after four-plus years of infertility, echoes this hesitancy to gripe about morning sickness, weight gain and stretch marks. She experienced an "unbelievably horrible pregnancy" marked by extreme nausea, joint pain and depression. Sadly, she recalls feeling too guilty to grumble to friends and family. "The mentality is, 'You're finally pregnant and *now* you're going to complain?' You're expected to simply be grateful for whatever kind of pregnancy you have." When she did relay her near-intolerable symptoms to her fertility doctor, he responded, "Enjoy it."

SEEKING SUPPORT

Clearly, pregnancy can feel just as isolating for FIs as infertility itself. Identifying a support network is the best gift you can give yourself—better than anything you might have (albeit guardedly) added to your baby shower registry. Blanchard recommends finding a therapist, particularly one who has been through infertility herself (yes, it's a reasonable question to ask); try resolve.org.

Support groups can help you develop effective coping and partner communication strategies. It needn't be a traditional setting: Heather Martin, now a mom of two young sons in Austin, Texas, went online for a safe space



to vent during the three years it took her to conceive, as well as throughout her pregnancy. "I realized I wasn't alone—there are women from all across the country in my situation," the 31-year-old says, admitting that her fear of miscarriage prompted her to purchase a home doppler system so she could hear her son's heartbeat in utero. "My online friends helped me feel less crazy," she says. Once Benjamin, now 2, was born, she switched over to the mommy message boards. "There I could stress out about everything else, like breastfeeding."

If anxiety has you struggling to bond with the life growing inside of you, make a conscious effort to connect: Play music for her, talk out loud to her *Continued on pg. 122*



YOU KNOW YOU'RE PREGNANT AFTER INFERTILITY IF...

- You've been taking prenatal vitamins since 2009.
- Your idea of foreplay is your partner swabbing your butt cheek with an alcohol pad before stabbing you with a 3-inch, progesterone-filled needle.
- You have grainy pictures of a 5-day-old embryo in your son's or daughter's baby book.
- You smile while puking from morning sickness.
- You're fluent in IF language and say things like, "BDing didn't work, so our RE suggested ICSI and, after four 2WWs, DH and I got our BFP!" Translation: "Baby dancing [aka having sex] didn't work, so our reproductive endocrinologist suggested intracytoplasmic sperm injection and, after four two-week windows, dear husband and I got our big fat positive [pregnancy test]!"
- You refuse to do so much as apply lip balm without first checking with your OB-GYN to make sure it contains no harmful ingredients.
- The thought of sex alone producing a baby sounds as quaint as churning your own butter or sending a letter via Pony Express.
- You own a hand-knit ultrasound wand cozy.

Infertility

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or try a guided imagery CD; I used Circle + Bloom's Healthy Pregnancy and Delivery audio program (\$24 to download and \$29 for the two-CD set, circlebloom.com). I also signed up for prenatal yoga and loved the sense of community being surrounded by fellow preggos and realizing, "Hey, I'm one of them." Still experiencing a disconnect? Blanchard reassures women that it shouldn't affect post-birth baby bonding. "The shift from infertile to fertile will occur in its own time, and the birth usually launches these women right into motherhood," she says.

As for friends still stuck in the seemingly never-ending cycle of injections and other proce-

dures, know that your relationship might take a hit—for the time being. Blanchard suggests resisting the urge to hide your happy news, but acknowledge the potential for pain and be patient. "Usually those friendships come back when the other family has moved forward in their journey," she says. It did for my IVF BFF and me: Christine sent me flowers following an early miscarriage (we were pregnant for a few days after IVF No. 2) and was always on call to answer my nightly freak-out texts throughout my first successful trimester. We'll forever share an extraordinary bond—one nobody wants to experience, but only an FI can understand.

Leslie Goldman is a health writer in Chicago. Her daughter, Evie, is 6 months old.

MEDICALLY SPEAKING

Assisted reproductive technology (ART) pregnancies carry their own set of medical concerns as well:

More intense first-trimester medical care While the average mom-to-be doesn't undergo her first ultrasound until 12 weeks, followed by a second (and often final) scan at 20 weeks, an ART patient often sees her baby's heart beating at six weeks (four weeks after conception). Weekly ultrasounds usually continue until week 10, when a patient is released to her OB-GYN—a graduation often met with reluctance. "They feel uneasy about the comparatively laid-back nature of an obstetrical practice," says John C. Jarrett II, M.D., co-author of *The Fertility Guide: A Couples Handbook for When You Want to Have a Baby (More Than Anything Else)* (Health Press). "But by the time their fertility doctor has released them, we're very confident they'll have a successful pregnancy," he says.

Increased spotting Thirty percent of all women experience bleeding during the first half of pregnancy, but Jarrett says at least 60 percent of his patients spot in their first trimesters. "The hormones used to stimulate egg production thicken the uterine lining, making spotting more likely," he explains.

More multiples Nearly half of ART pregnancies are twins or higher order multiples, and these are associated with several complications including gestational diabetes and preterm labor. More IVF patients are opting to only transfer one embryo in an effort to reduce the likelihood of twins, and a 2011 study found no significant difference in pregnancy rates.

Lower birth weight While miscarriage rates are similar for natural and ART pregnancies (15 percent to 20 percent, usually during the first seven weeks of pregnancy), the risk of obstetrical complications jumps for FIs. According to the Centers for Disease Control and Prevention, 14 percent of ART singletons and 65 percent of ART twins are born preterm; 9 percent and 57 percent, respectively, have low birth weights. However, Jarrett attributes such elevated risks to genetic predisposition rather than to the treatments themselves.