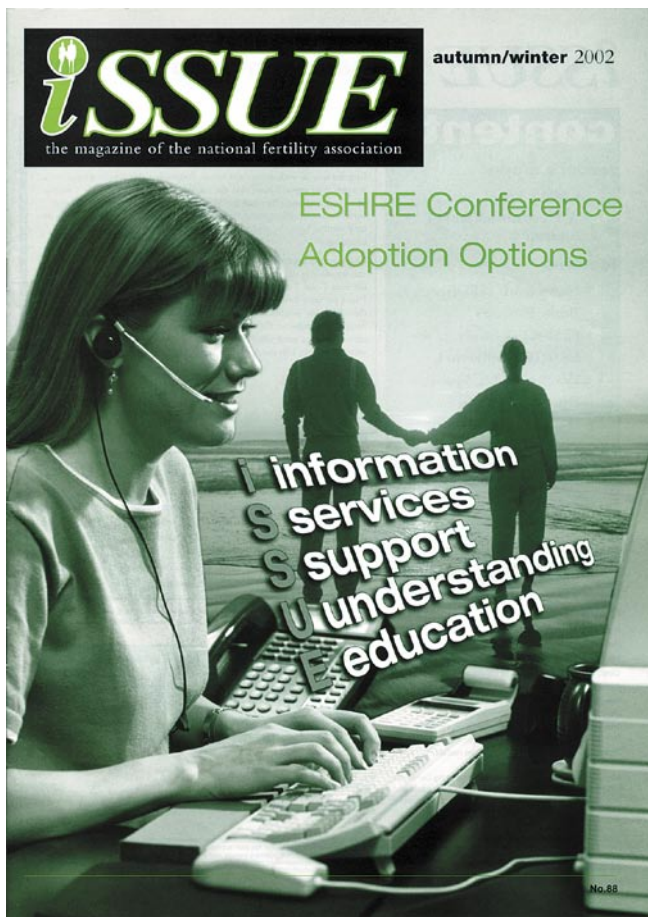


child's play



Looking back now, I can't remember which bit of the last six years was the worst. There were times when it seemed things couldn't get any worse, and times when we both felt completely powerless, as if we were faced with an immovable obstacle. Let me explain.

Cait and I were married in July 1995. We decided that we would try for children from this date onwards. I was not particularly interested, but was happy to go along with the idea as well. Cait was very keen to become a mother. In January 1996, I came home from work one Friday evening to find Cait in a jubilant mood. She broke the news to me that she was pregnant, and we celebrated with champagne. One night, later that same January, Cait began to get terrible stomach pains. After two days of being doubled up in bed, we knew that she had miscarried. It was six weeks into her pregnancy, and we were due to go on a skiing holiday the next day. We went, and this helped us to focus our minds on something else for a while as we came to terms with the fact that we were not, after all, going to be parents this time. It was a traumatic time, and it affected us both in different ways – sadness that we were never going to meet the child we had conceived, and wondering what that child would have been like had it lived. And, although we began to get over the sadness, we never expected there would be further problems – we reassured ourselves with the statistics that one in four pregnancies end in this way, and that we could always try again.

Almost a year went by. Cait became more conscious about the point in each

month when she might find herself pregnant again. But it didn't happen. We began to ask ourselves questions – might there be something wrong with one of us? Eventually, we visited our GP, who referred us to the John Radcliffe in Oxford, our local hospital. At last, we could speak to somebody about the situation, and find out if we really did have a problem. The date came, and we saw a consultant in the Women's Centre, where infertility was treated. She prescribed various tests, including blood tests and a semen analysis, so she could begin to see what the problem could be. However, we were also told the familiar phrase, which we were to hear time and time again over the coming years: 'You'll probably find that you fall pregnant naturally in the next few months'.

Cait started her investigations in the form of a laparoscopy, a relatively minor day surgery operation. Unfortunately Cait did not react well to the anaesthetic and they kept her in overnight for observations. They found nothing wrong with Cait. My results came back and we were summoned again. Semen analysis – no problems. Everything normal. I breathed a sigh of relief – there is nothing more soul-destroying than having your bodily functions challenged and analysed in minute detail. You feel like a laboratory animal – although this was a feeling that we could both find taking us over as the years went by. We were officially diagnosed as 'unexplained infertility' a very common cause apparently! Cait was prescribed Clomid, which is a drug designed to help ovulation and supposedly increase the chances of natural

conception. If this failed, we were told, then we would have to look at escalating to the next level of treatment in a few months time.

A few months later and we were back at the JR. No joy from the Clomid. We were both beginning to feel increasingly helpless. To make it worse a number of people our age that we knew had got married in the last year or so, and were now happily announcing that they were expecting children. We both reacted very differently to this. Cait was elated for our friends and relieved for them that they were not going through what we were. What should have been great news to be greeted with joy to me was beginning to stir secret resentment and jealousy within. Sometimes this would come out in conversation and we would row. I knew we should have been happy for our friends, not bitter and angry and Cait found it difficult to understand my feelings. It is a horrible feeling – like being left behind in a race. I felt we were standing behind a glass wall, able to see other people getting on with their lives while ours was at a stand still. We both wanted to move ahead with our treatment as soon as we could – we were beginning to accept that we were infertile.

In late 1997, we had progressed to the level of IUI (Intra-Uterine Insemination). We had a treatment booked at the JR and the continuing tests on us both were still indicating no problems. This was the most frustrating thing of all. If there were no problems, then why weren't we expecting a baby? The time of the treatment arrived, and

Cait was sent home to rest and told to come back for a pregnancy test a couple of weeks later. This introduced a horrible new aspect to infertility treatment to us – the waiting game. The two weeks after the treatment when you are powerless to do anything except wait for the dreaded test which tells you whether you have succeeded or not. Eventually the blood test was done, and the next day the hospital rang to give us the results. Sorry. Not this time. We had been so sure that this was going to work. We had no problems, after all, but even with medical assistance, we couldn't conceive. We were called back a couple of weeks later for a review, and all we wanted to know was, where do we go from here?

We were called in the waiting room at the JR. The other people awaiting the clinic, like us, sat quietly trying to pretend that they were not in fact here because they were infertile, but perhaps because they had some other problem that only normal people have, like a broken arm. The consultant came in. Not the consultant we had seen previously, and couldn't find our notes. Then he asked the question: 'So, why have you come to see me?' We both felt sickened as we had to recount the situation so far to him – he knew nothing about us and seemed to care less. He said that we could register to go on the waiting list for IVF – the next level of treatment – but that the waiting times might be up to a year before we could expect treatment. He said that we probably suffered from what he called 'unexplained infertility', which had no cure – we should just keep trying.

A friend who works in the medical sector told us that as we were paying for our treatment we could go anywhere. We could choose the hospital with the highest success rates and no waiting list. We phoned around and booked a consultation at one of the top performing ones, which was the Park Hospital in Nottingham. The consultant at this hospital was one of the top fertility experts in the country at the time. He sat us down and spoke very frankly to us. He told us that there was no such thing, in his

experience, as 'unexplained infertility'. He prescribed blood and semen tests – in fact the latter was carried out there and then while we waited, in a comfortable room where we read magazines about infertility. We were becoming experts by now.

Two hours later, and we were called back. The sheet of paper had arrived from the laboratory with my results on it. The way they analyse semen is to look at the percentage of 'normal' forms (which stand a chance of fertilising the eggs), the motility and the levels of antibodies present. I was nonchalant; these results were always 90% plus normal for me. So, when the consultant said that my normal forms were 3% instead of 90% plus, and



that I had significant numbers of antibodies, I was completely stunned. I asked how the results could be so different, and he explained that there was a new, more critical form of analysis developed in South Africa, known as the Kruger Test. This was not widely used at that time by fertility specialists, except for the more pioneering ones.

We drove down the M1 that afternoon in shock, hardly speaking. I was confused; everything I had been told so far had been turned upside down in one afternoon. I was the problem. But I also felt strangely relieved; at least we now knew that there was a problem. For nearly two years we had been dismissed with the view that 'there are no problems, you'll probably just fall pregnant anyway'. Now we knew that there was a tiny chance that we would ever conceive naturally less than 6% to be exact. We were able to book ourselves in for an IVF treatment

whenever we felt ready.

In late 1998, we booked a cycle of treatment for IVF. First, Cait would have to undergo the gruelling 'shutdown' process of injections before the treatment could start. The living room acquired a yellow sharps bin for the used needles. I winced every time she stuck a needle into her leg. The process was taking an age; four weeks of injections and still she was not ready. But finally, we were given a date. I recall how helpless I felt, because Cait had to undergo all the unpleasant bits of the treatment. The injections, the operation to retrieve the eggs, the implantation. Worse still, because the hospital was so far from home, we were forced to stay away for three weeks, lacking privacy and peace and quiet as well as the stress of the treatment. 'The procedure had not gone well. They had only retrieved a small number of eggs, and only one of these had fertilised. But it was graded as Grade 1, which is the best quality, so there was still a chance. Cait was discharged, and we went home to await the results. We went away to my parents for Christmas and tried to forget about the waiting game. It was only on Christmas Day, five minutes before we were due to sit down for dinner that Cait found her period had started. We were both distraught. Christmas was ruined for our family and us.

Cait felt she needed a break between treatments not for any physical reasons but because of the overwhelming amount of emotional energy that goes into them coupled with the failure. She was also becoming increasingly depressed. It was not until that summer, in 1999, we returned to the Park to review our treatment. This time they suggested that we try ICSI – a new procedure in which a sperm is injected into the egg. The procedure was carried out, seven eggs were retrieved, sadly only two fertilised, and they were both low grade, which was a bad sign. They were replaced, and once again, we went home to wait. Again, the treatment had failed. None of the eggs had implanted. We had now spent thousands of pounds. Cait was bruised

from the injections, and we had hardly got off the starting blocks. We seemed to fail at every stage of the treatment. We began to realise that there was a very good chance we would never have a child. We began to discuss adoption.

My mother mentioned in passing that she knew of a woman in her village who had just given birth to a baby having failed modern western fertility treatment but had been successful in falling pregnant naturally having undergone Traditional Chinese Medicine (TCM). We were a little sceptical due to our lack of understanding and the additional financial considerations, but by this time, if somebody had told us that eating grass would help, then we would have tried it. So, filled with anticipation, we visited the clinic of Dr Zhai in Chiswick for our first consultation.

Dr Zhai took a history of our investigations and findings and listened to the descriptions of our IVF and ICSI. What was strange was that the previous tests we had undergone seemed not to matter much – she was more interested in examining our tongues and pulses and Cait's menstrual cycle. This would be done in great detail, and then, with no further explanation, she would write out a lengthy text in Chinese and send us to reception to wait for the production of our prescription from her pharmacy downstairs in the basement.

It was probably a good job that we could not read the prescription because, on getting home with our plain white plastic bags filled with paper bags. We found that they contained what seemed to be dried roots, leaves, and pieces of bark that smelt strange and looked like the results of an archeological dig. These, we were told, had to be boiled for 30 minutes and drunk as an infusion twice a day. In addition Cait had to take her temperature every morning without fail, on waking before she got out of bed a discipline she got used to eventually. A consultation was then to be had every two weeks for our tongues to be checked our pulses to be taken and Cait's temperature chart to be glanced over. Dr Zhai had concluded that

Cait had poor quality eggs, dampness in the pelvic area and had poor implantation due to a thin uterine lining and that her treatment should concentrate on this. Twice daily infusion of tea and fortnightly consultations to change the tea and uncomfortable – sometimes-painful acupuncture either in her abdomen and legs or her back and legs. I had another sperm test with the same results and my treatment would be concentrating on the shape of the sperm, and the antibodies, the treatment taking the form of, twice-daily tea. We visited the Park Hospital again, and explained what we were doing to our consultant. He reacted with disdain and said that he had no objection to us taking the TCM route, and if we wanted his



permission to do it the he gave it, but he made clear that he had no time at all for such things. Cait was furious by his reaction, "We are not asking for your permission we are telling you so you can co-ordinate your efforts accordingly," she said. He laughed and said it would have no impact upon his treatment of us. When we left we wondered what the point to TCM would be. Dr Zhai was not however surprised in the least by our consultants reaction, which she said was very frequent, however she had worked in the past with a consultant at the Chiltern Hospital, which was local to us. We went on with the Chinese treatment throughout most of 1999. We were both drinking a large mug of the disgusting soupy brown tea every morning and evening, leaving it to cool so we could pinch our noses and gulp it down in one go to minimise the aftertaste. I had to go down to London for a fortnightly semen

analysis, which was carried out by an independent doctor who was doing research into TCM. The results initially were similar to those at the hospital that had treated us last time. But they began, over the weeks, to show a steady improvement in the motility and the antibody levels. By the summer, I was down to what fell into 'normal' parameters:

Cait and I were desperate to have another try at fertility treatment. We were feeling more optimistic this time; visits to the Chiltern Hospital were less stressful, and this time we would not be away from home for three weeks. The day eventually came in September 2000, and we booked a cycle of ICSI. Despite the growing optimism, we were both conscious that this would probably be our final attempt to have a child.

I remember being in Manchester on business two days later when I made the call to the clinic to find out the results. I was anticipating another disappointment when the technician told me that the results were superb; five embryos had resulted, all high grades. We were finally making progress. I was elated and phoned Cait straight away. After the implantation, we went home to the familiar roller coaster ride of awaiting the results. It was about a week later, on a Saturday, when the daily diagnosis of Cait's tummy aches, headaches, and pains culminated in a statement; 'I'm not pregnant. I can feel it'.

My heart sank. This was it. We had spent all our savings, increased our mortgage and been given money from family for treatment, suffered all this strange tasting tea, and for nothing. The visions of lengthy adoption applications and the feeling of complete helplessness overcame us again. We were at rock bottom. A week later I was in a meeting at work, when I was called out. There was an urgent telephone call for me. I worried that there might be bad news. On picking up the phone, I barely had time to speak before I heard Cait's voice screaming. 'I'm pregnant!' I was reeling. It had finally worked.

The strange thing about fertility treatment is that you learn about all the

hurdles that need to be overcome to reach this goal. But what you don't learn is the even worse obstacles that arrive during pregnancy. I became more nervous every day. Nine months of worry like this? Could we cope? I treated Cait as if she was made of bone china. Our life changed into living for milestones. We have got to reach twelve weeks. Then it will be ok. We had to go back for initial scans, to see what was developing. Then the roller coaster started again. We were curtained off from the rest of the room looking at a blue screen that looked like a satellite weather map. The consultant pointed out two small heartbeats. Cait was having twins. We were both overcome with happiness, but also apprehension. There was another scan in two weeks to make sure everything was going ok. I felt a sense of terror every time the scanning started; the endless probing around to try and see something just extended the agony. But the next scan was taking too long. The consultant was not as jovial as last time. He kept probing, and said nothing. We waited throats dry. He found one heartbeat. One of the foetuses had died. On the one hand, we were relieved; the pregnancy was now said to be 'viable'. But on the other, we had seen two heartbeats and now there was only one. One of our babies had died and it made us even more nervous about the survival of the remaining one.

Christmas passed, and with it the twelve-week milestone: As spring came, we began to recognise a baby shape from the scans. The pregnancy grew. On 23rd June 2001, Cait gave birth to a little girl, whom we called Niamh Charlotte. She was a perfect baby. Throughout the pregnancy, I had in my mind an image that we were leaving a rocky island by boat, and sailing across a stormy sea to safety: for nine months, it was as if we were at sea, being tossed around and barely able to control the boat. After the birth, the image changed; we were on dry land, and we were looking out to sea, and in the distance was the dark, rocky island from which we had escaped. I felt as if we were finally free.

Paul