

Chapter one - Is something wrong?

At the start

Almost all the people we see who have been trying for a baby even the average amount of time (6-12 months) have experienced a building sense of unease. We see a number of people who are requesting or under investigation but who would not be officially classed as having a fertility problem yet. However, most of them do not feel the textbook description of being "at the start" of their fertility pathway is very accurate. 100% of them have had a number of cycles of disappointment, even if they are not defined as having any condition or abnormal state.

Most of these people will be experiencing a level of distress. This can relate to the narrative that is building for them linked with what their hopes were. They can be hugely affected by stories they have heard from friends about difficulties, and scare stories in the media. For some, the distress can relate to having had a sense in themselves that fertility may be complicated for them because of a family history or just a "hunch." A number of women feel they have generally had bad luck, and there is a fear this will be another example. Perhaps they feel they have had to work very hard for everything they have achieved in their lives and this is yet another thing they have to scrape for.

Obtaining pregnancy starts to feel like a lack of achievement in the traditional sense. A common psychologically destructive narrative that many of our clients are grappling with in those early weeks and months is a strong sense of failure - a sense of having let a bad thing happen or of not being up to scratch. They wonder about the reasons why they have not been able to obtain their goal.

This self-questioning is reinforced by societal forces. With one simple google search, it is easy to find ways in which a person might have "reduced" their fertility and numerous ways they might "boost" it. Who is selling the idea that we can obtain pregnancy if we just try hard enough? Detox enough? Exercise enough? Relax enough? Drink enough herbs etc? We so often see women in the early stages of challenges, already unable to enjoy their lives partly because of the restrictions they have put in place so they can be 150% sure they are being "good" enough or working hard enough to *deserve* a pregnancy.

It is true that there is clear evidence to suggest a link between fertility and health-related behaviours or other factors (e.g., smoking reduces your chances of conceiving). However, a great deal is still unknown about causal links. Part of the strain our clients feel is the struggle to make this whole situation right itself - they are struggling to achieve. We wonder if the strain of that struggle could undo some of the "goodness" of some of the other things they are trying.

From a medical point of view, Gidon does not remember any patient attending the first fertility consultation without apprehension or nerves. There will always be a large number of questions on the first meeting that a patient wants answering. All patients arrive having done internet searches and will have heard stories from friends and family. Sometimes the information is appropriate and correctly sourced but more often than not the sources are unreliable, perhaps simply individual stories that do not reflect an objective picture.

So, by the time people come for their first consultation they have already had a great deal of information and there is sometimes a difference between the advice they receive and what they have expected. Modern medicine has a limited understanding of fertility, but the Western medical model bases practice on the evidence that is available to date and by working with each individual situation in light of this evidence. It is not possible for google searches and websites to provide this individualised and regularly updated approach. There is, indeed, so much we do not know and what we learn tomorrow in medicine may well be different from our knowledge today. Part of a fertility specialist doctor's role then is to interpret the evidence base and apply it to the patient's individual picture. However, it is also to help patients sit with uncertainty. So the first step, both medically and psychologically, is to do everything we can to use science, testing and intervention but also to start working with acceptance that there are some questions we may not fully answer.

Stephen and Erica

Erica had been trying to conceive for around nine months and had recently approached her GP to have fertility investigations. To fertility specialists this sounds like a relatively short time to be "trying.." However, for Erica her anxiety was building and friends and family were urging her to "get checked."

The year of monitoring and being preoccupied had been unsettling, Erica was finding it hard to do anything in the normal way. Before trying for a baby, she loved extreme sport and travel adventures. She was an advertising executive and had a balanced view in relation to having children. She felt it would be a happy thing to do, that she might regret not going for it, but equally felt she had a fulfilling child-free life.

Erica had a good relationship with her partner, Stephen. They had been married for seven years but together for ten. They met very young and described themselves as best friends. At 33 they did not feel they had "left it late" to try for children. They had kept themselves physically fit and had a good work-life balance albeit with bouts of stress. Both Erica and Stephen, were in some ways, shocked that achieving pregnancy had not been easy for them. They felt worried as more and more of their friends got pregnant. Though, in medical terms Erica had not been trying for very long, a narrative started to build and a natural urge to search for answers.

Especially Erica was finding the issue of pregnancy was on her mind almost always. She had started to notice symptoms of anxiety (raised heart rate, sweatiness) almost every time she visited the toilet. She was constantly monitoring ovulation and googling to get ideas on how to boost her fertility. She was finding it hard to sleep and found exercise (normally her first strategy for de-stressing) worrying because she had reduced confidence about what type activity supports fertility. She was distracted at work and with friends. Erica was finding it

hard to be with the increasing number of friends and colleagues who were falling pregnant, so was starting to feel isolated. She felt happy for them all but found it emotional and preoccupying, always triggering a difficult few days emotionally. Stephen was finding this single-mindedness growing in Erica disturbing because it was so out of character. It frightened him because he always thought they were a couple that could be happy with or without children. He now felt they talked mainly of this. Erica said she felt she was somehow on "pause." Her GP wanted her to keep trying for a pregnancy for a few more months but she told him that her stress levels were very high so he decided to refer her to fertility specialists to have tests early.

Erica and Steve arrived for their specialist fertility consultation with Gidon, who always first lets patients tell him a great deal about the story and how they have come to the conclusion there is something wrong. Erica told Gidon she was fit and well with a good diet and that she had been taking nutritional supplementation in the form of multi-vitamins, folic acid and vitamin E and vitamin C. Erica took no prescription medication and had no allergies. She described working long hours as an advertising executive, involving some travel and periods of stress. Both Erica and Stephen were worried that her work stress was affecting her fertility. This idea put her under more pressure. Erica had read that stress was a possible cause of subfertility but she was not clear on how she might check or address this. Stephen had been asked to start a special diet by Erica in the hope of improving his semen analysis. Stephen told Gidon that he was fit and well, that he had a few drinks on a Friday night, did not smoke and had not taken any recreational drugs for more than 10 years.

Gidon asked the couple what they hoped to gain from the medical consultation. They said they just wanted to know why after nearly one year they had not had a successful pregnancy. They wanted to know whether they would ever be able to have a child.

The questions that fertility doctors ask are often personal and it is not unusual for patients to be embarrassed at discussing intimate issues. Stephen looked away and seemed uncomfortable when the discussion came round to talking about ovulation checks with test sticks. When Erica and Stephen were asked about their sexual activity it became obvious that there was strain in this area. They said with all the measuring and checking, things had become pressurised. Stephen had one occasion where he felt he could not "perform" and this had upset them both. This meant Erica found it hard to mention sex the next time during their fertile window.

Male fertility testing usually involves one test - a semen analysis. Most men have some degree of anxiety about producing a sample for this test. Stephen asked whether or not he could do his sample at home? Gidon explained that the sample must be processed within one hour to provide an accurate result, meaning it is preferable to complete the process in clinic. Gidon was able to talk with Stephen about issues of privacy in the clinic and think through his concerns before the day.

It was important to let Stephen know that abnormalities are often found in semen analysis (in 95% of cases abnormality of shape is found) without influencing fertility at all. Additionally, Stephen wanted to know all the possible things that could be found that would influence his chances of having a baby. A full semen analysis will report on many factors including pH,

volume of ejaculate, sperm movement, count and shape. Although all these measurable factors are important the main ones to focus on are sperm concentration (count) and movement of the sperm.

Semen analysis is ideally performed after three days of abstinence. It can take up to a week to received a full report.

Known causes of female subfertility come under three headings: ovulation issues, fallopian tube issues and endometriosis. These areas of difficulty help guide the medical questions that are asked and tests that are suggested.

Erica told Gidon she has a regular menstrual cycle lasting for three or four days every 28 or 29 days and she was confident that she was ovulating because she has been charting her temperature and is aware of the change in cervical mucus in the middle of her cycle. She has also been using ovulation sticks to help pinpoint the correct time to try. The vast majority of women who have such regular cycles will be ovulating, but it is important to double check with a blood test. Erica does not have any symptoms of endometriosis that includes painful and sometimes heavy periods, pain with sexual intercourse or pain when going to the toilet.

Erica was up to date with her smear tests. She had never had any operations nor had any sexual transmitted diseases that she was aware of. Gidon also asked her about any skin changes such as acne or excess hair and also about any weight problems, either currently or in the past, that can indicate ovulation problems such as Polycystic Ovarian Syndrome.

Erica and Stephen answered questions about their family health and reproductive stories. A woman's own fertility and age of menopause will often (but not always) be similar to her biological mother. No one in Erica's family that she knows of has experienced early menopause (*under age 42*). Erica's mother had a hysterectomy soon after her younger brother was born and did not have trouble becoming pregnant before that. Erica's mother conceived and delivered her last baby when she was 39 and required a hysterectomy two years later when heavy periods did not respond to medication.

Often people are anxious about how long it will take to get some answers. In theory, investigations should take a maximum of one menstrual cycle. It is often a bit longer, however, as the investigations need to be timed accurately.

In order for a couple to conceive the three essential requirements are: (relatively) regular ovulation, at least one healthy Fallopian tube and for the male partner to have an adequate semen analysis. In addition, "ovarian reserve" should be estimated, i.e. an approximation of egg quality and number. This is important information for a couple, and there are several mechanisms of measuring ovarian reserve but predictions are not very precise. Ovarian reserve testing is an inaccurate way of establishing how fertile a woman is - but does give a "snap shot" of current ovarian status.

Blood tests were organised for Erica that included estrogen, follicle stimulation hormone (FSH), luteinising hormone (LH), thyroid stimulation hormone (TSH) and prolactin. These tests

should be undertaken between the second to fifth day of the cycle (what is known as the early follicular phase of the cycle). A progesterone test was organised around seven days before her expected start of menstruation (what is known as the mid-luteal phase). As Erica has a 29 day cycle, the mid-luteal phase progesterone¹² was taken on day 22.

The final investigation is to check to see if the fallopian tubes are open. This is important because if there is any blockage in one or both fallopian tubes then chances of natural conception will be affected. Gidon explained that there are three ways of checking the tubes, all have some amount of 'invasion.' There is not a way of checking the tubes without needing a speculum examination (a test that is similar to having a smear), because a liquid needs to be injected into the womb which can then be seen using ultrasound HYCOSY or Xray (HSG). Both these tests were done with Erica awake. Erica had not reported gynecological problems such as extreme period pains or discomfort during sex, so the more invasive procedure of laparoscopy (key hole surgery) was not thought to be necessary.

These are the tests that began the fertility search for Erica and Stephen. They went into them hoping to come out with answers about their prospects of having a baby one day. It seemed strange to them to describe this as a "beginning" when they already felt the presence of complicated fertility so heavily in their lives

Reconnecting with the whole

One of the first things Carla does with her new fertility clients is to ask them to think about how well they are nourishing the whole of themselves right now - are they focusing on nourishing the "baby making" part of themselves until the problem is solved? Or are they nourishing the whole of the person they always were? A lot of people we see say the person they were before they wanted a baby has started to get lost. All of their strategising is toward this goal. They have started to use tunnel vision and their lives are less rich.

Irrespective of what the fertility story is, Carla almost always asks her clients to start by drawing what she calls a Values Tree - a tree with lots of branches and a nice thick strong base of the tree, the tree trunk. In this work, we label the tree trunk with the word YOU - asking the clients to then label each tree branch so that it represents a different thing that they value or that motivates them in their lives. Carla reminds them that taken together, all of the branches are the things that make the tree whole.

This activity can be fun and electric. Clients are asked to do this with a friend, as a couple or they can do it in the psychology session. When Carla does this with clients she finds the discussion is no longer about problems or the absence of pregnancy, the clients get excited about life again. The talk is about music, travel, writing, pets, careers, volunteer work, relationships, DIY, novels, decorating, art, sex and crafts. In these sessions Carla finds her clients are always full of surprises. She found out that one of her clients used to be involved in amateur musical theatre and another speaks fluent Thai.

Inevitably, a branch will be there that might be called "having biological children." Looking at the picture as a whole, a range of experience can be explored:

What happens when one branch takes over? Might the others begin to wither and die?

What happens when one branch is not thriving? Do the others have to go too? Is it fair to kill the whole thing off when one branch is not doing so well?

Can you actually BE YOU (the tree trunk) without taking time to give attention to all of your branches, making sure the whole of you has nourishment?

Many of these clients say that they had already discovered on their own that giving time and attention over to other things they care about (rather than just the baby making part) does indeed help but they have never completely understood why. Many people call it distraction. It certainly makes them feel stronger, more resilient, at peace. This has puzzled them, because it is so offensive when someone tells them to do something to take their mind off it. However, this is not what we are doing with the values tree. We are stating our intention to make other parts of the story, other parts of the person, important too. We are stating it is the person's right to be multidimensional and feel whole again.

Carla urges patients who arrive just starting out with fertility testing, already feeling they are on a windy path, to draw a beautiful and full Values Tree and keep it somewhere close. The hope is this visual cue will help them check they are nurturing all parts of their tree in order that the base stays strong. The hope is the tree picture they have created will remind them they are allowed to have the other things they care about, even when the "having children branch" isn't doing as well as they want it to or is getting lots of the attention. This is not the same as asking them to *busy* themselves. It is about asking them to honour their desire to have children alongside all the other things they consist of. They are made of so much in addition to this thing they have come to value. There are so many parts of them and their complex lives. As they are getting tangled in the complexity of reproduction and all of its concerns, they have a chance to start getting to know themselves again - to say hello to their whole. They have every right to do this.

A practice in nourishing the whole

Carla asked Stephen and Erica to create a special time at home that included a Values Tree as a way of getting to know them better but also as a way of them saying hello to themselves again. Erica and Stephen reported a fun and interesting experience. They reported laughing and feeling like taking action like booking some theatre or putting on music again in the evenings. Before completing a Values Tree together, they were not aware of how depleted their daily life had become. They had developed habits like googling fertility questions each night after dinner (or even during dinner!). They realised they felt in some way no longer "allowed" the joy of simple pleasures like music whilst they cook. Erica felt a new determination to find an activity and exercise regime that she was sure was safe for pregnancy but also that matched with her past interests and began making plans for this new programme. This made Stephen excited because the place where their Values Tree overlapped most was in the area of sport. They had met on a sailing course and had continued to bond over their love of the outdoors and adventure. He had not realised how much it influenced their relationship to lose these nourishing moments together. The Values Tree helped identify therapy goals that were less problem-orientated. It highlighted goals that felt more like goals for life, rather than for pregnancy alone.

Love After Love
by Derek Walcott

The time will come when,
with elation,
you will greet yourself arriving
at your own door, in your own mirror,
and each will smile at the other's welcome,
and say, sit here. Eat.
You will love again the stranger who was your self.
Give wine. Give bread. Give back your heart
to itself, to the stranger who has loved you
all your life, whom you ignored
for another, who knows you by heart.
Take down the love letters from the bookshelf,
the photographs, the desperate notes,
peel your own image from the mirror.
Sit. Feast on your life.