

AN EMOTIONAL ROLLER COASTER

Ways to Cope While You're Trying to Conceive

Coping with infertility, whether it's after years of trying to conceive or recently dealing with the diagnosis, is potentially very difficult for couples. Due to its uncertainty and the stress that accompanies it, the process can make people feel like they're riding an emotional roller coaster. Draining both physically and emotionally, infertility can wreak havoc on marriages and individual feelings of self worth and accomplishment.

The good news is that in the majority of cases infertility treatment is successful, and couples gain the children they always wanted. To help you weather the trials and tribulations of infertility treatment, here are some coping tips.

Deal with the problem in your own way.

"Couples with infertility not only have to mourn the loss of not being able to conceive right away, they also have to mourn the feelings of loss of control over their destinies, perhaps for the first time in their lives," says Geoffrey D. Nusbaum, Ph.D., director of the Delaware Valley Institute of Fertility & Genetics (DVIFG) Medical Psychotherapy and BioMedical Ethics Service. "These bright, achieving people were taught that if they put their mind to it they could do anything. Now, for the first time, they feel powerless and frustrated. They need to work through that anger and frustration before they can act in a positive way regarding their infertility problems."

Give yourself a break.

"Infertility is not just a medical condition. It's a bio/psycho/social condition that impacts on everyone around you," explains Dr. Nusbaum. "If you're anxious, depressed, or crying at times from the problem, you're reacting normally to stress." Don't ignore your feelings. Learn to express them appropriately and then work with your significant other to develop coping strategies.

Don't shut out your partner.

"Infertility, like all highly stressful events, is the psychological equivalent of putting a marriage under an electron



microscope. It reveals all of the relationship's microscopic cracks and imperfections," says Dr. Nusbaum. "Only couples who are open and honest with each other can cope well with the situation."

Join an infertility support group.

The idea behind support groups is a basic one—to give people who share a common problem a place to meet and discuss relevant issues and experiences. By sharing their feelings with those who can relate, members feel less isolated and often form lasting friendships. In fact, studies have shown that infertile couples who share their troubles with others have a greater chance of conceiving.

Talk about it.

If you're not comfortable going to an infertility support group, seek out a priest, minister, rabbi or therapist. Don't ignore the pain and loss you're feeling. Sharing your thoughts with a trained, empathetic professional can help you cope with the stresses of infertility and the hope of treatment. "The only feelings that do not change are those that are ignored. Only by facing our feelings do we learn and grow," writes Ann Brener in *Mourning & Mitzvah: A Guided Journal for Walking the Mourner's Path through Grief to Healing* (Jewish Lights Publishing, 1993). "Pain has a size and shape, a beginning and an end. It takes over only when not allowed its voice."

Educate your family and friends.

Even though they may be well-intentioned, parents, friends, and relatives sometimes make insensitive remarks about your infertility problems. Instead of being defensive or hostile,

take the educational approach. Share information regarding your treatment and about infertility in general. You can help them understand that infertility is a medical condition and the appropriate way to talk to you about it.

Rethink your priorities.

With frequent trips to the fertility specialist's office for blood tests, ultrasounds and other treatment, it may seem like trying to conceive is your second job. To cope, you may have to cut back on your work hours and other obligations. Now is the time to take care of yourself. Make the time to eat right, exercise, and to follow your doctor's advice.

Find your spiritual side.

"To make sense of things in relation to the greater world, find some way to connect to the larger picture," suggests Dr. Nusbaum. "If you don't find spirituality formally in your church or synagogue, you might find it in the ocean, the mountains, or in art or music. This spiritual connection can clear the mind and free it to deal with the uncertainty of your situation."

Write about it.

Dealing with the uncertainty of infertility can lead to a lot of anxiety. To work through these feelings, James W. Pennebaker, Ph.D., author of *Opening Up: The Healing Power of Confiding In Others* (William Morrow, 1990), recommends keeping a journal. He writes: "One reason I recommend writing about upsetting experiences is that it is safe. If you use a journal to explore your deepest thoughts and feelings, you can be completely honest with yourself. No one will judge you, criticize you, or distort your perceptions of the world."

Have an insurance question?

Call Carla Scott, DVIFG's staff insurance expert, for a free consultation. Call (856) 988-0072, extension 5, to schedule yours today.

Adopt a new attitude.

Since you know that you are doing all you can to conceive, try to relax and take each day at a time. You can't control the outcome of treatment, but you can control your attitudinal response to the stress of infertility. Make a commitment to stop blaming yourself (or your spouse) for the problem. The fact that you're doing something about it is what matters.

Fast Fact

Since IVF was first introduced in the U.S. in 1981, over 45,000 babies have been born using the procedure.

Source: American Society of Reproductive Medicine (ASRM)

Helpful Resources

- **RESOLVE** is a national nonprofit organization that focuses on infertility education, advocacy, and support. RESOLVE of New Jersey, P.O. Box 4335, Warren, NJ 07059-0335; (973) 993-0819 (phone); www.resolve.org
- **The American Society of Reproductive Medicine (ASRM)** provides a wealth of information to physicians and patients alike regarding infertility issues, news, and current clinical trials via its web site at www.asrm.com
- **The Whole Person Fertility Program: A Revolutionary Mind-Body Process to Help You Conceive**, by Niravi B. Payne, Brenda Lane Richardson, and Brenda Lee Richardson (Three Rivers Press, 1998).

In vitro fertilization (IVF) offers a chance at parenthood to many infertile couples.

Look for more "Ask the Doctors" questions and answers and "News You Can Use" on our web site at: www.startfertility.com

Ask the Doctors

Q: I am 35 years old and have had a major change of heart. At 25 I had a tubal ligation done because I thought that I never wanted to have children. Now I definitely want to have at least two children. What's the best route for me to achieve pregnancy—tubal reversal or in vitro fertilization?

A: Many women have called our offices with this dilemma. Based upon your age and desire to have more than one child, it would probably be best to undergo reversal of tubal sterilization. According to a recent study conducted by researchers from the University of Iowa Hospitals and Clinics Department of Obstetrics and Gynecology, in vitro fertilization (IVF) and reversal of tubal sterilization are equally cost-efficient procedures for infertile couples to consider. However, if you want to have more than one child, you would probably have to undergo IVF again to conceive another baby. According to the American Society for Reproductive Medicine, the average cost of an IVF cycle in the U.S. is \$7,800.

Tubal ligation is a permanent method of contraception suitable for women who do not want children (or any more children) or for whom pregnancy would be harmful. The surgery seals the fallopian tubes so that sperm can no longer travel through the tubes to fertilize eggs. The ovaries and ends of the tubes are left in place.

To reverse tubal ligation many surgeons today opt for laparoscopic tubal anastomosis, a less invasive procedure that uses smaller incisions than regular surgery to unseal the fallopian tubes so that sperm can again enter them and fertilize eggs. Laparoscopy is performed under general anesthesia and recovery is faster than after regular surgery because of the smaller incisions. A recent study published in *Fertility & Sterility* found that 87.1 percent of women studied who had the procedure performed were able to conceive within 18 months, with

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EDITOR: Christine Norris

DESIGN: J. Levins Design

Delaware Valley Institute of Fertility & Genetics

2001-F Greentree Executive Campus
Route 73 & Lincoln Drive West
Marlton, NJ 08053
(856) 988-0072

2791 South Delsea Drive
Vineland, NJ 08360

Mastori's Professional Plaza,
163 Route 130, Building 2
Bordentown, NJ 08505.

Visit our web site at:
www.startfertility.com

Happy Birthday to...



Austin Perry Watson, born on April 21st, 2000 to Gwen and Clarence Watson.

Sainigarg Mehta, born on June 15th, 2000 to Varsha and Mitesh Mehta.

All the babies and parents are doing well. Thank you, DVIFG!

79.4 percent achieving pregnancy after 12 months.

In vitro fertilization (IVF) offers a chance at parenthood to infertile couples where women have blocked or absent fallopian tubes, where men have low sperm counts, and where other infertility problems occur. In IVF, eggs are surgically removed from the ovary and mixed with sperm outside the body in a petri dish. After about 40 hours, the eggs are examined to see if they have become fertilized by the sperm and are dividing into cells. These fertilized eggs (embryos) are then placed in the woman's uterus. (IVF makes it possible for couples to conceive without the use of the fallopian tubes.)

Since IVF was first introduced in the U.S. in 1981, over 45,000 babies have been born using the procedure versus 70,000 from all assisted reproductive technologies, according to the American Society of Reproductive Medicine (ASRM). ASRM adds that IVF offers previously infertile couples the same chance of delivering a full-term baby as fertile couples.

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OF FERTILITY & GENETICS

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2001-F Greentree Executive Campus
Route 73 & Lincoln Drive West, Marlton, NJ 08053

