

THE INFERTILITY CURVE

BLACK WOMEN ARE MORE LIKELY TO HAVE TROUBLE CONCEIVING A BABY AND LESS LIKELY TO PURSUE INFERTILITY TREATMENT. THREE WOMEN WHO DID TELL THEIR STORY

BY ROBIN D. STONE

TOMIKO FRASER HINES IMAGES: GUY VIAU



After five years and countless procedures in an attempt to conceive, Tomiko Fraser Hines is ready to welcome her twins into the world.

W

hen she married in 2011 at age 34, Taramesha Robinson-Small's thought it was just a matter of time before she and her husband, Adrian, would be blessed with a baby. "We figured we'd give it a year," the Atlanta resident says. But as they considered her age—studies show a woman's fertility starts declining in her mid-twenties—they quickly reordered their priorities. After six months of trying, they found that blessing out of their reach. "One test showed I have a very low ovarian reserve," Taramesha says, meaning her body didn't produce sufficient eggs. "I was devastated." Taramesha suddenly found herself in uncharted territory: among the 10 to 12 percent of women who can't get pregnant after a year of trying.

Birth rates have declined in recent years, primarily because women are choosing to have children later in life, says Valerie Montgomery Rice, M.D., dean of Morehouse School of Medicine and a reproductive endocrinologist and infertility specialist. "A woman is born with all the eggs she's ever going to have," says Rice. Over the course of her reproductive years, a woman will ovulate 300 to 400 eggs, about one for each menstrual cycle. But as women age, not only does the number of available eggs decrease but the quality is also diminished. "When you look at women older than 35,



Tomiko Fraser Hines and her husband, Chris, call their decision to use donor eggs a "powerful choice."

we know that decrease [in fertility] is based on egg quality," says Rice.

Black women face even greater complications because they typically experience both a higher prevalence of fibroids and higher rates of obesity. "The older a woman is when trying to achieve pregnancy, the higher the chance of fibroids being present," Rice says. "And when women are obese there is greater likelihood of her having irregular cycles, and that impacts ovulation."

While Black women are more likely to struggle with infertility, they are less likely than other groups to seek medical help. Cost is certainly an obstacle: One "cycle" of in vitro fertilization (IVF)—in which an egg is united with sperm in a lab and the fertilized egg is placed in the uterus—can run \$12,000–\$15,000 if it is not covered by insurance. But Desiree'

McCarthy-Keith, M.D., a reproductive endocrinologist at Georgia Reproductive Specialists in Atlanta

and Taramesha's fertility doctor, says that cultural, social and historic factors are at play as well.

"Back in the day, all the infertility ads had White women in them," McCarthy-Keith says. "It wasn't a consideration that other ethnicities would have fertility issues. Black women have been portrayed as having too many kids already and in need of more birth control, not help getting pregnant. That's an unfair stereotype that left us out of the conversation about infertility as a disease. It left us in the dark and feeling isolated."

Some women don't seek certain medical interventions, known as assisted reproductive technology, because they feel it's not nature's way or they may have religious objections. Others don't trust the medical system even when treatments have been proven safe, McCarthy-Keith says. "When a woman has trouble, she's more

likely to feel, *I must be the only one*," she says. "Plus the fact that there are fewer African-American providers and people willing to step up and speak out—these are some of the reasons that have kept us out."

The small fraction of Black women (8.4 percent, compared with 13.8 percent of White women) who have ever received infertility services know that the journey is physically and emotionally arduous. And there are no guarantees: Success rates vary based on a woman's age, the quality of the egg and sperm, the type of treatment chosen—and luck. But for Taramesha and two other Black women who took a chance, their gambles yielded blessings.

TOMIKO FRASER HINES 44, LOS ANGELES

CHALLENGE: PREMATURE OVARIAN FAILURE
TREATMENT: IVF WITH DONOR EGGS
RESULTS: TWINS ON THE WAY

The best things came relatively late in her life, but for Tomiko, they were right on time. She started modeling at the ripe "old" age of 25 (and was the first Black model to sign an exclusive contract with Maybelline), and at age 38 she married her love, Chris, after being together for 11 years.

Not long after, when they decided to have a baby, her ob-gyn sent them to a specialist. At 38, Tomiko

found out that she was already in perimenopause—the beginning of the end of her reproductive years. A check of her hormone levels showed a slim chance that she'd produce viable eggs on her own. "The specialist said, 'You're going to need to use donor eggs,'" she recalls. "It was like a punch in the stomach."

They wanted to try it their way. And they did—on and off for five years, everything from IVF to acupuncture to a chiropractor. At one point Tomiko's life swirled with doctor's appointments, constant temperature taking to determine when she would ovulate, powerful herbal teas to enhance fertility and bouts of depression. "It was not a strain on our marriage—that's really strong," she says, noting that Chris, who works as a stage manager, was unflinchingly supportive. Still, Tomiko says, "it made me bitter and angry. I had friends who weren't even trying and were getting pregnant. I felt jealous. I isolated myself from friends; I was in therapy the whole time."

Their savings tapped, their energy spent, in 2010 the couple decided to take a break. After years of trying to conceive, Tomiko had finally made peace with her condition, known as premature ovarian failure (POF). It often stems from an autoimmune disease, and autoimmune disease runs in her family—she lost a sister to lupus. It was during that break, last February, that Tomiko opened her mind and heart to the specialist's first suggestion: donor eggs. She took it to Chris and "we

TURNING 35 DOESN'T MEAN YOU SHOULD GIVE UP ON A PREGNANCY USING YOUR OWN EGGS, BUT THE OLDER YOU ARE, THE MORE LIKELY THAT SPECIALISTS WILL SUGGEST MORE AGGRESSIVE APPROACHES. EXPERTS CHART YOUR FECUNDITY RATE, YOUR LIKELIHOOD OF GETTING PREGNANT IN A MENSTRUAL CYCLE, LIKE THIS:

AGE	% CHANCE OF PREGNANCY
22	25
35	15
38	7
40	5
45+	<1

(SOURCE: VALERIE MONTGOMERY RICE, M.D.)

powerfully chose," she says.

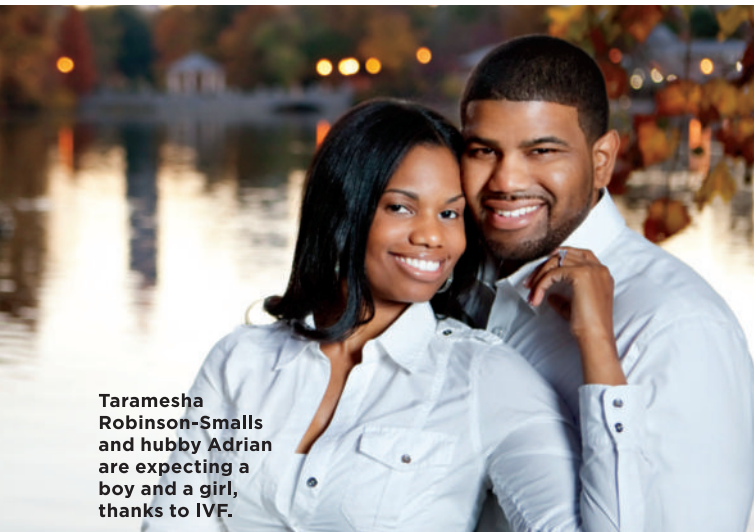
They began "shopping" for an anonymous donor, poring over hundreds of online profiles before finding a handful of Black women donors. "It felt weird looking for a woman to buy her eggs," she says. "We looked at her medical history, of course, and if she had brown skin." What drew them to the donor they chose? "It was her eyes."

They raided retirement funds to cover the nearly \$30,000 in medical, legal and donor costs, and the donor agreed to lower her fee. Doctors synced the women's cycles and the couple learned they were pregnant in May. And after years of not talking about it, they shared their excitement with friends and family: Their twin boys were due on Valentine's Day.

Tomiko, who did some maternity modeling during her pregnancy, also made peace with the fact that her children won't have her genes. "I was worried about connecting with these babies," she says. But the more she learned, the more she understood her role: "They will have my blood type. My body is growing them. The donor gave us eggs and my husband contributed his sperm. But I am their biological mother."

TARAMESHA ROBINSON-SMALLS 35, ATLANTA

CHALLENGE: LOW OVARIAN RESERVE (INSUFFICIENT EGGS) ▸



Tamesha Robinson-Small and hubby Adrian are expecting a boy and a girl, thanks to IVF.

**TREATMENT: IVF
RESULTS: TWINS ON THE WAY**

Depending on the woman's age, doctors suggest that couples "try" to get pregnant—have unprotected sex two to three times a week—for three months up to a year. Tamesha and Adrian had tried for six months, "but nothing was happening," she says. The heartbreaking news that her body hadn't produced enough eggs confirmed Tamesha's fear that she might never be a mother.

"I had never had any issues," Tamesha says. "I had a fibroid, but given the position, my doctor wasn't concerned about me conceiving." But as months passed with no positive pregnancy test, her spirits sank. "As a woman, I felt that my body failed to do what it is supposed to do," she says.

Her ob-gyn referred her to specialists. After a faulty start with one clinic ("It was like an assembly line," she says), the couple decided to work with reproductive endocrinologist McCarthy-Keith, with whom they felt a warm connection. Both partners underwent testing,

even though Adrian had already had a son from a previous relationship. Once the results were in, McCarthy-Keith presented options: They could inject Adrian's sperm into Tamesha's uterus at the appropriate time, a process called intrauterine insemination. But with her egg count so low, it was a long shot. The next, more aggressive approach was IVF.

They agreed immediately, and were pleased to learn that Tamesha's health insurance covered the treatment. Last July, after an interminable wait to time the treatment with Tamesha's menstrual cycle ("Any other time, I hate to see my cycle coming," she says with a laugh), she started injecting herself in the belly with a medication that sent her ovaries into overdrive to produce follicles, cells that contain individual eggs. When the follicles were sufficiently mature, it was Adrian's turn to inject her, in the buttocks, with a drug called human chorionic gonadotrophin,

TECHNOLOGY ENABLES YOU TO FREEZE YOUR EGGS WHILE YOU'RE YOUNG. COSTS VARY WIDELY, FROM \$6,500 TO \$15,000. THE BEST AGE TO CONSIDER THIS OPTION IS IN YOUR EARLY 30S. "MOST PROGRAMS WON'T ACCEPT WOMEN AFTER AGE 40," SAYS VALERIE MONTGOMERY RICE, M.D.

the final step in the egg maturation process.

McCarthy-Keith was able to retrieve 11 eggs. A week later, the fertilized eggs were transferred to Tamesha's uterus. Two weeks later, blood tests showed that the treatment had worked. Tamesha and Adrian expect to welcome home a boy and girl in April. "Adrian and I couldn't be more excited about these babies," says Tamesha. "When they're old enough to understand, we'll gladly share our amazing story of how they came to be."

KYMBERLI BARNEY

34, HINESVILLE, GEORGIA

**CHALLENGE: POLYCYSTIC OVARIAN SYNDROME
TREATMENT: CLOMID, AN EGG-PRODUCING DRUG
RESULTS: BOY AND GIRL TWINS, 11; A 9-YEAR-OLD SON; A 3-YEAR-OLD DAUGHTER; ONE "GESTATIONAL" BABY, WHO'S 5.**

About two years after Kymberli married Frank, her high school sweetheart, his diagnosis of multiple sclerosis prompted them to start trying for a baby right away. "We learned that MS could affect men's fertility," Kym says. "We didn't want to wait and miss our window."

Two and a half years later, nothing. Because she was so young—"I was a fresh 20"—her challenge lacked a sense of urgency. Tests showed nothing out of the ordinary. "The few people I did open up to were like, 'You're still young; you have time,'" says Kym, now a grade-school English teacher. "And I told myself the same things. But I also said if it hasn't happened by the time I graduate from college...."

After graduation, they headed to a specialist, who determined that Kym wasn't ovulating, and prescribed Clomid, a pill that stimulates the ovaries to produce eggs. By the

second Clomid cycle, Kym was pregnant with twins. (Clomid, or clomiphene citrate, is usually the first drug that doctors prescribe to infertile patients.)

A few years later, she returned to Clomid and conceived a son. After that, a daughter. On the spectrum of fertility complications, Kym knew that she and Frank were fortunate to have four children with minimal intervention. She couldn't stop thinking about how she might help other women. She joined the Web site Surrogate Mothers Online (surrogate-mothersonline.com), becoming a message board moderator. The more she engaged with the community, hearing stories of women who wanted to have children and women who were willing to bear them, the more she wanted to become a surrogate.

She broached the idea to Frank, who gave his support. Then she returned to her fertility specialist, who concurred that even though she needed help producing her own eggs, she could certainly bear someone else's. In 2007 Kym offered her services as a gestational carrier—a woman who brings another woman's



After a fertility specialist helped them conceive, Kymberli and Frank Barney decided to give back.

fertilized eggs to term. That's different from a surrogate, who uses her own eggs that have been inseminated by a donor or intended parent's sperm.

"It was my way of giving it back and paying it forward," she says. She was an ideal candidate: At 29, she was considered mature; she had already had children of her own—important since every pregnancy is a risk—and she had a history of successful, healthy pregnancies. Using Surrogate Mothers Online as her guide, she made an agree-

ment with a White couple in Georgia to carry their baby. The best part of the experience? Giving the baby up. "I didn't feel a sense of loss; actually I gained something to be able to say, 'Here's the baby you waited for.'" Kym, who was paid \$18,000 for carrying the baby to term, fielded a few flippant remarks such as "You must be getting paid a lot of money." She assured the commenters that "you don't go into it because you need money; you do it with love in your heart." The money, says Kym, is "our

thanks for a job well done." During the process, the surrogacy specialist determined the source of Kym's infertility: polycystic ovary syndrome, a condition caused by an imbalance of hormones. "It's kind of ironic that it was Frank's health that led us to start early, and we found out I was the one who had trouble conceiving," says Kym, adding that she and Frank consider it to be just one more blessing in disguise. □

Robin D. Stone is a health journalist and certified holistic counselor at healthjones.com.

RESOURCES FOR MORE ON INFERTILITY SUPPORT, START HERE:

- Society for Assisted Reproductive Technology** (sart.org): Guides you to professionals dedicated to assisted reproductive technology in the U.S. Includes a listing of fertility clinics nationwide.
- The Broken Brown Egg** (thebrokenbrownegg.org): Established in 2009 to increase awareness of African-American fertility and reproductive health. Features a blog written by founder Regina Townsend, who has struggled with infertility. "Infertility is lonely enough without feeling like a minority inside of a minority," the site explains.
- Cade Foundation** (cadefoundation.org): Started in 2005 in honor of Tinina Q. Cade, Ph.D., who at 55 years old carried and delivered her daughter and son-in-law's triplets. The Cade Foundation provides support to families struggling with infertility, including grants to help needy families with costs of treatment and domestic adoption.
- Surrogate Mothers Online** (surrogatemothersonline.com): A volunteer-staffed support destination for those who want to pursue a surrogacy or egg/sperm donor arrangement. Unaffiliated with professionals in surrogacy, adoption, or egg or sperm donation.

JAXSON PHOTOGRAPHY

COURTESY OF SUBJECTS