

Gentlemen,

My very dear friend has given to my husband and me what I consider to be the most precious gift in this world; on March 2nd of this year she delivered for us a beautiful baby boy.

You see - I am infertile. I have what is diagnosed as infertility secondary to DES exposure. My mother, threatened with a spontaneous abortion in the first trimester of her pregnancy was put on bed rest and given DES daily for the duration of her pregnancy. The end result was that I was born with a severely deformed cervix and abnormal uterus causing my inability to become pregnant and sustain a pregnancy. The only reproductive organ not affected were my ovaries. My fallopian tubes were blocked as well.

After three years of trying to get pregnant by such things as artificial insemination, a diagnostic laparoscopy was performed. This procedure determined the severity of my deformity and confirmed the dreaded diagnosis of no possible pregnancy in my future. After months of feeling inadequate, incomplete and crying buckets of tears, I turned to my dear friend Nancy. Nancy was aware of our attempts to get pregnant, trips to the doctor, and endless testing and temperature taking. She expressed a thought that maybe she could help us achieve our goal which was to have a baby.

In my continued pursuit of finding a doctor to perform a miracle, I came upon Pennsylvania Reproductive Associates at Pennsylvania Hospital in February of 1988. They had just started a new program as part of the In Vitro Fertilization program. It is called the gestational carrier program. It is basically the same as IVF - whereby a woman is stimulated with hormone injections, and has daily sonograms and hormonal levels to monitor follicular development. Once she approaches the time of ovulation, she is given a hormone to stimulate the maturation of her eggs and ovulation.

The eggs are retrieved and placed in a Petri dish with the husbands' sperm for fertilization. On the third day the embryos are replaced into the woman. This is the point at which the difference takes place. Instead of replacing the embryos into the woman from which the eggs are retrieved, the embryos are replaced into another woman who becomes the gestational carrier.

This is the simplified, watered down explanation of IVF. There is much preliminary blood work for all involved, physical exams, semen analyses and extensive psychological evaluation for both the genetic parents and the carrier parents. This is only to name a few of the things we had to go through before being accepted into this program.