

DAVID PREVER. 20<sup>th</sup> October 2006

Of all the difficult Friday night conversations I never expected, this easily ranks as the hardest. How should a nice Jewish boy explain to his parents that he's sub-fertile? This means 'not exactly infertile' but 'not fertile enough' for a free cigar and the 'well done my son' slap on the back that accompanies that magical statement - "We're pregnant."

"Severe impairment". The words, when they finally came out of the doctor's mouth, bounced around the room, off the ceiling and walls before landing, limp on my lap.

The speakerphone was muffled. Our hands free and his adding to an already confused situation. I asked him to repeat the result. He shouted, a voice from beyond - "SEVERE IMPAIRMENT." I'd heard the first time of course, and now so had the neighbours, loud and clear, but I still couldn't quite believe what he'd said.

As a man, there are many things you don't want to be called - weak's not great, lazy's not good. A lousy lover would be about as bad as it gets. But impaired?...Severely? That's not good at all. In his wedding sermon, our Rabbi had talked about how marriage means working through the inevitable dark days as well as the bright. Wise and well chosen at the time, I didn't expect to have to reflect on those words quite so soon.

With Rabbinical wisdom ringing in my ears I began the first stage of my drawn out denial, the male infertility equivalent of the famous alcoholics anonymous ten steps to recovery. The male approach to any problem is to find out facts, call for a recount, a replay, blame the referee. I did all of that and more - repeat tests, different specialists. Who can we blame, or sue even?

The journey had started a couple of months earlier. With honeymoon sand still in our hair, my head chef wife decided it would be worth getting some tests. I didn't think there was any need; it had only been a year after all. We'd be fine. The stress of a house move, a change of jobs, our ages (me 39, her 37) it was bound to take a little longer.

The crash course in fertility began. Books appeared, leaflets, recommendations and stray anecdotes from friends and relations. I'd covered this stuff before on my old LBC show, more than once, so wasn't completely in the dark, just in denial. Her FSH (whatever that meant) was up (or down, I'm not sure which) not dangerously, but enough to fire up some warning lights.

Next it was me, off to the GP and Hammersmith Hospital's Andrology Unit to be tested. It's a difficult place to find, designed by the man behind Hampton Court Maze. Endless corridors, starved of daylight, send you off in a perpetual circle, a fool's mission, a perfect metaphor for my sperm's already fruitless journey. They couldn't find their way, and now, neither could I. Time to complain, write a letter. Who designed this place? Who designed me?

The department itself resembles a very cheap motel - one with sample bottles on reception. The buxom Kiwi nurse was a nice touch and her attempt not to make eye contact was commendable. I handed over the GP referral and waited for the dreaded "do I know your name from the radio?" question, which thankfully didn't

materialise; instead she pointed me in the direction of Room 2 informing me that suitable reading material was in the bedside drawer.

When this prime minister or his successor next decide to look at NHS funding, they might like to consider the magazines available for men about to provide 'samples.' Stuff Magazine, FHM, Gadget Weekly, interesting though they are and packed with useful mobile phone reviews, are clearly unsuitable for the job - literally - in hand. As degrading episodes go, this is pretty high on the list. There would be more tests, more tears (me and her) and a little less denial in the coming weeks. Hardest of all, is not the physical but emotional impotency of watching your wife cope with medical procedures that would leave most men wanting. Handholding is about all you can do. Knowing you can't do the most natural of all natural things in the world, still hurts, and probably always will. The first biblical commandment given to Adam after he was created was to have children. It's an implicit expectation of every recently married Jewish Couple. Without the intervention of this mad and magical science known as IVF we'd be accepting life as 'a childless couple.' At least we're still in with a chance. As for the difficult conversation with my parents - I just told them, they just listened, we broke bread. "Mum, Dad, the patter of tiny feet might have to start in a Petri-dish!" It was probably harder for them, than me. What could they do after all?

DAVID PREVER. 3<sup>rd</sup> November 2006

No matter how hard we try, men don't understand women's bodies. We make an effort though, to understand the gynaecological minutiae, and what is always euphemistically referred to as 'women's problems.' IVF is a crash course in women's problems, a vertical learning curve that includes system suppression and then stimulation, followed by follicle counting, egg harvesting and embryo transfer. And that's just the beginning. Men's problems and men's bodies are so much simpler - when they work!

In an attempt to master this new science I turned to the Internet. This is always a big mistake. Any health-related Internet search will always deliver the requisite number of scare stories: a couple on their tenth attempt, couples bankrupted through trying, couples who succeed on their first attempt...only to miscarry soon afterwards.

In search of the latest developments, I signed up for IVF google news alerts, sent directly to my email every hour. The first one that landed in my inbox was a cutting from a New Zealand paper about the first Rhino to undergo an IVF procedure. A Rhino with similar problems to me, it seems.

It's human nature to seek solace in people with the same condition as you, and women are far better at this than men. Within days of our diagnosis, Victoria was gathering a support group around her, friends who were going through IVF, friends of friends too. It felt like her phone hardly stopped ringing with messages of advice and reassurance. Women instinctively nurture friendships, stories are traded, meetings arranged.

Men sit in corners brooding, and immediately work harder to prove themselves better hunter-warriors than other men. At least that's what I did, working harder

than ever. The same work and stress that's probably made me less of a man in the first place. It's a vicious circle. My mobile was silent, my support group nonexistent.

I reverted to type – 'head in the sand, work early and late, tell no-one, get on with it, brave-male-face' type.

When I did eventually tell male friends, each conversation played out in exactly the same manner. I would explain we were having IVF and the implications.

They'd fire off Bernard Manning style gags about Jaffas, tight underwear, firing blanks and the money wasted in Condom's for the last 20 plus years.

Not one male friend – not even those seemingly metro sexual post-modern mates – has feigned a sensitive response and asked me how I am. I would tell them, if they'd bothered to ask, that I feel, despite Victoria's strength, as though I've let her down so soon in our marriage, that watching a Consultant examine your wife for your own failings, is painful, upsetting and full of unwanted metaphors too. And that, worst of all I still don't understand how this menstrualcycle-IVF-timing thing actually works.

Before coming out, a dinner with the boys at Solly's in Golders Green was made

excruciating by a close friend advising me on the best time of the cycle to conceive a girl. He shared this revelation with a woman on the next table who was nursing her six-week old pride and joy. "I've been advising my friend here," he told the stranger, pointing in my direction and oblivious to my state. It wasn't his fault, he didn't know. Jews might be guard-down approachable and friendly, especially over a plate of Solly's hummus – but telling a stranger, a new mother and her friends that I was severely impaired just seemed, well inappropriate really.

My mother is always there of course, on the end of a phone. During one call she told me how it was nice for her "to be in at the beginning because normally she wouldn't be." We're close, but it would be a step too far to ask Victoria if her mother in law could be there at a natural conception, and a little bit odd too. On day one with Dr Big Hair our Consultant, my doubts about the NHS were confirmed and he called for a recount. Another sample was required, this time at the private clinic we'd chosen. There were more blood tests, full sexual health screenings, cystic fibrosis and Tay Sachs too; rates are especially high for Ashkenazi Jews.

He explained the difference between ICSI and IVF and what Victoria would have to go through. I flipped between depression at the situation we found ourselves in and amazement at the advances that medical science has made.

If my count had improved we'd try a fertility drug – Clomid - to make Victoria more fertile. Another option might be IUI (intra-uterine insemination) where washed sperm is injected directly into the uterus. The learning curve was getting steeper, so was the confusion that something that seems appears so simple for others, could be so difficult. Clichés abound, every child truly is a miracle and the prospect that we would – like that fortunate Rhino - one day have our own, now seemed further away than ever.

DAVID PREVER. 17<sup>TH</sup> November 2006

My wife, 38 next birthday, is about to go through the menopause. And it's all my fault. She keeps telling me it isn't of course, that we're in this together, but if it wasn't for my obvious inadequacy she wouldn't be about to take drugs twice a day with side effects that according to the instructions, could include hot flushes, headaches, mood changes, depression, acne and muscle pains. Dr Big Hair, our consultant, mentions the mood changes with a wry smile, and says I might find it a little difficult. He's clearly understating this, and I fear I'm about to find out why. The chosen method for taking this concoction is sniffing. Victoria is about to inhale a change of life. It isn't a real menopause of course, just a trick one, lulling the body into a sense of infertile insecurity before supercharging it with drugs that over stimulate the egg producing bits.

Last year I hosted an LBC phone in on whether you would think twice about marrying someone if you knew they were infertile? In an oddly prescient moment I remember asking my then girlfriend if it would make any difference to her if either of us had reproductive 'problems.' Her answer was an obvious 'no of course not,' but I can't deny that there have been many moments these last weeks, when my mind has wondered whether she might have rather stood under the Chuppah last April, with another and altogether more potent partner for life. This is suddenly all very real and I can't pretend that I really understand any of it. We're being washed along on a tide of medical jargon and mad science. I've never been a fan of pharmaceuticals, I just don't trust them. And now my bride will be pouring her body full of who knows what? Something that reduces her body's capacity to do what it's doing very nicely thank you.

Why aren't there man drugs to make Sperm swim faster? How hard can it be to come up with a drug to give the boys a bit of a boost? My latest conspiracy theory is that genetic scientists are all men and meet together in secret where they decide that sperm improving medicine must be kept a secret forever, leaving it for women to sort out on their own, prescribing loose fitting male underwear and cold showers instead.

I've most definitely arrived at the anger stage of sub-fertile acceptance. I'm angry with everything and everyone; the clinic for not keeping appointments on time, the drugs industry for the over-inflated prices, the fashion industry for selling me tight fitting underwear that might just be to blame for this. Most of all I'm angry that I left marriage and fatherhood to my very late thirties, so that everything now feels like the 'last day of the sale' in baby land. Hurry, hurry, hurry – sorry too late, there are no babies left Mr. Prever.

There's no time now to get to know my new wife, my married life, instead our relationship has been hijacked by consultations and IVF websites and ICSI success rates and acronyms that are still unfathomable. We search out and swap stories and mark the diary with various critical dates - menopause starts, menopause finishes, and so on.

The anger is accompanied by a great deal of soul searching. My sister in Israel, a wise and deeply spiritual soul, sends an email suggesting this is g-d's way of making us consider whether we really want children. I've always thought that wanting a baby for the sake of it was a selfish assumption to make: a vanity

purchase, akin to buying a new car, a yummy mummy or daddy accessory to wheel around St/ John's Wood in the latest must-have designer pram. What right do any of us have, to have a child? None. Nothing focuses the mind more than finding out you can't. Do we really want this? How many couples really think about why they want to start a family, when there should only be one reason, the life you can give to the unborn. And perhaps here in our late thirties we are just too selfish now to make the major adjustments needed. It makes the mind wonder this IVF business, which perhaps isn't such a bad thing after all. With perfect timing, the comedy sniffing – how can sniffing ever be taken seriously as a medical procedure – is due to begin on the first day of a week away in Portugal. We agree on a time, 9am and 9pm. I can hardly wait; a week of rest, relaxation and self induced plate throwing. Form friends and family the sympathy continues, and it feels so wrong when people offer condolences, sound sad on the phone and wish us well, because nothing is wrong, not in the traditional sense. Life goes on and we're fine. It's a subversive disability this thing which makes it all the more annoying, perhaps it would be easier if I could wear it somehow. It also feels fraudulent. I'm okay really, just angry and living with a pre-menopausal wife who could get angrier any time.

DAVID PREVER. 1<sup>st</sup> DECEMBER 2006

Before all of this, I often wondered whether I would one day be the sort of expectant father who surrounds himself with piles of 'How to' baby books. I needn't have bothered with the daydreaming. For the time being, the 'IVF lovers handbook' has replaced 'Dr. Spock' and the rest.

In truth, I know the bare minimum. I could write the bluffers guide to IVF and no more. Victoria, on the other hand, has subscribed to the websites, bought the books and accumulated a wealth of knowledge. I dread the next session with Dr. Big Hair for fear that she might actually know more than him.

I know she worries that I appear disinterested at times, but I just don't want this to hijack our lives any more than it already has. While Victoria wants to know every last detail, I can only cope by assuming the 'life goes on as normal pose.' Maybe this is nothing more than the traditional lazy bloke approach - it will be her body that's affected after all - but I do resent the way that it's crept into every area of our life. Bedtime reading is a case in point. I'm there with something from the best-seller list, while Victoria falls asleep with the Zeta West Guide to Getting Pregnant propped up on her lap, a monument to my inadequacy and not what early-married life and early bedtimes are meant to be about. Yet how can I blame her for wanting to be informed?

The two weeks of twice-daily sniffing sessions, designed to suppress Victoria's immune system is nearly over. The idea that squirting hormones up your nose might eventually lead to an assisted pregnancy has been slightly surreal. Is this the best that they could come up with? On more than once occasion Victoria has

been left panicking, asking me whether she sniffed correctly? How do I know? It does have a slightly comedic feel to it, all of this.

The first sign that the drugs are doing their work came in the middle of 'sniffing fortnight.' I had to go away on business for the weekend. Before rushing for a Friday lunchtime flight Victoria collapsed in my arms in floods of seemingly endless tears. I can still see her forlorn face looking at me as the cab pulled away.

Our next joy is a fortnight of injections, designed to send my wife's egg producing capacity - and her tear ducts - into overdrive. At the clinic, a nurse talks us through the injection procedure. We choose 10pm for this daily ritual.

The clinic decides that now is a good time to see how we're coping and without warning we find ourselves in an anteroom with some woman asking Victoria the strangest questions. Is she eating breakfast? Has she tried yoga? What does she have for lunch? The pseudo-counsellor closes the session by telling us that she's there on the end of a phone whenever we need her, except for the next ten days (when we'll be in the nearing the end of our treatment and in most need of support) as she'll be on leave.

During that session, I seem to have become the invisible man. Not once does the counsellor make eye contact and ask how I am, how I'm coping or whether I'd like to take up Yoga. I got us into this mess and now, it seems, I have to sit quietly in the corner until needed in a couple of weeks time. It's speak when you're spoken to, until then just park the car, sit quietly and let the girls get on with talking about salads and relaxation. This strange unprompted episode is a stark reminder that even for expensive private medicine, our emotional welfare is often the last thing on their mind.

From my limited reading, I know this much. IVF is a series of endless hurdles. Managing expectations is the only way to stay on the right side of sane. I can't afford to stop for even a second to consider the list of 'what ifs.' I still find the science overwhelming, and until I'm holding a healthy son or daughter in my arms, I can hope for nothing more than a series of small successes along the way. A couple of really good sniffs, and a decent scan or two will do for now. My job here is clearly defined. Remain calm and positive, read as little as possible, and be ready with the Kleenex, plasters and sharps box on Monday night.

DAVID PREVER. 15<sup>th</sup> DECEMBER 2006

I can't keep pretending that this is easy. Last weekend was the most difficult yet, a crash course in handling - or rather how not to handle - a woman pumped full of life changing hormones. It began with a crawl through the Friday evening rush hour after a 14-hour day and a long week, barely making it to the sofa before doing that falling asleep in front of the TV thing.

When I woke, I'd missed Victoria injecting her bruised stomach with another massive dose of drugs. Yet again, I feel as though I've let her down. Trying to do the right thing is impossible; this was not the best start to the weekend.

Here's what they don't tell you at the IVF clinic about this stage of the treatment.

1. Prepare to buy a new pair of trainers, because there will be moments when you'll feel like running away. After only eight months, what was your marriage, will at times feel like a scientific experiment.
2. Develop a thick skin, because nothing you do, however hard you try, will be good enough for your new junkie-wife. Your role is to act as a human punch bag, taking each blow on the chin with a smile. Never mind that you're already feeling emasculated and wretched for putting you both here in the first place.
3. Think PMT and multiply it by a dozen times or more. Forget romance or passion, instead expect to be temporarily paralysed by the same mutual tolerance normally found in long-term married couples, not newly weds.

I wrote those words a few days ago, and predictably things have calmed down. Friends, or at least those who are interested, laugh and tell me this is what marriage is like. I don't believe them. I refuse to subscribe to the hackneyed and cynical view of married life, especially after such a short time. This is – for these few weeks – a marriage on drugs, which is something entirely different. This is really tough, and I can't pretend otherwise. The heady mix of hormones, plus the expectation that this will have a positive outcome is emotionally draining. The specialists warn you, sort of. "You'll need to look after your wife." Why the understatement, why can't they tell it like it is? I feel as though I'm a part of a pharmaceutical conspiracy to hide the truth. If they really told us what this would be like, would we still go ahead? The answer, of course, is yes. The prize at the end has to be worth every second of the hormone induced mood swings.

We've been to the clinic twice this week, for scans to monitor Victoria's egg producing follicles. I cancel meetings and rearrange my diary, though my role is reduced to hand holding and inappropriate one-liners. At the first scan, an oddlooking

scatter graph shows four average sized follicles. We could do with more.

The second scan, two days later, is less hopeful and the nurse coldly explains that maybe we'd like to stop now and save our money. I can't believe that after all this we're suddenly about to abort the entire process. I'm furious with their lack of sensitivity. We phone our Consultant who advises us to continue with a third scan early Sunday morning, so much for the planned coffee and bagels in bed. All being well there should be one more trigger injection on Monday night ready for the egg collection on Wednesday.

My diary for next week is now full of appointments for egg harvesting and embryo transfers. I hastily cancel meetings so that I can be by my wife's side and be ready to give another sample too. This time the degrading, awkward process will take on a whole new meaning.

I'm learning the hard way that achieving pregnancy through IVF is still largely a hit and miss affair. Despite the huge advances in genetic medicine, there's still a lot of shoulder shrugging and a huge amount of guesswork. The specialists also seem to frequently disagree on the correct course of action. By this time next week, Victoria could possibly be in the first stages of pregnancy, though it will be two weeks before we can find out for certain.

Here's the next IVF surprise. The extraordinary people, who have pioneered these techniques, have yet managed to work around this 14-day agonising wait.

Once the embryo is implanted, it's "bye for now and give us a call in a couple of weeks". If last weekend was the most difficult, the next fortnight should be equally challenging.

During Sunday lunch I was verbally attacked for my lack of conversation (a glass or two of wine probably hadn't helped) and then castigated again for sleeping through Friday's injection. "How could you do that?" I was asked for what seemed like the tenth time. "Because I'm emotionally and physically exhausted too," wasn't, it seemed, a good enough answer.

DAVID PREVER 29th DECEMBER 2006

Last week I sat through one of the most extraordinary experiences of my life. I'm told that watching your wife give birth is about as life changing as it gets. Try sitting next to an embryologist with a hi-tech microscope, while a consultant removes eggs from your wife's ovaries?

I've no idea why I asked to scrub up and sit through this. It's my fault that Victoria was laying on a day bed wearing nothing but a surgical gown and an anxious smile, and besides, what else was I going to do? I did have my own task to perform, but since no anaesthetic was needed for my 'procedure,' I figured it could wait for another half an hour or so.

Sitting in theatre in my green gown, clogs and surgical hat waiting for Victoria to be wheeled in, I was asked by three different people if I've ever been through this before. I was told that if I felt sick, I should lie on the floor and wait until someone could attend to me. How humiliating would that be? Sub-fertile and curled up like a small child vomiting on a hospital floor, while my wife lays prostrate on a trolley above me. Under no circumstances was I going to be ill.

I sat and watched as my sedated wife was manhandled from her trolley onto the operating table. Eight months ago, she was my beautiful bride. I dutifully repeated my vows and promised to look after and protect this wonderful woman. It wasn't nausea that I felt as I watched them strap on the oxygen and buckle her lifeless body to the table, but an overwhelming sense of failure.

This is not a plea for pity, but any man who's lived this IVF journey will understand exactly what I mean. As the surgeon primed his needle a new emotion took hold. This was dangerous; any invasive procedure carries inherent risks, her life was literally in his hands. I wanted to ask for his qualifications, a certificate or badge of some sort. Instead, I sat, silent, anxious and - despite Victoria's presence by my side - strangely alone.

Hours seemed to pass as the consultant went to work. Ten minutes in, and no sign of an egg. I wanted to ask questions - what was happening, were there no eggs at all? Every few minutes a test tube of yellow fluid was handed across theatre to the embryologist, who seemed slightly uneasy by my presence. She'd probe around in the Petri dish before discarding the contents in a bowl. This happened three times, until eventually she moved the dish delicately to one side and declared 'first egg.' I had to stop myself from leaping off the stool, triumphant fist in the air. I wanted to rip the mask from Victoria's face and share the news.

The anaesthetist was concerned at the strange guttural noises coming from his patient. "Does she snore?" he asked. It provided a much-needed moment of light relief.

Egg one, was followed by another and then one more. Then it went quiet; Nothing for at least ten minutes. I could sense our consultant's anxiety as the team packed away, I felt dejected, but the embryologist was still at work and announced the final 'fourth egg'. Some women manage twenty or more, four was disappointing, but we only need one to make an embryo.

While Victoria stirred in the recovery room, it was my turn for 'harvesting.' I'll spare the sordid details, except to say it took rather less time and was altogether less harrowing than my wife's ordeal. A young nurse explained what to do – I'm 39, I've sort of figured it out by now. This is the third time in as many months but the embarrassment doesn't get any easier.

The laboratory now had all the ingredients needed. Twenty-fours later, a phone call would tell us whether we were good to go for an embryo transfer the next day. I struggled through my show on Thursday morning, hoping that on a lab bench, somewhere in London, the building blocks of life were slowly beginning. Dramatic I know, but true nonetheless.

At 11am, thankfully earlier than expected, Victoria phoned. We had three embryos – all top grade (they use some marking system that I still don't understand). For the first time in months, I felt overjoyed. My previously lazy sperm had done their job. For a few seconds a small part of me felt like a man again.

DAVID PREVER 12th JANUARY 2006

We've never been so busy...doing nothing. Life is on lockdown, cancelled until further notice. After the embryo transfer last week, Victoria has been welded to the sofa and has hardly moved in days. It doesn't have to be like this. Post embryo transfer advice varies depending on who you listen to. We've made a decision that operating heavy machinery, all sports, in fact any activity is a no-go until the pregnancy test, two weeks from now.

This decision was based on nothing more than my stock in trade neuroses. The received wisdom seems to be that life can go as normal. Saunas, sex, heavy lifting and vacuuming should be avoided – especially at the same time. In a natural pregnancy life doesn't stop. Put simply good embryos can't be lost as a result of moving about. Just because this has been an emotionally exhausting (not too mention expensive) journey with a one in three chance of success, why should it be any different? The choice to walk on eggshells makes us feel better, and if nothing else, reassures us that we've done everything we possibly can to realise our dream.

I'm despatched to the shops at regular intervals to stock up on DVD's, snacks and so on, and more than once pass the chemist where pregnancy testing kits are piled high - teasing me inside to buy one. This two-week wait is the strangest time, an IVF no-man's (or woman's) land where medical science hands over to nature saying "We've done our best, your turn now."

The clinic waved us goodbye a week ago and promised a yet to materialise phone call to see if we're okay. What actually happens to the embryo once it's implanted, nobody seems to really know. There are vague guesses as to why some succeed and others fail, so we're both back on the Internet filling the hours seeking sites that can offer reassurance. I hypocritically tell Victoria to leave the web alone while retreating to my study for some secret surfing when she's back on the sofa.

Apparently, signs of pre-menstrual-like symptoms, breast tenderness, cramping, nausea and food aversions could all indicate that this is a pregnancy. All of these could mean that either an embryo is implanting, or one embryo is implanting while another is detaching. It could also mean that we've failed and the cycle is over. The only certainty will be the pregnancy test at the end of these 14 long and difficult days. And even then, as with all tests, the outcome can sometimes be wrong. The best advice is to log off, shut the machine down and sit by my wife's side, assuming the now familiar positive husband routine.

When cabin fever sets in we head off to the park, shuffling along in winter sunshine like pensioners on a big day out. Twenty minutes later we return with another DVD and a slice of comfort cake to help pass the time. Back on the sofa watching reruns of Supernanny we wonder whether this is all worth it. I can't keep Victoria out of the kitchen though and despite my protests, Chef is soon back at her stove.

Half way through the week, a JC reader e-mails us her story. Her first IVF attempt six years ago was successful first time. The second took four cycles. Victoria makes telephone contact and another friend is added to her virtual support group. I'm in favour of anything that takes her mind off things. The vicious circle of trying not to get too stressed and then worrying about stress levels is hard for her to escape.

A family function planned for this weekend isn't helping matters. The last thing we need is a barrage of questions about how it's all going. There really is no easy way to explain that there may or may not be an implanted embryo fertilising inside your wife. Best probably to answer the questions with a trademark smile and move on to something else. Being surrounded by children is bound to be difficult too.

I use the time to reflect on whether we've given this our best shot. The advice and tips I've received from various sources include reducing alcohol (our specialist, Big Hair) eating brazil nuts (my mother), taking a spoonful of honey a day (a colleague), regular cold showers (the acupuncturist) and leaving my underwear in the fridge to cool down (a random website). Only time will now tell whether we've been successful, and that time is still a week away.

DAVID PREVER 29th JANUARY 2006

Failure on top of failure is not a good thing. There's only so much a man can take before his pride begins to feel battered. Failing to make my wife pregnant naturally is something I've had to come to terms with over the last six months.

Failing at our first IVF cycle is desperately disappointing. We've searched for answers, for reasons where we may have taken a wrong turn, but there are none. This is an inexact science where the outcome is in the hands of powers greater than the best consultants money can buy and for two control freaks, that isn't an easy one to deal with.

I actually can't remember how I felt when Victoria called me at work with news that this was over. I seemed to be in a state of full-scale emotional denial. The call wasn't exactly unexpected. There had been signs over a number of days that this IVF cycle hadn't worked. I spent days reassuring her that all was well when deep down I had a sense that something was wrong.

Maybe this wasn't denial then, but more an acceptance of what I knew to be the truth. I was still angry though (again) and deeply frustrated. But also resolute and able to slip back into the supportive husband life has to go on mode without too much difficulty

As an aside I have noticed that my tolerance levels are lower than they once were; the stress has to find it's way out somehow. Jobs worths have taken the rough end of my rage when I once would have remained calm. I walk away from these outbursts unable to recognise myself. The anger is tucked away, ready to be unleashed on any poor parking warden that crosses my path.

There is also a very obvious physiological side to this. Victoria has been pumped full of mood alerting drugs, endured several invasive procedures and then had to sit still for fourteen days and nights in the hope that an embryo was growing inside her. This was real, a real pregnancy in all but name. This something that men can never fully understand. I'm sure my reaction is no different from that of husbands who suffer alongside wives who miscarry. What happened to us is not unusual in a normal pregnancy. The egg failed to implant, that's all. The difference with a normal pregnancy is that you wouldn't even know it was trying. For me, this was a 'not of this world' surreal experience from start to finish that suddenly ended: a sci-fi movie where the credits roll and you realise that it was all fiction after all. It seemed real at the time, I actually believed that it was possible to get pregnant by injecting sperm into an artificially stimulated egg on a lab bench, and then replace the embryo back into the womb, but it turned out to be nothing more than a story after all, albeit with a very unhappy ending. The difference of course is that we're both the lead characters.

Selfishly, I know that life can revert to near normal for now, suspended in time until the alarm on Victoria's phone tells us it's time to inject again. Then, my wife will gradually change from the woman I know back into another IVF patient, and the rollercoaster ride of hope and fear will begin again. Locked into default positive thinking mode, I'll be by her side, dealing with my anger issues away from home. Failure on top of failure, on top of another failure isn't an option. This will work - call it man's intuition - I know it.

DAVID PREVER 30<sup>th</sup> MARCH 2007

It's Sunday morning and I'm lying face down on a cold pine floor with half a dozen other couples, also facing fertility challenges. At the end of the room a

lovely Indian lady instructs me to breathe in for the count of three, and out for the count of three. Breathing is big business these days and we're paying good money for this. Everywhere you go in the fertility world, people are telling you to breathe more deeply. They keep telling you to drink more water too. I hardly have time for anything else, I'm too busy breathing and drinking.

The impromptu Yoga session is part of Victoria's relaxation course; this is partner participation day. Gentle stretching on a mat is followed by a visualisation session where, with no sense of irony, the therapist asks us to close our eyes and imagine we're walking in the park on a beautiful day. Since it's Sunday morning this is exactly what I would be doing, if I wasn't sitting in a darkened room paying good money to breathe deeply and imagine what life is normally like.

To be fair, this isn't really about me. It's about my wife. The course has been superb for keeping her anxiety at bay. Unlike me, Victoria enjoys systems and structures; a folder in which to record her mood and endless course notes on cognitive behaviour and positive affirmation. Homework has involved us telling each other something good that has happened at the end of each day. Mine is the same every evening – I'm drinking more water.

The chance to meet with other men in a similar situation is interesting. We seem to agree that if anything in life is likely to dramatically polarise the differences between men and women, it's IVF. Men need solutions; women need to talk about solutions. Over and over again. For men, it is what is and the talking can more or less stop, no folders or homework needed, thank you. On balance, women have probably got it right.

Last week it was egg harvesting and sample time again. Shortly after 9am Victoria was wheeled into surgery where our consultant defied nature and removed four eggs from four ovarian follicles. This was a superb result and much better than expected. I wasn't allowed to scrub up and join them this time around – something to do with Health and Safety – so sat patiently waiting for the news. Twenty minutes later, a nurse emerged and then disappeared through an adjoining door carrying a small incubator - the building blocks of our hoped for life. Another surreal moment on this journey. Minutes later I was invited to retire again with what's left of my dignity to 'do my bit.'

The following morning the lab called back with the good news, two embryos had fertilised. I'm amazed that this procedure is so quick. No anaesthetic, only a few formalities to confirm our names and dates of birth, and the job was done. I walked back to the car park carrying the souvenir scan photo of the exact moment that implantation took place, a proud 'wanna' be dad.

This second attempt has, for me at least, been identical to the first. Victoria has had to face far more needles and is convinced that different drugs have affected her mood, but I'm not convinced. Familiarity with each stage of treatment has helped.

Now we're in the middle of the long, painful two-week wait, the end of which falls with magnificent timing on our first wedding anniversary. A fortnight later it's my fortieth birthday. Victoria keeps asking about presents, but I really couldn't care less. A healthy, happy wife, at peace with her and our world will do nicely. If she

happens to be pregnant then this nearly forty year old will quietly, confidently smile. At this stage we don't deal with the consequences of 'If not.'

DAVID PREVER 27<sup>th</sup> April 2007

So 'it' failed again. End of column. That's pretty much how I'm dealing with this. It failed, we move on. Or that's how I'm dealing with it in public. Privately, Victoria thinks I'm finding harder. I can't tell really, it leaves you emotionally numb this thing that's so unexpectedly taken over our lives.

I really expected it to work this time. It hurts that it hasn't, of course, but it hurts more that Victoria worked so hard to do everything to achieve a positive result. Acupuncture, hypnotherapy, meditation, not to mention schlepping to a weekly support group on the other side of town. She deserved success, we deserved success. Instead we're back at base camp wondering what to do next.

It would be easier to write that 'we' failed again - the blame game would be much more straightforward. If we knew that we did something wrong along the way, ate the wrong food, breathed the wrong air, did too much trampolining or vacuuming after implantation (not advised apparently) then we'd feel more in control. And there's the problem with this. You can try as hard as you like, try with every fibre in your ageing body to make it work. Then, at the last hurdle, something goes wrong. Nobody can tell you what or why. The clinic doesn't even phone to ask. The more I find out about assisted pregnancy – my least favourite phrase and an appalling metaphor – the more I realise that this is a game of luck and chance. I've always believed you make your own luck in life. Not, with IVF apparently. They can achieve mini-miracles along the way, but the big one is still in the hands of someone or something else.

Failing again was easier in some respects, we knew what to expect. But that euphoria after implementation five weeks ago, was overwhelming, more so it seemed than the first time around. I watched the embryo on the scanner with a clichéd sense of awe and wonderment. We'd actually made it through the drugs, the hormone induced bickering, the disappointment at an initially low egg count, and achieved two healthy embryos.

We found out a few days before our first wedding anniversary, that things weren't going well. Victoria feels she's let me down, yet I've let her down in the first place. Despite this mutual guilt, we still surprise each other with moments of crass insensitivity.

After a long day a week or so ago, I declared that I was bored with IVF. Victoria was keen to share 'fertility' stories, good and bad. Just for once, I wanted us to talk about something else, and escape back to that weekend, post-transfer, when male infertility, success and failure rates, varying drug protocols and side effects were briefly no longer part of our lives. It's not IVF that I'm bored with, it's the way IVF permeates every aspect of our life. It's the well meaning sympathy from anyone who tries to find the right words. Sympathy can be so dull – I don't want people to 'feel sorry for us', there are far more deserving cases - yet we'd moan if it wasn't there, of course.

I didn't want to have to write the 'it's failed column again' Writing it for a third time might just be too much. For now, the diary is full with consultant appointments and we're ready to go again. Victoria is confident that we'll leave a shorter gap between cycles this time.

A friend asked me this week how long we would continue with this. I'll continue until Victoria has had enough or our marriage can't take any more.

I heard a story this week of a couple who were successful after their eight IVF attempt. You start to collect these tales, they offer some small comfort. Everyone knows someone, it seems, with an IVF anecdote. I wrote a few weeks back that all I wanted for my fortieth birthday this past week, was a pregnant wife, happy with her world and ours. Since I'll be forty for the next twelve months, there's still plenty of time.