Lives on Roulette

WHAT ONE MOTHER WISHES SHE'D KNOWN BEFORE SHE USED IVF

by Amanda Witt

"Hi! What your name?" said an exuberant, curly-headed toddler as I approached her front door.

"I'm Mrs. Witt."

Her face fell. "I want Amanda," she said sadly. "Amanda bringin' us supper 'cause we had a baby."

Her dad, laughing, relieved me of one of the pans I was carrying. "This is Amanda Witt," he explained. "That's her whole name."

The toddler danced ahead of us to the house. Another little girl, about six years old, twisted around her father's legs like a cat. A ten-year-old boy held the door open. He nodded politely and pointed at the couch, where his new baby brother slept in his great-grandma's arms.

Three of these four children were products of in vitro fertilization (IVF).

THINKING IT THROUGH

"Don't get me wrong," Ruby says, after her husband and the three older children have departed for sports practice.[1] "I love my kids. I do. But I wish we'd thought things through before we did IVF."

She carefully lowers herself onto a couch, still sore from her C-section. "After our first son, I had two ectopic pregnancies, so I couldn't ever get pregnant again. We were just chillin' with our one, and then Peter's mom said we should look into IVF, and it turned out that even though it's really expensive, Peter's insurance would cover it. So we did it, even though we didn't really know anything about it. It was sort of taboo back then, I guess. People didn't talk about it."

Ruby is more than willing to talk. She's a woman with a calm demeanor, but she talks about IVF with great urgency.

"We did the consult and everything was great," she says, eyeing her newborn son. "Everything about me is completely healthy, my eggs, everything. It's just that my fallopian tubes had burst. So when the doctor said I was good to go, we jumped right in. We never even thought about it, and we should have. Everyone should. Seriously—people should have to take a class."

She was talking not only about the complicated physical process, but also about the ethical ramifications and difficult decisions.

THE PHYSICAL PROCESS

Physically, here's what happens. After the initial consultation, the woman might be put on birth control pills to regulate her cycle. Then, when the doctor decides it's time to proceed, she begins giving herself hormone injections. These injections cause multiple eggs to mature in her ovaries, rather than just the one egg that usually matures with each menstrual cycle. The number of injections varies, but generally women receive 10–15 injections over the course of 8–12 days in one IVF cycle. (In the US, a cycle is one round of egg retrieval, loosely corresponding to one menstrual cycle.)

About 10 percent of procedures are cancelled after hormone stimulation but before egg retrieval, either because there seems to be inadequate egg production, or because of the onset of ovarian hyperstimulation syndrome.[2] It's often mild, but it can lead to severe abdominal pain, blood clots, kidney failure, and even death. This syndrome affects three to six percent of women who undergo IVF.[3]

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Even when all goes well, this phase isn't pleasant. The hormones used to stimulate egg production tend to cause physical discomfort, bloating, and fatigue, as well as mood swings and irritability. None of that's fun for the woman, and her discomfort—combined with the stress of trying to get pregnant at great expense and with a whole team of people staring at her—can put quite a strain on her relationship with her partner.

Then she is directed to give herself a "trigger injection" to prepare the eggs for collection. She fasts for at least six hours, goes to the clinic, and is anesthetized while the eggs are retrieved using a needle. The average number retrieved is 8–15 per cycle.

The eggs are fertilized with sperm and then watched for several days to see if they successfully divide and grow. Sometimes during this phase testing is done to screen for chromosomal disorders, genetic anomalies, even sex preference. Embryos that don't grow, or that don't meet the approval of the doctor or the parents, are discarded.

About five days after egg retrieval, one or more embryos are transferred to the mother's uterus. The remaining embryos are frozen. Generally the woman continues to receive hormones to encourage implantation and to support pregnancy. Nevertheless, IVF often fails. Women with fertility issues often have underlying health problems that aren't corrected—and that may be exacerbated—by the hormonal injections. Age is a factor as well. Women under 40 who undergo six or more IVF cycles have about a 65 percent chance of becoming pregnant. But because IVF is so hard on the body, most fertility specialists recommend women undergo no more than three to four cycles of egg retrieval.[4]

In Ruby's case, after hormonal stimulation the doctor collected thirteen eggs. Those eggs were then fertilized with her husband's sperm, and the resulting embryos were monitored. Six were slow-growing

and were discarded, leaving seven that were considered viable.

One at a time, those embryos have been transferred to Ruby's uterus. It took three tries before her first daughter was born; then it took another two before her second daughter.

"That one took on the first try," Ruby says, nodding at the baby. "And he's perfect. They use the ones they think are healthiest first, but he's perfect. And now we have one embryo left, still frozen. We could end up with five kids."

She turns toward me, her eyes growing round. "But it could have been thirteen."

"LEFTOVER" BABIES

"I can't get my head around that," she continues. "Thirteen kids! They collected thirteen eggs, and we didn't even think about what that meant. I don't know why we didn't even think about it, but we didn't. And now we have one more left."

"I admire you for following through," I tell her. "I know a woman who adopted three snowflake babies—she carried them all to term.[5] Their parents …"—I paused, searching for a more tactful word than the one that leapt to mind.

Ruby shrugs and says it. "Yeah, their parents abandoned them. But those are your choices. You can take all the embryos yourself, no matter how many there are. Or you can make them available for adoption, or you can donate them for medical research, or you can discard them. And there's no way I'm going to throw away my babies or let them be experimented on. And I can't even feel right about giving them up for adoption—they're Peter and me, they're our children, we chose to make them. How can I give them away?"

She laughs wryly. "I didn't realize that until our first daughter was born. When I was holding her, it hit me: all of those frozen babies are our children. I don't think it hit Peter as soon as it hit me. I told him, we have to have them all. We can't leave them there, frozen. We can't hand them over to someone else. They're our kids. And he agreed."

ALTERNATIVES TO IVF

by Amanda Witt

Perhaps because IVF can be quite lucrative for fertility specialists, many suggest it first—or even present it as the only option. But there are other options.

Some women choose to freeze their unfertilized eggs. IVF practitioners say that freezing eggs gives women more flexibility than freezing embryos (if their partners change, for example). Freezing eggs may also skirt some moral and ethical implications—if, for instance, the eggs eventually are discarded.

But eggs don't freeze as well as embryos do. It usually takes at least 15 frozen eggs to produce a single successful embryo. Producing that many eggs is a stretch for most women, even with hormone injections, thus making multiple rounds of egg retrieval necessary.[1] And when the eggs are thawed and fertilized, multiple embryos are still created—so at that point all the same ethical considerations remain.

NaPro (short for natural procreative technology) is another option. Here, doctors seek to diagnose and treat the root causes of infertility, allowing couples to conceive naturally. It was pioneered by a Catholic physician (the Catholic Church considers IVF morally unacceptable), but there's nothing explicitly religious or ideological about NaPro's methods. It simply looks at each woman as an individual with her own particular health and fertility issues, and it focuses on restoring her body to full health and functionality. IVF, on the other hand, is the proverbial hammer that sees everyone as a nail.

Madeleine Kearns, who now has a daughter thanks to a NaPro specialist, interviewed half a dozen other women who also successfully bore children using this method.[2] Most of them "had been offered IVF but didn't want it," Kearns writes. "Many of them said they felt frustrated by doctors who apparently didn't think it necessary to look into their 'unexplained infertility.'"

One woman had undergone three rounds of IVF and had successfully borne a son, "but when she and her husband began thinking about having another child, she knew she couldn't bear going through IVF again."

"It was kind of traumatizing," she told Kearns, "to beat your body so hard, and it was a lot of money…. It's just so stressful. You're tied to this schedule, it feels like your body's been hijacked by your doctor and forced into performing in a way that really isn't designed." NaPro, by contrast, was more humane. "NaPro requires an understanding that your body isn't a machine."

Of course, NaPro can't help everyone. It couldn't have helped Ruby, with her history of ectopic pregnancies that destroyed her fallopian tubes. But it can allow a surprisingly high percentage of women to become mothers naturally. The clinic that treated Kearns boasts a success rate of 60–80 percent after 18 months of treatment. NaPro is also far less expensive than IVF, and far easier on the woman's body.

And it avoids the quagmire of moral quandaries inherent to IVF. •

Notes

1. "Freezing Eggs vs. Freezing Embryos: The Pros and Cons," *One Fertility*.
2. Madeleine Kearns, "What I Went Through to Meet My Daughter," *The Free Press* (Jul. 19, 2025).

HAUNTED FOR LIFE

Ruby's in a good situation to follow through with that last embryo. She has a loving and involved husband who is able to support a big family—though he is retraining in order to increase his earning power. She has the help of family and friends, and she has a network of support at church. She's strong and in good health.

Even so, Ruby worries. "I've had four C-sections," she says, resting a protective hand on her belly. "The first was an emergency C-section after 36 hours of labor, and then the doctors advised against a VBAC [vaginal birth after C-section]. So now I've had four. My ob-gyn doesn't want me to do another because of the scar tissue from the others. But I'm going to do it. It's not ideal, but I can do it. I have to. But thirteen? I couldn't have had thirteen C-sections."

She meets my eyes, her face grim. "And then I'd have felt sad and guilty because my babies were out there waiting, and I couldn't bring them home. I'd have been haunted for the rest of my life."

I'm pretty sure she feels haunted already.

BABIES IN WAITING

Ruby's biological clock is ticking, but most doctors advise waiting two years after a C-section before getting pregnant again. Any number of things could happen during that time.

Ruby could have a health crisis and be unable to carry another child. Peter could lose his job and their insurance coverage, making them unable to afford the remaining procedures. Ruby and Peter could get divorced. In their case it seems unlikely, but because it frequently occurs with IVF, some fertility specialists advise couples to talk to a lawyer before freezing embryos, to spell out what will happen if the marriage ends.

One of them could die. In theory Ruby could still carry that last baby after her husband's death, but if Ruby died, what would Peter do? Would he choose one of the options they've already rejected—throwing out their last baby, handing him over for medical research, or giving him away to strangers? Would Peter remarry and ask his new wife to carry his deceased wife's child? Would he wade into the murky and ethically treacherous waters of paid surrogacy? Or would he punt, leaving their youngest child in frozen storage while he moved on with his life, growing older while his child remained ageless in cryostorage?

Life is unpredictable. The future is always uncertain. This is true for all parents. But with IVF the unpredictability is built into the process. Having babies stored up for potential use later on is a feature, not a bug.

The only way to eliminate this unpredictability is to fertilize a small number of eggs and implant all the resulting viable embryos immediately. But doing that would reduce the woman's overall shot at having any baby at all. It's better, most decide, to increase their odds of success, even if that also increases the odds that one or more children will be left in suspended animation in a clinic freezer.

And so IVF parents end up gambling with their children's lives—the very lives they were desperate to create in the first place.

No wonder Ruby seems haunted by her last remaining baby.

PUMP THE BRAKES

Later, when I ask Ruby if I can share her story, her face lights up. "I'd love that," she says. "Too many people just rush into this. Every time people ask me about IVF, I tell them to pump the brakes. And that's not what they want to hear."

"Because they want a baby so badly," I say, and Ruby nods.

"People who are desperate for a baby don't want to dive deep and think about the issues involved," she says. "They want to stay superficial, just skim along on the surface and end up with a child. But the issues are still there, and they're going to come back to bite you. They don't vanish just because you refuse to think about them ahead of time."

Then she raises an additional issue, one we hadn't discussed before: some studies are now suggesting that children who were frozen as embryos may have health problems later in life.

"I'm researching that now," Ruby says, her face darkening. "There may be nothing I can do, I might just have to really watch my kids for health problems, but it makes sense that being frozen would affect you at a cellular level, and that's concerning. It means the way they were conceived could follow them their whole lives."

Then she pauses. "Don't get me wrong," she says again, looking me in the eye. "I love my children. I do. But I really wish we'd thought this through." ⊛

Notes

1. Names have been changed to protect privacy.
2. Halle Tecco, "What Does a 'Round' or 'Cycle' of IVF Even Mean?," *Medium* (Jan. 5, 2021).
3. "Ovarian Hyperstimulation Syndrome," *MedlinePlus* (Aug. 23, 2023).
4. Erika, "How Many Cycles Should I Plan For?," *Reproductive Resource Center of Greater Kansas City* (accessed Sep. 8, 2025).
5. "Snowflake babies" are children who were adopted as frozen embryos.