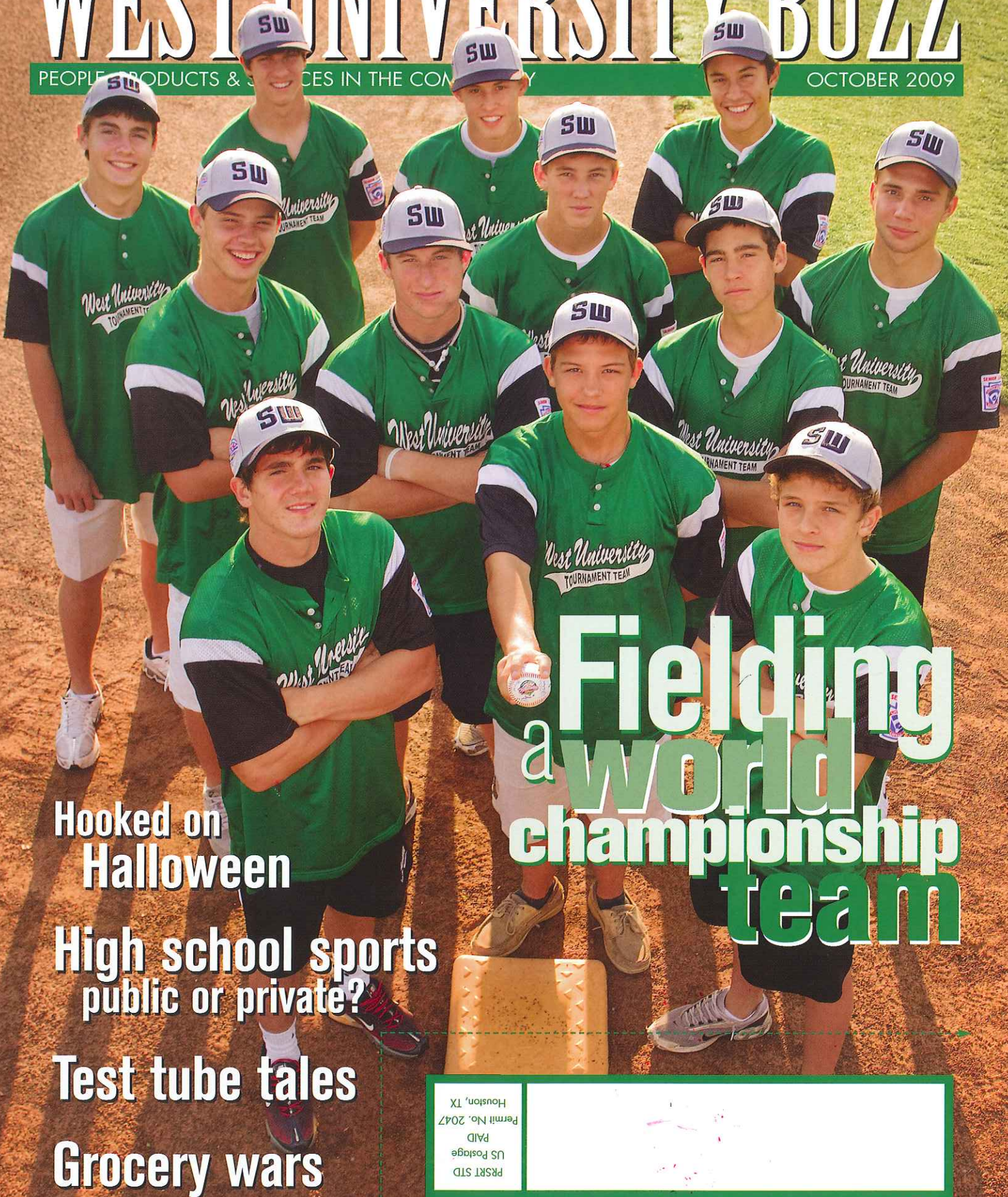


# WEST UNIVERSITY BUZZ

PEOPLE, PRODUCTS & SERVICES IN THE COMMUNITY

OCTOBER 2009



## Fielding a world championship team

Hooked on  
Halloween

High school sports  
public or private?

Test tube tales

Grocery wars

PRRST STD  
US Postage  
PAID  
Permit No. 2047  
Houston, TX



# Test tube tales

by Tracy L. Barnett, contributing writer

**B**reeding babies in the laboratory was once the stuff of science fiction. Nowadays, an estimated 60,000 babies are born each year with help from technology. In vitro fertilization is so common that it scarcely makes headlines – except for cases like the 61-year-old mother or the “Octo-mom.”

The other dramas play out quietly, narratives of hope and love, faith and fear. Most share their stories only with those closest to them, knowing that there are few who can relate. Not until the final act do they know whether their story will be a triumph or a tragedy.

Some choose IVF because of struggles with infertility, others to avoid passing on a hereditary disease. Some sail through without a hitch; others endure frightening and painful complications.

The procedure's success rate has soared since 1978, when Louise Brown was the first baby to be born using IVF. The most dramatic changes have occurred in the past six years with a revolution in laboratory technology, said Dr. Timothy Hickman, medical director of Houston IVF.

Since the late 1990s, labs have improved so much that multiple embryos can be maintained in the lab for longer, improving their survivability.

Still, the odds for a couple to achieve a successful pregnancy are high, and so is the price. The cost of a single cycle in a state-of-the-art lab like those of Houston IVF starts at \$11,000. Other less specialized labs start at \$8,000 per cycle, but success rates vary widely.

Each cycle, or round of treatments, involves a customized schedule, generally including daily injections to stimulate egg production, an egg-extraction procedure, placing the eggs with the sperm in a culture medium, waiting for the eggs to be fertilized and grow to embryo stage, and transferring eggs to the uterus.

## Riding the roller coaster

The decision to undergo IVF can be a difficult one, and it normally takes place after exhausting other alternatives, rang-

ing from fertility drugs to artificial insemination.

“There’s no question. It’s so very expensive to even attempt an IVF cycle,” said Pegi Newhouse, a Houston mother of two. “They give you about a 50-50 success rate. So you’re talking about a \$10,000 roll of the dice.”

The odds vary according to many factors. Among the most important is age. For women under 35, the Society for Assisted Reproductive Technology reports that nearly 40 percent of cycles result in a live birth. From 35 to 37, the success rate drops to just 30.5 percent per cycle; by the age of 41-42, the success rate for a live birth drops to just 11.7 percent.

Clearly it’s a high-stakes game, but the Newhouses decided it was worth it.

“We were certain that if we were fortunate enough to have a positive outcome, we would never look back and think about the money,” said Pegi, now 43 but 33 when she started IVF.

She began by giving herself a series of painful injections in the abdomen to stimulate egg production. The first complication arose when the eggs were extracted; the cavity left behind filled with fluid, and her abdomen began to swell. Within a week, she experienced so much swelling she could barely breathe, and, eventually, that round had to be canceled.

The couple endured several unsuccessful cycles. Finally, in

July 2000, they got some good news.

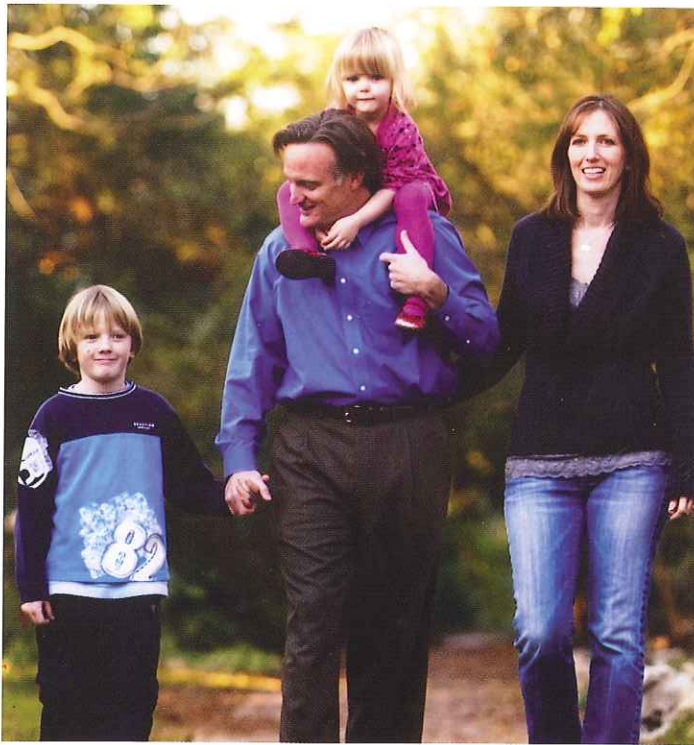
“We were so excited – we were pregnant with twins,” Pegi said.

At 12 weeks, they decided to go public. They bought a minivan and started to prepare for their two new babies. But at 17 weeks, they learned that one of the babies had a fatal genetic disorder.

“That was another heartbreak for us,” Pegi recalled. “It was very hard for me to tell people. I would have to say, ‘I told you we were having twins – well, not anymore. We are going to have one baby.’”

Finally, in March 2001, 2½ years after they had begun, Thomas was born.

(continued on page 23)



The Newhouses walk down a trail at the Nature Discovery Center in Bellaire, one of their favorite places. From left: Thomas, Bob, Elizabeth (on his shoulders) and Pegi.

(continued from page 21) "We were joyous beyond belief. We had our healthy boy, who is now a healthy 8-year-old going into third grade."

Four years later, and after enduring a miscarriage, they had a second child, Elizabeth – also through IVF.

### Beating the odds

Claudia Jackson, an international banker who traveled the world, had met challenge head-on her whole life. But nothing could prepare her for her foray into the world of IVF.

She and husband Donald were lucky with the first round, and Ian was born without complications. They decided to try again,



Claudia and Donald Jackson have their hands full with their four children, (from left) Camila, Ian, Julian and Colin.

this time using the leftover embryos, which had been frozen.

It was a long shot. Frozen embryos are less likely to be viable, and Claudia's age – she was 38 at the time – already reduced her chances. Nonetheless, they proceeded. The doctor transferred three of the remaining embryos with the hope that one would implant.

At six weeks, she went in for an ultrasound. To their amazement, there were three heartbeats.

"I said, 'Oh my God.' I almost fainted," she said. "Then I started panicking. I wanted healthy babies. I thought, 'What did we do?'"

A devout Catholic, Claudia had already struggled with the idea of engaging in IVF.

"But I was dying to be a mother," she said. With time, her faith reasserted itself, and her focus turned to her health. She stopped traveling, and at 25 weeks, she quit her job.

All three babies were born healthy.

Nowadays, instead of juggling international flights and complicated accounts, she juggles feeding, sleeping and play schedules for her four babies. Triplets Colin, Camila and Julian, 15 months, play side-by-side with big brother Ian, now 3.

"I'm just so happy with my babies," Claudia said. "It was

stressful, especially when the babies were small, but it was worth it."

### IVF for disease prevention

Cindy and Ron Baur had no idea they were carriers of cystic fibrosis (CF). As far as they knew, there was no one in either of their families who had the disease, and they barely knew what it was.

After suffering a miscarriage on their second round of IVF, they decided to switch to Hickman, who began the treatment, as he always does, by screening Cindy for CF and other genetic diseases.

Cindy was shocked to learn that she was a carrier. The Houston IVF staff reassured her that one out of every 25 people carries the gene, usually without problems. The bigger shock came when Ron was tested.

"This time, the nurse didn't call – Dr. Hickman called," Cindy recalled. "You know when the doctor calls it's serious."

When he told them that Ron was a carrier as well, Cindy said, "We made them repeat the test. We didn't believe it."

Subsequent testing revealed that they were both carriers, meaning that if they were to become pregnant, their baby would have a 25 percent chance of having the disease.

The couple spent the next six months researching the issue, trying to decide whether to have the embryos tested for CF or for chromosomal abnormalities, since Cindy's age put them at risk for that, as well.

They decided to test for CF and learned that of the 10 embryos that resulted, four would have been born with the disease.

Hickman implanted four of the remaining embryos, according to the protocols for her age group, and a healthy daughter resulted.

Little Kate turned four on Cinco de Mayo.

"We kind of joke about it," Cindy said. "My husband always wanted a Porsche, but instead we got Kate. So we call her his Katester instead of his Boxster."

## Making the decision

- Get a second opinion. Some doctors push for IVF as the only option; others see it as a last resort.
- In choosing a specialist, seek not only the success rate but also the patient population. Some programs may see patients with less complicated problems, while some take on older patients with previous IVF failures; this will affect the success rate.
- Find out if the treatment is individualized. Some programs monitor patients closely and customize the treatment plan, while others assign them into an existing formula.
- Maintain a regular lifestyle and try to reduce stress. Female hormones are affected by diet and exercise. Therapies such as acupuncture, herbs and counseling can help.
- For more information, contact the Society for Advanced Reproductive Technology at [www.sart.org](http://www.sart.org) and the support group [www.resolve.org](http://www.resolve.org).

Source: Dr. James Chuong, medical director for the Cooper Institute for Advanced Reproductive Medicine in Houston.