

A Woman's Narrative of Her First IVF (*In-vitro* Fertilization) Experience-In Clinical Practice: Feminist Approach to Desiring Motherhood

Chun ILC*

Faculty of Law, University of Hong Kong,
Hong Kong

***Corresponding author:**

Ivy Lai Chun Chun

✉ ivylaicc@gmail.com

Faculty of Law, University of Hong Kong,
Hong Kong.

Tel: +852 2859 2111

Citation: Chun ILC (2018) A Woman's Narrative of Her First IVF (*In-vitro* Fertilization) Experience-In Clinical Practice: Feminist Approach to Desiring Motherhood. J Women's Health Reprod Med Vol.2 No.1:8

Received: September 25, 2018; **Accepted:** November 23, 2018; **Published:** November 30, 2018

Narrative

This paper is a reflective essay based on empirical data (in random sampling) in an anonymous woman's self-narrative. Though it is not a research study, it will shed light on feminist scholarship in view to highlighting the search for motherhood in striving for the essence of womanhood via the first attempt of IVF (*In vitro* fertilisation). Women and medicine are connected. It is a new breakthrough for a woman's life writing. Desiring for motherhood is illustrated. This would pose an impact on women desiring for motherhood in the perspective of women's health and reproductive medicine.

One could not write about the search for motherhood without writing about the struggles a woman faces when doing the first IVF (*In vitro* fertilisation). The writing about the life of a woman experiencing the journey of the first IVF is exploratory in a woman's life. This paper examines the conflicting minds of a woman undergoing the first IVF and argues a feminist approach will help to understand the physical body, the psychology and the social embodiment of a woman better. It is a self-writing in an anonymous identity about critical reflections over the first attempt of IVF that will benefit any woman who may consider doing IVF to aim at giving birth.

The journey to the first IVF is narrated retrospectively by the woman recollecting the memories of days of experiencing the first IVF; thereby subjectivity is constructed and re-constructed in the inner self. In this IVF journey, dissonances between a woman's pain resulting from the IVF treatment and the anticipating birth of a child in joy ostensibly arise, constituting a paradoxical conflict of feelings in the woman's inner self.

Taking the contraception pills one month prior to the collection of eggs for the IVF treatment is filled with uncertainty and anxiety. What if the menstruation that lies at the heart of woman's fertility does not fall into the right time of having medical injection, leading to more anxious thoughts of what will happen next? Fortunately, faith will lead the way to the next move. There lies in no physical pain. Psychologically, a woman needs strong faith in this treatment for so many women have gone through so many numbers of times. For social embodiment, women have a natural menstruation at a right time, though human intervention

of manipulating contraception pills is against the natural cycle. Biological rhythm of a woman's body is being interrupted by IVF constructed by humans; for a woman hopes to achieve a higher fertility rate they could resort to, due to many factors underlying infertility.

Injection per day (plus a specific night injection as the last medical injection of the treatment) follows the taking of contraception pills, constituting heightened sense of pain a woman has ever experienced accelerating. Uncomfortable and unpleasant, a woman keeps on telling herself she would soon get used to it to comfort herself. There have been a mixture of stress and feelings of being overwhelmed when a woman receives injection each day. Physically, injection hurts the body. Psychologically, a woman needs to bear in mind that the benefits of having medical injection outweigh risks (or) discomfort so that it will lead to pregnancy. For social embodiment, injection could offer a woman the chance of giving birth. It brings hope to woman, despite its drawbacks such as discomfort or risk. To women who are infertile due to various factors, receiving daily injection as part of IVF treatment is "a way" out. Pain is gain. What is gained is that the birth of a baby could bring merriness to a family. A woman could treasure a new comer joining the family in a family establishment. Happiness in a woman is after all gained in bliss.

What is most worrying after each phase of increasing injection accelerating is to see how many eggs there will be in expansion as stimulated by injection and whether the size of eggs gets enlarged indicating their maturity for readiness to be collected. It is known

that for the first time, minimal dose is tried to see the effects first. The contradiction between having larger eggs as in response to injection and the resulted high level of hormones that may affect pregnancy rate is observed. Truly, it is uncertain that remedies could be made to solve the crux of hormone imbalance in the direction of having larger eggs. Physically, more eggs are desired. Psychologically, tension increases each time in the regular check by the ultrasound examination. For social embodiment, a woman must maintain a work life balance and keep up regular exercises in the aim of achieving having more eggs in expansion through overstimulation. Eggs are the symbols of a woman's fertility. Given that, a woman needs to keep a healthy life style (such as doing regular exercises and reducing stress from work) to ensure they will have larger eggs.

The most painful moment that strikes a woman doing the first IVF is during the surgery's time for collection of eggs. In the surgery room, a team of doctor and nurses assists in collecting eggs. The woman lies down passively, waiting for the doctor to put the medical equipment inside the body to collect the eggs. This requires the woman's courage to accept suffering of the pain. Half awoken, the woman feels the pain, and wants to scream. It is harder to walk or sit, as if the woman's body is half torn apart. What is more intolerable is that a woman could hardly lie down to sleep or to move the body around at sleep. It certainly affects the quality of sleep for few nights. The physical pain is a woman's suffering. The unbearable psychological feelings of pain witness the testimony of woman's sacrifice for giving birth to a new child. The social embodiment of a woman is that a woman needs to accept part of the pain is accountable for what makes the impossible a possible way out. The golden chance of getting pregnant far outweighs all the discomfort and pain arising from the surgery of collection of eggs.

What is most astounding for a woman undergoing IVF is to wait for the results in great tension. The physical pain of collecting eggs is gone, yet in a woman's psychology, the tension of having favourable outcomes or not is utterly painful. Symbolically, as a social embodiment, a woman could hardly control their fate despite efforts. Unexpected outcomes can never be anticipated, even though the number of eggs collected is ten which seems that a woman could have more choices. The thundering emotions of a woman would occur when the numbers of usable eggs are reduced from ten to six, then to three, and finally one that could be developed into an embryo. The psychological outbursts of frustration, tears and anger intertwine inside a woman's heart. With the ICSI (Intracytoplasmic sperm injection) technology, the sperms caught that could be actively mobile can be combined with the eggs collected to see if embryos could be developed in the test tubes in laboratory. The doctor said the screening of eggs according to the quality of eggs depends on the age of the woman. This is related to physical ability of woman, affecting her swings of mood as an aftermath of the treatment, resulting in the uncontrollable unpleasant rage of woman because of limited choices not under their control. Woman's fate which is out of their control is a social embodiment. Woman is fragile, passive and weak. How many high qualities of eggs can be combined with active and mobile sperms depends on luck. It is technology that gives a glimpse of hope by good luck to an infertile couple.

The consciousness of tight time frame for high-risk aged female is getting tenses severely, as the quantity and the quality of eggs will rapidly drop when the age is getting older. Woman aged between 35-40 will have a strong feeling of losing a chance to give births to child not to mention other risks such as a baby having a high chance of specific disease. A woman who is willing to do IVF is to chase after time, in the hope of having some eggs frozen for future use of giving birth. By technology, a woman doing IVF can have the best eggs screened out and frozen, which could help them to chase after the time much faster by freezing to prepare for future birth not until they will be too old not being able to give birth. Also, a woman reaching the age 40 will have a lower rate of getting pregnant even they do IVF, comparatively speaking. A tight sense of time urgency for giving birth is particularly strong to woman having an age higher than 30 or even 35. Physical time, psychological time and social embodiment of time to a high-risk aged woman who desires to give birth play an important role. Time is crucial to a woman who plans to give birth.

To have embryo transferred to a woman's body is tantamount to seeing a baby grow in the body. What will happen to biological, psychological and social embodiment of woman's body provided the embryo transfer. The more a woman thinks about the change of her body, the more pessimistic and anxious she will be in concerning the growth of the baby inside her body. Having a relaxed attitude is the rule of success and the woman could attempt to envision the celebration of birth in a setting where every baby cries together in the baby ward in the hospital. Will the baby grow healthily inside the body? Due to the uncertainty arising from the consequence of having the embryo frozen, the doctor who tends to strike a balance between the freshness of embryo and getting a chance of having the woman pregnant at the end makes the decision of the embryo transfer, with the provision of progesterone to reduce the hormone level. This decision is done in the ultimate gain and risk balance. Physically, the woman needs to adjust by changing her diet to accommodate the changes. For example, the woman chooses not to eat food that is categorised as 'cold' in Chinese medicine. Psychologically, a woman cries due to the failure of getting pregnant yet given the embryo transfer. The acute pain of suffering and not having a baby for what is not able to be gained become the woman's dilemma. For social embodiment, a woman would have to bear chance and risk, and readjust every time she undergoes treatment so that she will be alert to certain things to get prepared for the next motherhood. Checking whether the pregnancy is successful by hoping the menstruation will not come so early is worrisome. The woman's expectancy of getting pregnant is uncertain. It is found out that the overstimulation of eggs leading to high hormone level could hardly be avoided. More eggs stimulated could offer more choices for selection. But rather according to the doctor-in-chief, a frozen embryo to be transferred to natural cycle may yield a higher chance next time. Trust or credibility for the doctor-in-chief is needed, as the medical team will read just the treatment each time according to each case. Having a stronger faith in doctor-in-chief will lead to a greater success next time.

In the IVF journey, a woman takes contraception pills and medical injections to stimulate eggs, to undergo surgery of eggs collection, to wait for results of best selection for embryo transfer,

to witness the change of body after embryo transfer and finally to see if a woman could successfully get pregnant. All the physical changes of the woman's body, and the psychological changes and social embodiment of a woman reveal to what extent how true and pragmatic a woman can be in striving for feminist essence of motherhood through the first IVF attempt.

Acknowledgement

I am grateful to my former RA supervisor Dr Amy Lee Wai Sum (Associate Professor) from Hong Kong Baptist University (HKBU) for going through my piece of writing. Dr Amy Lee Wai Sum is a feminist scholar who contributes to writings on women's health. She received a university research grant on investigating women's menopause.