

introduction

IT IS TIME TO GET OUR HEADS OUT OF THE SAND AND INTO OUR OVARIES!

I am a thirty-something-year-old single woman who is, frankly, a little freaked out about if, when, and how I will ever have babies.

There. I said it.

Now, to be clear, I am not freaked out because I am desperate to have babies. I am freaked out because I always assumed that by my ripe old late thirties, I would have life a bit more figured out than I currently do. I took for granted that I would either have children by now, or, if not, that my *not* having children yet would be the result of some deliberate and well-thought-out choice I had made. Neither is true. So yes, I am a bit anxious about my current life situation.

This is the thing no single woman older than thirty is supposed to say. Why? Because signaling to the world that she is anxious about how her happy ending unfolds tells the world that she is a desperate creature, willing to do anything to entrap a man and strong-arm him into getting her pregnant. Saying this forbidden thing I have just said, our culture tells us, will send a man running for the hills.

I am single, yes. And yes, I wonder about what life would be like with children (and perhaps even a husband). But what I am *not* is desperate. I am—for the first time in my adult, single life—embracing my independence. My complete freedom. My lack of obligation to anyone or anything. And I would venture to guess that

most of my contemporaries would say the same at this point in their lives. After all, more of us are staying single longer these days, and for the simplest of reasons: because we can! As I write this book, for the first time in the history of this nation, more American adult women are single than married—and that is by choice.

It was certainly my choice, once my own marriage proved not to be the happy ending I had hoped for. I was married briefly in my early thirties, and much of that marriage was spent trying to get pregnant. In fact, it was this baby-making attempt and ultimate failure that led me to write this book, and to start speaking up (okay, maybe shouting) about fertility awareness, about understanding what happens to our bodies, what our options are to potentially preserve our fertility, and when these options come into play.

I really wanted a baby—and while I could have done what many people do, which is continue to try to get pregnant even after the marriage begins to fall apart, I was not sure I could put myself through that. Which meant I had a choice to make. I was staring at a big, fat fork in the road. On the one hand, I could continue straight down the path I had been traveling—one that headed toward offspring—because I am pretty certain my expensive, highly regarded fertility doctor would have eventually knocked me up with my then-husband's genetic material. Or I could be honest with myself and admit that he and I were heading toward divorce, and acknowledge that going down the matrimonial tubes with a little human in tow would not be fair or kind to anyone involved. All those lawyers and fights about money and deciding which of us would get the kid(s) on which holidays—it just did not sound like a fun future for any of us. And if I am really honest, I decided I would rather be single again in my thirties, without potential baby weight and baby worries, and with my body parts still firmly in place!

So I abandoned (or perhaps just put on a long pause) the baby quest and went off to find the kind of happiness that exists independently of romantic and maternal relationships. I thought it better

to leave the marriage without too many battle scars—with ease, with grace, and with very little to lose. I wanted a life that did not force me to compromise at every turn. A life in which I might have a baby either with someone I could genuinely see a future with or by myself. Because while I think I do very much want to be a mom one day, I *know* I want to be happy even more.

Why am I telling you this? To assure you that you are not reading the rantings of a lunatic but rather the honest point of view of a woman who has thought about this topic an awful lot and has gone from one end of the spectrum to the other. I have experienced everything from not wanting kids to being happily married and actively trying for kids to finding myself single again, scratching my head about how I would ever have a baby, to being convinced that I should just be a single mom, to wondering if motherhood is even the right choice for me.

The point is I get it. I know life can, and does, get in the way of baby making—that a bad relationship can derail that goal, that fertility issues can throw off your plans, and that your dedication to your career can confuse the issue even further. The takeaway is this: if you think there is even the slightest chance you might one day want to be a mother, whether alone or with a man or a woman or a friend or a stranger, take a minute to think about your fertility way, way earlier than I did.

I consider myself a reasonably intelligent woman. I will not lie, I prefer E! to CNN and the “Fashion & Style” section to the rest of the *New York Times*, but in general I have it together, and when I set out to do something, it gets done. In college, I decided I wanted to work in advertising in New York City, so I moved my Southern California beach bum to the big apple right after I got my diploma while most of my friends were still recovering from graduation party alcohol poisoning. I got myself a great job and worked my way up through the male-dominated ranks of advertising. When one challenging position became boring, I moved on to the next challenging

position. I ran marathons. I traveled—I went to the Middle East for fun. My successes have been punctuated by failures, sure. I am only human. But in the end, I do succeed. My highs have been punctuated by lows, but in the end, I am happy. You get the point: like most modern women who were raised thinking they could do anything the boys could do, I did, and do.

So imagine my surprise when the thing I had always taken for granted—that I would have babies one day, and that doing so would be easy—did not in fact turn out to be the case. For all my planning to accomplish things, big and small, important and meaningless, the one thing I had failed to plan for, and therefore, have failed to accomplish, is becoming a mom.

The irony, of course, is that I spent the first half of my adult life thinking *I hope I'm not pregnant*. I then moved on to the *Why am I not getting pregnant?* phase, and am now living in the land of *I hope I can still get pregnant*. (And on some days, *Do I even want to get pregnant?* I will not lie: I am still not entirely sure.)

How did this happen? And why do we live in a world of wishes and hopes rather than planning and action when it comes to getting pregnant, while we plan everything else? How did it escape me that, after a certain age, getting pregnant can be difficult? I will tell you exactly how.

First, our culture sends us faulty signals. Media-crazed and hyper-connected, we see celebrities have babies at forty-five and believe we too have plenty of time. We receive, almost by osmosis, the message that our twenties and thirties are for working hard and playing harder, and that babies come later, on that fine future day when we have finally accomplished everything we planned to. Early in my professional life, I would see women in their twenties get married or pregnant (or both). I remember thinking, *They are going to miss out on so much. They must not be very ambitious*. I had bought into the notion that one is meant to “make it” before her real life can begin. I also assumed that, like Halle Berry or Janet Jackson, I could have a baby in

my forties if I chose to wait that long. I know I am not alone in having made that assumption. And I know this because, in preparation for this book, I surveyed hundreds of fierce, independent women from all over the country, and found that their knowledge was often lacking too—and that their thinking was often magical in nature.

Unfortunately, what we want and what Mother Nature allows do not always align. Our twenties are still the best time, biologically speaking, to get and stay pregnant. That is just a scientific fact. The reality is, we cannot all be Halle Berry. Those women I knew who were starting families in their early twenties were on to something, whether they knew it or not. While I do not at all regret not having babies early, and I certainly would never tell anyone they should have babies before they are ready just to outrun nature, I do believe we should all make these decisions consciously—with our eyes wide open, and armed with the most accurate information. In other words: ladies, it is time to wake up and start thinking proactively. For some reason, we seem to stay silent about fertility issues until we encounter a problem, and even then, many of us struggle through those disappointments in silence. To me, that is like talking about birth control *after* an unwanted pregnancy has occurred, or talking about protection *after* you have gotten an STD. I find it truly staggering how little most women know about their reproductive systems—and lest you think I am judging, I include myself among you. As a younger woman, aside from knowing that I got my period once a month, I could not be bothered to understand how my ovaries worked. Not entirely out of laziness, either: Because these subjects are strangely taboo among women, I did not *know* there were important things I did not know. I did not know that the health, quantity, and quality of my eggs—which is to say, my fertility—would sharply decline at a certain age. That is, I did not know that until I had already discovered I could not get pregnant without medical intervention. I needed to know that a lot sooner, as do all women.



I was thirty-three when my then-husband and I first started “trying.” In the beginning, trying is actually pretty fun. (You know, because you are having a lot of sex.) But once trying becomes a monthly ritual of unsexy sex at specific (and often inconvenient) times, you will probably come to find the whole process rather trying, indeed. You and your mate may fight when he is not interested in, or is too tired for, sex at the moment you happen to be ovulating. During such fights, the conversation may devolve into him telling you he is not “a performing seal.” (Nothing sexier than picturing your supposed soul mate as a large marine mammal balancing a ball on his nose.) By the time an unsuccessful year has gone by (or, if you are thirty-five or older, six months), for many people “trying” will morph into a different thing entirely: an expensive pursuit undertaken with the best doctors money can buy. Of course, that is assuming you are lucky enough to be able to pay for them.

My own fancy doctor told me that if I really wanted to get the baby-making show on the road, it was time to pump my body full of hormones and start “treatment.” This is an umbrella term; “treatment” can mean a few different things. For some (including me), it means beginning a course of medication—typically Clomid, which I like to call the Crazy Pill. Clomid is a hormone that tricks your brain into thinking your body’s estrogen levels are very low in order to induce the stimulation of other baby-producing hormones. The drug is taken for a few days at the beginning of the menstrual cycle, often with monitoring, so that one can bundle it with carefully timed sex. One of its fun side effects can be severe mood swings. For me, these were wild and extreme (recalling them is one of the rare occasions when I feel sympathy for my ex).

If Clomid does not work, you graduate to what I call Fertility Treatment Lite, or intrauterine insemination (IUI), of which I did one round. I have had friends refer to this as “the turkey baster method,” but let me assure you, that description is misleading. A turkey baster is at least long and cylindrical and therefore penis-like, while IUI instead involves a skinny catheter full of “washed” semen that is guided,

uncomfortably, past your cervix so it can enter your uterus. It is a slightly invasive procedure, and an unpleasant one. Not to mention that by the time you have reached Fertility Treatment Lite, your husband holding your hand during this process is likely the closest thing to spontaneous, not carefully timed, intimacy you have experienced in ages.

When you have gone through IUI two to three times and it has not worked, you progress on to in vitro fertilization, or IVF. I never got that far; not long after Fertility Treatment Lite failed, our marriage did too.

That was several years ago now. My lust for babies has quieted somewhat—sometimes it's entirely mute. My desperation for motherhood has been dulled, I will admit, by Xanax, copious amounts of wine, throwing myself into work, friends and travel, but also by—and this, of course, is the point of this book—a very expensive but potentially invaluable means of preserving my fertility. In short, I bought myself some time to figure out what the hell I really wanted, and how I would go about getting it.

About a year after the break-up, I shelled out nearly \$20,000 and froze my eggs. Or if you want to get technical, I underwent “a cycle of oocyte cryopreservation.” “Oocyte” is the medical term for an egg; “cryopreservation” means freezing cells in subzero temperatures. I am now the proud mama of twenty-eight marvelous, beautiful little potential babies, each carefully stored in the coldest of conditions. Though they have yet to be fertilized, I affectionately refer to them as “my little hatchlings.”

For me, freezing my eggs felt like the right thing to do. It was the best way to quiet the voices in my head that enjoyed torturing me for not continuing on with my marriage and the fertility treatments I was undergoing with my then-husband.

I had been aware of egg freezing for some time before I did it myself, and for many years I never thought it was something I would do—mostly because I never thought I would need to. But when my marriage ended, I came to see things differently. By the time I finally pulled the

trigger on the procedure, I was thirty-six. I had lived through marriage, a failed attempt at “trying,” and a not-so-fun separation and the beginnings of a divorce. The point is, so much had brought me to that point, and as difficult as it was, I am glad it got me there. I would not change any of my decisions or actions. But it should not be so hard, so agonizing, to reach this decision. There should not be so many barriers for women—financial, emotional, or otherwise.

It seemed like the wisest—maybe even the *only*—choice for me. Yet I resisted it for a while. Having babies was obviously tremendously important to me, and given that I was single and thirty-five, egg freezing made a lot of sense. But I could not bring myself to freeze until I was thirty-six, a full year after I began seriously considering and investigating the procedure.

Maybe you are among the lucky people who have never been legally separated or divorced. If so, you have my envy and my admiration. Because I will be the first to tell you that neither are much fun. My separation left me insanely stressed and anxious. Not only was I just not in a good place emotionally—which makes taking on any big decision a confusing, draining, and potentially unwise prospect—I knew from experience (and many, many scientific studies) that being stressed out may not be good for one’s fertility. So I knew I needed to mentally prepare myself and begin to heal emotionally before I would feel good about shelling out a ton of money to freeze my eggs.

Which leads me to the second reason I waited. Egg freezing, as I mentioned, is pretty expensive, and, annoyingly, most health insurance is absolutely useless for that procedure. So given the hefty price tag, I knew I could only afford one cycle. Which means I had to make that cycle count.

Because I wanted to wait to freeze my eggs until I was in peak health, both physically and emotionally, I spent the back half of 2014 working to get my life back together. I ate well, I exercised, I dealt with my emotions, and, ultimately, I managed to calm myself down. I cut back on alcohol—in fact, I stopped drinking entirely for the full month

running up to my egg-freezing procedure, and of course I continued to abstain throughout the process, which began in January 2015.

While I felt pretty good about my decision to go forward, I knew that, being thirty-six, I was not at the primo age for egg freezing; in fact, in my opinion, I was well past it (there is a lot of debate on the right time to freeze one's eggs, which I'll discuss later). There was a part of me that felt like I was putting my energies in the wrong place, however wise I knew this decision to be. What I mean is that I kept thinking, *I should be having babies, not laying eggs*. But then again, only one of those was a viable option for me at that moment. So lay eggs I did. And it was a strange but incredible journey. Babies are miracles—we all know that. So is this procedure, even with all its complexities and variables and potential headaches. (And I encountered a few of each, believe me.)

As I underwent the procedure, I began to feel passionately that more women should know about egg freezing, and should be able to talk about it (and the issue of fertility in general) openly, without shame—and I did not see much evidence of such talk online or in books. So I started a blog, which I called Frozen Please. There, I catalogued every step of the process. I wanted to be entirely transparent: I included videos of the self-administered injections. I wrote about the medical journey, inside and out, down to every last doctor visit. I was honest about how I felt every step of the way, even when what I felt was overwhelmed or sad or exhausted by the process itself or by my various complications. I did not want other women to have to ask the same question I did at nearly every step of the “trying” process: “Why didn't anybody tell me these things?”

For example: Why did no one ever tell me that getting pregnant is not half as easy as we think it is? The statistics are staggering: 25 percent of thirty-year-old women who are trying to get pregnant naturally will not have a successful pregnancy after one year; 34 percent of thirty-five-year-old women who are trying to get pregnant naturally will not have a successful pregnancy after one year; and

56 percent of forty-year-old women who are trying to get pregnant naturally will not have a successful pregnancy after one year. And why did no one tell me that our fertility sharply declines—anywhere between a 5 and 15 percent drop per year—in our latter thirties? Or that we can only get pregnant during one extraordinarily short window each month? (I found that last one out when my gynecologist told me to buy an ovulation kit. I had never known I might need one.) If you have never had to try to get pregnant, I would be willing to bet that you, dear reader, are as surprised to hear some of these facts as I was.

One day shortly after my ex-husband and I separated, as I was in the shower in my shiny new bachelorette pad—in all likelihood washing away the hangover of the night before—a thought came to me: *Birth Control 2.0*! I was so excited about the concept, I wrote it down while still dripping wet. Birth Control 2.0 is the notion that we should put the same care and attention into managing our reproductive health and future as we put into preventing pregnancy. Birth Control 2.0 includes birth control as we commonly know it—the pill, the shot, IUDs, and so on, all centered around preventing pregnancy—but it also encompasses informed decisions about preserving fertility and navigating when, how (naturally or through assisted reproduction), where (at home or in a clinic), and with whom (a significant other or a sperm donor) we get pregnant. It is the information I wish I had had at my disposal back then, and I know many of my friends, acquaintances, and women I interviewed for this book felt the same way as they embarked upon their own fertility journeys.

Throughout the book, you will hear from several of these women—think of them as the Greek chorus chiming in now and again, putting a human face on the issue of fertility, and also infertility. These women were all kind enough to share deeply personal information with me—and now you—to help illustrate just how important it is to be aware of your reproductive potential as soon as you can be. Allow me to introduce them:

ALISON, thirty-four, is a marketing manager in San Francisco. We met after I started the blog, to which she then contributed to. She also froze her eggs. She is single, successful, whip-smart, incredibly sensitive and caring, and intensely focused on creating the life she wants. And she wants very badly to be a mom.

VICTORIA, forty-two, lives here in New York. She is a fellow advertising executive. Victoria is a single mom, and she really knows her stuff. She is fearless (deciding to embark on single motherhood is no small thing) and fierce (she does not take crap from anyone). Victoria froze her eggs in her mid-thirties but has not made use of them. And she may never need to. A couple years ago, she did a round of IUI—using her own fresh eggs—to have her lovely baby boy.

LAUREN, thirty-eight, also lives in New York, and is a freelance senior strategist. She froze her eggs three years ago, and now that she is in a long-term, committed relationship, she hopes she will not even need to use them. More and more, she is sure she wants to be a mother—for years she was only *pretty* sure—and that she wants to have her child before age forty-one.

ANA, thirty-six, is a highly accomplished lawyer. She was at a prestigious law firm in New York then Paris for several years, and now works as in-house general counsel for a highly regarded consulting firm here in New York. She is someone I have been close to nearly all my life: we are cousins. Bright, driven, and passionate, Ana has considered freezing her eggs but is still on the fence about moving forward with the procedure; she feels pretty sure that she will not wind up doing it. Though she has never tried to get pregnant, she has had her own share of challenges with her reproductive system: as a teenager, she suffered from endometriosis, a problem with the lining of the uterus, and still grapples with premenstrual dysphoric disorder (PMDD), which basically means her periods are monstrously painful and disruptive to both

her physical and mental health. Though she is not all that worried about it—neither is her gynecologist—knowing she has had trouble with her reproductive organs, it has crossed her mind that getting pregnant could be more difficult than she anticipates.

KATE, forty-four, is another overachieving rock star with a tremendous intellect; she is a partner at a creative consulting firm. She got married at the very typical-for-New-York-City age of thirty-eight. She is thoughtful, self-aware, opinionated, and kind. And because life is often terribly unfair, Kate went through one of the most terrible infertility experiences imaginable. It took her years—*years*—to navigate the process of trying to conceive a child. She and her husband went through round after round of IVF. She considered pursuing adoption. Ultimately, she and her husband made use of donor eggs, which were fertilized with her husband's sperm and implanted in Kate's uterus. Today, Kate finally has her babies—twins, a boy and a girl (and they are the cutest darned little people!).

AMELIA, thirty-five, lives in San Francisco; she works in events and sponsorships there. She is single, and she froze her eggs in early 2016. Though the process was successful and relatively painless, it was still a difficult experience for her in some ways. It made Amelia angry that she had to make this choice, that getting pregnant the old-fashioned way had not happened for her. Which just goes to show how varied people's reactions to this process can be.

LAURA, thirty-three, is smart, single, gorgeous, and highly successful. She lives in New York and is a well-respected group strategy director at an advertising agency. She is a lesbian who would like to have babies one day, though not just yet. Her experience is far removed from mine, because the parameters of her potential pregnancy will be very different, but we both share the same desire to be mothers, and the same ambivalence about when and how.

HEATHER, forty—another fellow advertising executive—has spent her life working hard, and now finds herself in a high-powered, well-paying position. She did not just put off kids because she was working; she was also living. She has traveled the world twice over and has lived in the Midwest, Europe, Asia, and New York City. She froze her eggs in 2015.

Last, you will hear from **HEIDI**, thirty-seven. She runs a branding agency but is also highly involved in the nonprofit world. Heidi splits her time between New York and rural Pennsylvania, and is incredibly articulate; each thing she says is well considered and deeply informed. A fervent feminist, she has provocative things to say about how taking charge of our fertility is almost a radical act. And in at least one way, Heidi is different from the other women you have just met: after freezing her eggs a few years ago, she felt *less* sure that she even wanted to have children. Taking the time pressure off herself freed her up to think about what she genuinely wanted, and not just what she *thought* she wanted.

Let these women and me tell you: Once you suffer the rude awakening of infertility, your lifelong confidence in your fertility can quickly give way to a lengthy period of kicking yourself for not knowing sooner. Overconfidence in one's fertility is a very real problem. There are studies that prove most women have a much higher sense of certainty about their ability to reproduce than is actually backed up by statistics.

Now, please do not misunderstand. I am not suggesting that women should have babies younger or before they're ready to, nor am I suggesting that *every* twenty-something should go out and freeze her eggs. But we do have to talk about our fertility and reproductive health earlier and more proactively. We are proactive about cervical cancer—we get regular pap smears. We are proactive about breast cancer—we start getting mammograms at forty.

We do all kinds of things to ensure the future we want—plan for retirement, mind our credit scores, climb the corporate ladder, sock away savings. So why is there not a simple blood test offered up in our twenties to understand at least the direction of our reproductive potential, given that it will affect our futures tremendously, and given that there *are* steps we can take to maximize our chances of becoming mothers if we so desire?

I admit that had I known when I was in my twenties that getting pregnant might be difficult for me, it is doubtful I would have done anything drastically different. I would not have tried to have babies in my twenties. Egg freezing would not have been a financially viable option for me then (nor would it have been accessible, as it was labeled an experimental treatment until just recently), so I would not have run out to do that either. But I might have begun saving for the expensive eventuality of fertility treatments. I might have adopted a different mind-set, a more realistic approach, leaving me less shocked and frustrated when I hit a roadblock. In short, I might have gone into infertility prepared, instead of letting it blindside me.

Nearly five years after first attempting to get pregnant, I still do not know how the story ends for me. I am past my prime baby-making years, and paying for fertility treatments on one salary might lead me straight into bankruptcy rather than motherhood (or maybe both, making me a broke single mom—great!). But if I never end up having babies, I want to at least pass this lesson on to anyone who will listen, and to start driving earlier conversations about this topic.

My goal is not to scare you or encourage you to drop everything and get pregnant this second. Quite the opposite, actually. I'm simply acknowledging that baby making is happening later and later in life, which is fine, but, as such, my aim is to make you aware, and make the subject of egg freezing and fertility treatments—hell, fertility in general—perfectly normal and highly accessible. My hope is that heightened dialogue about this topic will eventually drive

demand and, as a result, that fertility treatments will simply become part of our standard reproductive healthcare options.

I will try and make this easy and fast reading, so you can get back to the party, to saving the world, to working hard at building your career—in short, to whatever it is you would rather be doing than talking about your reproductive potential.

First off, a little tough love:

CAN YOU HANDLE THE TRUTH?

Ladies, I will not lie—this book is not for everyone. It is a reality check. If you are a tender soul who prefers not to face facts, set this book down now, because it is not for you. But if any of the following happens to be true for you, keep right on reading!

1. You have a vagina (literally and figuratively)

Facing facts requires the balls . . . wait, let me stop myself. Contrary to popular idiom, balls do not symbolize all that is gutsy. In fact, let's take a cue from Betty White, who once said, "Why do people say 'grow some balls'? Balls are weak and sensitive. If you wanna be tough, grow a vagina. Those things can take a pounding."

She is right. Women are tough. We have to be. Being a woman requires courage, strength, perseverance. Our feminist sisters of the past paved the way—so effectively, in fact, that we are now playing the same game as men. (The rules are often different for each sex, but that is another story.) And as you know, that is not always easy.

So let me rephrase: Reading this book requires a vagina. Literally, of course, but also figuratively. You need to be able to confront a few tough truths and figure out how to deal with them. It is time to face some facts that you may have ignored, denied, or tried to reason away. We *do* have a biological clock, and it *is* ticking, and time *does* run out. This is just the way it is—and it is time to realize that.

2. *You want all the information*

Victoria, one of the lovely ladies you just met, once told me that the greatest manifestation of success is having options in life. But having options requires knowing all the information. You need all the facts, even the inconvenient ones. If options require knowledge, and knowledge is power—well, you do the math.

You may not know if you want babies yet. But should you decide when you are, say, forty that you do want babies, I think you will agree that it would be nice to go into that decision educated, aware, and with options. Options like money you have saved for fertility treatments, or eggs you froze. Of course, you cannot have these options if you do not know they exist. Which is where I—and this book—come in.

Before we go any further, I want to acknowledge that fertility problems are not a reality for everyone. Turning thirty or thirty-five or even forty does not mean we are suddenly barren. Some lucky women are able to have babies naturally in their mid-forties. While I have a lot of friends who had serious fertility issues after a certain age, I also have some friends—not as many, I admit—who found themselves “accidentally” pregnant in their late thirties, or who really did not have to give it a second thought, and got pregnant easily. What I mean to say is that experiences vary, but you cannot simply hope to be in the minority of women who get pregnant later in life with very little difficulty.

This definitely should not sound like a lecture. Instead, I want this book to alert you to various information you may not have considered or simply did not know—because this information may very well influence one of the biggest decisions in your life.

So please read on—and be sure to bring your vagina with you.