Overcoming Infertility

By Bryna Jean-Marie
Photography by Sumner Dilworth

If 40 is the new 30, then 30 should be the new 20. However, most women’s biological clocks are still ticking to the same beat they did in the 1950s. And fellas, before you flip this page, fertility isn’t a slam dunk for you either. No matter who has the physical challenge, both share the emotional one. Thankfully, reproductive medicine has come a long way.
Many of us are clamoring for an extra decade to focus on ourselves before we consider marriage and starting a family. This isn’t necessarily a bad thing—often this time is used to knock out grad school, fast-track up the corporate ladder, or become financially solvent. For the first time, more babies are being born to women over the age of 35 than to teenagers, according to the Pew Research Center in Washington, D.C. However, says Dr. Thomas Vaughn, founder and director of the Texas Fertility Center in Austin, “Patients read about women becoming pregnant at an older age and assume that they, too, will have no problems conceiving. Couples do not realize that fertility begins to decline when a woman is in her early thirties.” Thankfully, couples do have options when their biological clock is thumping. A couple is considered to have fertility problems when they have been sexually active for one year without using any contraception and have been trying unsuccessfully to get pregnant. (It is recommended that couples seek help after six months of trying if the woman is over 35.) According to the Center for Disease Control and Prevention, the total percentage of affected women, including those who are unable to carry a baby to term, is virtually the same between black and white women. But when it comes to using alternative methods of conception, the roads begin to part. Health scientists are still piecing together the reasons why more fertility-challenged African-Americans are not undergoing in vitro fertilization (IVF) or considering surrogacy or egg donation. Contrary to popular belief, preliminary studies indicate that money may not always be the top deterrent. Religious beliefs and other factors often play a significant role.

For those trying to make it happen by any means necessary, there are options—and an exhaustive amount of material and research to sift through. The Watleys believed in miracles—and IVF proved to be theirs.

After their dream wedding in 2006, Shawna Watley, then 37, and Matthew Watley, then 33, were eager to start their family. However, after a year of unsuccessfully trying to conceive, Shawna’s ob-gyn informed the couple that fibroids and a shortage of viable eggs were most likely the cause of their problem. “[A fertility specialist] told us that there was zero chance,” says Shawna, a senior lobbyist for the law firm Holland & Knight in Washington, D.C. “It was our choice to keep trying. Given our trust in God, we were willing to step forward in faith.”
In an effort to increase the amount of viable eggs, Matthew, a pastor at Reid Temple North A.M.E. Church in Silver Spring, Md., administered daily shots of fertility medication into Shawna’s stomach for about a month. After the first three-week cycle, viable eggs were produced but there was no pregnancy. They continued with the shots and on the next round, underwent artificial insemination: Matthew’s sperm was injected into Shawna’s uterus with the intention of fertilizing her egg. This also failed.

The couple then consulted an IVF specialist at the Columbia Fertility Associates in D.C., where African-Americans make up about 50 percent of the clientele. The doctors wanted to start right away, but Shawna delayed the process for about three months. “I totally shut down,” she says. “I didn’t want to deal with it. I didn’t have the strength to reengage. I was emotionally, mentally, and physically drained. I just thought, Well, maybe it wasn’t meant for us to have a child.”

Matthew urged his wife to go back to the specialist. Shawna says her husband carried her through the first step of the process by starting the daily regimen again. “Once Shawna began the fertility shots, she had to go to the doctor’s office every other day for blood work,” says Matthew, in order to determine whether she was producing eggs. But Shawna’s test results were not favorable.

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