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Mother's Helper: A Shocking Thing I Learned After Giving Up My Eggs

By Catherine Lacey

For $8,000 it was easy for the author to justify selling her eggs the first time. The second time, too. Only then did they share the bad news.

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A few years ago, a woman I've never met had my child, but that's not exactly true; she had our child, or something like our child. My DNA is fringed with her husband's DNA inside a baby who was carried and birthed by this anonymous woman.

Some couple has a kid that I am somehow scrunched inside of.

This was the winter of the Panicky Manhattanite. They scuttled around in Chanel coats, swiping at quarters on the sidewalk, whispering *Madoff!* while watching their IRAs and 401Ks and mutual funds implode on their phone's banking app, finally drowning their worries in $15 bottles of wine instead of over a nice dinner out, which now seemed, regrettably, indecent.

I had a good job as a wealthy family's cook and assistant, health insurance through grad school, savings, no debt, and a lot of optimism. But I knew I was a luxury employee, my hours were being cut back, and my weekly payments were given with more unease than they had been in 2007, when wads of money just looked cute.

My optimism hadn't blinded me: I knew a 'Real Job' would likely not exist on the other side of this penultimate semester of grad school; even if it did, it would likely sap my writing time, which was as essential to me as blood and air and water and the whole reason I had gone to grad school in the first place. If I wanted to keep writing I was going to have to be creative about financing it.

> I signed, initialed, signed again, and initialed again. Then the nurse gets out a box of syringes and tiny glass vials. She sticks a needle into a pouch of silicone meant to mimic the fat of my thigh.

Using the $8,000 to write would justify the ambiguous health risks of selling my eggs, I thought.

* * *

The first morning at the agency I noticed a large framed poster showing a magnified photo of a human ovum repeated nine times in a grid, each one in a different color -- like Warhol's Marilyn, the idolized (and maybe unattainable) thing.

I had an appointment with someone named Dr. Greene who asked me questions I'd already answered in the 30-page written application and the previous week's phone interview. The answers were easy: a small town in Mississippi, then Tennessee, then Louisiana; a B.A. from the Jesuits; an Ivy League M.F.A.; scoliosis, history of anemia, vegetarian, recovering Methodist; siblings, parents, and grandmother, all alive and well; three dead grandparents: cancer, cancer, stroke.

Dr. Greene, as if reading a cue card, said it was her job to make me not want to do this, to outline the risks, physical and emotional. Have I considered the risks?

I said I had.

We moved on.

Dr. Greene asked about my parents' and siblings' bodies: average-height, average-weight, fair skin, and blue eyes, and she makes an approving expression at the last fact. This is like a sunroof on a car you might buy or a washer-dryer in a potential apartment. Grad school is a leather interior, a pool in the backyard.

After blood was taken and a cup peed in, I was sent to an office where I took a personality test and a mental health test (*Everyone is trying to sabotage me. Always, often, sometimes or never?*) then I met with another female doctor who asked me about my own potential desire to be a mom; I was 23 and had never met anyone I have wanted to make more of, so I smiled and shrugged.

We signed a few papers and I left.

* * *

A few weeks later a woman called to say I had passed all the basic health and genetic tests they'd run and a nice couple was already offering me the job of Ancestor, of Genetic Donor, of Family Member They Need Not Meet. They liked the fact that I am a writer, and were pleased with my score on the Myers-Briggs. And though they hadn't seen a photo of me and never would (the agency's policy) they thought my genes said I looked nice.

I knew what they really meant by this was that my genetic make-up was similar enough to the eggless mother for them to pretend that I never existed, but the agency couldn't tell me anything about the couple (another policy) other than the fact that they were "nice."

Nice.

I imagined the couple sitting in Dr. Greene's office, their hands joined in white-knuckle fist, her eyes glassy, his distant, both of them in suits, maybe even on a lunch break, as they made a choice. Donor number three-thousand and whatever. Her. We'll take her.

* * *

The next day I went to the clinic and a nurse read a contract to me. For the next two to three weeks I couldn't drink, smoke, have sex, or take drugs except for the ones they give me. I couldn't stay up too late or go to bed too early, as this would disrupt my injection cycle. I also needed to avoid jump-roping, pogo-sticking, or jostling up a flight a stairs too quickly, especially toward the end when my ovaries would feel as heavy as navel oranges and tender, like fresh scabs.

I was also reminded that I had no right to the contact information of the recipients and I would have no right or obligation to any potential offspring, and, in fact, I will not even be informed if a child did result from my donated ova, or how many, or of the nature of its (or their) health.

I signed, initialed, signed again, and initialed again.

Then the nurse gets out a box of syringes and tiny glass vials.

These two I have to keep in the refrigerator. This one I'll have to mix myself; two powders to one cc of saline. This is the one you'll take every night for the first five days, and then you'll add this one and this one in the morning. You use the orange needles on this one, the pink needles on that one, and the one you take in the morning has it's own little needles that twist on the top.

She sticks a needle into a pouch of silicone meant to mimic the fat of my thigh.

See? You won't feel a thing.

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Egg donors and women undergoing in vitro fertilization take the same drugs (in varying doses) and the same extraction procedure. The difference, of course, comes after the extraction, when the donor's lab-fertilized eggs are implanted into the recipient and the other has them implanted into herself.

The injections began for me with a low dose Lupron, an drug that greatly reduces the sex hormones estradiol and testosterone and has been used to treat prostate cancer, precocious puberty, and has even (in very high doses) been used to chemically castrate pedophiles. After a few days, a dose of Menopur was added, an injection is made from the urine of post-menopausal women that stimulates multiple ovarian follicles to produce eggs instead of the single follicle that typically matures and ovulates each month. The night before the retrieval I took a final injection of Gonal-F, a mega-follicle-stimulating-hormone that is bovine-derived, at a precise hour the agency had assigned to me so that I would ovulate while on the operating table. With Gonal-F rff circulating my blood that night, I considered the slight hypocrisy of ever again buying organic, hormone-free yogurt.

According to studies that have been performed since IVF became more widespread in the mid-'80s, taking these drugs does not deplete a woman's supply of eggs as the extra follicles stimulated to ovulate would have naturally withered instead of maturing that month. But that doesn't negate the fact that taking huge doses of hormones is a tax on your body, and what it could potentially trigger isn't completely known. Despite anything any study could tell me, I knew it was still a gamble.

After being on the drugs for a week, I didn't notice any of the side-effects I'd been warned of -- hot flashes, nausea, bloating, etc. -- except one: I was intensely and irrationally emotional.

In seminars I had to routinely resist the impulse to pause class for a group hug or slide under the table to weep about how much I loved *The Moviegoer*. I see a plastic bag drifting in the wind one afternoon and start crying, then realize this is like that scene from *American Beauty*, then I cry over *American Beauty*, then I cry over the fact that I am crying over *American Beauty*.

But none of this crying was from actually being *sad*; I just felt too connected to the lives of others, to the vulnerability I could hear in someone's voice or hanging plainly on his face. If I made eye contact with anyone I immediately wanted to mourn and rejoice them. Subways were impossible. Strangers were emotional landmines. I was the menopausal, pregnant, and postpartum mother of the world.

I realize now that it sounds dramatic. It was dramatic, even to me: I'm not the weepiest woman who ever was. I'm known mostly for well-intentioned sarcasm, level-headedness, and an ability/susceptibility for detaching. So I found the over-emotional side-effect strangely enjoyable, like I was renting some more emotional woman's brain. I learned first-hand that a personality can be deeply altered by a medication, that our brains are ever at the mercy of hormones and enzymes.

Still, I was glad to get back to my normal, semi-jaded self once the injections were over.

* * *

The morning of the surgery I arrived at the clinic exactly on time with an empty belly, dry mouth, and my long-suffering boyfriend. It was his job to ensure I didn't fall asleep or absently step in front of a taxi while the anesthesia was wearing off on my way home. It was my job to go back to being normal once this was all over.

The procedure lasted about 20 minutes during which I was under full anesthesia, though the agency refers to this as a "retrieval," never "surgery."

I woke up feeling quite good -- well-rested, even -- and someone gave me a graham cracker and a glass of water and a few days later I get a check in the mail.

* * *

Sometimes the ova don't make it out of the Petri dish. Sometimes the sperm just swim frantically around this foreign egg, refusing to plunge, finally dying. Or else the wife's uterus rejects the zygote that is half her husband and half a mystery -- thousands of dollars shaken off with her blood. About 60 percent of the time everything goes fine. Either way, the donor is never told what happened, but a few weeks after the retrieval, I got a call.

It was exceptionally successful, the nurse tells me, *you ovulated twice as many eggs as a the average donor*.

She wanted to know if I'd do it again.

I did not consider it. Instead I said, thoughtless, that I would. Several weeks later I go through the exact same process -- needles, hormones, retrieval, graham cracker, a strangely large check in the mail. My boyfriend, this time, is understandably pissed I didn't talk to him before re-committing. On the day of the retrieval he doesn't come with me since I felt 100 percent fine after the surgery last time. It is Valentine's Day.

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A few weeks after the second retrieval Ellen calls again, congratulates me as if I've won a gold metal in ovulation, and asks if I will do another cycle.

Again, I don't consider it. I just tell her, *No*.

She asks why and I say I'm busy. She asks what my schedule is, tells me that she can work around it, but, really, I just don't want to do another round of hormones, to push my luck with the retrieval surgery, to feel like a luxury guinea pig, to be a part of the creation of another mystery child, to feel somewhat criminal when I deposit 8,000 dollars that could have been better spent on adopting a child instead of this elaborate luxury operation that may cost less than a handbag this mother could conceivably own and that I've become complicit in all this and why didn't these people just adopt because it obviously wasn't the money and yes, maybe the mother really wanted to experience childbirth and who am I to tell a stranger that she shouldn't want that but is being a parent really about giving birth and if I say that it isn't about giving birth, does that make me, somehow, a parent?

I don't tell the nurse any of this. I just tell her I don't want to take the risk right now.

She says she understands but that I should call if I change my mind. When she asks if they can keep me on file I just say, *That's fine*.

* * *

For the next year I used a chunk of the egg money to live on while I do an internship and work on a second draft of a book, then another couple thousand to buy plane tickets to New Zealand where I spent almost no money, hitch-hiked, wrote, and worked on farms in exchange for food and a place to sleep. When I get back to America I end up starting a bed and breakfast with a few friends. Between working on another draft of the book and renovating our eventual B&B I didn't have time to earn any significant amount money aside from an odd tutoring gig. Everything that year was an act of faith in the eventual success of the business and selling a manuscript, but nothing was guaranteed.

> I thought, immediately, that I needed to Google "Fragile X" (Seriously, could they come up with a scarier name for a gene sequence?), but I knew if I started Googling then I'd fall into an Internet wormhole and start assuming the worst.

I was three hours into refinishing a hardwood floor -- Did I actually know how to do this? No -- when I got a call from the agency. Another perfect couple had come around -- would I reconsider?

I had been steaming a questionably toxic glue off the floor of a building that was last renovated in the era of asbestos. The hormones, in this context, didn't seem like much of a risk and the $8,000 would have been a gigantic relief to me, as would a free health exam since I was without insurance. The long-suffering boyfriend was no longer around.

I didn't need to consider anything. I said, *When can I come in?*

Tomorrow, she said. *They'll need to do some basic blood work and one more new test. No big deal.*

A week later I got a call about when I am supposed to start the Lupron except the nurse doesn't say anything about Lupron. She says, *Well, I'm afraid I have some bad news. You know that new blood test we had you do? Well, as it turns out you are, in fact, a carrier of Fragile X.*

I'm a what?

Fragile X. It's a gene. And you carry it. It's a low positive, but it's a positive.

What does that mean?

Well, there's not much I'm trained to tell you about it, honestly. Just that you're a low positive carrier for Fragile X. I can refer you to a genetic counselor if you like.

No, that's OK.

Good luck, she said.

I thought, immediately, that I needed to Google "Fragile X" (Seriously, could they come up with a scarier name for a gene sequence?), but I knew if I started Googling then I'd fall into an Internet wormhole and start assuming the worst, so I laid on the floor of my room and thought of millions of tiny, crumbling, fragile Xs twisted in my DNA, doing some mystery to my body or the future of my body or the future of any children I could ever have. I thought, again, that I should get up and Google it, find out what it really means, but also that I shouldn't play the part of my own, uneducated, alarmist genetic counselor.

I won't Google it.

I might Google it.

I could just see what it is, quickly?

No -- I shouldn't start. I knew I shouldn't start.

* * *

Being a carrier of Fragile X, or any genetic mutation for that matter, isn't as simple as having it or not having it. Mostly, genetic testing can only reach broad conclusion: you carry an ignorable amount of mutation, you carry a little bit, you carry a lot of it, or you have a full-blown permutation. Whether or not it is expressed or passed on is up to chance and epigenetics, which is the whole other way that genetic traits are expressed or not due to methylation or other factors that affect the transfer of genetic information into corporeal symptoms.

But the scary reality about Fragile X syndrome (which is distinct from simply being a carrier) is that it is the most common known cause of autism and other cognitive disabilities. Though the syndrome rarely affects women, being a carrier means about a 20 percent chance of early menopause and premature ovarian. As a woman entering her late 20s who couldn't conceive of becoming a parent before 30-something, I was floored. Even if donating my eggs hadn't caused some kind of unseen damage, I may have to eventually face the unnervingly modern predicament of not being able to have my own children while knowing that someone else already did.

* * *

A few weeks later I got another call from the agency and I feared the worst. Maybe they're offering me free genetic counseling out of pity or breaking their own rules to tell me that my ova produced a child with autism or maybe they've discovered it's even worse than previously thought.

Nope. None of the above.

They're asking me if I want to donate again.

We have a couple here that doesn't think your low positive for Fragile X is really a risk.

Instead of answering, I stammered out a confused questions about what being a Fragile X carrier really meant. Slowly, after a series of emails I got some critical information I didn't have when I fell into that Google blackhole:

I am an intermediate carrier, meaning that somewhere I have between 40 and 55 CGG repeats on the FMR1 gene. Technically, this made me not a "Fragile X carrier" (they have 55-200 CGG repeats) but an intermediate or "gray-zone" carrier. The main risk an intermediate carrier faces is that the permutation would be passed down the line, resulting in a grandchild or great-grandchild with autism. The chances of this are murky, but not exceptionally high.

But the difference between an intermediate carrier and a regular carrier is a single CGG repeat, the tiniest sliver of information on a gene. Knowing that I was less than hair's breadth from early menopause (which carries unpleasantries aside from just making childbirth difficult) didn't make me feel fully exempt from it. Genetics and epigenetics are new and not entirely exact sciences and having way more information about my own DNA was now stirring up more worries than the original test back in 2008 had calmed.

The agency called me a few more times before I finally told them to take my name off their list.

* * *

It's hard not to wonder how those possible kids turned out, but of course I signed away the right to know. I used it to buy time, to finish a book that I did finish, which an agent is shopping around now. More often I just imagine my presence as a running joke in those two families, the perpetual scapegoat for anything the parents didn't want to rise out of their mess of DNA. She's always picked last for softball teams -- blame the donor. She has ADD -- blame the donor. She caught a cold, has a pimple, doesn't like pineapple -- blame the donor.

The mother will laugh every time, maybe a little too long, after her daughter has already left the room. *You didn't get that from me*, she'll say. *Nope, not from me.*

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