



IN DUE TIME

Unlike previous generations of Latinas, many of us are delaying motherhood into our 30s and 40s. But at what cost? By Dorkys Ramos

WHEN RACHEL* GOT married three years ago, she had no plans to become a mom right away. "I used to think I'd have children by the time I turned 27 and that by now I'd already have two," says the 35-year-old. "But I didn't get married until later, and once I did, I wanted to wait two years to travel and enjoy being married before starting a family." Only now that she's ready, she's having difficulties conceiving.

Like Rachel, more women in the last decade have been putting off the decision to have kids. Unlike men, who produce sperm throughout their lives, women are born with all of the eggs we'll ever have, and our fertility—or our

FULL NAME WITHHELD™

bodies' readiness to conceive—peaks in our mid-20s. Once we reach 30, our chance of getting pregnant each month is around 20 percent, and then dips as low as 5 percent after 40. "Ideally, early 30s would be the best time to conceive," says Rudy Quintero, M.D., founder and medical director of C.A.R.E. Fertility. "You still have a fair amount of fertility and you've had enough time to establish your career."

Regardless of age, once you're ready to try and conceive, you should prep your body. A monthly period is key; otherwise it could signal that something's off from the get-go. Aside from a healthy high-fiber diet of fruits, veggies and low-fat protein, begin taking a folic acid supplement to guard against potential birth defects.

Keep in mind that although it takes two to tango, baby-making is all about dancing at just the right time. Your fertile window is that slim period in the middle of your menstrual cycle when your eggs can be fertilized—usually lasting five to six days and ending on the day after ovulation. You can chart your cycle, track changes in your body temperature or check for an egg-white consistency in your cervical mucus to determine yours. Or take the guesswork out of the mix and buy an ovulation predictor kit to know when to get it on.

Today, one out of every 10 couples experiences difficulty conceiving. If you're under 35 and have been trying to conceive for a year, or are 35 and older and have been trying for six months with no luck, then get thee to a reproductive endocrinologist. Forty percent of the time it's something going on in your body, and 40 percent of the time it's him, but there's also the chance that the reason will be frustratingly unexplainable.

After a year and a half of trying with no luck, Rachel and her husband decided to seek out a specialist. "It was a difficult decision because I would rather

it happen on its own," she says. "But at the same time, we want a child."

In the United States, because of the treatment options available, more than half of infertile couples end up with a pregnancy. Advanced technology also means costs can add up quickly, so it's important to know what expenses your insurance plan will cover—if any are covered at all.

Once you've figured out your finances, your doctor may recommend starting with health changes. For example, as much as 12 percent of fertility problems can be attributed to body

weight. While underweight women might stop menstruating, obesity can mess with hormones needed to release an egg each month. It's not uncommon for fertility drugs such as Clomid to be prescribed to promote ovulation.

You can also turn to more invasive procedures. Rachel has opted for artificial—or intrauterine—insemination, in which your partner's sperm is injected into your uterus with a catheter, resulting (hopefully) in fertilization. A missed period the following month could signal good news. "My husband takes things harder than I do because he wanted to start a family a lot sooner than I did," Rachel admits. "Every month when my cycle starts, he's obviously hurt. So I just try to be the patient and positive one. That's all I can do."

While artificial insemination only



Don't Give Up

From cutting-edge to traditional, there are more routes to parenthood than ever before.

ADOPTION Whether you decide to first explore foster care, go outside the United States or adopt a special-needs child, there are numerous options out there and the costs vary just as widely. It's a complicated process that requires patience, research and dedication. adoption.com

SURROGACY Having another woman carry your child requires legal arrangements (check your state's laws), and in most cases you will be responsible for all of the carrier's medical expenses. In vitro fertilization is the method often used to produce the embryo. surrogacy.com

EMBRYO ADOPTION If you and your partner can't produce a viable embryo, you may be able to adopt one from another couple's unused in vitro fertilization embryos. embryoadoptions.com

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results in pregnancy five to 25 percent of the time, in vitro fertilization (IVF) has a higher rate of success (between 28 and 35 percent). With IVF, your eggs are extracted and fertilized with sperm in a lab dish; days later, the embryos are implanted into your uterus to continue growing naturally. The success rate is higher with IVF, but it is also a significantly more expensive option.

Expect fertility shots prior to the procedure to boost your egg count. "Injecting myself with three or four needles almost every night was the hardest part for me," Evy Vargas-Bridge, 39, remembers. "I would just sit there sweating and saying, 'Okay, you can do this. You can do this.'" Waiting for that phone call with the results after every cycle wasn't easy either. But last summer, after four rounds of Clomid, four of IVF and contemplating surrogacy in between, Vargas-Bridge and her

husband finally got the happy ending he'd promised they'd have: a baby boy and girl.

Because multiple eggs are often produced through these treatments, your chances of "twinning" increase. Even though Vargas-Bridge just wanted one child, she was thrilled when she was blessed with two. "Deep down, I did want twins because I thought this was probably going to be my last shot," she says.

Within the Latino community, difficulty conceiving can carry a stigma. "For some people, infertility is a punishment from God, and they think that it's their cross to bear," says Maria L. Quintanilla, executive director and founder of the Latino Family Institute, an adoption, foster-care and family-support agency. But in a culture that honors family, the pull for *maternidad* can be incredibly strong. "Being a mother is a

cultural expectation," she adds. "So it doesn't matter if you've gone to graduate school at Harvard. Your mother will still ask, 'When are you going to give me a grandchild?'" It's a question Quintanilla often heard herself during her own struggle with infertility, before her two sons were born. Her mom, filled with embarrassment and pity, would secretly lie to family in Mexico, telling them her daughter was on birth control and much too engrossed with school to think about babies.

Meanwhile, Rachel continues to struggle. With the arrival of her period, she realizes that her first insemination didn't take. But she's already undergoing another cycle of artificial insemination and is considering IVF if this second round is unsuccessful. "At this point I'm trying not to think about it," she says. "It's all timing, and when it's our time, it'll happen." □

TENDER LOVING CARE

ONCE YOU GET PREGNANT, YOU MAY WANT THE PHYSICAL AND EMOTIONAL SUPPORT OF A DOULA.



PHOTOGRAPH: COURTESY V. MCGREGOR

NAME: Venus Rodriguez-McGregor
AGE: 35
LATIN ROOTS: Puerto Rican

How did you get started as a doula?

I was motivated to help women have satisfying and safe births after having two very different birthing experiences. The first time was scary and painful because of the way it was handled in the hospital. When I had my second child, I was more informed and got myself a midwife. She made me feel like I had a say on what was going on. Then one day I saw an ad that said, "How would you like to assist women during childbirth and empower them?"

How did you train to do this job?

I became certified through the Association of Labor Assistants and Childbirth Educators program, where I had to volunteer during six births, observe a

childbirth education class and learn CPR. There was an extensive reading list, as well as a three-day intensive seminar followed by a test. I was then evaluated by other medical professionals and mothers.

What are some of your responsibilities?

I help my client devise a birth plan so that we have a clear vision of what she wants. The day of the birth, I remind the mother of breathing techniques and positions that will help the baby come faster. I provide massages for coping with the labor and help her stay focused once it's time for pushing. After the baby arrives, I don't make my exit until everyone is ready to relax.

How does being Latina help you?

The fact that I'm bilingual gives me two worlds of opportunities. I reach a lot of women who just got here and don't speak English. I help them understand the maternity system, which is usually very different than where they come from, and let them know their options.

What's the coolest thing about your job?

As my own boss, I can provide for my family in a way that doesn't take me away that much. I'm trying to help these women be better mothers and I don't have to sacrifice my own mothering. The most I would take is three to four births in one month. Plus, I get paid to do something I would do—and have done—for free. —Grace Bastidas