

Biography of an Embryo

written by Guest Contributor | July 27, 2021



People often comment when they meet my son, “He has your eyes.” His eyes are blue, like a clear sky at dusk, outlined with the dark vignette of encroaching night. It’s this eye color that hides the truth of our connection. It’s a fluke, really, an unlikely outcome of his conception, that we share these eyes. I think of it as my small reward for having grown him, labored over thirty hours, and ultimately delivered him through an incision in my body. But my son does not share my DNA.

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Fifteen years ago, I told my husband, after reluctance and indecision on both our parts, that I wanted to have a baby. We had spent years traveling together, not under the care of someone else’s logistics but by the seat of our Gore-Tex pants. We became contractors in our respective fields and took long breaks to explore far flung parts of the planet. But travel had become tedious for me and I wanted to spend more time at home. Parenthood, I argued, could be our next great adventure. “We need to raise a child,” I said. “It’s the ultimate journey.”

We had chosen work and travel over parenthood for over fifteen years of our lives together. But by the time we were well into our thirties, people in the places we loved the most, places where life revolved around ritual and family, looked at us with pity when we told them we didn’t have children. Women appeared visibly pained, as though aching for my barren uterus. At times, conversations that began with animated gestures and smiles went suddenly quiet when they discovered an absence of children. It hardly mattered to them that we had advanced degrees, could survive in the wilderness for two weeks or had bread baking on a camp stove down to a science. No amount of travel or professional success was bringing me a sense

of belonging in a world of families. I wanted us to join the tribe of parents.

So, it was a night in a tent where, by my calculations, we'd spent nearly a quarter of our nights together, I insisted we have a baby, all prior uncertainties gone and replaced by the confidence that a third travel companion would add a grounded-ness to our wanderings, an opportunity to experience a parent-to-parent connection wherever we went. "We won't regret this," I assured him, hoping I was right. I was forty and he was forty-three. We were old and naive.

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At the outset of our pregnancy undertaking, we felt upbeat, parenthood laying before us like an unexplored landscape just waiting for us to take our first steps. I had my IUD taken out – a procedure I can only describe as feeling as though my tonsils were being removed through my uterus – and our lovemaking was fun and funny, followed by pelvic tilts and shoulder stands, moments of hopeful hilarity between us that unwound the clock on a long marriage. But month after month with no pregnancy to show for it, sex became less fun and the tedium set in. We worked. I cried. I bargained with the forces that might possibly be running the universe and all its necessary outcomes.

Though we were both data driven people, I avoided looking too closely at the rates of conception in women my age. Until then we hadn't experienced any significant consequences of aging. We exercised and ate well. We were strong and took easily to physical challenges. We rode bikes and hiked long distances. We skied up hills, not just down them. I wanted to believe my eggs were every bit as capable as the rest of my body regardless of how many years they had been slowly deteriorating inside my ovaries. That's one downside of taking care of yourself; you become reproductively deluded.

I went through a phase of baffled disbelief that I couldn't get pregnant after trying so hard. My life thus far had felt like a succession of doors I'd chosen to open after completing the tasks required for admission, giving me the sense I could achieve most of what I wanted with enough persistence. The irony of age-related infertility is that effort over time results in diminishing returns. Getting pregnant does not conform to any of the outcomes we've come to associate with hard work. We are not rewarded with a child through our diligence. For some couples, getting pregnant is like falling off a log. But for others, the inability to do so is an indignity that belies all enterprise.

More importantly, I wanted to experience the physical changes of pregnancy. To grow another human within my own body was something I didn't want to pass up, the fascinating process of pregnancy seeming to me half the reward of motherhood. But the statistics were against my getting there. An average 30-year-old woman has a 20% chance of becoming pregnant each month. A 40-year-

old only a 5% chance. "Getting pregnant after the age of 40 is possible without fertility treatment, but it's more likely you will have a harder time," gently say the websites of assisted reproduction clinics. Yet I was of the generation of women who were told we were more likely to be killed in a terrorist attack than marry after forty. That statistic had been debunked and retracted many times over. I wanted the same to be true of my fertility.

Thirteen months after dispensing with birth control, while unpacking the weekend camping gear, I said to my husband, "It doesn't make sense for us to use my eggs. I'm too old. We need to get an egg donor." He looked at me without speaking, as though I'd just told him I was tired of being married.

"Are you sure?" he said.

"Yes. The chances of us having a healthy child with my eggs are dismal. We've been going at it for over a year. It's not gonna happen," I said, holding back that emotion unique to the infertile; sorrow and rage wrapped up with a bow of shame. At 41, I had simply waited too long. Ninety percent of my eggs were considered chromosomally abnormal, my DNA like a beat-up zipper with a bunch of missing teeth. Any significant glitch in the thousands of cell divisions required after an egg and sperm cell unite would shut down the whole process. The wondrous biological procession of life is nearly impossible when one's cells are damaged simply through the passage of time. Both our cells would need to be healthy in order to bond, replicate and split millions of times in the process of becoming a human. Some embryos make it a few months. But the successful initiation of life doesn't guarantee its delivery. What sat like a boulder in my gut was that the miscarriage rate for women over 40 was 50-90%.

In one sure moment, squatting over the pink Saltillo tile of our kitchen, noticing the dark freckles of age on the backs of my hands, it was as though a switch inside me flipped. The decision to try getting pregnant with the assistance of science was more logical and more urgent than tracking my ovulation and having imperative sex. It no longer mattered to me if our child was a combination of my mouth and his nose, or his smarts and my personality. I was so very weary of spending hours on the internet looking for new ways to boost my hopeless fertility. I'd tried acupuncture, deer placenta, meditation, and yams for breakfast, lunch and dinner. We had an alternative; modern medicine. Another woman's eggs. Using younger eggs increased our chance of having a baby to nearly 50%. Hopelessness exited the room and excitement took its place. We didn't need to crawl across the desert on our hands and knees. We had an air-conditioned car just waiting for us.

"We still use my sperm, right?" he asked.

"Of course." I said. "I want any kid of ours to have your logistical skills."

Scrolling through the photographs and personal statements of women on an egg donor website felt like online dating if you were looking to date yourself. We wanted to be attracted to her in a familiar way, as though she and I could have been sisters. We scrutinized the look in her eyes (genuinely kind?), her body type (fit but not skinny?), and her coloring (pale and brunette like my younger self?). Choosing an egg donor became an oddly familiar exercise in consumer culture. Do I want a sports car, sedan, or SUV? Do I want all wheel drive or a hybrid? Tinted windows and leather seats? All these women to choose from suggested we might create a similar but better version of ourselves. Our child could look something like me even though I wouldn't be the genetic parent. And because we would be spending many thousands of dollars on Assisted Reproductive Technology (ART), the sentiment that "I just want a healthy baby" became qualified with, "Though he or she should look like me and how about we order up some long legs and beautiful teeth while we're at it." I wanted to erase the evidence I wasn't the biological mother. To a point. And then, indeed, I wanted something better than myself.

We didn't scrutinize an egg donor's health history too closely. The ones who make it through the vetting process have all claimed pristine health. I knew this, having been turned down as an egg donor when I was in my 20's because my parents and grandparents possessed every major medical condition for which our society pays dearly: cancer, diabetes, depression, heart disease, hypertension, thyroid disease. Even spinal disc herniations. We were a family of physical train wrecks. No upstanding egg donor agency accepts a woman who has relatives with significant health problems, though with the payout for egg donation being, on average, upwards of ten thousand dollars, you have to wonder if there is too great an incentive to lie. Ultimately, assisted reproduction with a donor involved requires trust. Or at least the willingness to accept risk. My husband and I had both. Plus, good health insurance.

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I liked Alex's look. Her photographs suggested she modeled professionally. Some images were pouty and sultry, a few exuberant and cocky. I was amused and compelled by a woman willing to post her 'Come f*#k me' face on an egg donor website. She was fairer and more angular than I, with large hazel eyes like my husband's, though she and I shared a certain thickness to our eyebrows. But one of her photos was the spitting image of my younger mother and I kept returning to it. Here was my mother, had she been brash, confident and irreverent. I wanted that for my child.

Alex's personal statement was as affecting as her looks. *I was the kid who directed the show. I learned how to program a VCR before my parents. I love to dance and I model. I have really good genes and I'm not sure I want to have kids so it would be a waste of my eggs if someone else can't use them. I want to travel to Japan with the money from egg donation.*

Her cheeky honesty, far from putting us off, only strengthened our sense that Alex's eggs would best represent the two of us. None of the other candidates had written anything about what they would do with the money from egg donation. But why would anyone endure the arduous process of donating her own eggs to a complete stranger were it not for the compensation? Alex's esteem for the quality of her eggs, and her choice to become a donor was certainly an act of generosity, but only to a point. We understood our relationship would be a transaction, pure and simple, and I wanted a woman who called it like it was. Because I wanted a no bullshit child.

Normally, all a recipient couple will see of their egg donor are photographs. After a donor is chosen, she confirms her availability, everyone signs paperwork releasing each other from future indemnity, the agency is paid, and all proceed on parallel tracks with a clinic specializing in assisted reproduction. All communication would be handled by the agency or the clinic. Most egg donor agencies, like those that deal in sperm, stress the anonymity of donation. "Egg donors will remain anonymous as much as possible." Though in some rare instances "both parties will agree to reveal their personal information or even have an in-person meeting." write the egg donor sites.

For us, after requesting that Alex be our egg donor, the larger questions of what it means to reproduce weighed on us, a sense that if we weren't doing this the "normal" way, were there issues we were missing? If our child was going to share half their genetics with a stranger, would we be creating a void within ourselves and that child around an understanding of their ancestry? How much should heritage matter? It was, in our minds, an act of denial to suggest we weren't about to embark upon a procedure that would essentially make us all related. My husband's cells would combine with the donor's cells. Her cells would be in my body. My cells would nourish and grow the embryo she helped to create. The more we thought about it, the more absurd it seemed. Not that we would go forward. Absurd that an egg donor, the biological mother of our child, would never be known to us. So, we asked to meet her.

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We have an engineer friend who spent a winter in the 80's running ski lifts in Jackson Hole. He worked six days a week in exchange for a season pass. At least once a week he ejaculated into a sterile cup at the local sperm donor clinic and was paid enough to cover his food and beer. He never went on to have his own kids but guesses he probably has at least a few children walking the earth. "I bet they're all good skiers," he quipped. It was the first time I had imagined the possibility a person could fall in love with someone who was, unknown to them, their half sibling.

When I was younger, the idea that I would donate my reproductive cells without caring whether they would result in one or more functioning members of society, or if I would ever see their faces, didn't bother me. Like our

ski friend, I was motivated by money. Men can donate their sperm starting at age 18 and women their eggs around 20, five to seven years before, what we understand now, is the age at which our brains are fully developed. Do we really know what we're getting into at these tender ages? Were it as easy as a five minute orgasm for a woman to donate her eggs, as it is for a man to offer up his sperm, would we feel differently about anonymity as the number of children being born from donation continued to rise? Even without such ease, will we soon need to be vigilant about who we choose to be our partners, with blood tests before marriage becoming less about uncovering an undiagnosed case of syphilis and more about avoiding incest and inbreeding?

The U.S. is still rather Wild West when it comes to egg and sperm donation. Currently, there are no laws governing who can donate nor how often. The U.S. regulates and tracks bovine inseminations and outcomes, but not human ones. There are a few guidelines set out by the American Society for Reproductive Medicine – they advise a sperm donor should be limited to 25 live births per population of 850,000 – but this is simply a recommendation and is not enforced. No centralized database exists for tracking sperm and egg donations, and it is estimated that only 40% of live births involving sperm or egg donation are even reported as such. In contrast, most European countries do not monetarily compensate sperm donors, and anonymous egg donation is banned in many of those countries, the reason given that all children have the right to know who their biological parents are. Others argue the removal of anonymity puts too much emphasis on the importance of DNA when parents should be viewed as the people who raise a child, not those who donated their genetic material.

Quite clearly for us, the idea that our egg donor would remain anonymous became unsettling. I can understand the potential emotional fallout of meeting the donor who helps a woman get pregnant and why we wouldn't want to know her. If we didn't like her might that affect the eventual relationship we had with our child? Assisted reproduction, for a heterosexual couple, is always the path of last resort and infertility so emotionally debilitating that I briefly struggled with the conversation over whether we would seek the removal of anonymity from this already difficult process. We wanted to get the conception part over with, to emerge victorious with a securely implanted embryo inside me and leave behind the shame and defeat of being unable to get pregnant in the first place. I wanted no reminder that there was a third person, and a laboratory, involved in our becoming parents. But the part of us that prevailed was the one that wanted to be able to tell our child at least something about the woman who made his or her life possible. Other than she could program a VCR.

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The agency was taken aback by our request to meet Alex. No one, up to that point, had ever asked. They said meeting her could not be an interview and we would need to pay their fees first. I wasn't expecting anything beyond a

brief interaction, though I hoped she might feel invested in us since we had made an investment in her eggs. Was I hoping for accountability and cooperation at a higher level than if she had never met us? I wasn't sure what that looked like. Or maybe I wanted to somehow humanize the transactional nature of this process and removing the curtain of anonymity seemed like the most effective way. It was possibly an inappropriate maternal assumption, thinking our donor might be better off down the road knowing a little about the couple who were raising the child that was hers on a molecular level. The bigger benefit might be that we would all like each other. That we might even come to know each other. It would be a team effort even if it ended poorly. We offered to buy lunch. And Alex said yes.

When I first laid eyes on her sitting at the clinic conference room table, I knew in my gut we had made a good choice. Despite her moody photos portraying a youthful angst, Alex was a luminous young woman, bright in every way. Smooth ivory skin, platinum dyed hair cut into a pixie, and hazel green eyes framed by dark eyebrows and a smile that shimmered. Her handshake was firm and her voice kind. She seemed to possess the fearlessness that had come through in her photos and a confidence without bravado. Where we wore the battle fatigue of infertility, she embodied optimism.

Alex seemed excited to meet us and we fell into an easy familiarity, speaking with animation as if embarking upon an exciting project, a cool modern-day alternative to baby making. The three of us became so relaxed in conversation, the donor agency representative sat quietly, offering nothing more than an appreciation of the Butter Chicken. When we told Alex we were traveling to Burning Man in a few months her eyes went wide. I guessed we weren't anything like her parents, even though we were nearly the same age. They lived on the "east side" as we called it, the tony neighborhoods across Lake Washington from Seattle, home to Microsoft, McMansions and most of the area's Republicans. "But my mom had me over here at the university hospital," Alex said. "They're old hippies. She didn't want me to be born in the suburbs." As it turned out, Alex lived in the same part of the city as us; we in the north end with houses and lawns and she in the south end with loft apartments above shops selling fetish gear. If I got pregnant, I would deliver at the hospital where Alex was born.

She asked if we could wait until after her 22nd birthday to start the process. I couldn't help feeling a small sense of ownership over her body now that we'd paid her fee. I tamped it down. It wasn't as though she could do any significant damage to her eggs in the time between our meeting and her procedure. "Of course," I said. "Let's all have some fun before we get serious about making embryos."

Through all of this we never told our families or friends we were even trying to conceive, let alone had turned to a lab. We didn't want anyone wondering when they should start to feel sorry for us. Failing to get pregnant is hard enough. Admitting you've created your embryos using someone else's DNA seemed to me, at least initially, almost un-utterable. Would there be judgements, parental disappointments that we'd have to absorb into our own? We could keep this a secret, just one of the many small intimacies between a couple that is theirs and theirs alone. We were finally feeling a sense of control over our

pursuit of parenthood and didn't want to explain to anyone that we had gotten there through anything less enjoyable than a moment of conjugal bliss.

But before we could go forward with the process, before we would attend our respective parties, we all had to get tested for everything; gonorrhoea, syphilis, HIV, hepatitis, endocrine disorders, genetic conditions like cystic fibrosis and muscular dystrophy. Alex had to go through an in-depth psychological assessment, her passing of which was some small assurance that we wouldn't sire a serial killer, or she wouldn't regret her decision. In real life you just roll the dice with your chosen mate hoping the crazy uncle gene doesn't show up in your own baby. But with assisted reproduction, the tests and assessments, the data and due diligence, suggest everything about this process will be controlled and flawless. You would be wrong.

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A donor/recipient protocol requires that two women artificially suppress their monthly menstrual cycles in tandem. After her July birthday, we would await Alex's August period (and my own) then both pinch the flesh of our bellies at home and inject ourselves with a drug called Lupron, suppressing the pituitary hormones responsible for stimulating the ovaries to prepare an egg for ovulation. We were both, essentially, put into a state of temporary menopause. Then Alex would switch her injectable to a gonadotropin, a drug that would stimulate her body to mature multiple eggs in both ovaries instead of the typical one or two, while my system remained dormant.

Impatience to get this process rolling meant I was suppressing my cycle while still in the Black Rock Desert at Burning Man. I hadn't made the connection between the cessation of my ovarian function and my libido, finding myself at the most sexually charged festival in the world feeling as though I just wanted to sit in a camp chair and knit a baby blanket. While half naked bodies gyrated around me, I daydreamed of decorating my future baby belly with paint and glitter. I sequestered the Lupron vial and syringes in plastic baggies to protect them from the alkaline dust and biked my bloated body past desert art, gazing enviously at young couples who looked as though they could conceive through nothing more than locking lips. I dreamt of a future child dancing with glow sticks. The day a man approached me in the wee hours of the morning wearing a button on his lapel that read, "Have you had your orgasm today?" and attempted to engage me in a conversation about the health benefits of a daily climax I nearly screamed, "Dude, my orgasm has gone to hell. All I want is a baby!"

When we returned from the desert, Alex was on the ovarian stimulation superhighway and I began a medication that would grow my endometrium, the blood rich uterine lining that acts as the receiving ground for an embryo, slowly integrating its blood supply with that of the fetus. As Alex matured eggs, I popped estrogen pills at a dosage high enough to trigger concern from an uninitiated pharmacist, who called me at home after the prescription was

dispensed to ask whether I understood the risks. But this was the protocol. High doses of any hormone can have negative consequences, though I didn't spend any time investigating those risks. I did what I was instructed, and risk was relative. I would have sooner shot myself from a cannon than question the steps I was told to take to get pregnant.

When Alex's eggs were deemed sufficiently mature, they were suctioned with delicate precision from both ovaries using a needle passed through the vaginal canal. On the day I knew she would be undergoing the procedure, I visualized those robust oocytes – the female egg cells – being transferred to a petri dish followed by the injection of a single sperm, from my husband's morning contribution, into the center of each egg. Sitting on a yoga bolster at home, twelve miles between me and the clinic, I went into this meditative state, envisioning the quivering sequence; the cleavage that marks the beginning of cell division, the split into two separate cells, then four, then eight, all robust and on their way to becoming a blastocyte, the early stages of an embryo. They were the prayers of an agnostic.

What I didn't envision was that while these embryos were developing in the lab over several days, Alex was lying at home with a distended abdomen, shortness of breath and an encroaching anxiety that something was very wrong. She had been told complications were possible, but in the same way everyone knows it's unlikely but possible you will crash on any given car ride. It hardly ever happens, right? But sometimes it does.

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From the point of view of a couple who wants to have children and can't, the women who donate their eggs will never get anything less than my unwavering gratitude, no matter how much their compensation. I couldn't thank Alex personally after her donation because, despite our having broken the barrier of anonymity, we hadn't exchanged contact information. It felt like closure to have met, looked each other in the eyes and felt good about what we saw. We parted thinking we would never meet again.

But what is the role of the friends and families of the women who donate? What are they thinking when their loved one calls in tears to say she is in terrible pain after putting herself through hormonal hell to give a stranger her reproductive future? What does a mother do, faced with an only child who says she may never want to have her own children, when that child asks to be driven to the hospital because she is in a fetal position and can't get off the floor? At first, they say, *We don't understand. Haven't you put yourself in this position? Didn't you know this could happen?* She may suffer in solitude because what she has done seems selfish to them. Her friends may watch her in agony and offer ibuprofen and a glass of water, but little else. She's done something questionable, in their minds, for money. She's potentially stolen the dreams of her parents. *We don't get it.* They say. *Shouldn't it be ok for you to feel a little bad?* Might the only people truly

equipped to offer help and understanding – when she feels as though she’s dying after her ovaries have been shrunk but somehow her abdomen has ballooned – be the people for whom she’s done this?

The day I went to the clinic for an ultrasound to assess the thickness of my uterine lining in anticipation of the embryo transfer, I asked our doctor how Alex was doing after the egg retrieval. A look passed over his normally gentle face that was uncharacteristically cold and annoyed. She had been “naively unprepared” for the side effects of retrieval he told me.

“Did she get OHSS?” I asked, knowing from another friend’s experience during her own egg retrieval procedure that the phenomena, though rare, makes a woman circle the drain of bitterness over having to endure such agony in pursuit of becoming a mother. It was pain beyond measure. She said it felt like suffocation and evisceration at the same time. And my doctor was disparaging my donor’s experience.

“Yes, but she’ll recover,” he said curtly, pulling the ultrasound probe from my vagina and announcing my endometrium “excellent.” I left the clinic and immediately called the donor agency.

“Send Alex flowers. Today, please,” I told them.

With her eggs soon to be in my body, and her suffering dismissed, who was this woman’s family, anyway?

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Ovarian Hyperstimulation Syndrome (OHSS) can occur with varying severity as a result of artificial ovarian stimulation and egg retrieval. Because a mature egg follicle releases estrogen into the body during ovulation, when the ovaries are forced to mature multiple eggs at the same time rather than the one or two of a normal cycle, a flood of estrogen enters the abdomen. Alex had produced over thirty mature follicles as a result of the dose of medication she was given, the ideal number being no more than fifteen. Even though the gonadotropin is adjusted for each patient in an effort to prevent this kind of overstimulation, sometimes the outcome is out of their control. Too much circulating estrogen can lead to blood clot formation and a hyperpermeability between the spaces in the body, and fluid collects in places it wouldn’t normally be contained. It’s like drinking a glass of water and gradually having it show up in your lungs.

Ten to fifteen percent of women going through ovarian stimulation will experience mild to moderate symptoms of OHSS such as bloating and nausea. Only one to three percent will experience a severe case. As Alex told me later, her case was so frightening, so severe she wasn’t sure she would make it through the night. Her abdomen swelled as though she were the one at the end of a pregnancy. She could hardly breathe and, after finally going to the hospital, the emergency room providers drained nearly three liters of fluid

from her abdomen. The nurse by her side told Alex this kind of reaction was so rare she might want to go out and buy a lottery ticket for a chance at the same odds.

I didn't tell my husband immediately the complications, that Alex could have ruptured an ovary, experienced kidney failure or a life-threatening blood clot because too much estrogen makes the blood viscous. I didn't want both of us to experience the shame and the worry and I felt responsible for initiating. I was the one who should have been suffering for my ardent pursuit of motherhood.

I wished briefly we had never met her. I rationalized the intended anonymity of the egg donor meant her condition, her experience, was never supposed to be my concern. But we had met. And I was like a small animal later that night, a scared and timid thing faced with the possibility that my drive to have a baby had endangered another woman, despite her having accepted the risk involved. What if she had died? It's rare but it happens, though rates of OHSS continue to fall as reproductive technology improves. It felt like potential manslaughter. How would I feel about the child that would result from this imperfect science if Alex were to suffer permanent disability?

When my pregnancy test came back positive, I asked the donor agency if I could have Alex's email address. 'We've told her you're pregnant,' they replied, as though they had something to lose if we were to remain in touch.

"I know. Just ask her."

And so, our acquaintance continued. "Are you ok?" I wrote.

"OMG!" she replied. "You wouldn't believe what happened." She poured it out to me and I took it all in, more sorry and more grateful that I could put into words.

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A few months before our son was born, shortly after I turned 43, Alex sent us a few of her baby photos courtesy of her mother. And when our son was lifted out of my body, he was every bit her baby double. He had her nose and her large almond shaped eyes. Yet our son's eyes were the color of wild blueberries, dark and sweet. We were told his eyes would likely change to the hazel color of his genetic parents in six months to a year. But they did not. Brown or green-eyed parents can have a blue eyed child if both parents carry the recessive blue eye gene from one of their own parents. My husband had a blue-eyed mother and Alex a blue-eyed father. Though I had made no genetic contribution to my son's eye color I reasoned, under a good-humored delusion, that our nine months of intertwined existence had activated this recessive gene. He would be spared my sausage fingers, my stocky legs, my predisposition to back pain. But he would have my eyes.

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I no longer shy away from telling people my son was born from egg donation. Being transparent about the third person in our conception story feels almost magical now. It's well known that fetal cells circulate through a mother's vascular system starting around six weeks of gestation. Often those cells are found in maternal blood years later. My son, his father and Alex are still within me at tiny levels. Maternal DNA is also found in a child meaning that even without my DNA, there is a small bit of me inside my son. We mothers are all, at some level, human chimeras, fantastic creatures possessing the parts of different animals, through the process of pregnancy. My body has been the repository, and likely still is, of our collective efforts. Had we never met or maintained contact with Alex our story would be fragmented by the missing piece, the unknown donor, and I never could have told her that her suffering had resulted in both great joy and a true sense of now belonging in the world.

There are more of us every year; women who have delayed childbirth because of our ambitions and women who have helped them in pursuit of their own. Record keeping is still vague. Approximately 6,000 fresh and frozen donor egg embryos are used each year in an attempt at pregnancy and statistics state about 35-45% of those will result in a live birth. But we don't know the true number of egg donor babies born each year. There are efforts to implement better record keeping, but it's a slow process to reach consensus.

Alex and her parents arrived on our doorstep when our son turned one. Her mother and I walked in the park and spoke together as mothers, my son strapped close to my chest, while Alex chatted with my husband and her father. Before she left for Japan, we met again when our son was three. He wasn't interested in her. But then, she wasn't interested in him. We all got what we wanted and nobody died. She gave us the collected works of *Calvin and Hobbes* saying it was a favorite when she was younger. Our son has now read it many times over.

Alex still lives in Japan, making visual and performance art, connecting with her own tribes without children of her own. We write to each other every year and she watches this child – my child, her child – through the photos I occasionally post on social media. She has thousands of followers on Instagram. Sometimes I show our twelve-year-old son glimpses into her life. "Look, your egg donor mama has a beautiful home in Japan." He looks and says nothing, as though he's the one worried that Alex might pose a risk to our relationship. But I bring her up every once in a while, wanting to remind him I will never be ashamed or reluctant to acknowledge this other woman.

He still hugs me every night even though he is inching past me in height. Sometimes he even says, "You'll always be my mom." And I look into his blazing blue eyes and see the truth of that.

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