23. A Mother's Ethical Journey to IVF with Ansley Smith

SUMMARY KEYWORDS

women, ivf, ethics, endometriosis, body, fertility, feel, doctor, sharing, growing, process, people, diagnosis, day, iui, blastocyst, option, clinic, fertility journey, surgery

SPEAKERS

Ansley Smith, Lauren Pinkston



Lauren Pinkston 00:02

The episode you're about to listen to is one that is a sensitive topic to many, especially in terms of women's health and the rights of life of children, and the right of life for women. And I want to just be clear that as we start on this conversation, I am not a medical professional. My guest is not a medical professional. And some words within the medical space are interchangeable, especially within the context of IVF and embryos. So I want to just put a little disclaimer here that as we talk about fertilized eggs, and the scientific phrase blastocyst really points to a group of cells that has been fertilized but it's not quite developed to the point of an embryo. And so I want to just highlight that as a medical disclaimer, and also as an ethical disclaimer that we may interchange these terms in this episode, but it is in no way meant to suggest that a group of cells that may not even produce life within a traditional pregnancy is not the same as an embryo. So I hope that this conversation is one that is fruitful and blesses you. If fertility and and growing your family through through fertility through fertility issues has been difficult for you. This is your this is your trigger warning that this conversation is going to be around that journey. Specifically for women. Today may be the most excited I have been to record a podcast because I am welcoming my sister as the guest today. So and Lee Smith is with us but we were the Goodman girls before before we were anything else and we were the first to let you guess who was the older and who was the younger but that's pretty obvious. And Anjali, thank you for coming and sharing a bit about your fertility journey today. Before we dive into deep questions. Let's just let everyone who's listening kind of get a feel for who we are as sisters and what yeah, just kind of, I don't know. Let's go down memory lane. You are still in our hometown, pretty much. And I think that that probably defines a lot of we have lived our lives separately. How would you describe our relationship to people who are listening be nice. Just getting



Ansley Smith 02:34

I mean, we were close in age. So it was it was just us for a long time with our younger siblings. You know, there being a larger age gap. So I know that I'm analyzing birth order and everything you know they say that you can tell who's the oldest and who's that second child born but you

were definitely the stronger personality the to from day one. I think so. And just the stories that mom would tell about you. Getting me out of the car seat at three days old and things like that. You have been a leader since then. So but I'm so thankful that we've developed into friends later in life, even though when you are so young, you don't understand those differences and we can appreciate and respect that now.

Lauren Pinkston 03:27

Yeah, it was definitely Yeah, we went through there was a season where we were just so different and our lives were moving in such different directions professionally and vocationally that I think we had to figure out how to come to appreciate the different gifts that each other has and and honor that and I've carried a lot of guilt for moving around the world and not being close to our parents. And so I just love I just love how rooted you are in home and, and community and honoring the roots that that we were given as kids and so I love that you're, you're still there. And in our hometown.

Ansley Smith 04:06

It was a battle at times. You know, when you're young and in high school you think you're gonna go on do great things and conquer the world and never see your hometown again and just appreciate it more after I was away for a little while and so I felt like I couldn't leave and it's it's been great. It has,

Lauren Pinkston 04:26

well you've been such an impactful figure in our hometown and whether that's through your work with the Chamber of Commerce or just really reigniting commerce in our tiny Tennessee West Tennessee town. So we're gonna we're gonna kind of dive into health care and fertility and I know that even living in a rural area has probably impacted your access to health care or the perception of health care. And you know, because you know me, and we're super close that I could go to school all day long. You know that I love the classroom but I don't want to ever uphold academia and and research in a way that negates the human experience. And that's why I wanted people to get to hear from you today, because you have lived out the reality of kind of navigating the ethics of IVF of freezing embryos. And things that that are really, really complicated, a complicated issue. And I think you've sat in the complications of that as you've weighed your choices so well. So I want to just give a disclaimer to this conversation that it might trigger some deep feelings in people and that we want to be we want to be kind and open and the way that we consider not just not just people's fertility journeys, but also their, you know, the ethics around around medicine and modern medicine and what we're doing. So thank you for sharing today. I'm going to say thank you a lot because this is a super sensitive, very personal topic, and I'm grateful that you're willing to share.

Ansley Smith 06:05

I'm happy to share and I wish there were more resources out there and I'm thankful to have this opportunity.



So why don't you Why don't you start us off if you don't mind, just kind of sharing the the beginning of what it looks like to grow your family. And maybe that experience of first starting to consider that pregnancy would look different from you for you then maybe for other women.

Ansley Smith 06:31

I guess early on in marriage when we would have the discussions about when to start a family if we wanted to start a family it was one of those things that we thought would happen naturally and we could just pick the year and the month and you know that it would just all come that easily. And we weren't in a hurry to start our family we wanted to settle in our marriage for a while and hopefully travel and do different things. And so we didn't feel the pressure early on anyway. Looking back, and I'll revisit that in a minute. I wish we might have done some of that differently, but at the time, we didn't know of any issues that there were so there was there was just no hurry. So I guess four or five six years in we started really thinking about it and filling that urge feeling like we were ready to start a family but at the same time I had been having some health issues since college, starting out as thyroid issues diagnosed as an autoimmune later but still didn't realize how that could even affect my fertility because so far everything had been normal. So I thought and then I guess two or three years after trying nothing happening, we started searching for more answers, and that's when I started having those happening at the same time. Stronger symptoms of what would end up being endometriosis. But it took that three or four years of searching to finally get the final diagnosis, ultimately through surgery. So the endometriosis, was our biggest culprit. I wasn't able to get a diagnosis anywhere locally with a local gynecologist, even at the largest town over big because of I think surgery being the ultimate that I mean that's just what you have to go through to get that so and our doctors, they are unfortunately controlled by health insurance and if it's not covered or if it's hard to get covered for the patient, then there that's just going to be the last option. So there were a lot of trial medications, different things that I was put on just to see if it would help mask the problem while it was just growing the whole time. So I ended up finding a clinic in Atlanta and it supposed to be the top Endometriosis clinic in the world and the top surgeon for it. One of the top and so I was I just think I was at my wit's end and I was ready just to make a drastic decision to travel there and hopefully get that taken care of but at the at the time, I still didn't have the diagnosis. But the surgeon took me on just hearing my symptoms, but I was so nervous going up. I mean up to the day of surgery that morning. I mean it's scheduled in a major Atlanta hospital. And I'm like, What if all this is in my head? What if all this pain What if it's just something minor and it's not a it's not even what we think it is, you know? Because it wasn't an exploratory surgery. It was. I mean, the endometriosis surgery that I was going into without a diagnosis. So anyway, the morning of at my pre op, I had an ultrasound done and he did discover some large endometrioma has and confirmed that it in fact he didn't know the stage yet but in fact that I did have it so it was just a sigh of relief that I was finally going to get some answers. Even though it's fixing to be a major surgery. I just had so much hope at that point. So I did end up having stage four endometriosis and it was on just about every organ has a major surgery. But he gave me I think a 50% chance after the surgery of conception and the major thing about that clinic is that they boast about it not coming back based off the way that they perform a surgery that most clinics dumped. So I'm thankful that I found that surgeon that I went through that process. So fast forward, I guess about two years like two more years. Of trying. Still nothing was happening for us. Went back to the regular

gynecologist tried a few different other medications to help and then I was finally referred on to the fertility associates in Memphis. And that was a long journey of just discovering what you know, just going back through all the testing and all the history and then trying to find out what the problem was, you know, so they discovered that the endometriosis had come back in that was gonna determine my treatment moving forward.

Lauren Pinkston 12:06

I'm just like, hearing that synopsis is especially for women who have been through through women's health issues. It's not it's one of the least talked about medical phenomenon. I feel like phenomena. I feel like that, you know, because the medical industry is predominantly male and women are not as often to be the the doctors in the room are the ones leading the research and so that's put women's health at a disadvantage. I did not even know what endometriosis was, until you went through this and I had heard stories I started to connect stories with women who have had it so badly that it even stopped their heart around their their period each month and just how those can you give us a picture of what was actually going on if you don't mind inside your body because I think for those who don't know what endometriosis is, and there's quite a few women who I mean the statistics are high of women who who have this as well. What can you tell us about that?

Ansley Smith 13:10

Your uterine lining is growing outside of your uterus into your body growing it's a webbing and it grows and attaches on to your organs. It just chooses where but you can also have what they call endometrium is inside your ovaries that are growing also. And it's super painful for most women around their cycle. When they start their period around ovulation, sometimes they can just pinpoint that, but it had gotten so bad for me it was pretty much a constant just a stabbing, stabbing pain. And I describe it to some for those who have seen Stranger Things the webbing that that's on that TV shows just what it reminded me up but I was watching that the same time I was going through it but it was all new to me also. No one had said this could be something that happens to you. I had heard of other issues got heard of PCOS. I've heard of some other things that could but this was all new to me too.

Lauren Pinkston 14:20

The way that you described even going into surgery that day and questioning yourself like is this in my head? I think that speaks to us as women as well of like, when we speak up for ourselves and we advocate for ourselves, how much we have to push for ourselves. You are your own medical advocate through all of this and and even how you felt like you had to question yourself of maybe this was all in your head. I mean, how what how do you talk to women who are questioning that now?

Ansley Smith 14:52

Think with any health issue in any diagnosis you're trying to search for there are so many different variations. And I'll speak to this also with in the IVF field. You know those doctors, there's so many different variations of treatment that you can get. And I guess growing up I

there also many americae variations or a cathleacticate you can get, what gaess growing up i

thought a doctor is the professional so he or she will know more than me and in a sense yes they do. But you're the only one that is feeling the symptoms and can speak for your body. So I think it truly takes I didn't realize how much it would take just because you are finding a gynecologist doesn't mean it will be the gynecologist for you. And obviously, you know don't go to Google you hear that but speak speaking to other people reading up on the disease and you can see that okay, yes, these are the symptoms that we're having. So this is something that probably you know it I mean all the endometriosis symptoms did speak to me that this is what I'm feeling but not getting. I didn't get that feeling from the gynecologist that like yeah, you probably do even though it is a very common thing that women have. Yeah, it has gone under for years years. And so many Sorry, I was gonna just say just starting earlier at a high school age, they for sure don't have advocates so,

Lauren Pinkston 16:24

Right, right, and we're so detached from our bodies as women anyways, because we're managing so many things and we don't know how to talk about about these things and it's not brought to our attention so and I'm glad that you brought up the fact that not every doctor just because they hold a degree is the right doctor for you. And I know Gavin speaks to that often as you need to find someone that you feel like is listening to you someone that is has a specialty or is or is particularly interested in the things that you're caring about and hopefully you can find that close to you. You ended up in you know, two hours away and five hours away. But a degree does not qualify someone as a good listener and a good question asker they may understand the pathway of disease, but you need to feel safe with with your doctor. So you and you and Ryan ended up in Memphis at a fertility clinic and I would love for you if you're willing to just kind of share what those conversations were like between you and Ryan, as you were exploring what your options were in growing your family.

Ansley Smith 17:26

I think leading up to that point we were just wanting it so I just wanted a doctor to say, you know, you're probably not going to conceive on your own. It was always let's try this. Let's try this. We think this could be the problem but this could interfere you know, I just wanted to it's such you're on such a time clock to as a woman. So all of these diagnosis and trial runs with medications. You know this searching out for that takes so much time and your body as a woman you know it's the older you get, the harder it's going to be so I wanted just to know where to go where not to go what to try what not to try and you have to go through all you know they have to roll things out. I understand that but it was a relief almost just to hear from my doctor at the IVF clinic. He he said point blank, you know you have a two or 3% chance and yes that is saddening to me but it was also okay thank you this is what makes sense. You know, this is my as it worked for us, but getting to the point of being okay with trying for IVF IUI wasn't an option for us. He said you know we can try but why spend a few thousand dollars for such a small percentage of success. You know, in my recommendation, I would just go straight to IVF.

Lauren Pinkston 18:52

And Ansley just so that for those of us who have never walked that fertility journey particularly

Ansley Smith 19:01

IUI is when you fertilize the egg inside the body and IVF you'd be fertilizing the egg outside the body. IUI is much less invasive and less expensive.

Lauren Pinkston 19:12

Okay, so it's kind of I guess for some people that would be in an easier onramp um, if they're not sure. And so then the IVF is a bigger it's a bigger risk and probably where some ethics more you know more complex ethics come into play. Because from what I from what I remember you you remove your eggs from your ovaries, thank you. Like I've never never been in an anatomy class. So your your eggs are actually removed from your ovaries. They are fertilized in a lab, and then the blastocyst is the correct term. The fertilized egg is placed back in into your body to then grow.

Ansley Smith 19:58

Yes, you can do it immediately after you know three or five day growth. Or they can watch it for a longer freeze those embryos and prepare your body for longer for that transfer. So there's so many different ways and variations based off the woman or you know the diagnosis that she has received. There's just so many avenues of success for you and for different people.

Lauren Pinkston 20:28

And and I know that you thought long and hard about this decision. And it wasn't a decision that you made quickly even after visiting that clinic and hearing what your options were there were still some reservation that you had and things that you had read things that you've had heard things even studied, and as a person of faith even asking, you know, where does life begin and how do you how do you navigate the the even the critique that a lot of people have that you're playing God when you're doing this that's, I know that you care, so deeply about that. So what are some of those questions that you weighed as you made this decision?

Ansley Smith 21:04

So we ultimately felt like we had three options to decide not to have kids and that was going to be okay for us. We thought long and hard about adoption. Two, we have a heart for that. And also the IVF decision. So those three none of them are wrong, right? It was just based off what we felt like we wanted our life to look like and what we wanted to try for. But it's hard when you don't have a clear right or wrong answer. The pros and cons for each decision we're about even honestly, but we did felt the reason the main reason that we went ahead to try for IVF we knew we could always adopt later. And we could always choose not to have kids but this was going to be the only way to try for one of our own and if we wanted to pursue those other options we'd still be able to at the end of the day, there's all these things when you make a decision. It's not

just so cut and dry in that moment, you know, okay, we're just gonna choose not to have kids, it's fine, we'll be fine. But it's a decision that's affecting you for the rest of your life. You know when you're six years old and having you know, you're giving up having a friend later in life or caretaker, you're missing out on all those but you're giving up a lot of things for the rest of your life. It's not a decision that you make, and it's just over. And so that's what pushed us to just try because we knew if it failed, we would have other options.

Lauren Pinkston 22:47

Yeah, that makes so much sense. And, you know, when I taught ethics to university students, the first couple of weeks of class when you asked students what, you know, ethics was its determining right and wrong, you know, and, and I think traditionally we have thought about ethics in a black and white way. And it was my job for the next 15 weeks of class to help my students understand that ethics is all gray, that is a complete gray area where a decision in one scenario might be right but the same decision in a different scenario might be wrong. And I feel like that is lost sometimes as we talk about family planning and and, and fertility and, and science and faith. You know, there are people who kind of draw a line in the sand and they say this is this will never ever, ever be right and I don't know that I can. I don't know that. I can say that. Especially holding my my sweet baby nephew. Um, so yeah, I mean, what do you say what do you feel like is most misunderstood in in this in this field or with people that have walked alongside of you? So you know, as we think about as we think about the ethics here and we think about how layered this this reality truly is. What are some things that maybe were said to you that were harmful or that were particularly helpful and encouraging from those who were walking along side of you guys during this process?

Ansley Smith 24:16

I guess the most hurtful from an early standpoint in right after marriage is just the pressure of linear you're gonna have a little bit or you know, when are you going to become a mommy all of those questions are hard to hear when a you're either not ready or B you are going through the struggle of infertility and people just don't realize it and then going through the process or even after we were able to get pregnant. Just the ignorance of not knowing the backstory and it's not their fault, but of everything that we had been through.

- Lauren Pinkston 24:54 Right.
- Ansley Smith 24:55
 That's what people that's just what they ask so
- Lauren Pinkston 24:59

Well and you're not getting on social media and like talking about your uterus. That's not That's

much a, unfortunately a private scenario where people don't have language around it and the pressure for for young married women to A get married early, but B to have, you know, have children soon after that. And we're sitting in 2023 and that is still a perpetuated narrative and expectation for women. And you were I mean, you you graduated with two degrees in four years, an undergraduate degree and a master's degree. You were starting your own business, you were, you know, just incredibly incredibly driven and successful. And so that all kind of it all gets twisted and that reality for you.

Ansley Smith 25:48

I do think the more I studied all of this, I think women choosing to get married later in life is affecting the fertility issues more than anything. There's so many health issues, but I would say that a woman is most fertile at age 16 and we're just not there anymore. So that is causing it may not be specific health issues. I really think age plays so much into it.

Lauren Pinkston 26:45

That's a good point and and how our culture has has evolved and changed from traditional forms of marriage and familial growth and immunities and the expectations of of women in general. That's a great point and one that is probably not talked about enough because we lean on a human rights perspective in our country and we kind of lean on on a healthcare system that is individually driven and you know, you know, body autonomy is really important. But as a phenomenon, you're you're bringing light to the point that we are in a different reality of women's health, having women getting married older are going their families later in life than other countries around the world. How would you say you have chosen to walk through the future of your personal medical journey and your family growth? I know that that this is something you think about a lot and have to have to plan more specifically, especially with all that your body goes through and preparing for an IVF pregnancy. What as you think about that, what worries you the most and what excites you the most?

Ansley Smith 28:03

Ethically one of my main questions that I continue to ask my doctor is how many eggs are you going to retrieve? How many eggs are you going to fertilize and that's another issue that each doctor is going to land differently on. I'm guaranteed me that we know we're not going to we don't know how many eggs you will have. They can see how many they think they'll be able to retrieve before they go into that procedure. But he said we're not going to save a crazy amount if we don't need to. But they obviously just another one of those things that you have prepared your body for weeks to get to this point of, you know, your egg retrieval. So they want to make it worthwhile. It's expensive and it's been difficult on your body so that that's what they have at the top of their radar. But based off you know how everybody falls on this, you want to get as many as you can without getting too many and what that number is, it's a hard line. He assured me that there wouldn't be a crazy number and I felt confident in that, you know, going into the procedure. So they retrieved 10 eggs from my body and they offered us in the beginning and I was very nervous about that. I would have never chosen to have 10 kids, but um, I was thankful

that that part of the process was at least successful for us up to that point. We ended up with six fertilized embryos and his protocol is just transferring one the first time. For my case, at least just based on my age and the endometriosis being the biggest issue it was...

Lauren Pinkston 29:51

Yeah, you're saying that it was it was kind of the perfect solution for you because an IVF allowed for the fertilization of these eggs that the endometriosis was actually blocking you know, your eggs from from even getting to a point where they could be fertilized so that was a perfect solution for you and only one.

Ansley Smith 30:13

So thankful for the process and he wanted to give us the greatest success rate by just transferring the one starting out he thought it would work and sometimes when you transfer more than one, it can damage the other embryo. And so I say that say we have five other ones that have been frozen and it was an unnatural process, the whole you know, IVF pregnancy, it's hard to connect. As thankful as I was it was hard for me because I had been told no so many times and it hadn't happened for us for so long. So it was hard to believe that this was going to happen and just like I say with it being done in the lab, it's just hard to connect with the baby and actually feel like you're gonna hold your own one day. So after seeing Beckham born and seeing that he has bits and pieces of my husband and I it obviously encourages us to try for the others. And for us we do want to go through the process of trying all other five even though like I said we may not have chosen to have six kids, and

- Lauren Pinkston 31:27
 I would have never chosen that for you I would never do that for you but
- Ansley Smith 31:32

 They may not, we may not have six children. They may not all work, obviously that's a risk, but it's far too. The process is to it's hard to prepare mentally and physically to go through it all
- Lauren Pinkston 31:52

again.

Right? Right. I mean, you know, I think people have probably seen by now the number of syringes that women who go through this have collected, I mean, you had an entire sharps kit at home that are a sharps box that, you know, you're giving yourself multiple injections a day. I don't even know how you psychologically process that the medications that you're on at a specific regimen at a specific time. I mean, it takes you almost need a personal assistant just to know because you were having to call the clinic every week to get your protocol or what to do you based off of your blood work and driving hours and hours. I mean, yeah, you are literally putting your life on hold to bring life into the world, and to share the love that you and

Ryan have and your family and to have companions later in life. Again, like you said, these are all things that people have to weigh out and their decision making process, but I know for us specifically, you know, having an appropriate amount of fertilized eggs for blastocysts and for for that to be something that you're committed to in life, I think is important for people, especially who may have been skeptical of IVF to hear you say like I am committed to life, and I'm committed to my life and all life is valuable, and we're going to do everything that we can and at the end of the day, you know, bodies are are finite and they're not perfect. So how would you check how would you say that? Sharing the story has impacted you I know you're quite a private person. And even kind of going through this and sharing with us updates was not always easy, because how do you it's exhausting to communicate all of the things that you're hearing from a doctor but sharing your story today- Why did you say yes to me when I reached out to you?

Ansley Smith 33:51

It's such a sensitive topic. And so something that so many women are facing more and more every day, and I longed for so much more support as I was going through the process, and if I could just be an ounce of an advocate for someone else that I wish to have had you know, during my process, then I feel blessed to be able to share that. There's just not information out there. As you were talking about the shots and you're giving yourself those shots a lot of times at 10pm You know who you can't. Obviously they have a nurse on call but there were just so many questions to come in there was such a learning curve and you know, you have nurses and doctors giving you the instructions who are dealing with this every day. And I think you know, don't realize like I've never missed a vial and drawn up a shot you know, so everything could be so much more detailed and informational. And there could be so much more support given for women. And so I can't rightly hold that in.

Lauren Pinkston 34:57

Oh, that's incredibly generous of you and even as we've been talking I just think about women who are sitting, wondering what's going to be the story that unfolds for them. And maybe they have felt even nervous to consider IVF as an option. They're still holding on to the hope like like you did for so long with people just kind of stringing you along. Well, we could try this and we can try that and and not at all to say that IVF is the first solution. But if if I just think there's a process right of of seeing this option, putting it on the table and saying I think it's time for us to consider this option and and I hope that this conversation will provide a lot of comfort to women who feel isolated in that and don't have anyone outside of maybe an Instagram account that's been you know, very open and vulnerable and sharing what that what that process really and truly feels like thank you for my sweet nephew. If you guys don't know, I'm I was I guess I started having kids 10 years ago and we've grown our family in different ways as well but I was about ready to shut down the factory and last year. Both of my sisters Ansley and Meredith both had little boys and somehow I was roped into having a little baby as well and he was a boy too. So now we have the we have three baby boys. They're going to they're going to have to have a name because they all came so close together and they are hilariously different in their personalities. And so, you know, it's been really fun to get to experience this as a family and to love all I mean, just your pregnancy experience my pregnancy experience Meredith's pregnancy experience they were all so vastly different. And we need to know

Ansley Smith 36:55

Yes, normalize even just to normal pregnancies. Just the actual delivery day can look so different for everyone.

Lauren Pinkston 37:04

So so different in so many things can happen and you know for you amd Meredith to both have to go through a C section I had a train but you know Abel was transverse in my belly and I had to go through that manual version the week before he was born. And you know, I've never experienced a C section. I'm the only woman in our family who has and so you know, just all of the different ways that life is brought into this world and to honor how God created us with minds that are curious that that grow and that develop these incredible scientific processes that we don't ever want to. We don't ever want to control a natural process when it's not necessary, but I still I still am in the camp that science is incredible. And we've been able to develop science because God created us to be creative in his image. And he's opened up the the opportunity of co creation with us, and there's no way that he would look at Beckham and say that he wasn't good.

Ansley Smith 37:04

It's hard to balance that because you do you want to use what God has given us and you would never encourage someone you know, to not pursue treatment for something that a human has created. You know a plan for and but it was hard, you know, going through the process and you feel like are you going against God? And as people would say, No, it'll all happen in God's timing and they're just they're hard conversations to have an internal battles that you've got to land on.

Lauren Pinkston 38:11

You know, and so much of this podcast season is around the ethics of of orphans and vulnerable children. And so I think it would be I would be missing out if I did it bring into this conversation how, how science has opened the door for an industry for children, and we can have this conversation with you annually and how you know what your journey looked like and how you've processed the ethics of of your own fertility journey versus an industry that is really ramping up and becoming a powerful player in terms of family growth, and there is plenty of room for this to be done poorly with with medical professionals and families who are maybe seeking seeking what they want over the rights of a child. Would you agree?

Ansley Smith 39:29

Absolutely. And lots of unethical situations that can take place. Whether it be for profit or loss, lack of faith, anything?

Lauren Finkston 35.40

I am so grateful. I'm so grateful that you were willing to spend some time with me willing to share your story. I hope that this offers maybe a breath of fresh air for people who are feeling guilty about considering this as an option. And just hearing from you and your walk with God and your prayers through it all and how how you and Ryan decided to walk through it. So I'm grateful for you. I'm grateful for your heart.