

Miracle of life

Couple's triumph over adversity pays double dividends

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Rodney Lyles, an infertility doctor, savors this part of his job – showing a couple their own embryos.

Lyles is dressed in blue scrubs, a blue surgical cap over his hair and blue shoe covers on his feet.

He flicks the “on” switch to the overhead television in a small room inside Overland Park Regional Medical Center. Two 5-day-old miracles pop into focus. For the Michelsons, Scott, 30, and Carlyn, 29, these cells are their best hope for having their own biological child.

In 1995, Scott was diagnosed with chronic myelogenous leukemia, a cancer of the blood. He faced certain death without a bone marrow transplant. He also learned that treating the disease would leave him sterile, so he saved 10 vials of his sperm before his successful transplant.

Now, in May 1999, Scott and Carlyn are here with Lyles hoping that medical science can help them make a baby.

First they tried artificial insemination, a reproduction technique in which the man's sperm is injected into the woman's uterus in the doctor's office. Two attempts failed.

In vitro gives them a better chance at conception because one sperm is placed inside one egg outside the uterus and then put back into the womb.

However, there are no guarantees. Science can create an embryo by joining sperm to egg, culture an embryo from one cell into multiple cells, then place the embryo back into a mother's womb. But it is beyond human understanding how that cell grows into a baby.



Scott and Carlyn Michelson show off their “Michelson Miracles” – son Jack and daughter Lauren, born Jan.14. In vitro fertilization helped the couple have children.

On the TV, two blobs of cells are magnified, looking like planets swaddled in bubble wrap. Turning and wiggling.

“These are the two best,” Lyles says, watching the screen. “These are strong, viable, and do you see there?” he says, pointing to one cell on the left. “One is even hatching. That's very good.”

Sure enough, on the screen one cell

has a bubbly section hatching out, almost like a hook.

The Michelsons stare at the television screen, mesmerized.

In vitro fertilization, or IVF, has made many technological advances since the first test tube baby was born in England in 1978. Success rates for live births using the new technology are rising.

Yet, IVF is still a gamble of a couple's

time, money and emotions. Especially emotions: either wild joy at a pregnancy or deep despair at another failure.

Once, when Lyles showed embryos to another infertile couple, they took photographs of the cells. When a negative pregnancy test came back two weeks later, the husband and wife held a funeral.

It hurts that bad.

Lyles now discourages couples from taking photos. But he does let them linger a little while, looking at the cells.

"Seeing live embryos doesn't mean a live birth," Lyles reminds the Michelsons. "The first two weeks is one hurdle; the next seven weeks is another. But any pregnancy from in vitro proceeds exactly the same as a pregnancy from natural means."

Carlyn holds Scott's hand and cries quietly. Scott tears up, too. Six weeks of drugs and \$10,000 of the couple's money – most insurance companies won't cover the procedure – have brought the Michelsons to this point.

Six weeks ago, Carlyn prepared her body for the in vitro by giving herself a shot every day, sometimes three times a day, and taking pills. Hormones and steroids first suppressed her ovaries, then stimulated them.

She suffered through nights of hot flashes from the chemically induced menopause, weight gain, headaches, fatigue, bloating and a roller coaster of emotions.

The drugs made her ovaries produce more eggs than she normally would, and set off a chemical reaction that caused the eggs to mature at the same time. That way, they could be harvested at the right moment for conception.

"Well, are we ready to get pregnant?" Lyles asks.

Carlyn takes a deep breath. Yes, yes, yes. She is lying on her back on the examination table.

The Transfer Room, as it's called at the hospital, is segregated from the other operating rooms. The room has no fluorescent lights; fluorescent lighting is too harsh for embryos.

Instead, overhead flood lights are on a dimmer switch, rotated to the low position. Sounds outside of this room are muffled.

By design, the Transfer Room is soft. Gentle. Womblike.

A window inside the room slides open, connecting this room to the fertility lab of Michael Wilson, an embryologist. His lab married 16 of Carlyn's eggs with 16 of Scott's sperm, then cultured them. Every morning for five days, a lab technician called Carlyn at work – telling her how many embryos survived the night. By day five, only a few are left.

For some couples there are no embryos left on day five. Carlyn's age gives the couple a better chance at an in vitro attempt. After age 35, a woman's fertility drops, and so do her chances to conceive, even through IVE.

Wilson hands the embryo transfer catheter through the window to Lyles – loaded with two Michelson embryos.

"Now I'm placing the embryos," he tells her. "Try not to hold your breath."

Staring at the ceiling, Carlyn tries to relax, and breathe normally.

Lyles threads the catheter through her cervix. When the catheter is at the proper depth, his assistant pushes slowly on the syringe so the tiny cells will go to just the right spot at just the right speed.

Carlyn doesn't feel any pain except for the barest whisper of burning.

The room is quiet, save for the whirring of an overhead fan. Scott looks at Carlyn's face. Tears stream down both their cheeks now.

Lyles slowly withdraws the catheter. Holding it carefully in front of him, he turns back and passes it through the window. Wilson places the catheter under a microscope making sure embryos are not still clinging to the tip.

Human eyes alone cannot see these cells.

"Clear," Wilson says, after peering in the eyepiece of the microscope. "Clear," relays his nurse.

Lyles turns off the lamp and pulls the sheet over Carlyn's legs. His voice is calm and reassuring. He pats her hand.

"That's it," he says. "We want you to just lie still now. Close your eyes and rest. Hopefully, the embryos will latch on, and we'll be seeing twins nine months from now. ... Take two days off from work and take it easy. We'll know in nine days if you're pregnant. Good luck."

Lyles leaves. A nurse gently shuts

the door behind her, blocking out the world for the next hour, leaving the couple alone.

Carlyn closes her eyes. She tries to think good thoughts. She tries to be positive.

And deep inside her womb, two microscopic bursts of life drift.

Test results

A week later, Carlyn and Scott become godparents to a friend's baby girl. Everyone watches as they coo and smile and whisper to the baby. Friends know of the Michelsons' struggles and their hopes.

They pray that Carlyn is pregnant.

The first week in June, Carlyn and Scott return to Lyles' office for the pregnancy blood test. Carlyn stares again at the photo hanging on the wall just inside the office of the Reproductive Resource Center.

The camera snapped a world of some 350 tiny chubby-cheeked faces of infants and toddlers, twins and even a few triplets, smiling or wailing – babies all born because of this center. Since 1984, the center has had more than 1,200 live births through IVE.

We'll be in the next photo, Carlyn hopes.

In the examination room she rolls up her sleeve for the blood draw and tells the lab tech: "I'm feeling a pain in my right side, and it's hard to breathe."

The tech smiles. She knows this is often one of the symptoms of a pregnancy. A few hours later Carlyn gets the phone call – she's pregnant.

She sighs, closes her eyes, says a silent Thank you. Inside, her heart leaps. Her instinct told her she was pregnant. But she won't allow herself to become too excited. Not yet.

After what she and Scott have experienced, she's afraid.

She is all too aware that this pregnancy, her first, could end in a miscarriage. She isn't sure that she could handle a miscarriage now.

Carlyn resists buying baby clothes or baby furniture or even thinking about a name. She doesn't want to jinx anything. Weeks pass and the couple learns that not just one embryo latched on but two.

After each ultrasound, she carries the shadowy photos to show a few friends. Throughout the rest of the summer, then into the fall as the

babies grow inside her, she carefully saves each image, placing them between the pages of an album.

One day after another endless round of sonograms and after learning the sexes of the twins – one boy, one girl – she giggles when she returns to work. “I do feel blessed,” she admits. Friends tease that the babies should be called the Michelson Miracles.

But Dec. 4, 1999, three months before the babies’ due date of March 1, something is wrong. The pregnancy is only at 28 weeks but Carlyn shows symptoms of early labor.

Immediately, her doctor tells her to go home. Go to bed. Then after four days at her home in Olathe, she’s transferred to St. Luke’s Hospital. With twins, the mother risks an early delivery. If the babies are born at 28 weeks there could be health problems.

Carlyn lives 24 hours a day in bed. Her goal: for the babies to stay inside until at least 30 weeks. Every day the babies stay in utero is three days they won’t spend in the neonatal intensive care, her doctor says.

Friends bring her videos and home-made meals. Her mother, Andrea Cygan, flies in from Seattle. More friends throw her a baby shower in her hospital room. But not one moment passes that she doesn’t worry. Not Christmas. Not watching all the hoopla about the year 2000 New Year’s Eve. Not even thinking about her 30th birthday quickly approaching.

All she thinks about are the babies inside her.

Please God, we’ve gone through so much already, she prays, as she caresses her swelling stomach. Please let them stay in and be born healthy.

Labor

Jan. 14, at 1 a.m. Carlyn and the babies have made it to 33 ½ weeks.

Tonight, a pain like a bolt of lightning flashes inside her abdomen. Carlyn is scared.

Her nurses call in a doctor.

“It’s a cramping pain coming in waves,” she tells him, as another one thunders through her body, making its announcement every two to three minutes.

Then her water breaks.

The doctor confirms it: Carlyn is in labor.

The Michelson Miracles are coming. Carlyn calls Scott, who is at home. “Andrea, wake up,” Scott says to his mother-in-law, knocking on the guest bedroom door. “Something’s wrong with Carlyn.”

After just two hours of sleep, it hadn’t registered that his wife might be in labor.

He grabs a suit and tie so that he can go onto his job as a pharmaceutical salesman at Pfizer Inc., where he’s worked for more than a year. After his leukemia three years ago, he became interested in the medical field and applied.

As he arrives at St. Luke’s, he finally understands what’s wrong with his wife. Especially as the nurses hurry him into a pair of blue scrubs and white shoe covers.

When Carlyn sees her husband, she breaks into a grin. She’s calm. A little nervous, but definitely glad to see him.

“Hey you.”

“How are you, honey?” Scott looks into her eyes, leans over, gives her a kiss, and gently wipes away a stray hair from her forehead.

“Wow, you look pretty cute in those,” she says, touching the scrubs. “I’m glad you wore a yellow shirt ‘cause you’re color coordinated. Very fashionable.”

Scott laughs, a little relieved. His wife is ready; the epidural is working.

Minutes before, she had to sit up and lean over on her swollen and very pregnant abdomen so the anesthesia could be injected into the base of her spine. It was painful, especially after lying in bed for almost two months straight.

But now the drugs are working. Including a very annoying side effect: her nose itches. And itches.

Nurses prepare Carlyn for a Caesarean. A few weeks ago, Carlyn and Scott learned that one twin was perpendicular to the birth canal. If the baby couldn’t be turned, the doctor would have to perform an emergency Caesarean. The doctor recommended a c-section instead of a vaginal birth because it would be less risky for the second twin.

A nurse sets a screen six inches in front of Carlyn’s face. Someone else drapes her lower body in a blue sheet. Another person measures her uterus.

Around 4 a.m., it’s time.

“She’s ready,” says a nurse. A team

of medical personnel enter the room, with two nurses each rolling beds for the babies.

The doctor adjusts the light overhead, then reaches for a scalpel.

“OK. I’m making the cut now,” he says.

Scott cranes his neck, wanting to see everything. But at the first glint of red, he looks away.

Carlyn is awake, but she isn’t aware of the cut. She feels no pain.

The doctor’s hands reach through the incision.

At 4:23 a.m., a wet, quivering little human appears: Jackson Scott Michelson, 4 pounds, 6 ounces. Two minutes later, Lauren Lynn Michelson, 4 pounds, 5 ounces.

Scott stares at his children, trying to memorize every detail. Humans so small. So precious. So perfect.

The Michelson Miracles – blessings times two.

Both babies cry, wiggle and try to suck their thumbs. In naked innocence, with tiny fingers reaching out, they are Scott and Carlyn’s dreams.

Prayers answered.

“Happy birthday,” he whispers to them. “We’ve waited a long time for you guys.”

Jack and Lauren spent about three weeks in the neonatal intensive care unit at St. Luke’s Hospital. On Feb. 7, Scott and Carlyn buckled in two car seats for the first time and brought their miracles home. Jack, who loves to be held, now weighs 7 pounds, 7 ounces. Lauren, who chatters and coos, weighs 6 pounds, 6 ounces.

The Michelsons have yet to meet Bob Booth, the New England man who donated bone marrow for Scott’s transplant, although they’ve spoken to him on the phone and sent him gifts. Scott hopes to play golf with him this summer.

Every day Scott must still inject himself with interferon, the drug that prevented a full relapse. Doctors won’t say his leukemia is in permanent remission until he’s had five years of good health from the date of his transplant, May 16, 1996.

On May 16, 2001, Carlyn will call him cured.