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CHICAGO BUSINESS®

CHICAGOBUSINESS.COM | OCTOBER 2, 2006 | \$3.00

Working hard—on a baby

Fertility patients juggle lives always 'on call'

BY SHIA KAPOS

Timing is everything in treating infertility. And for professional couples, seizing the moment to conceive can be maddening. Blood tests, ultrasound exams and medical procedures don't adapt to busy work or travel schedules, and inquisitive co-workers or resentful colleagues raise eyebrows at those who are late to work or leave early three times a week.

"I had medical appointments every other day: Mondays, Wednesdays and Fridays. Clients weren't happy with it. People didn't understand," says Nancy Jancaric, 39, a human resources consultant with Kirk Management LLC in Crown Point, Ind. "They thought it was an extra, a perk for myself: I wasn't sick, I just couldn't have a baby."

Ms. Jancaric says the scheduling dilemma, coupled with clients' concern that she wouldn't be able to work while pregnant, caused her to lose business.

"I had a new client who wanted to meet at a specific day and time, and it was always on Monday, Wednesday or Friday—period," she says. "I couldn't coordinate that with the fertility schedule, so I lost their business. I was killing myself working and going through fertility treatments and didn't know if there would be a pot of gold at the end of the rainbow. There's just no guarantee."

STRESSING FOR TWO

Her husband, Joseph Jancaric, 59, a human resources specialist who handles employment and labor relations issues for Allied Tube & Conduit Corp.'s office in

Harvey, felt stressed, too.

"She was going through a lot of pain and anxiety with the daily shots. I was there to administer them. And it got to a point that I felt it hurt me as much as her," he says. "Then there's the not knowing about whether the process is going to work—and the whole time you're trying to juggle your work routine."

He chuckles now, but the doesn't have fond memories of being called away from a busy day at work to leave sperm samples: "They provide you with all the essential magazines, like *Playboy* and *Penthouse*, but I'm not used to looking at magazines like that. It doesn't seem natural, he says.

The Jancarics' treatments resulted in the birth of a boy, now 3 years old. They later had a second child without further treatments.

Megan White, 32, worked in a natural gas commodities firm when she was going through treatments in 2004. She prided herself on her diligence, arriving at work by 7 a.m. so she could be ready for the early morning trading on the over-the-counter market. "But on days of a blood draw, I couldn't get in until 8 a.m.," she recalls. "It was frustrating, because that's not how I usually work."

SECRETIVE BEHAVIOR

Yet like many fertility patients, she wasn't eager to explain to colleagues the rather intimate reason for her seeming to slack off. "I worked mostly with men and didn't feel comfortable telling them," says Ms. White, who had a boy last year. "And they probably didn't want to know."



JOHN R. BOEHM

Nature waits for no one—and no office schedule—so working couples undergoing fertility treatments face a time crunch they're often hesitant to explain to others.

Kari Lata, 31, a marriage counselor, tried to keep her family plans out of the office, but eventually she felt the need to explain her absences and secretive behavior.

"I'd have little codes on my office calendar, that no one else could read, on when I started my period, when I got my meds and when I'd start the IVF (in vitro fertilization) cycles so I could make (work) appointments around them," says Ms. Lata, who is four months pregnant after more than a year of fertility treatments.

"I realized the people directly around me were wondering and worried why I was taking off. I'm open about most things, and suddenly I didn't explain why. It was too stressful trying to hide it."

Illinois is among 15 states that require insurers to offer coverage for infertility treatments; an eight-week treatment course runs \$15,000 to \$40,000, depending on the procedure. And Chicago-area doctors say they try to accommodate patients with early

(continued)

Leaving the office in a rush—and don't ask why

INFERTILITY (continued)

morning, evening or weekend appointments for blood draws and semen samples. But the process still requires a major time commitment for no certain result.

"The disruption of work productivity can be enormous" says **Joel Brasch, medical director of the IVF program at Chicago IVF Ltd.**, based in Orland Park. "Some women take the whole month off from work. They don't want to be late for (medical) appointments. They don't want to miss the hormone test. And then they don't want to disrupt the implantation, so they have to be on bed rest."

NO WAITING

There are numerous treatments for infertility, but the most common include timed intercourse enhanced by drugs that create extra eggs, IVF, and artificial or intrauterine insemination (IUI)—all of which are done after couples go through numerous office appointments for blood and hormone tests and semen analyses.

A woman can only get pregnant a few days out of the month, so "timed intercourse" requires close analysis of her hormone levels. A morning blood test may show a woman's best time to get pregnant is later that afternoon: Thus, a phone call from the doctor means she and her partner must literally rush home from work to have sex.

Maureen Barrett, 49, and her husband went through infertility treatment for eight years. They tried artificial insemination and timed intercourse and worked with five different specialists.

"It was very depressing. It was difficult to deal with (timing sex) and with work," says Ms. Barrett, a real estate agent with Coldwell Banker in Oak Brook. At the time of her treatments, she was working as a manager in the travel industry and vividly remembers one morning when she needed to be in two places at the same time. "I had to go to work, but it was one of those times when we had to have sex that particular time—I had to take my temperature and be in a certain position. There was this terrible feeling of desperation," she says.



CALLIE LIPKIN

Nancy and Joseph Jancaric say their work lives were under major strain while they underwent the treatments that resulted in the birth of their son, now 3. After a second attempt failed, they went on vacation—and conceived their second son.

"It was horrible."

The Barretts eventually adopted a baby girl.

All this adds up to a heavy dose of stress—which doesn't help a couple's chances of conceiving.

It has been described as a real roller coaster. With each treatment, there is so much anticipation. And if one treatment doesn't work, there's disappointment. Then you have to deal with day-to-day stress or work on top of that.

Cindy Lynch, a former spokeswoman for the Chicago Water Department, filed a complaint with the federal Equal Employment Opportunity Commission saying that her boss (who is no longer in that office) didn't want to let her go to all the appointments she needed.

"You know your clock is ticking and you're worrying about it at home, and then you're trying to juggle work for all the doctor appointments,"

says Ms. Lynch, 50. "It's embarrassing to talk about it in the office. Eventually I told my boss, but I didn't get the support I needed. Things got better after I filed the complaint." Ms. Lynch gave birth to triplets six years ago.

SUPPORT STAFF

At Rush University Medical Center, dozens of employees are taking advantage of the hospital's full coverage of infertility treatments.

"There are four of us in our office alone," says Mary Ann Schultz, associate director of media relations. "It's a great support group. It makes it less scary when you know you have friends going through it, too."

Yet even a hospital can be an awkward setting to bring your medical problems to work.

While most of the employees see Rush's on-site endocrinologists for treatments, Ms. Schultz has chosen to use a doctor in Highland Park instead. "My husband got tired of everyone knowing our business," she says.



JOHN R. BOEHM

Kari Lata, who with her husband Jeff, is now expecting a baby, kept her medical details in code on her office calendar during a year of fertility treatments.