

## Farm women and men deal with infertility too

Three people share their stories



BY COURTNEY DENARD

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Approximately one in six couples in Canada will experience infertility. It's a number that's doubled since the 1980s and a reality for many women who have difficulties conceiving or carrying a baby to term.

Living in a rural community, or more specifically being a farmer, creates even more challenges for those dealing with infertility. Oftentimes, small towns have insufficient health care services, a lack of readily available support, and a lingering stigma that keeps women silent on the topic.

Shannon, who grew up on a family farm in Ontario and continues to be involved in the operation today, knows firsthand what it is like to experience infertility. She and her husband have been trying to have a baby for over a year but so far it hasn't happened.

"I come from a large family and none of my siblings have had issues so it caught me somewhat surprised that we're going through this," Shannon said.

At 35, Shannon wonders if her age is a factor but her par-

ents, who know nothing about her fertility struggles, were older when they had children and didn't have any problems. Feeling the clock ticking, Shannon said earlier this year she made a "heartbreaking" phone call to her doctor.

"I was a complete mess on the phone," Shannon said, adding that it took her two weeks to drum up the courage to make the call, to admit out loud to someone other than a friend that what they were doing wasn't working.

By the time Shannon asked for help, Ontario, and the rest of the world, was charging full speed ahead into a pandemic, but in a way, that actually helped her case because doctors, including fertility specialists, were now doing phone appointments.

"I've only had to go to a major centre once so far," Shannon said.

Tests including sperm analysis, blood work, and a water ultrasound were completed earlier this year. The results indicated that there is a problem with Shannon's husband's sperm motility; so whereas most women have a 20 per cent chance of getting pregnant each month, Shannon's chances are about five per cent.

"That was a rough week because as much as you think you're prepared to hear something like that, you're not," Shannon said.

The positive news is that the doctors think the motility problem can be fixed and if it cannot, there is also the option of in vitro fertilization (IVF).



Jenn and Mike, who tragically lost their first daughter during a high-risk pregnancy, are pictured here with their children A.J. and Becky.

Shannon was told the waiting list for Ontario's government-funded IVF program is about 20-months and that concerns her because by that time, she'll be 37.

The stress around waiting can undoubtedly take a toll, especially when it comes to mental health.

Shannon said she struggled mentally following a car accident a few years ago but it's nothing she ever told her family about. She did seek counselling but she admits that she spent a lot of time worried that her family would find out and hold it against her.

"I think that might be part of my feelings now, thinking that you're not good enough even though I have had friends tell me it's not my fault," she said.

LAURA, AN Ontario cash crop farmer and agronomist, can relate.

At 25, she was told by doctors to expect some "issues" around pregnancy due to a low egg reserve. Fortunately, Laura and her husband were able to conceive naturally and after a difficult pregnancy welcomed

a baby boy into their family.

"My journey all together has not been easy," said Laura.

When it came time for baby number two, Laura and her husband tried to conceive again naturally but after a year of no success, they consulted with their family doctor. Like Shannon, Laura went through basic testing and was eventually referred to a fertility clinic in the city.

This was pre-COVID-19 so her appointments were in person, not on the phone. Some days, especially if a heavy snowstorm hit, Laura would leave the farm as early as 4:00 a.m. to drive two-and-a-half-hours round trip only to see a doctor in person for 10 minutes. Her husband wasn't able to go with her due to work so Laura often made the trip alone.

"I always equated it to having this secret part-time job that I couldn't tell anybody about," Laura said.

It's been four years since Laura and her husband have been trying to grow their family. She is now 33 and during this time has completed numer-

ous cycles of intrauterine insemination that did not work. She also had a surgical procedure to remove cysts related to endometriosis.

Along the way, Laura has had to take medications that have taken a toll on her physical and mental health.

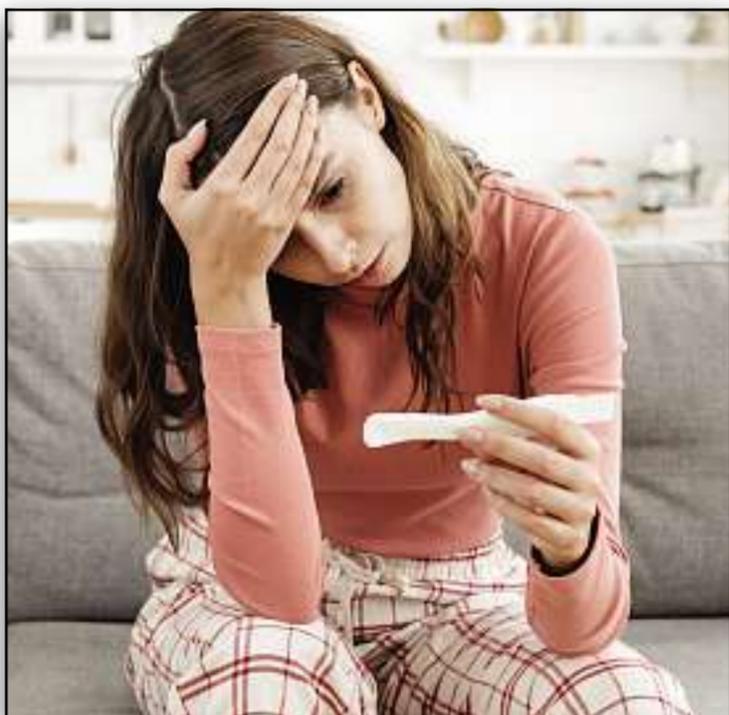
"I don't take the medications well," she said. "I literally feel like I am going to lose my damn mind."

Having farm work to fall back on has been a blessing for Laura, and so has a newfound hobby of gardening.

"It's helpful to be busy because it can absolutely consume your mind and be very unhealthy," Laura said.

At this stage of the game, and based upon recommendations from their doctors, Laura and her husband have decided to move ahead with IVF. It's a step that Laura said she had to "mentally accept" and one that is costly.

Even with a government subsidy, Laura was told to expect to pay between \$3,000 and \$6,000 per round of IVF for medications and egg storage. Luckily, her private health ben-



According to Statistics Canada, 91 per cent of women can get naturally pregnant at age 30. This number drops to 53 per cent by age 40.



**For those under 35 and healthy, doctors recommend actively trying to conceive for one year before asking for help. Women over 35 should try for six months and those over 40 should call a doctor right away.**

efits from her off-farm job will cover a portion of that.

“Not everyone has that option, not everyone has that extra income. Plus, after you complete the egg retrieval you need to take seven days off. If I worked for our farm, I wouldn’t get paid for those days,” Laura said.

At the time of print, Laura was in the early stages of IVF and was staying hopeful.

JENN ALSO knows a thing or two about staying hopeful when it comes to challenges around pregnancy. A certified crop advisor, farmer and beekeeper from Renfrew County, Jenn has had three high-risk pregnancies, one of which tragically ended at 18.5 weeks.

A self-proclaimed scientist at heart, Jenn said when she and her husband Mike decided to get pregnant for the first time, she read a million books and began charting right away.

Luckily for the couple, getting pregnant turned out to be easy but because Jenn had high blood pressure she was referred to the high-risk unit at the Ottawa Hospital, an hour-and-

a-half drive away.

When it came time to complete genetic testing on the baby, Jenn and Mike declined.

“I had a lot of friends that had gone through genetic testing and said ‘you’re going to keep the kid, anyway’ so we didn’t do it,” Jenn said.

A later ultrasound, however, revealed that the baby had thickening in the folds of the neck. This wasn’t a huge concern but the doctor ordered the genetic tests just in case. When the results of those tests showed even further concerns, Jenn and Mike agreed to complete a recommended amniocentesis.

“At this point, I couldn’t do an ultrasound without crying,” Jenn said.

After what felt like an eternity of waiting and hoping for good news, Jenn and Mike’s doctor told them that their unborn child, a girl, had Turner syndrome and sadly, would not survive the pregnancy.

“It was the worst day of my life,” Jenn said.

Jenn delivered the little girl they named Emily on Easter Weekend 2012. Because it was a holiday, the hospital was

short-staffed and the usual support workers were not on-call. This meant that Jenn and Mike returned home to their farm devastated and left to themselves to pick up the pieces.

“Eventually, I told my family doctor I needed help, that I wasn’t doing okay and the family doctor told me I don’t know where to send you,” Jenn said.

So, like many farmers do when they’re dealing with the unthinkable, Jenn dove head-first into her work.

“I couldn’t talk to anyone. I worked 16-hour days, six days per week... nothing could fix it,” Jenn said.

Four months after losing Emily, Jenn became pregnant again and suddenly she found herself grieving the loss of her first child while carrying her second. Because she was still considered high-risk, Jenn was referred back to the Ottawa Hospital.

About three months into her second pregnancy, a nurse approached Jenn and asked if she needed to talk to somebody about what had happened. It was October and the first offer of help she had received. Immediately saying yes, Jenn was referred to a doctor who specializes in perinatal mental health.

“I had never had a mental health visit with anyone before. I had to wait three months to see her,” Jenn said.

According to Jenn, Dr. Gandhi in Ottawa turned out to be amazing and put her instantly at ease. She told Jenn, “It’s okay that you’re not okay.”

A few months later after an emotionally charged pregnancy, Jenn and Mike welcomed a son into the world and they named him Andrew James, A.J. for short. And a few years after that, they welcomed a daughter, Becky.

The trials and tribulations Jenn experienced with all three of her pregnancies, including the tragic loss of her first daughter, are never far away in her mind. Even now, the farmer said she is “severely traumatized” from everything that happened but she is slowly working through it.

The big take away at the end, Jenn said, is that sometimes there are not always happy endings but you will be okay.

“I just want people to know that they can talk about it and they don’t need to feel shame. And if you reach out for help and strike out, try again.”

*(Note: Upon request, some names in this article have been changed to protect privacy. Images used are generic unless described.)*

## Eastern Limits

STORIES FROM EASTERN ONTARIO

# Vic’s best friend



**BY TOM VAN DUSEN**  
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This won’t be your typical dead farm dog burial... a hole in the ground out behind the barn with, possibly, a flat stone to mark the spot.

At the farmhouse in North Russell, there are a couple of cats buried that way... no dog because Abby, the cocker spaniel, didn’t pass while we were living there. It’s rented out but I still own the place, so I could bury Abby on the farm; she was put to sleep a few days ago at age 17 while living with daughter Victoria in Brockville.

But Vic wouldn’t hear of it, especially since North Russell is now a rental. As I write this, Abby is resting in a doggy morgue in Ottawa and Vic is deciding on a fitting final send off.

Morgues; cemeteries; private viewing and visitation; engraved memorial stones; urns both indoor and outdoor in an amazing assortment of styles; keepsake hearts, charms and memory beads; lasting memorial puppy paw prints...

Puppy paws! The hand-painted ceramic keepsakes were offered in a glossy bereavement services catalogue but obviously one with a difference. Everything listed was tasteful and elaborate... but it was for four-legged family members to be purchased by “pet parents”.

There’s some serious bling here folks! Gold coated and silver pendants in the \$200 range which hold doggy ashes; a custom paw print charm for \$200; even a silver dog bone pendant at \$170. Services provider Gateway Pet Memorial guarantees your own dog’s cremated remains end up in your pendant through a system called Paws e-Track with 100 per cent traceability.

I guess this level of doggy and kitty aftercare has been around for a while, but I’ve never had to deal with it up close. I was used to the school of hole-in-the-ground passed-away pet disposal.

Mention that technique today to consummate pet lovers like my daughter and they threaten to call the SPCA. It appeared at this writing that dear Abby would be cremated, her ashes kept in an urn, and a doggy paw mold made as part of the deal with Gateway.

Victoria makes no bones about it... Abby was a member of the family and by far her best friend, perhaps an even

more cherished family member than her old Dad who doesn’t expect to get the same quality of final farewell.

Until her assisted recent passing, Abby was Vic’s trusted companion for more than half of her 30 years. The dog was originally found tied in the bush with another dog, apparently dumped there to starve to death.

Somehow, Abby ended up with us and the second rescue went to another home. Understandably, Abby didn’t trust strangers at first and could be aggressive. She was more of a snapper than a biter... but did inflict small nicks a few times.

Eventually Vic soothed most of the hostility out of her and Abby went on to trust most people after meeting them a few times. When Vic was around, the two were inseparable; if she was on prolonged work stays in St. John’s, Halifax, Vancouver, Whitehorse, Ottawa, Montreal and other places, the dog most often reverted back to me.

Abby spent most of her life as a classic good dog, a great ball chaser and talk-growler; in the end, she was steadily going downhill. Eventually, at more than 100 in doggy years, she was literally on her last legs. Vic kept caring for her almost full time past the point where others would probably have opted for the needle.

When the dog finally gave out, Vic rushed her to Brockville Animal Hospital where the duty vet, after noting that Abby was severely dehydrated, suggested gently it was time to put her to sleep.

Vic reluctantly agreed and, with Abby cradled in her arms in the hospital’s peaceful gazebo, the faithful pooch slipped away. She was expected to be cremated at Gateway’s Ottawa facility. Cost of all services provided: over \$600.

First I gasped at the price which I said I’d help cover... then I sighed! More expensive than a hole in the ground behind the barn, yes, but the least we could do for such a close and faithful friend!



**Ontario is one of four provinces in Canada that offers government-funded fertility treatments. Fertility drugs, genetic testing and storage fees, however, are not covered by program.**