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## Her Body, My Baby

By [ALEX KUCZYNSKI](#)

At 31 weeks, my baby was kicking and stretching. On the sonogram screen, I could see that he was doing his customary sit-ups. The monitor broadcast the slushy sound of his heartbeat.

The technician varied from visit to visit. The previous time, we were lucky: it was the gregarious young woman named Gisele who wrote things like “Hi Mom and Dad!” over the cloudy portraits of the baby or, on one image of the baby’s genitals, “I’m still a boy!” On this day, we got the terse woman who grudgingly wrote “foot” and “face,” if she wrote anything at all.

Then she tore off the sonogram images and handed them to me with one hand; with the other, she reached down to wipe the gel off the stomach of the woman who was bearing my child.

I did not give birth to my son. He is the product of my egg and my husband’s sperm. After half a decade of trying to become pregnant, sometimes succeeding but always failing to carry a baby successfully to term, I came to the conclusion that if we wanted to have a child who was genetically related to us, we would have to find a woman with a more reliable uterus to gestate and deliver our baby. That was in April 2007. I was 39 years old. Exhausted by years of infertility, wrung emotionally dry by [miscarriage](#), my husband and I decided we would give gestational surrogacy — hiring a woman to bear our child — one try. It was a desperate measure, to be sure, and one complicated by questions from all the big sectors: financial, religious, social, moral, legal, political.

On May 11, 2007, my husband and I sent an e-mail message to a New Jersey lawyer who specializes in gestational-surrogacy cases. In July, a doctor coaxed eight egg cells — oocytes — from my ovaries and fertilized them with my husband’s sperm.

By the beginning of August, a substitute schoolteacher from Harleysville, Pa., named Cathy Hilling was pregnant with our child. On May 11, 2008, I was holding my 3-week-old son in my arms. It was Mother’s Day.

THE DESIRE TO BE a mother — to give birth to a child, to care for that child — has always been rooted in me. I never doubted my ability to be a good mother. I had a charmed, happy childhood; I have a warm, loving, funny mother. Even so, I did not think of raising a child as a goal in itself. I saw motherhood as the natural outgrowth of a loving relationship. If I never met the man, I would skip the child.

I did meet the man, Charles Stevenson, when I was 32. Happily married at 34, I hoped that

becoming pregnant wouldn't be too difficult. My husband — 54 — was older, but his sperm had a track record: he already had children from previous marriages. By the time I turned 35, nothing had happened, and after consulting a handful of doctors, Charles and I decided to start in vitro fertilization. Judging from several friends' experiences, we figured that I.V.F. would guarantee swift results. In the battle for my fertility, I wanted the big guns.

In a typical I.V.F. cycle, the ovaries are stimulated to produce several, perhaps even dozens of, eggs; after a surgical procedure in which the doctor vacuums the eggs out of your ovaries, the embryologist pairs each mature egg with a healthy sperm. The embryos grow for several days, and one or two — or three or four, depending on the patient's age and reproductive history — are then implanted through a catheter directly into the uterus. (Doctors will put more embryos in older patients, who generally have less success with implantation.)

We started I.V.F. at [Cornell University's](#) Center for Reproductive Medicine and [Infertility](#) in New York City, the towering Emerald City of infertility. Every morning, patients waited for an hour or more in what came to me to feel like a hangar-size waiting room. A nurse would rattle off your name when it was time for one of the available doctors to peer at your ovaries. Occasionally, a name would ring out that you might recognize: someone's ex-girlfriend, an acquaintance. I was a reporter for The New York Times, so in my case the summons might lead others to remember a byline. Once, a fellow patient stopped me in the hall. "Don't worry," she said. "This is like A.A. We're not supposed to talk about who's here. Your secret is safe with me." Her silver sobriety bracelet twitched on her wrist.

I was taken aback. Her gesture underscored the helpless, self-enforced secrecy of the infertile. Couples often erect a barricade of privacy around the process to avoid the questions from friends and family members, and their ceaseless, useless volley of suggestions: You just need to relax. Did you try [acupuncture](#)? Soy milk makes you infertile. You're in front of your computer too much. What's the problem with all you career girls? Did this cycle work? Are you pregnant this time? How many shots? Where? A low whistle: Boy, you must really want a child.

You must really want a child. As if that were a bad thing.

THE FIRST THREE I.V.F. cycles failed. The eggs were good, but the resulting embryos didn't stick.

In December 2005, my husband and I left for our house in Idaho, where we like to spend as much time as possible in the winter. In February, I found out I was pregnant. A natural [pregnancy](#). It was an immense relief.

And it was free. At the clinic, a round of I.V.F. cost about \$8,000, a cycle that included daily checkups for about two weeks, surgery to retrieve the eggs, the petri-dish marriage of sperm and egg, the transfer of the embryos into the uterus and the [pregnancy test](#). Medication typically ran about \$4,000 on top of that. Most health-insurance plans do not cover I.V.F., so my husband and I paid the bills. We were fortunate enough to be able to do so, but the escalating costs were a

reminder of how extreme this course we were taking was. In our case, some of the medication was paid for by insurance, but that was it.

In March, I went to see my doctor at Cornell. I would have been about 10 weeks pregnant. As I marched into his office, I felt a shiver of victorious accomplishment. I had done it, my own fecundity triumphant.

“Agh,” he said, his voice strangled in his throat. “I have some bad news.” He turned the sonogram screen toward me and pointed at the center. “Do you see that black dot?” I nodded cautiously.

“That was the heart,” he said.

The options were thus: allow my body to expel the failed pregnancy, which could take as long as 10 weeks — meaning, he said, we would lose another precious two months or more on the pregnancy quest — or come in for a D and C, a dilation and curettage, the same procedure used in [abortion](#), the next day. Then they could possibly test the fetus for genetic defects, which might explain why my body terminated the pregnancy.

He paused.

In that grimly polite silence, we all understood the unspoken reason for the procedure: A D and C would remove the small dead baby and its beatless heart from my body.

The nurse called two days after the procedure.

“In case you were interested, it was a girl,” she said.

In case I was interested.

I was not, in fact, interested in attaching a gender to the coagulation of cells, briefly and potentially human, that had been scraped out of my uterus. I was not interested in attaching the grief to a more identifiable entity. The thought that I had produced a girl burrowed into my brain for weeks. A girl.

Brain, I begged, please let me forget.

The nurse continued. “And the good news is that there was no sign of genetic defect.”

Knowing that there were no genetic defects — reassuring, in at least a scientific way — also made me realize something else: The baby, the fetus, wasn’t the failure. I was the failure.

I BECAME ENSNARED in the terrible, wishful math of infertility. It went like this: I am 36 years and 2 months old. If I get pregnant today, I will have my baby while I am still 36.

I am 37 1/2 years old. If I become pregnant today — this very day — I will have my baby when I am 38 years old.

I am 38 years and 1 month old. If I become pregnant today – this very day, this very second – and manage to hold on to the baby, I will have my baby when I am 38 years old.

Celebrities offered hope, and still do. [Halle Berry](#) had her first baby at 41! So did [Nicole Kidman](#), and two weeks later there were pictures of her wearing skinny white jeans. Not only fertile, but fit. [Salma Hayek](#) was 41. Marcia Cross, from “Desperate Housewives,” was 44. [John Edwards](#)’s sometime mistress had a baby when she was 44. Or was it 43? Who cares? That’s way older than I am!

At the advice of a friend, the mother of a late-life miracle baby, I switched to a private doctor. Every I.V.F. cycle or brief blip of pregnancy offered the hope that I might soon be a mother, might seal the bonds of my marriage with a child, might soon be able to stopper the abyss of grief that threatened to suck me under every day. Every day, I rehearsed the self-enforced posture of cheer. If you saw me during this time, I looked really, really cheerful: my face was a rictus of optimism.

After a total of 11 failed I.V.F. cycles and four failed pregnancies, stretched out over five years, actual hope becomes a mawkish pretense. So I abandoned hope. For myself, at least.

INFERTILITY AFFECTS 7.3 million people in the United States, according to Resolve, an advocacy organization for people who are infertile. Approximately one-third of infertility is attributed to the female partner, one-third to the male partner and one-third to a combination of factors that either affect both partners or cannot be explained. In our case, we appeared to have no problems. My husband’s sperm had been tested and were, if not exactly whacking it out of the ballpark every time, adequate. My eggs were healthy, my uterus was beautiful, in the words of Dr. Majid Fateh, my new doctor, and there seemed to be no explanation for the failed I.V.F. cycles and miscarriages.

I can’t remember when I first became aware of gestational surrogacy as an option, but it found its way into my brain after another pregnancy ended in miscarriage in December 2006. Doctors will recommend a gestational surrogacy if the prospective mother doesn’t have a uterus or if her uterus is malformed; if she has a medical condition that requires medication not compatible with pregnancy; or if she has had recurrent pregnancy loss or recurrent I.V.F. implantation failures. I fit the last two categories.

Before I.V.F. became a standard fertility treatment, about 15 years ago, the only surrogacy option available to infertile couples who wanted some genetic connection to their child was what is now called traditional surrogacy. That is when the woman carrying the baby is also the biological mother; the resulting child is created from her egg and sperm from the donor father. When the surrogate mother is carrying a child genetically unrelated to her, she is gestating the child, and the process is called gestational surrogacy. Now that there are hundreds, if not thousands, of doctors in the United States who can perform I.V.F., surrogacy agencies report that the numbers have shifted markedly away from traditional surrogacies toward gestational surrogacies.

There are no national statistics documenting this shift, however, or documenting much of

anything about surrogacy. Shirley Zager, director of the Organization of Parents Through Surrogacy, a national support group, told me that there have probably been about 28,000 surrogate births since 1976, a figure that includes gestational and traditional surrogacies. Sherrie Smith, the program administrator for the East Coast office of the Center for Surrogate Parenting, a surrogacy and egg-donation agency, said that of the 1,355 babies born in their program since 1980, 226 were created through [artificial insemination](#) — traditional surrogacies — and the rest were gestational surrogacies, using either a donor egg or the intended mother's own egg.

“In the last few years, we've only done two or three cases of artificial insemination a year, which is way down from before,” Smith told me. “The surrogates are happier, because they don't want to have a genetic connection to the baby, and the legal issues are much clearer.” She added that it's much easier on the parents too. “It's one thing to say, ‘Mommy's tummy was broken for a little while,’ and another to have your child ask, ‘Why don't I look like you?’ ”

Surrogacy is unregulated, and laws vary by state. In the states where it is legal, there is no box on the birth certificate to check “surrogate birth.” In many states that don't expressly prohibit surrogacy — like Pennsylvania, where our child was eventually born — the genetic parents' names could be the only ones that appear on the birth certificate. If, however, our baby had been born in New York, where we live and where it is illegal to compensate someone for surrogacy, we would have had to adopt our biological child from Cathy, the woman who carried our child, and her husband. But our contracts were signed in New Jersey, and the consent form that Dr. Fateh had Cathy sign skirted any remaining legal issues.

IN APRIL 2007, my husband and I met with a lawyer named Melissa Brisman at her office in New Jersey. Brisman handles gestational-surrogacy cases, and about 200 children are born as a result of her efforts every year. Brisman advertises for surrogates in newspapers, on the Internet, even on diner placemats. The typical cost for gestational surrogacy, she told us, would be anywhere from \$30,000 to \$60,000, all costs included — except for the retrieval and fertilization of my eggs and the transfer of the embryo or embryos into our gestational carrier. That would run us about \$10,000 using our private doctor.

The fees to the surrogate would be paid out in monthly installments, not in one lump sum at the end. In this way the surrogate would be reimbursed for her monthly gestational responsibilities even if the pregnancy ended in miscarriage. No money ever changes hands directly between the intended parents (I.P.'s in surrogacy speak) and the surrogate. All the money goes into an escrow account set up by Brisman's office, and a third party pays out the monthly fees. I.P.'s and surrogates are discouraged from discussing money. This is partly to remove the air of commercialism from the proceedings.

Shortly after our meeting, Brisman's office started to send us profiles of potential surrogates. It felt strangely like getting a letter from the roommate who would be sharing your dorm room freshman year. They described themselves, their lives, their ambitions. Their household incomes were not, on the profiles I saw, more than \$50,000. Most asked for about \$25,000 to carry a baby, more for [twins](#), and each made different stipulations: This one would not abort if the fetus

was found to have [Down syndrome](#), another one would.

The information in the packets provided by potential surrogates offered a rich picture of the country. There were married women and single women, women in their 20s and women in their 40s; women who would be willing to bear a child for a gay couple and women who would not; women from the Bible Belt, the Rust Belt, the Pacific Northwest and the industrial Northeast. Reports from social workers provided intimate details of their personal lives. We considered connecting with one woman who lived in the South but changed our minds when we tried to figure out how our child would explain why he was born in a state that his parents had never visited before his conception. And I worried about traveling so far for the surrogate's doctor's appointments at least once a month.

The personal stories of the potential surrogates were deeply moving. One woman had given up her newborn for adoption rather than have an abortion; the experience led her to explore surrogacy. Most of the prospective surrogates were married and had children. Most had high-school educations, some had gone to college and some were college graduates.

None were living in poverty. Lawyers and surrogacy advocates will tell you that they don't accept poor women as surrogates for a number of reasons. Shirley Zager told me that the arrangement might feel coercive for someone living in real poverty. Poor women, she also told me, are less likely to be in stable relationships, in good health and of appropriate weight. Surrogates are often required to have their own [health insurance](#), which usually means the surrogate or her spouse is employed in the kind of secure job that provides such a benefit.

While no one volunteering to have our baby was poor, neither were they rich. The \$25,000 we would pay would make a significant difference in their lives. Still, in our experience with the surrogacy industry, no one lingered on the topic of money. We encountered the wink-nod rule: Surrogates would never say they were motivated to carry a child for another couple just for money; they were all motivated by altruism. This gentle hypocrisy allows surrogacy to take place. Without it, both sides would have to acknowledge the deep cultural revulsion against attaching a dollar figure to the creation of a human life.

In fact, charges of baby selling have long tarnished the practice of traditional surrogacy, and charges of exploiting women have lingered even as more couples opt for gestational surrogacy. We were not disturbed by the commercial aspect of surrogacy. A woman going through the risks of labor for another family clearly deserves to be paid. To me, imagining someone pregnant with the embryo produced by my egg and my husband's sperm felt more similar to organ donation, or I guess more accurately, organ rental. That was something I could live with.

We had the money to pay. My husband is a very successful investor; I have made a healthy income for a writer. We were lucky in that we could afford to do what most infertile couples cannot. The questions for us were philosophical. I suppose I could have decided that it was my destiny to remain childless, that it was somehow meant to be. But I hate the phrase "meant to be," loaded with its small, smug assumptions, its apathy and fake stoicism. I believe that where

things can be fixed, they should be fixed. In our case, reproductive technology could make it relatively easy for us to have our biological child.

And, at that moment, having a biologically related child felt necessary. What began as wistful longing in my 20s had blistered into a mad desire that seemed to defy logic. The compulsion to create our own bloodline seemed medieval, and I knew we could enjoy our marriage — our lives — without a child. Yet I couldn't argue myself out of my desire. A child with our genes would be a part of us. My husband's face would be mirrored in our child's face, proof that our love not only existed, but could be recreated beyond us. Die without having created a life, and die two deaths: the death of yourself, and the death of the immense opportunity that is a child.

My husband understood my desire: he had six children, mostly grown, from two previous marriages. No one questioned our wish to have our own child, but I found myself answering arguments of imagined critics: Should they be allowed to have their own baby when the husband already has children? Is their marriage stable? Think of the poor kid! All that baggage! I was sure such whispers lay ahead. Because for every person who told me surrogacy was a worthy, noble venture — just like the Old Testament story of Hagar, who gave birth to a son for Abraham when Sarah could not — there was someone else who brought up [Margaret Atwood's](#) dystopian novel "The Handmaid's Tale," in which fertile young women are enslaved as reproductive servants.

Charles pointed out to me that our marriage was not a dystopia, for one, and that while he had six children, I had none of my own. We have a happy, loving marriage and good relationships with everyone in our large family. The years of infertility were a burden, a period marked by weariness and despair. But they were also a reassurance, an affirmation that we are good companions. I do not advocate infertility as a way to strengthen the bonds of marriage, but five years of adversity pretty much proves the durability of your marital bedrock. Still, it was hard not to worry about what other people might think. Not being pregnant suddenly seemed like a public statement, one that left me feeling exposed and vulnerable.

WHEN WE CAME ACROSS Cathy's application, we saw that she was by far the most coherent and intelligent of the group. She wrote that she was happily married with three children. Her answers were not handwritten in the tiny allotted spaces; she had downloaded the original questionnaire and typed her responses at thoughtful length. Her attention to detail was heartening. And her computer-generated essay indicated, among other things, a certain level of competence. This gleaned morsel of information made me glad: she must live in a house with a computer and know how to use it.

In our conference call with Cathy and her husband, Mick — the vice president of marketing for a credit union — we felt immediately comfortable. They had three children, two of whom were in college. Cathy and Mick sounded compassionate and intelligent. And she was experienced at surrogacy: She had delivered a baby boy the previous year for a couple in New Jersey. On the telephone, Charles and I talked about our reasons for seeking a surrogate: we ticked off the agonies and wrecked hopes of the previous years.

Cathy was 43. Some clinics will cap the age of a potential surrogate mother at 40, or even younger, but Dr. Fateh told us that as long as Cathy was healthy, her age was largely not relevant. In her case, age lent maturity and experience. During our conference call, she and her husband sounded like stable and sensible people.

Cathy told me that her motivations were not purely financial, although she was frank about the fact that the money would help with her two children in college. She and her husband had taken in 17 foster children for short periods over the years; their new house was a bit small for more foster children. But the experience of having a baby for the New Jersey couple, Cathy said, provided her with a deep thrill, and the feeling that she was needed in a profound, unique way. There might always be other willing foster parents, she said, but there would not always be willing, able surrogate mothers.

I appreciated Cathy's warmth and straightforward manner. But there was something else that drew me to her — the same thing that caused me to see her computer-generated essay in a different light from the other women's hand-scrawled applications. She and her husband were college-educated. Her husband graduated from William and Mary. Her daughter Rebecca, then 20, wanted to be a journalist. They lived in a renovated mill house on a creek in a suburb of Philadelphia. They seemed, in other words, not so different from us. Later, during the election season, she and I were unaccountably pleased to learn that we were both planning to vote for Obama.

I know all this should have been irrelevant. Political preferences aren't passed along through the umbilical cord. Strictly speaking, she was a vessel, the carrier, the biological baby sitter, for my baby, or as she put it in her essay, "I will serve as the 'foster mother' to the baby until it is born." But it was easy to think of her as carrying my baby. She wasn't desperate for the money, so our relationship wouldn't have to feel like a purely commercial enterprise, or a charitable one. The only major factors separating us were the fact that Cathy could have a baby and I could not — and we had that \$25,000 at hand.

Long before, my husband and I picked out a name for a boy, filing it away in the back of our minds for years. Then, suddenly suspicious of the proceedings, struck by our folly — what if everything went wrong? — we decided not to even think of a name for a girl. We would name a boy Maxime, for my paternal grandfather, and Dudley, my maternal grandmother's last name, shared among many family members. Max Dudley. Cathy began referring to the unknown, nonexistent creature as Milk Dud.

Cathy and I met at my doctor's office, where we would do the transfer. She brought her daughter Rebecca, who had been an egg donor to help pay her college tuition. The three of us were an infertility brain trust.

I went for my 12th I.V.F. cycle, to make the eggs that would create Max. Or a girl. This time, the cycle would be incomplete. There would be no transfer back into my uterus; my embryo would go into Cathy's uterus. On the day of my egg retrieval, I showed up for my operation with a sealed

sample cup in my purse containing my husband's sperm. It was July. I struggled, as I did every time, to stay awake as the [anesthesia](#) pulled me under. As always, I woke up in the recovery room, with a cramp in my belly.

A few days later, Cathy's mother, Ann Peterson, a real-estate agent from Virginia, accompanied Cathy to New York for the embryo transfer. Cathy disappeared with a nurse. Ann and I did crossword puzzles. We made small talk. She ate carrots and celery from a plastic container. Cathy came out after resting for an hour with her legs elevated — after all that technology, they still make you put your legs up in the air — and beamed.

"I think it worked," she said. "But then again, that's why they call me the Easy-Bake oven."

Two weeks later, we got the test back, confirming what Cathy already knew.

CATHY CAME UP TO NEW YORK from her home in Harleysville for a checkup each month during the first trimester; for the rest of the pregnancy, she and I went to her OB-GYN in Pennsylvania. After the second-month checkup, we walked home to my apartment for lunch. We talked about how she had played on her college tennis team. She was an accompanist for a children's choir and brought her piano sheet music so she could practice.

She played our Steinway while I got lunch.

I stood outside the living room, holding a tray of tuna sandwiches and listening. I was numb. I can hardly play the piano. I never played on my college tennis team. Back in those days, I was [smoking](#) and dyeing my hair black. For Pete's sake, I thought, this woman can do all those things — and have my baby.

On a blustery October day, we went for the [chorionic villus sampling](#), a procedure in which material from the placenta is extracted and tested for genetic abnormalities. It also tests for sex. Cathy held my hand as the needle went into her belly. We watched the baby jump at the intrusion. A day later, we found out we were having a boy.

Later in the fall, Cathy went to Las Vegas with her husband, who was attending a conference. I took the news badly. My tiny child — now that there was a sex, an identity, I could think of him as a child — was out there in Vegas at a craps table. I worried about the flight and whether the pressure would harm him. The thought crossed my mind to ask Cathy if it was really necessary to go, but I knew I couldn't. I had given her my baby, and I would have to give her my trust as well. I hated giving up control, but experience had proved that I had even less control over my own uterus, and trying to exercise any measure of authority over Cathy would cause both of us only grief. At the very least, Cathy's body was more reliable than mine. This was the pitiable truth I had to embrace.

And that wasn't always easy. When Cathy and I went for doctor's visits, she gave me the clearest sonogram picture to take home. I would drive back to New York, scan the image and send it out to family members and close friends — except that I would crop Cathy's and the clinic's names

out of the frame. Even though they knew I wasn't the pregnant one, I didn't want them to be confused — who is this Cathy person? Where is Abington, Pa.? And for the forgetful ones: Why is Alexandra having her baby there? But more important, I wanted them to see my profile in the picture, not her name. It was immature, puerile, like a seventh-grade girl blacking out her nemesis' picture in the yearbook. I wanted her identity to disappear and mine to take its place.

I worried about everything.

I feared for the worst every day — a sudden failure of the pregnancy, a car crash, a diagnosis of a serious illness that would force Cathy to terminate the pregnancy to save her own life.

What would I tell my son years from now? I was not able to produce you, so we outsourced you to someone with a better womb? Part of you came out of my tummy, but the rest of you came out of another lady's tummy?

Would I really be his mother? Was the key to motherhood carrying the baby? I had friends who had delivered children using donor eggs and friends who had adopted children, and they were certainly just as much mothers as women who had carried their own babies. But I worried that I was missing out on some great and essential preparation. I don't mean I should have been blasting Baby Mozart toward Cathy's belly. But a pregnant mother feels the child move and grow; she is preparing for motherhood whether she realizes it or not. What did it mean to not have this experience? Was a genetic connection enough? Would my child grow up and shout, "You can't tell me what to do — you didn't even give birth to me!"?

Adoptive mothers were the most help. "That's nonsense," one said. "One day, you're a mother. It's as simple as that. At least you know more or less when yours is coming." I didn't talk to other women who had had babies with gestational surrogates. There were a few I could have called, but I chose not to. A part of me feared that they would answer with happy palliatives and brusque monologues about how everything turned out great, peachy, fabulous — and I would know that underneath those rushed narratives would be the lingering dark feelings of inadequacy, despair and self-doubt. I knew to ask them would be to confront my own old sorrows over again.

I tried to focus on the positive side. Of all the possible mothering paradigms I could count — birth mother, biological mother, child-raising mother, legally recognized mother — I would fill three of the roles. I had to settle for three-quarters his mother. That seemed like more than enough.

That Thanksgiving, I used the 3-milliliter, 22-gauge needles left over from when I was taking fertility medication to inject juices into the roasting turkey. It was the best turkey I've ever made.

AS THE MONTHS PASSED, something curious happened: The bigger Cathy was, the more I realized that I was glad — practically euphoric — I was not pregnant. I was in a daze of anticipation, but I was also secretly, curiously, perpetually relieved, unburdened from the sheer physicality of pregnancy. If I could have carried a child to term, I would have. But I carried my 10-pound dog in a BabyBjörn-like harness on hikes, and after an hour my back ached.

Cathy was getting bigger, and the constraints on her grew. I, on the other hand, was happy to exploit my last few months of nonmotherhood by white-water rafting down Level 10 rapids on the Colorado River, racing down a mountain at 60 miles per hour at ski-racing camp, drinking bourbon and going to the [Super Bowl](#).

I had several friends around my age — 37 and up — who were pregnant with their first children at this time, and I was amazed at how their feet swelled like loaves of bread. They were haggard. They seemed sallow and tired, and they let their hair go gray. I decided to call all of us Gummies — grown-up mommies — with the implication that some of us were so old we could have dentures.

I would soon be a Gummy. I just didn't have to do the hard part. I had the natal equivalent of a hall pass, a free ride, an automatic upgrade to first class. According to the expectations that govern modern womanhood, I should have been moaning to a shrink or to my girlfriends over cosmos about my inadequacies. But I tried hard not to see myself as a failure. I allowed myself the anguish of the moment when Cathy was playing my piano, and after that I vowed, not entirely successfully, to refuse more self-punishment. I had been through so much — so much death and sorrow — that the gift of Cathy carrying my baby, shouldering the burden of the pregnancy, transferring all the fear of failure to her shoulders, was liberating.

Besides, one of us was good at being pregnant, and it wasn't me. Cathy lived up to the nickname she had given herself, the Easy-Bake oven. At 8 months, her hands were not swollen; her feet were not swollen. Her fingers were long and lovely and elegant.

And while I sometimes envied the ease with which she slipped into the role of pregnant woman, she never flaunted it. She treated me with warmth and respect. She called me Mama with cheer and affection in her voice. After a doctor's appointment in Pennsylvania, we went shopping at a local mall and stopped for lunch at the Cheesecake Factory. Sipping cold water made the baby wiggle. Whenever Cathy took a sip, she would press my hand to her belly.

"His butt is right there," she would tell me. She wasn't condescending. She wasn't pushy. I owed her so much, and yet it was she who sent me a birthday present — a ceramic candle holder that glowed with the words "Happy Birthday" when a candle was lighted inside — when she was four months pregnant. And when the baby was born, she was the one who had thought to bring a gift for me to the hospital: a statuette of a mother, father and child holding one another.

I searched the literature for a way to understand our relationship, one that is unprecedented in the history of human association. No writer or psychiatrist or medical ethicist offered an easy answer for how to behave. When Cathy told me that she considered the couple for whom she gave birth a year earlier as close as extended family, I wondered: Do we all have to have Thanksgiving together? If so, for how many years? And which husband carves the turkey?

Cathy remained calm and steady, at least with me. She was not only good at being pregnant; she seemed to like it. She liked being the person who was known to everyone as a giver, a fulfiller of

dreams.

AS MUCH AS I TRIED TO FIGHT off the feeling, when I told others that I was expecting a baby — and this child was clearly not coming out of my womb — I would sometimes feel barren, decrepit, desexualized, as if I were branded with a scarlet “I” for “Infertile.” At the height of her pregnancy, Cathy and I embodied several facets of femininity. She could be seen as the fertile, glowing mother-to-be as well as the hemorrhoidal, flatulent, lumpen pregnant woman. I could be the erotic, perennially sensual nullipara, the childbirth virgin, and yet I was also the dried-up crone with a uterus full of twigs. She got rosy cheeks and huge, shiny [stretch marks](#). I went to Bikram [yoga](#) and was embarrassed to tell the receptionist — in front of the pregnant 20-something yogini in short shorts — to pull me out of class in case my baby was about to be born out of another woman’s body.

I imagined that Cathy rested peacefully, conscious that something was being manufactured inside her. Meanwhile, I began a silent, steady freakout, fearing that I might miss the birth of the person who would most likely be my only child. What if Cathy went into labor in the middle of the night? One of the doormen in my New York City apartment building stoked my [anxiety](#) by telling me that his wife went into labor and gave birth 15 minutes later. My baby was two hours away! What if it was the middle of the night and the garage where I kept my car was locked?

My sister planned a shower and invited people to “a celebration of the birth of Alexandra’s first child,” as she carefully put it. An optimistic touch. I waited. I went to Bikram yoga, sometimes twice a day. The pregnant girl sat in front of me, her legs pretzeled under her belly.

Our baby was expected to be big — my husband and I were 10-pound babies — and we assumed he would come early. Two weeks before his due date, on a Wednesday, Cathy called to tell me her cervix was dilated three centimeters.

I booked a hotel room near Cathy’s house and Grand View Hospital, where she would give birth. I packed up my TomTom G.P.S., said goodbye to my husband with promises that I would call in the middle of the night if necessary and drove down to Pennsylvania with yellow “Baby on Board” signs affixed to the rear windows.

I spent two content and peaceful days with Cathy, her husband, Mick, and their 11-year-old daughter, Michaela. In the early evening, Mick barbecued burgers and made frozen margaritas, and we sat by the creek behind their house listening to the starlings and finches. Michaela, a young naturalist, pointed out the salamanders and frogs behind their house. On Thursday, Cathy’s doctor suggested we check in to Grand View on Friday morning. Charles sped down from New York.

At Cathy and Mick’s door on Friday morning, we hugged. The husbands clapped each other on the back. It was an entirely domestic scene, like something out of [Norman Rockwell](#), except for the fact that a woman we’d known for less than a year was about to give birth to our son. Mick carried Cathy’s tiny square suitcase out to the car. It looked like something Ricky would have

carried out to the taxi for Lucy on her way to give birth to Little Ricky.

Birth is not a tidy business. As Cathy went into labor, my husband stood respectfully by her head to avoid being on the more visceral end of things. I found my son's birth to be a terrifying event. When the baby crowned and the top of his skull appeared, my brain did back-flips. There was the mind-bending philosophical weirdness of it all: there is our baby — coming out of her body. And then there was the physicality of it: the torture of childbirth, of being split open, of having your body turned, it seemed, inside out to produce this giant, beautiful baby. Cathy vomited; I vomited.

At 3:49 p.m., Maxime — Milk Dud — came squalling into the universe, his eyes swollen, his body sheathed in a coat of buttery vernix. He weighed 10 pounds 10.2 ounces.

In the delivery room, a crowd watched — a group that included Cathy, her husband, her two daughters, two nurses, a doctor and my husband. I cut the umbilical cord.

THE PREVIOUS WINTER, a Catholic priest, upon hearing of our impending birth and my plans to raise the boy in the same liberal Catholic tradition in which I was raised, sniffed and said to me, “You know, the church frowns on science babies.”

After the birth, his comment struck me as terribly misguided. In my way of thinking, science is the ultimate expression of nature; nature and science derive from the divine. It is hard to suspend belief in the divine when you see my child. To me, he is astonishingly beautiful, with his bald cue-ball head and blue eyes and my husband's button nose. The miracle of his existence speaks to the generosity of humanity — and to the magical, unified coordination of more than a dozen people in the act of his creation.

On Easter, I spoke to the parish life director of our church in Idaho. She swept her hands across the congregation and looked me in the eye. “Every child is a gift from God,” she said. Then she added that without technology and turkey basters, half the children poking through the snow for pastel-colored eggs probably wouldn't exist.

I wish I could say that everyone's reaction to Max's birth was as generous. Most people were overjoyed for us. But extraordinary circumstances, I discovered, bring out extraordinary reactions in some people. I least expected jealousy. This from women who looked at me with tight smiles and said, “Well, thank God you didn't have to give birth to that huge child!” Or, glumly: “You're so lucky. Pregnancy is overrated.” One announced to a table of people at a dinner party: “My God, Alex. You've really gotten away with some stuff in your life. But this takes the cake!” It was as if I had performed some slimy trick and was still able to have my ticket stamped “Mother.” Not only Mother, but Biological Mother.

Did these women have such terrible pregnancies? Did they all resent their big babies? Was not birthing a baby but still having a biological child really “taking the cake”? If so, the birth of Max revealed the ambivalence some women feel about pregnancy. It is a burden. It is scary. Melissa Brisman, our lawyer, told me that occasionally she gets an inquiry from a high-profile model or

an actress who is curious about the surrogacy process, she assumes, not for reasons of infertility but for convenience. But once they learn of the physical, emotional and legal intricacies, they always — without exception — decide to bear their own children.

“No one would ever do this out of vanity,” she said. “It’s too overwhelming. The letting go is too overwhelming.”

Indeed, a month after Max was born, I was overwhelmed by the feelings I refused to acknowledge before his birth. In my fear of allowing anything to get complicated, I had suppressed every feeling of anguish and confusion for months, for almost a year.

I was sitting on our back porch in Southampton, N.Y. The baby was asleep. It was twilight. Suddenly, my chest seized, and electric impulses pricked at my skin. What had we done? Was it right to have circumvented the natural order of things? Why had I been chosen to miss out on the act of giving birth, to be left out of the circle of life?

My husband came out and sat next to me. He took my hand.

“You gave birth to our baby,” he told me. “The doctors went in and took our baby out of you 10 months ago.” He was casting back to the day the doctor removed my eggs. “It was like a [C-section](#). They just went in and got him when he was very small. And now he is here, and as much a part of you as if he had come out of your body. Because he did come out of your body.”

I recognized this version as a convenient twisting of logic. But it was true in its small, important way. Our child did come out of me, from us. Our bodies were married in a glass dish, and our boy was carried by another woman for nine months. He is our most vivid dream realized — the embodiment of the most blindly powerful force in the universe, brought to life the only way he could be. With a little help.

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