Te Whare Tangata

The topic of infertility is often shrouded in ignorance and stigma. Four resilient couples share their stories to help raise awareness, as well as the story's author. Through the ups and downs, one thing always remains. Hope.

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Content warning: This story contains graphic descriptions of miscarriage and medical procedures.

FOR CENTURIES MĀORI women have undertaken rituals and ceremony to help with conception. From visiting tōhunga and wearing hei tiki, to standing over the whenua of a newborn child. Today, alongside our traditional therapies, there is an ever-developing series of medical treatments to help families conceive.

While treatment varies for everyone, scientific advances in technology have increased chances for couples to get pregnant.

According to Dr Guy Gudex, Medical Director for Repromed NZ, infertility in Aotearoa has become more prevalent in the past 20 years. Attributed to a combination of growing male and female reproductive problems, alongside a delay in couples starting families, there are more people seeking treatment than ever before.

"The average age we are seeing women for treatment is 37," says Dr Gudex. "But fertility decreases with age and is significantly reduced →

between 35 and 39."

While Māori women typically have children younger, and therefore have better fertility rates overall compared to non-Māori, there is a noticeable shift in more Māori women having their first baby after age 30. Dr Gudex has also noticed Māori are accessing services a third less than the other ethnic groups.

"There are general barriers to accessing health but I think whakamā and being unaware of all the services available plays a big part in the decision making."

Dr Olivia Stuart (Ngāpuhi, Ngāti Kahungunu) of Fertility Associates adds: "Less than five per cent of those we see for a fertility consultation, and that undergo fertility treatment at Fertility Associates, identify as Māori. This is an underrepresentation compared to the general population."

Infertility is defined as not falling pregnant after one year of trying to conceive naturally. Recent data suggests one in four people experience infertility in their lifetime.

In Aotearoa there are a number of government-funded treatments to help couples start their family. However, this funding is limited.

For In Vitro Fertilisation (IVF) the Ministry of Health funds patients whose eligibility is determined by clinical priority assessment criteria: a female must be under 40 years old at the time of referral. The couple must also have New Zealand residency (or a two year work permit) and have either not fallen pregnant after one year trying, or present with a known male or female fertility issue such as very low sperm count, blocked tubes or a genetic or hormonal condition.

You must also be a non-smoker and have a body mass index (BMI) of less than 32.

"You are able to come in for a consultation if your BMI is more than 32," clarifies Dr Gudex. "But if you want to receive funded treatment, that rule does apply."

The weight rule, he feels, is unfair to Māori and Pasifika women. The mean BMI for an adult Māori woman is 30.6.

"In our industry we wonder if this weight criteria is one of the reasons we see fewer Māori and Pasifika women come forward through the public system. New research doesn't justify excluding these women from treatment. There are conversations happening about whether it is time to change this rule."

In the past two decades there have been many breakthroughs and developments in the fertility space. These have seen procedures where a single sperm can be injected directly into an egg, treating the common sperm problems males face. Cycles of IVF have routinely become shorter with less injections and side effects, and specialists are now able to genetically test embryos to check chromosomes, leading to fewer miscarriages.

For those who do not qualify for funded treatment, the personal financial cost could be anywhere between a few hundred dollars, to tens of thousands, depending on treatment options. And with treatment ranging from oral medications through to IVF, sperm and egg donation and, surrogacy, there are lots of avenues available.

"The best thing you can do is see a specialist early," urges Dr Gudex.

"HI QIANE, THIS is the nurse from the clinic phoning with your results."

1.30pm. Right on time. It was exactly a fortnight from our fertility treatment procedure, Inter uterine insemination (IUI). Following my early morning blood test, this phone call was going to bring an end to the excruciating two-week waiting period.

My hands began to shake with anxiety.

I stared out the window looking towards Ranginui, begging our ātua, and the wairua of my nanny, to influence that next sentence the nurse uttered.

As she offered her compassion for our unsuccessful cycle, tears welled in my eyes. She said goodbye and hung up the phone. I dropped to the floor, in my husband Willie's arms, and grieved yet again from the emptiness of my whare tangata. There isn't a pain I have felt quite like the longing for our pēpi.

In 2011, aged 24, I was diagnosed with Polycystic Ovarian Syndrome. It is a condition in which a woman's levels of the hormones oestrogen and progesterone are out of balance, leading to the growth of ovarian cysts. It also leads to irregular or absent ovulation.

For years I had suspected hormonal imbalances. I'm really good at growing facial hair, I've been overweight most of my life, and my menstrual cycle was never regular. The diagnosis of PCOS came the year my husband and I were married. The year we decided to start our family.

Children were always on the cards for us. We met at 17, and even then we knew that one day we would become parents to our own little Māori/Tongan tribe. As one of 11 boys, he joked a lot about creating our own rugby team, his parents falling short by four players. With his genetics, we felt we were almost guaranteed a carload of rug-rats.

However, the pregnancy rate in my whānau was almost the opposite.

The women in my family have been affected by hereditary fertility issues. It took five years for my nanny to conceive my mum.

"Everyone around us would only have to look at each other and they would fall pregnant," Nan would tell me. "I was so happy to get hapū with your māmā I started wearing maternity dresses in my first trimester."

My mum didn't have it any easier. I remained the eldest child for 10 years before my sister was born.

According to Dr Stuart, 30 per cent of infertile couples have blocked tubes, 20 per cent have irregular or no ovulation, 30 per cent have a sperm abnormality and 15 per cent have both female and male issues.

"The incidence of PCOS in New Zealand is similar to rates around the world, which varies between 5-20 per cent depending on diagnostic criteria," she says. "Women with this condition have higher rates of obesity, depression and anxiety, negative self body image and increased rates of sexual dysfunction."

Growing up in a large marae whānau where children are aplenty, there was an unspoken pressure to have a family. By the time we graduated university and became of 'acceptable child bearing age', Willie and I were plagued with questions about when we were going to have children. When we didn't know any better, we'd roll our eyes and say "we're still too young". But following my diagnosis, and a few years of trying to conceive, the questions became harder to deal with.

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I didn't know any Māori women in my peer group who found it hard to fall pregnant. In fact, I was surrounded by super fertile wāhine.

Healer Awhitia Mihaere performs romiromi, a deep tissue massage that works to clear trauma from the body.

Having siblings, friends and cousins conceive so easily made our situation much harder to accept. What had we done wrong? Why us?

The longing for our family only grew stronger with each year. So did the list of treatments we tried.

From charting temperatures and changing lifestyle habits, to meditation and acupuncture, we began our dedicated journey to make our pēpi.

Achieving a body mass index below 32 was recommended by doctors (The ideal being between 20-25) and moving towards a medical treatment pathway as soon as possible, would give us a better chance of conception.

Research shows fertility decreases with age. It starts to fall dramatically after the age of 35 and, virtually disappears after the age of 45.

"Women are born with all our eggs," adds Dr Stuart. "We never make anymore, in fact, we lose them as we age. So our eggs are the same age we are and become genetically more fragile. Men also experience a decline in their sperm quality and fertility, but slightly later from age 45."

Creeping into my 30s I needed the medical process to begin.

The first specialist I enlisted confirmed that my weight (a BMI of almost 40 at the time) and medical condition meant our only option would be IVF, and we didn't qualify for funding. There was no way we could afford it, so we left defeated.

After two years, I needed a second opinion.

If you are following a line of medical fertility treatment, the starting point would be waiting to conceive naturally, then possibly Clomiphene Citrate (commonly known as the 'fertility pill') and Letrozole treatment. Depending on your circumstances the next step could be Intra uterine insemination (IUI).

It is used for a wide range of causes of infertility. IUI involves preparing sperm in a lab before putting the sperm directly into the uterus in a procedure that is similar to having a cervical smear test. It gives sperm a bit of a head start on their journey by getting them as close to the egg as possible.

We had never heard of this treatment, so when our new doctor presented it as an option, we took it up immediately.

The procedure itself is slightly uncomfortable, but otherwise painless. It is the lead up to, and the waiting afterwards, that are the challenging parts of the process.

To stimulate egg growth I had to take oral medication for five days. I became a regular at the Labtests clinic as an early morning blood test was required daily, to monitor progress. In my case, the oral drugs also had to be supported with hormonal injections. I don't think I will ever get used to stabbing myself in the stomach with needles.

There are one or two scans to check the development of eggs within the ovaries and, the day the blood tests show a change in hormones, notifying ovulation, you both head into the clinic to produce sperm and have the insemination.

There is a two-week wait before you go for a final blood test to find out the results. Those weeks are by far the hardest part of the procedure. Every bodily ache, each mood swing, slight nausea or cramp has you wondering if your body is making a baby, or if it is just preparing for the next phase of its monthly cycle. In anticipation, I did a lot of knitting during our two-week wait, making a blanket for our baby.

IUI is usually offered as a course of up to four cycles and, according to Fertility Associates, 40-50 per cent of women aged 37 and younger conceive a child within those cycles.

So far, we have experienced two failed rounds. On average, depending on the clinic and one's personal circumstances, the treatment is $1300 - $2000 per round. This doesn't include the cost of medication you need from the pharmacy (like Clomiphene) nor preceding treatments that may be required.

The devastation of a second failed round took its toll on my mental and physical health. I needed a few months to regather my strength, transition my thoughts back to positivity and hope, and start yet another attempt at improving my health and wellbeing.

During what I called my 'mourning period' I became much more aware of the secrecy around some of those who suffer with infertility. A perceived stigma associated with not being able to conceive has held a lot of Māori couples back from sharing their experiences with friends and family.

For my husband and I, we spent the beginning of 2017 reconnecting with our tīnana through traditional Māori healing practices and have been on an intense regime to lose weight. It is the most committed we have been to our health and wellbeing.

While we are still in our early 30s, we are giving ourselves the best chance of a successful result by getting on top of treatment early and ensuring our lifestyle factors have a positive effect on the process.

Getting our mind and bodies baby-fit by going sugar-free, eating clean and training three to five times a week has not only seen our waistlines shrinking but it has added to the positive and hope-filled mood we are carrying forward with us as we resume our next round of IUI this winter.

A perceived stigma associated with not being able to conceive has held a lot of Māori couples back from sharing their experiences with friends and family.

MORE THAN 18,000 children in New Zealand have been born from fertility treatment with Fertility Associates. That is one in almost every school class. Of those, half will have been conceived through IVF.

It took a life-threating illness to push Whetu Phillips (Ngāti Pukenga) and wife Levonne Phillips (Tainui) into In Vitro Fertilisation (IVF) treatment. The couple have been together 22 years and admit they took a very casual approach to becoming parents.

"We knew we wanted children eventually," says Levonne. "Initially we used birth control, then in my late 20s, we took a 'whatever happens, happens' approach and waited for nature to take its course."

But by the time the couple were well into their 30s, friends and whānau around them were growing their families and Whetu and Levonne were yet to conceive.

The wait didn't faze them too much. They were happy being aunty and uncle and felt they had important roles to play within work and church. "We just carried on doing what we felt we were supposed to do," they share. "We knew it would happen one day."

It wasn't until Levonne had to explain to her skin specialist that she wasn't taking her prescribed medication due to the fact she was trying to fall pregnant, that she was referred to a fertility clinic. She was put on a waiting list for consultation, but due to varying timing issues, never made an appointment.

Whetu and Levonne Philips fell pregnant with Brooke on their first round of IVF and chose a Māori midwife to see them through the pregnancy.

Soon after, Whetu fell ill.

"Being sick was a bit of a kick in the bum," he shares. "When you are faced with death it puts lots of things into perspective and we realised we couldn't keep delaying our family. We had to do this."

Levonne underwent a hysterosalpingogram (HSG) where radiographic contrast (dye) is injected into the uterine cavity through the cervix to detect any blockages in the fallopian tubes, and Whetu gave a sperm sample. The results came back diagnosing 'unexplained fertility' with a comment from the doctor that if they were with other partners, they would likely have conceived naturally.

The couple qualified for government funded treatment and in July 2011, they began IVF.

"Girls are so tough," says Whetu. "Watching Levonne inject herself daily and go through the medications gave me such admiration for my wife."

The medication is needed to increase the number of eggs a woman develops. Levonne remembers administering her injections once a day, for a series of months.

"No matter where I was, it had to be the same time every day. I had to leave friends' houses, and even leave a funeral early once, to race home and take my meds."

It was a little tricky when a work trip to America came up in the middle of the cycle.

"Injecting yourself on a plane toilet during turbulence isn't the most pleasant thing," she recalls laughing. "But being exposed to all the medical treatments Whetu had to undergo in hospital during his illness really prepared me for what we'd have to do through IVF."

Following the egg harvest, sperm is added to the eggs in the lab. The embryologist then selects the best embryo for transfer into the uterus. Any other good quality embryos can be frozen for future treatments.

Typically IVF makes six to 10 eggs and reports show younger women have a 40 to 50 per cent chance of having a baby from a single treatment.

Levonne and Whetu harvested six good eggs. Two embryos didn't grow past day one and two didn't grow past day three. They decided to transfer both of the remaining embryos into the womb.

"When implantation happens you are two weeks pregnant," says Levonne. "You then take a blood test a few weeks later to see if the cells have taken."

Their pregnancy was successful on their first round.

"I was really surprised it was a success," she admits. "I had convinced myself it wasn't →

going to happen, sort of as a coping mechanism so I knew that if I did receive bad news, I was prepared for it."

Choosing a Māori midwife and having mirimiri throughout her pregnancy was important.

"My midwife was so embracing of life, of women and our abilities to carry and deliver our babies. I felt a supportive Māori worldview really added to my experience. I could feel the shared wairua between us and was empowered through my pregnancy."

A baby girl was born via caesarean section. Now four, Brooke is a confident and loving little girl with the best character traits from both parents.

"I didn't know until after Brooke was born how much children complete you," shares Levonne. "We feel so blessed to have qualified for our treatment to be funded and to now have Brooke in our lives. I do not take motherhood for granted."

Whetu adds: "We had a burial for the cells that didn't grow. I felt personally attached to them. To me, those were Brooke's brothers and sisters. We put a Pohutukawa tree on top of them to honour them, and remind us it wasn't just about the success, but about every part of the process we had experienced."

For every happy ending, there is the proportion of couples that are unsuccessful with IVF treatment, for whom it can be a devastating process.

Rebecca Trounson knows the devastation following what she calls a "horrendous IVF experience."

The 40-year old wanted to do the "responsible thing" and wait until she and her husband were financially stable, had a home and were secure in their relationship before starting their family.

The couple had tried conceiving naturally without any luck and so, extending their mortgage to include funds for treatment, they embarked on IVF.

"It turned pear-shaped right from the very start," she recalls. "We went in very naïve."

"We felt there wasn't a lot explained to us through the process. We put our faith in the professionals, so much so, that when some things didn't seem right, we ended up questioning our own judgment... to our own detriment."

Rebecca is a sufferer of mild endometriosis, an inflammatory disease estimated to affect 120,000 girls and women in New Zealand in their reproductive years. It's a condition where tissue, similar to the lining of the uterus, is found in places outside of the uterus.

Dr Stuart says endometriosis can lower ovarian reserve and egg quality.

"The associated inflammation can be toxic to embryos, reduce tubal motility and so reduce implantation."

Although the condition can compromise fertility in about three or four in every 10 women with endometriosis, Rebecca's case was so mild her doctor concluded her infertility was unexplained.

"I was 35 and overweight," she says. "My HSG also showed one blocked fallopian tube and during various scans the specialist couldn't find one of my ovaries. My husband flagged these concerns and they didn't seem to be an issue with the specialist. We had been together 12 years and getting pregnant naturally was less than a 1 per cent chance, so if we wanted children, we felt we had no other option than to sign up and start the drugs."

Due to Rebecca's body mass index the couple didn't qualify for publicly funded treatment. Their first round of IVF cost almost $14,000. A price they were happy to pay, keeping in mind the reward they would receive at the end of the cycle.

According to scans, the medication supported the growth of 10 follicles in Rebecca's ovaries. The Trousons were excited and on the day of retrieval, had high hopes going into the procedure.

"It was the worst 10 minutes of my life," she recalls. "Under local anaesthetic, they use a needle with ultrasound guidance to go through the top of the vagina to get to the ovary and follicles. I was in so much pain during the procedure and my husband said there was lots of blood, which wasn't normal. I felt something wasn't right. We just thought maybe it was a one off and I happened to be that one in a million person that everything turned to shit for."

Upon leaving the treatment room, Rebecca overheard a nurse utter the number 'two'.

"I was under the impression we would have 10 eggs ready to go, but to find out there were only two, that we only had two chances, I was miserable."

The couple tried to remain positive. They hoped to be the pair that, against all odds, would have a lucky break.

A phone call from the clinic early the next morning confirmed their worst fears. Neither embryo was viable and their cycle had to end.

"We just cried. He was trying to stay strong for me, I was trying to stay strong for him, but we were both broken inside."

To add another blow to their journey, at their clinic follow up the Trouson's were told, due to the difficulties experienced during egg retrieval, the health risk would be too high for Rebecca and so IVF would no longer be an option.

The pair were emotionally battered.

"We had told our families we were going through treatment. The hardest thing was ringing them all and telling them it didn't work. It was like being kicked over and over again," says Rebecca. "I had such a mixture of emotions. I was devastated treatment didn't work and angry that there were red flags leading up to the procedure, but we were still encouraged to go through the process. People later suggested alternative therapies but I felt if medical professionals couldn't make it work, what would drinking herbs and clearing chi do?"

Emotionally it has taken Rebecca 18 months to get to a place where she can start thinking about the future of her family, again. With a focus on lifestyle changes, a new specialist taking over her case and renewed optimism, the couple have decided to try a cycle of IUI in 2017.

Given her experience, Rebecca advises those seeking treatment to be aware of everything the different procedures entail and to listen to your body. "You know yourself better than anyone else," she adds. "I expected more from our clinic, and I felt we didn't receive the support we should have. Our specialist admitted, in hindsight, there were things they could have advised differently. Things we had noticed at the time, but felt we weren't qualified to question."

Having a strong partner has been key to overcoming the roller coaster ride of emotions, Rebecca admits. →

When the Larkins were unsuccessful in their fertility treatment, they decided to donate sperm to another family looking for a Māori donor. Donees Melissa and Doria Jouyoues now involve the Larkins and their whakapapa in raising two-year old Tūmanako.

"We had a burial for the cells that didn't grow. I felt personally attached to them. We put a Pohutukawa tree on top of them to honour them."

Rongoā using freshly picked kawakawa is sometimes used in hapūtanga healing practices.

"You need to prepare yourself for this journey, both physically and emotionally. It is ok not to move on for a bit. To sit and go through the emotions, but don't hold on to them for too long. Talk with friends and whānau and share what you are going through."

"Our hands will touch eternity
Our feet will ever walk with infinity
and still I have my integrity"
- Papa Jo Delamere, (Te Whānau-ā-Apanui), 2003

Awhitia Mihaere (Rangitāne, Rongowhakaata, Ngāti Kahungunu, Ngāti Rakaipaaka Rongomaiwahine, Te Aitanga a Māhaki) met renowned international tōhunga pāpa Hohepa Delamare in 1993 when he took her under his wing to learn the ancient healing teachings in fertility and infertility—from rongoā and romiromi to mirimiri, kōmirimiri and takutaku.

It was a practice familiar to her, through her whānau.

Awhitia's grandmother, rongoā practitioner Lena Paewai (Rangitāne) and her grandfather, Whati Mihaere (Ngāti Kahungunu, Maniapoto), both held the ancient knowledge of hapūtanga. A tradition almost lost when the Tohunga Suppression Act moved its way throughout Aotearoa stopping Māori from using their native healing practices.

Papa Jo, who revived the matauranga, saw in Awhitia the ability to ensure the knowledge and practice would continue through to the next generation.

Working together for many years before his passing, Awhitia and Papa Jo have supported and helped many couples in their fertility journey.

With whakapapa from the whale nation of Iwitea, which links to the hukatai and rehutai (the ovaries), Awhitia's passion is to ensure wāhine have holistic health and wellbeing. Her mahi is to bring healthy whakapapa to couples who are committed to ensuring whānau oranga.

Traditional Māori healing practices can work alone, or complement and work alongside other fertility pathways like acupuncture, naturopathy, and medical options, from medication to IUI and IVF.

Romiromi is a deep tissue massage that goes into the cellular memory of the body to identify any grief or trauma. The process works to clear that mamae. Some couples may also be given rongoā, like kawakawa. Then, when working specifically in hapūtanga, kōmirimiri is performed. It uses a different kind of massage to prepare the body for conception and bring attention to the relationship between the female and male reproductive organs.

"Kōmirimiri is having a relationship with the tīnana on a scientific and spiritual level," Awhitia explains. "It is about the fallopian tubes, the endocrine system, the central nervous system and preparing the space for the baby to come to. It is working in the wairua realm, mauri to mauri. We are talking to the whakapapa at all times. This is a more holistic approach."

During the treatment, specific takutaku are chanted that relate to infertility.

"It is an ancient process that goes back to the whenua, acknowledging all our atua and tīpuna. The vibrations of the takutaku allow the body to respond, bringing the necessary elements together to help a couple conceive."

After conception, it is the father, and sometimes even grandparents, who perform kōmiri on the mother and baby, to strengthen the bond of whānau.

During the gestation period, Awhitia encourages families to look into traditional Māori practices associated with birth.

Preparing a hue (gourd) or uku (clay pot) to house and bury the placenta after birth is one. Another is making a muka tie for the pito (umbilical cord), as harakeke has many healing properties within its fibres. She recalls one couple having a specially made pounamu piece to cut the baby's cord.

During birthing, if Awhitia is present, takutaku and oriori welcome pēpi into the world. A kōmiri is done to thank the puku for its mahi and ensure all the organs are back in place and, depending on the situation, pēpi gets a rub down with kawakawa.

"You need to prepare yourself for this journey, both physically and emotionally. It is ok not to move on for a bit. To sit and go through the emotions, but don't hold on to them for too long."

"Some couples take their baby back to their tūpuna awa, or ngāhere to thank the gods for their gift," she shares.

When taking any approach to infertility treatment, Awhitia advises both the mother and partner attend together. This strengthens the bond and brings both the female and male energies needed to create new life.

"It takes two to make a baby, and a whole whānau to raise one. So it is important you are all part of the process."

WHEN JASON (NGĀTI Raukawa, Waikato) and Rochelle Larkins (Te Rarawa, Ngāti Kahu) decided to donate sperm to a fertility clinic, they never expected to meet the baby they helped create.

But this past summer during a trip home to New Zealand, the pair were able to do just that.

"We wrote in our profile we were open for contact," shares Jason. "We thought if the family agreed, we might get sent a photo or two over the years, if that. We never did this to push ourselves onto another whānau or try and replace what we didn't have. We just knew there weren't many Māori sperm donors and so we wanted to be able to help someone else conceive a child."

The Larkins' journey started in 2000. After living what they call 'the gypsy life', settling in different parts of Australia and New Zealand in their "young and fearless" years, they decided to move home and start a family.

Rochelle conceived naturally once during that time, but sadly, the pregnancy was lost. About six months later, at a rugby game, she presented with serious pain in her lower back and was rushed to hospital.

"I was found to have a nine centimetre cyst on my fallopian tube," she shares.

It snowballed from there and Rochelle was diagnosed with secondary infertility. The chances of the couple conceiving naturally was highly unlikely so they sought treatment options and started meeting with specialists.

"We didn't know anyone else who had done IVF," shares Rochelle. "I was a bit scared. We were treading unknown territory."

By 2003, after a number of surgeries to remove the cysts, they began treatment.

"In the early stages it was psychologically and financially draining," shares Jason. "It did put a bit of a strain on our relationship. We were both angry and didn't have any answers."

The couple underwent four cycles of IVF, two of which were government funded.

On the second one Rochelle fell pregnant again. However during the first scan, the sonographer couldn't find a heartbeat.

"I was devastated but I also saw the positive, I managed to get pregnant," says Rochelle. "I was sure the next round would be a success."

Unfortunately, Rochelle and Jason did not conceive on the following rounds. They had tried IVF and had even looked into adoption, but decided to make one more attempt after talking to Rochelle's sisters.

Surrogacy was considered, in the end the whānau opted for egg donation.

To save extra funds for the higher cost treatment, Jason moved to Western Australia and began working as a truck driver.

"It was our most expensive treatment," shares Rochelle. "We needed to fund my sister's medication, my medication and other associated costs. Then, because Jason was working in Australia, we needed to fly him back to do his part.

"This option meant, if it worked, I would still have a biological link to our baby. That was really important to me."

Sadly, that cycle didn't work and the couple chose to end their treatment.

"We did all we could do and don't regret it at all."

Although their treatment had finished, Jason and Rochelle continued to stay in touch with their clinic. They had undergone counselling during their visits, a key service to help them navigate their way through the journey, and were also in contact with their specialist.

When Jason spotted a flyer about sperm donation in the waiting room one day, they wanted to learn more.

"We had accepted it wasn't going to happen for us," he remembers. "We exhausted all our avenues and so thought maybe we could help someone else instead."

They read many articles and information booklets to understand the process and discovered there were very few Māori sperm donors across the country.

Dr Gudex reports only two or three of the seven IVF clinics in New Zealand have one or more Māori donors. He says it has been increasingly difficult to get donors, which has meant a current six to nine month waiting list for sperm at Repromed NZ. Some other clinics have a 12 to 18 month wait.

Sperm donors should ideally be under age 50 and be a non-smoker. Unless they have a serious genetic condition, there isn't much else in the way of eligibility.

Following conversations with a coordinator and specialist, and having a medical history taken accompanied by a number of blood tests, the donor gives the clinic a sperm sample and it is kept frozen for a few months to check health results and sperm quality.

Men are able to produce the sample in a dedicated clinic room, or at home, so long as they can get the sample on site within 60 minutes.

Donors can also specify who they would like their sperm to go to.

Jason and Rochelle, who had both moved to Perth by this stage, were happy for the donated sperm to be received by a heterosexual or homosexual couple, or a single woman wanting to start a family. They also stipulated a maximum of three recipients and that either the gestational recipient or her partner had to be of Māori descent.

According to law, donors have to be willing to be identifiable when a child turns 18. The pair were happy for an open donation and to share as much or as little about themselves and their whakapapa as the recipients liked, right from the beginning of the process. →

Jason underwent all the necessary tests and not long after, their counsellor notified them a couple had read their profile (a document with non-identifying information that shares personality, physical characteristics and things like educational background) and had chosen to use their sperm.

Back in New Zealand, Melissa (Ngāti Kahu, Te Rarawa) and Doria Joyoue were about to undergo their first round of fertility treatment using donor sperm.

The couple had been trying to conceive for three years.

"I had wanted to have a baby since I was three years-old," shares Melissa. "We had been planning our family for years but [being a same-sex couple] it wasn't as easy as just jumping into bed together."

To try and keep a genetic link between them, the pair approached Doria's brother, Danny. He flew to New Zealand from St Lucia in the Caribbean and the timing couldn't have been more perfect. Two days in, Melissa was ovulating.

At 11 weeks and five days gestation, two days before they were to announce their news to friends and whānau, Melissa started bleeding.

"I felt a gushing of blood and my first instinct was to run to the wharepaku. My baby had died and my body had miscarried. I remember screaming. I remember every single moment of that day. I have had hypnotherapy to try and soften the feelings of those memories."

Using acupuncture to help her body 'bounce back', Melissa underwent natural therapies and took supplements so they could try again. Danny's visa to stay in New Zealand was limited, so they needed to try straight away.

Sadly, the second pregnancy was also lost.

"My baby had died in the womb at eight weeks," shares Melissa. "The doctor offered a D&C [a dilation and curettage procedure to remove tissue from inside the uterus to clear the uterine lining after a miscarriage]. I was already upset, distressed and angry. I chose instead to have acupuncture and take natural herbs to help the process along. The second time around was so much harder. The first I was in shocked grief. The second time, I had to wait. I knew what was to come."

"It is 2017 and there are lots of different kinds of families in the world these days. Raising kids has always been about the whole village, not just two people."

Although they had appointments with the fertility clinic later in the week, they decided to take advantage of the opportunity.

"Our first insemination was done at home with a cinnamon jar and a needle-less syringe," laughs Melissa as she remembers the day. "We weren't expecting all the dates to line up so weren't fully prepared. He went and did his thing, handed over the jar, and I went and did mine. I laugh about the nature of it all, now."

At their appointment, following tests, they discovered Danny had a very low sperm count, which narrowed their clinical options down to IVF.

He began a supplement regime, clean eating and naturopathy. They delayed treatment while they built up Danny's health.

What they didn't realise was that first awkward home insemination had gone against the odds and Melissa was pregnant, first go.

"We were so invested from the very beginning," she shares. "All the women in my whānau had easy pregnancies and we were so excited for what was ahead."

The whānau tried again. In fact, they tried seven more times. There was no conception and Danny had to return home.

Conceiving a child was a non-negotiable in Melissa's book. Doria laughs when she remembers the topic being discussed on one of their first dates. It was a make or break in their relationship.

They started looking online for donors. One website had a number of men list their preference for conceiving "natural only" that was not going to fly for this married couple. They had considered a close friend, and another family member, but nothing eventuated.

When their counsellor told them a Māori male had just joined the donor list at the clinic, they felt fate was directing their decision.

The donor was Jason Larkins, supported by his wife Rochelle.

Tūmanako Joyoue was born in June 2015. His name aptly reflects his journey into the world, one filled with desire and hope.

"We are very secure in our role as Tūmana's parents," says Doria. "But it is also very important for our son to know his whakapapa, his tūrangawaewae, from all sides of his whānau."

The Joyoues made contact with the Larkins soon after Tūmanako was born. The clinic worked as the middleman to maintain boundaries for each couple, and the first correspondence was a simple request to exchange photos so they could all see what each other looked like.

"I started sending photos of trucks, and where I slept in the truck, and my breakfast," laughs Jason as he remembers the ease of the relationship.

After a few months, they decided direct contact would be best, and so ensued a series of Skype sessions. The first lasted four hours.

"We have been unbelievably blessed Jason and Rochelle have been so open. I don't think any of us had any idea things would turn out like this," shares Melissa.

Rochelle adds: "It just feels so natural, its like we have known each other for years."

Both couples were cautious not to overstep their roles in forging the new relationship. Neither had experienced anything like it before and were anxious they might offend the other with too much sharing.

That anxiety went out the window when they met for the first time this past Christmas, while the Larkins visited New Zealand.

"It is becoming increasingly common for donors and couples to exchange photos," says Dr Gudex. "But it is very rare they meet. This unique situation has worked out fantastically for all of them."

Melissa couldn't agree more.

"Doria and I are Tūmanako's parents, we know that, and they know that," she adds. "But he wouldn't exist without the four of us. He calls Jason 'dada', in recognition of their biological connection. Rochelle's whānau nickname is 'Ushi', so we are hoping the name 'Mushi' might stick, for him to describe her. She is more than just his dad's wife. Jason gave the physical part Doria and I needed, but Rochelle provided the support for him to do it, which is almost more important."

Seeing the positive outcome from donation, both couples urge more Māori to become donors and meet the desperate need from clinics nationwide.

"If becoming a donor involves a couple, both of you have to be clear in the reasons why you are doing it," says Jason. "You can't do it to live vicariously through someone else. Make sure your reasons are right. At the end of the day, the reward is knowing your gift has helped a couple bring their child into the world."

"If you have concerns, seek out information," adds Melissa. "I've asked some Māori men about sperm donation and one kōrero was around whakapapa and the disconnection the child might have to their heritage. There are ways to work through that. Like Jason and Rochelle you can specify who receives the sperm and if you want it to go to someone of Māori heritage to help ensure the child is strongly rooted in te ao Māori."

Dr Gudex says information is readily available at fertility clinics and can also be accessed through Fertility New Zealand, who are always willing to offer advice and support about all areas of fertility.

"It is 2017 and there are lots of different kinds of families in the world these days," says Doria. "Raising kids has always been about the whole village, not just two people. Whānau is diverse and broad. It seems really natural to create a family in this way. They have given us something, and hopefully in sharing in Tūmanako's life, we are giving them something in return."

PREPARING FOR TREATMENT

Dr Olivia Stuart advises:

- Seeking help from a fertility specialist early, is best—ideally before you turn 40
- Both partners should eat a healthy, balanced diet
- Exercise regularly and maintain a healthy body weight as obesity can reduce your fertility.
- Men and women should stop smoking as this halves a women's chances of pregnancy and more than doubles her chances of a miscarriage, even if she is a non-smoker and her partner smokes outside.
- Minimising alcohol is ideal as binge drinking, particularly for sperm, can wipe out sperm production. It takes 70 days for sperm to regenerate.
- Avoiding illicit drugs is best as they can impair fertility, increase miscarriage and fetal abnormalities in offspring.
- Folic acid is the one important vitamin for women to be on, ideally one month preconception and until the end of the first trimester of pregnancy, to reduce the chances of Spina Bifida in offspring.

atua – gods; deities
harakeke – flax
kōmirimiri, mirimiri, romiromi – traditional forms of massage
muka – flax fibre
oriori – lullaby
pēpi – baby; babies
rongoā – traditional Māori medicine
takutaku – prayer
tīnana – body
tīpuna – ancestors
wairua – spirit