

“God gave us four miracles”



And babies make six: Cheryl and Steve Clifford holding, from left to right, Robert, Heidi, Paul and Ruth.

Cheryl's sister Heidi Kuchta.

It took two parents—and one special aunt—to create these beautiful quadruplets.

BY CHERYL CLIFFORD, AS TOLD TO MARY GARNER GANSKE

When I met my future husband, Steve, nearly nine years ago at a church conference, it was friendship at first sight. We were both ministers of the United Church of Christ, and we had a lot in common—we liked long walks, classical music and movies. After four months I realized I was in love.

One night we discussed all our dreams for the future. We agreed about everything except kids: I was 40 and felt my childbearing years were behind me, while Steve, who was 35, wanted a family. But he said being with me was more important. By the end of the evening, we were engaged.

We settled in North Canton, Ohio. Steve was the pastor of a church in Akron, and I was associate pastor of a church in the next

town. Two years of marriage flew by before I started thinking maybe I was meant to be a mother. After all, I enjoyed working with children at my job, and I loved spending time with friends' kids. One day I told Steve I had changed my mind about having children. He was thrilled, but we soon discovered that conceiving a baby wasn't going to be easy. For two years we tried on our own—unsuccessfully. By the time we consulted a fertility doctor, I was 45 and Steve was almost 40.

Months of treatments failed. Finally, when I was 48, we turned to in-vitro fertilization. The procedure begins with a woman's taking hormones so she'll produce multiple eggs when she ovulates. The eggs are surgically removed and

fertilized in a laboratory. Then they're transferred to a woman's uterus—either the donor's or someone else's—in hopes that one of the eggs will develop into a baby. Our doctor didn't have a problem with my carrying a child, but because of my age, he didn't want to use my eggs. The success rate in that case would be just over 3 percent, he said, whereas if we used eggs harvested from a younger woman, the chances of taking home a baby would be ten times greater—closer to one in three. He offered to locate a donor for us, but we declined; it seemed odd for half of our baby's genetic makeup to come from a stranger. So then the doctor suggested we enlist the help of a friend or family member in her 20s. Using a ▶

A sister's loving gift



The fertility treatments were tough to take, but well worth it, says Kuchta.

When Cheryl Clifford approached her youngest sister, Heidi Kuchta, about donating her eggs, Kuchta, who is now 29 and works at a metallurgical company, didn't need to deliberate for very long. "Because there's a real chance I may not be able to have children, in a strange sort of way this somehow seemed like my opportunity to conceive," she says.

In addition to consulting with a fertility doctor, who explained all the details of the procedure, Kuchta was also required to talk things over with a

psychiatrist to confirm that she was emotionally prepared for the process. The toughest question he posed to her: How would she feel about donating the eggs if she could never have her own children? "I told him I didn't think that being able to help Cheryl would make me feel any worse," Kuchta says.

Taking the fertility drugs was grueling. One medication had to be injected into her thigh, the other into her hip. "I gave myself the thigh shot, which wasn't too bad because the needle was

small," Kuchta explains, but the hip injection required such a long needle that her mother had to administer it each night after work. "By the end of the first week my backside was sore from needle sticks," Kuchta recalls. There were other troubling side effects. "I gained 15 pounds," she says. "I knew the drugs were to blame, but it made me unhappy." She also had mood swings.

The hassle was worth it, though, once Kuchta saw the babies. "I knew that I was going to love being an aunt," she says.

she'd discussed the procedure with her physician and was certain she wanted to be our donor. The small risk of ovarian cancer still made Steve and me apprehensive, but Heidi was so anxious to help us that her enthusiasm eased our fears.

My sister started seeing a doctor in Connecticut, who put her on fertility drugs. I began taking hormones in order to coordinate my cycle with hers so the lining of my uterus would be receptive when Heidi's eggs were ready to be harvested and fertilized. Three weeks later, after her eggs had developed, Heidi flew to Ohio to have them removed by our doctor. She'd produced nine good ones, which the doctor placed in a petri dish along with Steve's sperm that afternoon. Eight eggs fertilized. Two days later the doctor im-

planted half of them in my uterus in the hopes that at least one would take; he then froze the remainder.

A long, hard test of strength—and faith

There was nothing to do then but just wait and see if I'd managed to successfully conceive. We'd told a small group of our friends and fellow churchgoers about our efforts, and they offered to pray on our behalf. Two weeks later I returned to the doctor's office for a pregnancy test. It was positive: A follow-up test showed I was pregnant with twins—at least! Two weeks after that, with Steve by my side, I had an ultrasound. The doctor's face suddenly grew pale. "Tell your friends to stop praying," he said. "There are four embryos."

We'd read enough to know we might not end up with four children. There was a chance the babies would be born too early to ▶

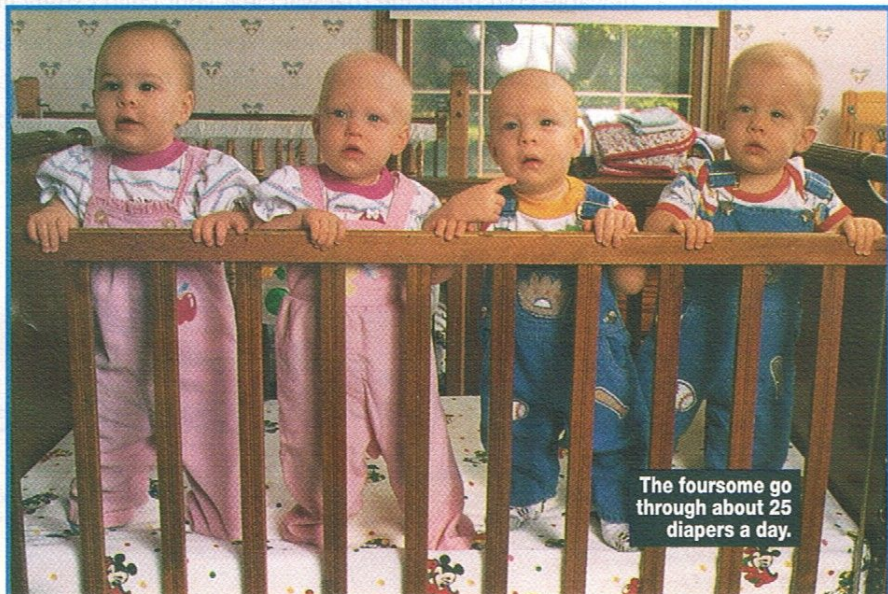
(continued from p. 52)

relative's eggs would increase our odds for success, he added, since the donor's genes would be similar to mine or Steve's. My husband and I immediately looked at each other and said in unison, "Heidi."

A difficult request, a generous reply

At 28, my youngest sister, Heidi, was the one person we could think of who qualified. Unfortunately, Heidi has medical problems, including endometriosis (an overgrowth of the uterine lining), and may never be able to carry a child of her own. We didn't want her to help us if it would be too emotionally or physically trying for her, but we decided to call her at her home in Connecticut to explore the possibility.

Heidi told us she was very honored that we'd thought of her, then listened closely as we described the risks. One of the fertility drugs she'd have to take, Pergonal, can cause ovarian cysts and possibly increase the chances of developing ovarian cancer. She promised to consult her doctor and think things over. Several days later, she called us back to say



The foursome go through about 25 diapers a day.

REAL LIFE

(continued from p. 54)

survive or would have serious health problems. A high-risk-pregnancy specialist described all the devastating disabilities they could suffer: blindness, lung problems, even brain damage. And in carrying quadruplets, he added, I could develop diabetes or dangerously high blood pressure. He raised the possibility of aborting one or two embryos to help boost the others' chances of survival, but because of our religious beliefs, Steve and I wouldn't consider it. We left his office shaken, yet convinced we were doing the right thing.

I didn't have much morning sickness, but I felt tired from the beginning. At first I continued working, but at 20 weeks I was put on bed rest to prevent early labor. From then on, I had to lie on my side for 19 hours a day. My stomach was so crowded by the babies that I had to eat many meals of tiny amounts of food around the clock. The quadruplets were also pressing on my lungs, making me breathless, so I couldn't handle



lots of visitors or phone calls. I'd never been a worrier, but suddenly, with so much time on my hands, I began fixating on all the things that could go wrong with the babies. Fortunately, my faith got me through. I kept thinking God had brought us this far and that he'd continue to take care of us.

At 32 weeks I'd gained 46 pounds and couldn't force down any more food, so after examining me, the doctor decided to deliver

the babies by cesarean section. We had hoped Heidi would be able to attend the delivery, but the doctor scheduled it for that very afternoon, so there wasn't time for her to get to the hospital. Even Steve had to rush over. When the orderlies wheeled me into the delivery room, I was surprised by how many people were there to assist my physician: a surgical team, two nurses for each baby, a neonatologist and a nursing assistant.

To our immense relief, though, the births couldn't have gone more smoothly. As each baby was born, he or she cried like crazy. The biggest, Paul, was having some trouble breathing, so he was sent to a nearby children's hospital to get the special attention he needed. When they finally let me reach into the isolette to touch Ruth, my firstborn, I cried tears of joy. The babies ranged in weight from 2.13

PHOTOGRAPHED BY WILL SHIVELY

to 3.1 pounds—too small to bring home right away. Heidi visited them while they were still in the hospital, and I had a chance to thank my sister for all she'd done for me. Within a month Ruth was able to come home with us, and over the next ten days the other three—Paul, Robert and Heidi Lynn—joined their sister. My mother sold her house in Connecticut and moved into ours. We were going to need her.

Marathon nights, assembly-line days—and no regrets whatsoever

We brought our children home to fanfare: Their story was featured in papers in both North Canton and Heidi's hometown, West Hartford, and several TV stations ran pieces about us on their nightly news programs. The babies have been home for 16 months now, and we're enjoying them much more than I ever could have imagined, though admittedly, caring for them can be pretty tiring. I don't have much time to do anything except bathe them, do a load or two of their

laundry, feed them and sleep. I haven't read a novel or a newspaper or watched an entire TV show since they've been home, especially because, in February of 1996, when the babies were four months old, I started working 20 hours a week at the church we had been attending in Canton. When I'm out on the job, a friend or fellow church member comes over to help my mother take care of the children. (We always have to have at least two adults at home, in case the babies all start crying at once.)

Everyone in our congregation has been incredibly supportive. No one has said anything negative about the fact that we used Heidi's eggs. And friends have been generous with piles of donated clothing—we've already gone through enough baby gear for a massive garage sale! Financially, we've been lucky too. Our house is big enough to hold everyone, and although diapers (the kids require about 25 diaper changes a day) and formula cost roughly \$450 a month, the income from our jobs

has enabled us to get by. Shortly after we married, Steve gave up his pastor position and started a business specializing in tax preparation and accounting for churches.

Will our future be as manageable? When I'm 65 I'll have four 17-year-olds on my hands, but I plan on being a young 65. Sure, it would have been easier to have had children in my 20s or 30s, but I feel blessed to have had them at all. People also wonder what we're going to tell the kids about their conception. When the children are old enough to understand, we're simply going to explain where they came from, and tell them their birth was all the more miraculous because their aunt Heidi helped. We've saved all the newspaper clippings about them, and we may even show them the picture Steve took of the petri dish in which they were fertilized. I don't think the news will be too upsetting—after all, they're going to grow up in a caring environment with two parents who love them. Not to mention one wonderful aunt. ■