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INTRODUCTION

Worldwide, an estimated 2.4 million cycles of assisted reproduction (AR), predominantly in vitro fertilisation (IVF), are performed annually. The latest available data from the UK (2016) show that over 20,000 babies were born following 68,000 cycles (HFEA, 2018). This accounts for 2-3% of the estimated 775,000 babies born in the UK in the same year (Office for National Statistics, 2017). Around 2,800 of the babies were born from IVF cycles involving donor eggs, sperm or both, and another 700 babies were born following donor insemination cycles, meaning that the large majority of AR cycles use couples' own gametes. However, recent social science research in the field of parenting following assisted conception has tended to focus on the experiences of those who use third party assisted conception and/or surrogacy to create families. In recent work we have argued that studies of the transition to early parenthood after successful IVF have typically used mixed samples (donor and non-donor, singleton and multiple births) meaning any differences in the experiences of donor and non-donor IVF parents are unclear (Author's own, in press 2019). In addition, there is a paucity of research exploring non-donor fathers' experiences. There is a small body of work which argues that this lack of attention to the experiences of non-donor IVF parents arises from a perception of non-donor IVF as 'normal' and 'routine' (Thompson, 2005; Author et al., 2009). Our paper draws from a study which explored the experiences of the transition to early parenthood in heterosexual non-donor couples including a specific consideration of the experiences of men as they navigate this journey. We argue that these couples do not experience IVF as a 'routine' process. Their transition to early parenthood can be as complex and provisional as in other newer forms of family making as they struggle with an emerging identity as a parent after successful IVF following their experiences of infertility. Their family making is contingent upon their ability to work at integrating their experiences of infertility and IVF into their emerging identity as a parent. As Haraway reminds us, emerging new family relationships **made possible through assisted reproductive technologies** are messy and contested (2004, p2).

BACKGROUND LITERATURE

Becoming parents, the transition to parenthood and family life, is a normative process, requiring individual, partner and family adjustment (Cowan and Cowan, 2012) to a period of

change that results in a reconstructed and valued self-identity (Kralik, 2006). This transition is known to be demanding, exposing partnership differences and marital or relationship discord (Cowan and Cowan, 2012). A 'parenthood identity' may be defined as the shift from non-parent to parent and is steeped within ideological processes and culturally sanctioned structures within society. The transition into a parenthood identity, if not challenged by life events, is likely to develop relatively un-negotiated. If challenged, however, this identity may not develop or be slow to develop. Self-categorization (Turner et al., 1987) or self-identification (McCall and Simmons, 1978) theories both see any identity development, including that of a parent, as a process which may be facilitated or hindered by cognitive, social or structural factors. We understand identities as interactional and open to change (Raphael-Leff, 1991; Riessmann, 2002). In the social science literature infertility is conceptualised as a profound social and psychological challenge to a man or woman's sense of identity because it threatens their social and gender identities (Reissman, 2000; Throsby and Gill, 2004) and is frequently experienced as a life loss or disrupted life course event which throws into question their future as a parent (Becker, 1994; Exley and Letherby, 2001; Olshansky, 2003; Throsby, 2004) which may cause anxiety and depression (Kiesswetter et al., 2019). Early work by Sandelowski (1989; 1995) and Olshansky (2003) describes a pervasive and lingering 'infertile identity' which affects IVF parents beyond pregnancy into parenthood or childlessness. To understand how infertile couples make sense of disrupted pathways to parenthood and disrupted social identities, Sandelowski (1989) describes the process of mazing which infertile couples use to negotiate their path to parenthood or childlessness. Mazing is a recursive, lengthy process which is key in the transition to parenthood after both adoption and assisted conception or in some cases, childlessness. It is a core variable where couples try to integrate their experiences of infertility into their life as a whole either as parents or as a childless couple. In more recent work, Hammarberg et al. consider that parenthood could be idealized by IVF couples and may negatively affect their adjustment to parenthood and 'the development of a confident parental identity' (Hammarberg et al., 2008, 395). Little research has been undertaken since Sandelowski and Olshansky's work; thus our study set out to explore how an infertile identity develops during the key transitional period in early parenthood.

Analyses of AR from 1990s shows that “gender both biologically and socially understood and enacted is a fundamental principle of categorisation in AR” (Thompson, 2005, 118). While AR includes men as well as women in a process of bio-medicalisation, naturalisation, normalisation and routinisation (Author’s own, 2009), the male experience has been consistently less studied than the female (Throsby and Gill, 2004; Thompson, 2005; Author’s own, 2013; Hanna and Gough, 2015). Such research as there is has focused on men’s experiences of AR with donor gametes, and in particular on their assumed loss of biological masculinity and genetic fatherhood (Thompson, 2005). The paucity of research into non-donor fathers may be because this path to parenthood has been normalised due to the presence of an intact genetic fatherhood and biological masculinity (Thompson, 2005; Author’s own, 2009; Author’s own, 2019). This has led researchers to ignore potential differences in the experiences of non-donor fathers’ transition to parenthood compared to donor and spontaneously conceiving fathers’ experiences. Qualitative studies are needed to illuminate the male experience of infertility, the male desire to parent, what sources of support men seek and how parenting is accommodated into other parts of men’s lives. IVF is increasingly being used by same sex couples and trans individuals as a means of family building and there is a growing body of research on this issue (Dempsey and Critchley, 2010). Lesbian women with no known medical infertility who use co-IVF (which allows dual participation in the pregnancy process) provide an interesting example of new forms of family building and research with such groups is rare at the present time. However our focus in this paper is on the majority heterosexual couples with diagnosed infertility who use their own gametes in IVF.

METHODS

Our aim was to conduct a small qualitative interview study to explore non-donor IVF couples’ transition to early parenthood to address the limitations of extant work in the field as described above. There is a methodological debate concerning the decision to interview partners separately or jointly. To a large extent this depends on the specific research questions and orientation of the study. Although we were aware that interviewing couples together might have had an impact on the responses of each partner, joint interviews can also allow the negotiated transition to be captured (Hudson et al., 2018) in exchanges between couples. By interviewing couples at home rather than in a healthcare setting, we hoped to be more inclusive and to thereby recruit men into the study.

We used unstructured interviews which allowed couples to describe their experiences freely. Data were collected using face-to-face or video joint interviews with parents in their own homes. Couples were asked: 'tell me about when you became a parent for the first time? how did you feel?' Two researchers (HA, GM) conducted the interviews. Each interview lasted from 40 – 60 minutes. The interviews were digitally recorded except for three, and here extensive notes were written up immediately after the interview.

16 heterosexual couples with one live singleton infant conceived through non-donor IVF were recruited. Inclusion criteria were: previously infertile, successfully conceived using non-donor IVF i.e. heterosexual, cisgender couples; first pregnancy, first singleton live birth and child living with parents up to 18 months of age. Exclusion criteria: ART pregnancy/parenthood in specific conditions i.e. preimplantation genetic diagnosis (PGD) or surrogacy. Previously infertile couples, who had conceived as a result of IVF in a fertility clinic in the southeast of England and had consented to being approached for further research, were contacted via email directly and invited to participate. All participants gave their written informed consent to participate in the study. Ethical approval was given by Middlesex University.

Couples were interviewed together at home within 3 – 18 months of the birth. Interviews were transcribed verbatim and checked by the interviewers. Transcripts were coded, re-checked and analysed thematically by HA and GM (Frost, 2010). Emerging themes from interview data were shared with co-authors and after further discussion, the data were integrated into three themes. Joint discussion of the analysis framework and themes took place via email and at face-to-face team meetings. The analysis constructed three themes as presented in detail below: preparing for parenthood, becoming a parent and considering a sibling.

FINDINGS

All the couples we interviewed reported at least two years in attempting to conceive. The majority of our participants become pregnant in their first IVF cycle, with the rest successful in their second attempt. One exception was a couple who had their baby after their fifth round of IVF.

Insert Table 1 here: Table of participants' backgrounds.

Our findings suggest that heterosexual non-donor parents' transition to early parenthood can be as complex and provisional as in other newer forms of family making as they struggle with an emerging identity as a parent after successful IVF following their experiences of infertility. Their family making is shaped and distinguished by their experiences of infertility and IVF and by their ability to work at integrating their experiences of disrupted conception into their emerging identity as a parent.

The three themes, preparing for parenthood, becoming a parent and considering a sibling, propose a conceptualisation of the transition to early parenthood for infertile parents after successful IVF as a time where couples continue to be affected by their infertile identity.

Preparing for parenthood

The couples' descriptions of their infertility and their experiences of IVF were described to the interviewers as part of their preparation for early parenthood. We noted that couples answered the first open interview question: 'can you tell me about becoming a parent?' with detailed descriptions of their infertility, IVF and pregnancy before going onto describe the birth and their experience as parents. Thus their prior experiences appeared to serve as a long preparation for becoming a parent which in some cases was seen as successful preparation. As this father says, '*we've thought lots about that*':

Henry: It's like we've been trying for three years and we've thought lots about that, and we'd kill to have a night without any sleep because we've got a baby. So actually like, and in the back of your mind it nags at you and it's like 'oh, have I really underestimated this, am I going to get a shock?', but actually personally I don't feel it's been a massive shock. It's been what I'd expected, it, it's been better than I expected it. (Henry/Luisa)

However while there was a sense of the infertility and IVF having allowed the couples time to prepare, the pregnancy was complicated for many of them by anxiety which made the pregnancy feel at risk and threatened by the knowledge that this was their '*one shot*' as the pregnancy was not something they could achieve naturally. Both men and women described anxiety during pregnancy. The past experience of infertility felt like an extra burden on this father in the following data extract as he felt that the couple's pregnancy was threatened both by pregnancy potential loss and by the fact that IVF was required to conceive '*it is your one shot*':

George: Because he was IVF you kind of think, because he didn't happen naturally, you're extra careful and extra cautious because it was like, it is your one shot. So

there is a lot of that playing on your mind. It's not something that you can do again naturally on your own, if something bad happens. (George/Mary)

Couples described their transition to parenthood as a long, anxious process with many setbacks and losses. Men and women experienced the anxiety in a different way. Women described anxiety as physical in nature, where each changing physical experience augured potential danger which might risk the pregnancy:

Mary: I didn't want to risk it. I don't know, every little twinge I had I was like 'no! what is this?'. ...and yeah, it was a really anxious pregnancy (George/Mary)

For men, the anxiety was one step removed as they observed their partners during pregnancy. This father describes being constantly in a panic:

Henry: Every time (mother) left the room I was like 'you alright, alright?' Every time, I was like 'is everything alright?' You know I kept thinking something was happening and if she was gone for what I would deem an abnormal length of time, which was never an abnormal length of time, I would be immediately up the stairs going everything alright? It was a constant panic and I can't remember when that changed to be honest." (Henry/Luisa)

While anxiety was experienced in different ways by the men and women we interviewed, the couples also described carefully negotiating the complex balance between excitement and anxiety of pregnancy together as a couple. They tempered being overoptimistic during pregnancy. In the following extract the mother observes this negotiation as moving between talking about herself and talking about them as a couple as she notes the difference in how she and her partner dealt with their anxiety '*father dealt with it very differently from me*' and how she moves between describing her actions '*I did another one*' and '*we were trying to limit...'*. Again there are gender differences between how the man and woman manage the provisional nature of the pregnancy, explained by this woman by the father's physical distance from the pregnancy which acts as a barrier to being excited '*until he turned up...'*:

Laure: So then I had another pregnancy test upstairs, so I did another one and I was like oh no, I think we actually are pregnant. Yeah it all didn't really seem real and then we didn't really allow ourselves to get excited. Well obviously we were really excited, but trying to keep it under wraps until we'd had the scan and then it seemed a bit more real. But then again we were trying to limit our expectations until 12 weeks. (Father) dealt with it very differently from me. He kind of wouldn't even entertain the idea until we'd had our 12 week scan.

Gerth: I think to a certain extent until he almost turned up, there was part of me that was just like, I guess having gone through the whole IVF thing, I was just like, I just don't want to get too excited, because I guess you know what's ...

Laure: Yeah. But yeah I was kind of getting carried away and thinking of baby names and things, trying not to, but obviously I was so excited.

INT: Yeah of course.

Laure: But yeah it was amazing. And again even though during the first trimester, I felt sick and tired and exhausted, every day I would remind myself that I've actually got a baby inside me that's why I don't feel well and again feel lucky that I was feeling bad, because it meant that I was pregnant. (Gerth/Laure)

Despite the stresses and anxiety of infertility, IVF and pregnancy, couples viewed their pregnancy after IVF as a positive outcome:

Mary: If you've got the chance I would say definitely take it (George/Mary)

Becoming a parent

All the couples, both men and women, described feeling joy 'amazing', 'fantastic' 'brilliant', 'exciting', 'incredible' at their long awaited parenthood:

Luisa: This is the best experience of my whole life (Henry/Luisa)

Gerth: It catches me out, the other day I was looking outside and we've got like some big red car [toy] thing in the garden and I was like 'why's that there?' I think sometimes you do sort of forget. I find it weird, sometimes I walk through, I don't know, walk through [shopping centre] and there's like a parent with a kid and I sort of smile at them, because I think 'oh yeah, I've got a kid, I've got something in common' (Gerth/Laure)

Piers: I'm really enjoying being a dad, I'm just really happy to see his face every time I see him. (Piers/Chantal)

However, while couples described experiencing joy, becoming a parent was also a complex transitional time as they struggled with their emerging parent identity and worked to reinterpret their experiences of infertility as a parent. Joy was tempered with reflections on the difficulties of their journey to parenthood and their infertile identity which had shaped and continued to shape their transition to parenthood. Some couples wanted to 'be rid of the shackles of IVF' (Henry/Luisa). Others described IVF as unnatural; according to his partner, this father believed that IVF caused by infertility sat uncomfortably with his becoming a parent:

*Blaise: you shouldn't really have to go out of your way to try and get pregnant. It should be really natural, like it should be within our, the natural way of doing it.
(Blaise/Catherine)*

In the following quote, a mother describes her changing identity from an infertile woman to mother in rather tentative terms as if, having had her baby she might now be fertile, able to conceive:

*Luisa: I suppose when I was going, when we were going through it, I thought of myself as being infertile, even though who knows.. But weirdly since I've had [baby] I now believe that I would be able to conceive naturally, even though I probably can't!
(Henry/Luisa)*

The strength with which some couples rejected their infertility suggests that they found integrating their infertile experiences into their emerging identity as parents difficult. The following quote shows a woman arguing that once the 'embryo transfer' is successful, any ensuing pregnancy should be seen as natural:

*Denise: I didn't see why there should be any difference really between a naturally conceived pregnancy and an IVF pregnancy, once the embryo was implanted.
(Andre/Denise)*

Many couples resented their struggle to become parents and the pressure the infertility and IVF had placed on them in contrast to spontaneously conceiving couples:

Luisa: [I] was thinking 'you don't know what we've already been though to get to this point'. So I felt like I deserved an easy pregnancy'. (Henry/Luisa)

George: There is always a little bit of resentment when people have those accidents or just don't really like..[laughs]. They make it look so easy!"(George/Mary)

However the couples also described benefits of infertility in their parenting role. Many of the parents described how they were able to be calm during stressful periods (when the baby woke at night, when they could not feed) because they remembered how bad their infertility and IVF pregnancy had been:

Luisa: It's like, 'really, so your baby like cried in the night, like really is that a problem, did you not think that was going to happen'? I think basically what I am saying is, I think your perspective changes going through IVF. (Henry/Luisa)

Gerth: I think not being able to have him for a long time made me feel that I should be grateful every day and if I'm having a bad day or I feel tired or he's having a fussy day or whatever, I kind of think back to when we thought we might never have a baby...and yeah, it puts it in comparison, not comparison, perspective. I don't know if

that's the same for all parents or not, but I think definitely my outlook is that I should feel grateful and I do feel grateful every day to have him.

Laure: But yeah, I think the whole going through IVF put everything into perspective.(Gerth/Laure)

Yet infertility also made acknowledging the challenges of being a parent difficult to articulate. Some of the couples described how infertility made it hard to complain about the difficulties of pregnancy, birth or parenthood; this woman says her prior infertility made it difficult to acknowledge her depression during pregnancy because she felt she had no reason to be depressed because she had wanted to be a mother so much:

Denise: especially when I was going through the depression, it's like this is what you wanted, why are you so upset, why are you struggling so badly? (Andre/Denise)

Another mother felt that even though the infertility and IVF had been *hideous*, the IVF experience had faded into the background a bit and now she was a parent she felt the stress of infertility and IVF was irrelevant although still there as it had not faded completely:

Chantal: I think when I was going through the IVF treatment, particularly when it didn't work the first time and lots of friends were getting pregnant at the same time, it's really hard and we had a couple of social occasions which were pretty hideous ... really. And I remember feeling that I wouldn't ever forget how hard that actually was to go through the treatment and I don't think I have to some extent, but I feel like it's faded a bit into the background. And actually being a mum now and being with [baby] and us as a family is the most important thing and how we got here and the stress we went through kind of is irrelevant. (Piers/Chantal)

And for Laure:

But yeah and I think unless you've known someone who has gone through fertility struggles then you don't really realise how it does affect people. I didn't realise how it affected people until we went through it ourselves. (Gerth/Laure)

For Luisa, the infertility and their struggle to have a baby remained with them in an active way, *as a gift*:

You've been given this amazing gift that you started to believe that you were never going to have the, that kind of blessing in your life,I think your perspective changes going through IVF. (Henry/Luisa)

For Meg, the effects of infertility were remembered in the naming of their baby 'Hope' and her reference to her as 'precious', and Clare also described her baby as 'precious'.

The couples we interviewed talk about a strong working relationship which enabled them to adjust after a long period of infertility and the anxieties of IVF. They describe a shift in their relationships from focusing on infertility and later IVF, and the anxiety that involved, to working together to care for their new baby. They refer to negotiating working together to adjust to parenthood as new parents which suggests a fluid approach to gender. As Table 1 shows, all the parents were employed outside the home and parental leave had in many cases been shared to allow fathers to have time at home caring for the baby. Caring for the child by both parents was observed by many couples and references made to fathers' involvement in parenting activities as well as mothers' return to work.

Clare: We definitely, we parent, we are absolutely a team, absolutely, you are the most hands on daddy that I know (James&Clare)

Sian: And you ask me less as time goes on. Definitely. Like when I was at work on Wednesday, you didn't really ask me any kind of questions before I went out really, it's just like you knew what you were doing and I didn't really need to say anything. So I think you've definitely changed.

Joe: Yeah, I think I've definitely changed a bit... (Joe/Sian)

The data describe an unfolding process of transition to parenthood which is sometimes difficult, sometimes frustrating and anxiety provoking and very often provisional. At the same time the couples' descriptions of their transition suggests a willingness to learn between the couple as their parenthood identity becomes more comfortable. This is illustrated in the following quote where the father describes the arrangements negotiated between them due to the demands of their work roles and how these are a work in progress, requiring 'rejigging' at some point in the future:

Piers: I took two weeks off [he's self-employed]. And [then] when [mother]'s been doing 'keep in touch' things [at work] I'm quite able to come and work from home, or work in the loosest sense when you've got an 8 month old around

Chantal:when I go back to work it might be a different story and something we have to think about.

Piers: Yeah we'll have to rejig our approach at that point. (Piers/Chantal)

And in this quote, the mother describes them both 'rallying around' to manage the difficult moments in the baby's care while the father reflects on how the closeness he experienced during his paternity leave was deepened by his physical closeness to the baby during parental 'shift' work:

Catherine: ...If it's a difficult day we all rally round and help each other. So I think yeah his personality for me is the most fun part of it. What do you think?

Blaise: Mm I just think as well as that.. but looking back to the early days when I had my two weeks and we used to take shifts basically at night and I used to sit up, he'd only basically fall asleep on me and so that was my sort of time with him. I really enjoyed that. I watched TV with him just asleep on me.

(Blaise/Catherine)

Again in this quote, the mother describes a common strategy used by many of the couples, discussing how they were going to 'function' or work together:

Chantal: But yeah we discussed it and we felt that actually that was the best way for us to function. (Piers/Chantal)

While these data describe experiences which any couple might have in adapting to new parenthood, what is notable is that these couples, having been through the anxiety of infertility and IVF together as a couple, continue to reflect and discuss how they work together after the arrival of their baby, 'we always find a way to work through it don't we most of the time':

Chantal: Yeah we are definitely getting there. And I think we, even though we have argued more, we are pretty good at communicating with each other and we always talked through situations when we feel frustrated.

Piers: It doesn't usually last long.

Chantal: It doesn't last long exactly and I think you know it's always going to be difficult, it's a hard learning experience for us both and I think we both have [baby's]s interests at heart which has got to be the most important thing and our marriage at heart as well. So we always find a way to work through it don't we most of the time?.. so for us to be able to communicate is important. (Piers/Chantal)

In the main couples relied on families and each other for support as they transitioned to parenthood, and the *close friends and family* that they had disclosed their IVF treatment to.

George: And we've got other friends who we've spoken quite openly about the whole thing, because they know, they're close friends and they know what we're doing. (George/Mary)

Similarly, Clare and James described how 'Their parents and family had been supportive, especially her mother and a cousin who'd also had IVF (James/Clare).

New relationships were formed with others who *had IVF* themselves as these were possibly easier than other potential friendships with couples who had conceived spontaneously which could sometimes be *hideous* (see above):

Sian: Yeah, we're making friends across the road, their child is just over one and we've discovered they've been through it too. (Joe/Sian)

Henry: There was someone I spoke to about it quite a lot as well who had had her first two children with IVF. I don't know, I guess it opens up conversations doesn't it? I mean we're quite frank and open about stuff, so I'd happily talk to people at work about it. And I ended up being quite you know talkative to another colleague, who I'd never spoke to before, but we sort of bonded and had really nice chats whenever we saw each other in the kitchen about our respective [IVF] experiences, because I think they'd had it in the same place. (Henry/Luisa)

The sense in these two quotes is of an emerging identity as an IVF parent who *opens up conversations* with other parents who share their experiences of IVF parenthood and are therefore safe as they can be counted on not to say anything which may be interpreted as hurtful.

Stephen: he wanted to protect baby when she grew up in case anyone judged her for being an IVF baby. He explained he'd heard religious friends say negative things about IVF and didn't want to tell them. (Stephen/Meg)

Catherine described the risk of being hurt in this quote which is her response to *innocent enquiries* about a second child:

Yeah exactly, like I recently told our friend and she was like 'oh I know I shouldn't ask, but are you guys thinking of having a second child?' and I was like 'oh well you know we had to go through IVF.' (Blaise/Catherine)

Here we see how easy an innocent enquiry can be as it reminds the infertile mother in this example of her difference to other mothers who can easily think of a second child.

Considering a sibling

As their identity as an IVF parent emerged, and their confidence grew as a couple in sharing childcare, returning to work and seeking out support from couples who had also had IVF, a further challenge arose which was described by all the couples we interviewed. All the couples described looking beyond their first baby to how they would conceive a second child and in doing so, revisited their infertility in ways which they described as painful. But also this revisiting infertility reminded them of their difficult journey to parenthood, the messiness and anxiety associated with IVF and seemed to represent a threat to their

identity as a parent. In the following quote the mother almost belittles the infertility journey by the words 'it was tricky to get you wasn't it?'

Laure: Obviously he's still very new, so it is and when we're talking about if we are going to try, well we would like to have another one, we also feel that we have to think about the fertility issues there and not only when would be the right time, but also when is the window where we are most likely to be able to conceive. So it is kind of still at the forefront of my mind, because I've still got in the back of my mind that it was tricky to get you wasn't it? (Gerth/Laure)

Other couples were more forthright in describing feeling burdened by emotions as they contemplated a sibling through another IVF cycle:

Joe: That's, that [IVF] would be a barrier to overcome, just because what we went through the before and although it wouldn't be exactly the same because we've got one frozen, but going through it all and it essentially being a waste of time, I just can't ... Well (Pause)

Sian: I know what you're saying.

Joe: I can't quite understand how one copes with that.

Sian: All that emotional torment. (Joe/Sian)

Even when in the same interview (as with Joe/Sian above) they had described IVF as emotional torment, it was not uncommon for IVF parents, when considering siblings, to assert that having had a successful IVF baby it was possible to have a sibling naturally as to contemplate going through a failed IVF cycle was too difficult to comprehend:

Sian: It's tricky because biologically we're in that unexplained category, so you know in theory we could have a sibling for him naturally. But we just don't..... But I'm trying very hard to live in the moment and actually if it doesn't happen, it doesn't happen, because we should be, we've got one beautiful child that at one point we didn't think we were going to be able to have.....

Joe: I can't really comprehend going through it and it not working. (Joe/Sian)

For Piers and Chantal, the "drive" to provide a sibling is *not enough to go through IVF again* and although they have one remaining embryo frozen which they will try they are ambivalent about this too:

Chantal: I think it's really tough and it think it's actually...people probably see it as a great way to have a baby at the time you choose and straightforward, but I would much rather, if I didn't have to go through I, I would much rather have had not to do it. I'm really happy that we've got [baby] and I'm happy that we did it, but if I had the choice I would rather not" (Piers/Chantal)

Other couples viewed using the frozen embryos as less demanding, physically and financially, than further IVF:

Gerth: obviously it would be a lot easier and to put it bluntly you don't have to pay for it either. (Gerth/Laure)

Although having frozen embryos stored in the clinic disturbed some of the couples we interviewed:

Fred: Yeah, we can't just leave them there, frozen for eternity. (Fred/Liz)
And

Piers: we don't really want to leave it there do we.
Chantal: No we are a bit emotionally attached to a frozen embryo which sounds ridiculous. (Piers/Chantal)

DISCUSSION

Our findings suggest that non-donor IVF parents experience the joy of becoming a parent and giving birth to a live baby similarly to other mothers and fathers (Deave and Johnson, 2008; Condon et al., 2004; Barclay et al., 1997). However they also show that infertility and IVF are traumatic events in these parents' lives which they struggle to recover from, even where the joy of becoming parents for many places the suffering in some perspective. One way of managing previously painful experiences among these couples was to be thankful for the infant they have, to 'feel grateful'.

In our study men articulated their involvement in and struggles with conception, pregnancy and parenthood, as others have done in other realms of reproduction (Marsiglio et al., 2013). The data suggest that men's transition to parenthood is shaped by their positioning as one step removed both from the IVF and the pregnancy; it is later once the baby is born that the fathers describe feeling close to their babies as they share childcare and become more confident in being a caring parent. Their descriptions of the positioning of themselves as physically distanced from early stages of reproduction largely due to the emphasis on women's bodies during IVF and the anxiety around loss of the pregnancy, contributes to our understanding of how social policy and discourse (particularly parental leave) constructs both men's involvement with childcare and couples' space for negotiation (Gregory and Milner, 2011). These fathers' growing confidence in their relationship with their babies was acknowledged by the mothers and seems to be further evidence of men performing masculinities in new ways after ARTs (Inhorn, 2011). Marsiglio (1998) has argued that

American men's procreative consciousness and responsibility may have been reduced by lack of involvement (physically, emotionally and socially) with pregnancy, birth and early parenthood for culturally specific reasons (such as lack of cultural vehicles for symbolically experiencing pregnancy and exclusion, until recently, from birth). However while fathering practices may be shaped by normative social standards, by social and cultural mores and norms as well as personal situations and networks, these infertile fathers appeared to develop a sense of and involvement with procreative responsibility in their work as a couple and with networks drawn from other infertile parents.

For both men and women, infertility and IVF retained a significance on their transition to parenthood since all of them spoke at length (unprompted) about their struggles to become pregnant when asked about parenthood. Many of the women in this sample felt ambivalent about their infertile identity and struggled to come to terms with its effects on their transition to parenthood. Several men, and none of the women interviewed, expressed a view that IVF was unnatural; they emphasised their painful IVF experiences when talking about considering a sibling. These findings suggest that a pervasive and lingering 'infertile identity' affects both men and women beyond pregnancy and into parenthood (Sandelowski, 1995; Olshansky, 2003). As infertile couples seek to accomplish a taken-for-granted life transition, their infertility (which Sandelowski theorised as illness work) engages them in a prolonged transition. This transition has been subsequently identified as being at least partly conducted in a liminal space where couples seek to keep their infertile identity a secret (Author's own, 2007). Our findings add to our understanding of transition and the process of mazing described by Sandelowski (1989) by describing ways in which couples described working together as a couple as they transition to parenthood (Chesley, 2011; Gregory and Milner, 2011); this was particularly noticeable in their descriptions of how they managed anxiety during pregnancy and then turned to managing caring for the baby during early months of parenthood. It also seems significant that they sought support from family with whom they had disclosed their infertility and IVF conception or with other IVF couples. They built up a successful partnership to manage their infertility and IVF and used this to develop a working relationship in planning care for the baby especially once the woman returned to work. However in successfully working as a couple, these IVF parents turned inwards and may have either consciously or unconsciously avoided possible supportive

relationships (Gameiro et al., 2010) although they describe forming relationships with others who have had similar (IVF) experiences. These findings validate previous research which suggests that sources of support for couples and for women (McBain and Reeves, 2019) and men separately (Hanna and Gough 2015) are determined not just by the availability of support from social networks but by attitudes within the couple and interactions between them in relation to expressing emotions.

Our findings show how reflexive and thoughtful the couples in our sample were regarding their transition to parenthood. As Gurtin and Faircloth (2019) argue, couples who seek parenthood through ARTs already see themselves as good parents and work within medical and legal frameworks to realise their goals. These couples reflexively saw themselves as future parents despite struggling with infertility and the stresses of previous IVF cycles. As Faircloth & Gurtin (2017) argue the normative and moralistic expectations around reproduction create individuals who need to be ever more reflexive and accountable for their reproductive actions and decisions because there are difficult decisions to be made on this journey to parenthood which make intensive parenting even more intensive. Our couples described negotiating parenting roles and responsibilities as a couple largely undeterred by dominant gendered discourses although several made jokes in reference to gendered stereotypes about fathers' inadequacies in relation to some aspects of infant care e.g. choosing clothes which would suggest that there may be tensions around these forms of negotiation and continuing gendered parenting stereotypes (Faircloth and Gurtin, 2017). Interestingly, our findings show how men and women are aware of the ways in which everyday contact and connections with the baby shape their parenting roles and skills and in particular how men resist and challenge the constraints that paid work has on their growing relationships with their infants.

Our findings reveal an ongoing dialogue between the couples as IVF couples struggle to make sense of their transition to non-donor IVF parenthood after infertility. This is reminiscent of Thompson's ontological choreography (2005) which describes a 'dynamic coordination' between different realms (technology, science, ethics, law, gender, social, emotional, political, financial) which takes place in IVF. Treatments can be abusive, and identities are on the line in the sense that infertile mothers' identities are the ones at risk through their positioning in a liminal space of transition between non-parent and parent and the risks of failed treatments (Thompson, 2005, Author's own, 2007). Our findings show

that this is so for IVF mothers *and* fathers. The fathers described graphically how they found IVF and pregnancy emotionally challenging, and how sad they felt during these experiences. We also demonstrate that the contemplation of providing siblings for their child causes them further uncertainty because of the reminder of their infertile identity and the possibility of further IVF.

The stresses and anxieties of their infertility and IVF imposed tests which as Chatjoui et al, (2017) argue acted as challenges to the integrity and autonomy of the couple. One of the key tests was the ability of the couple to manage the ways in which IVF made conception public and how much this remained individual or was shared among their wider family and friend networks. We show how the burdens of decision during IVF, particularly when considering a sibling and another IVF, firstly, on the individual couple themselves and secondly on the couples in their interactions within their kinship and social networks. Chatjoui et al. (2017) argues “As in the case for many other facets of biopolitical subjectivity in late modernity, (in)fertile citizens are faced with burdens of decision-making, responsibilities, taking risks in terrains of high expertise and as a result of a greater control over their bodies, lives, present and future”.

Limitations

This was a small study with a relatively homogenous sample recruited from one fertility clinic. Our small sample size also means that any intra-theme variation cannot be explored meaningfully. Nevertheless as an exploratory study of an under researched topic it has provided useful insights and ideas for further research with larger and more diverse samples. We cannot say anything meaningful about age (as well as a number of other variables such as diagnosis and length of infertility) as our sample was only 16 couples. We have also interviewed those who are together and happy to be interviewed as couples. All but one of the couples had conceived on the 1st or 2nd IVF cycle and it is possible that for those couples who conceive after multiple cycles or miscarriages, the effects of infertility and IVF may be more profound than described by our study participants.

CONCLUSIONS

We argue that the transition to parenthood for couples who use non-donor IVF in heterosexual non-donor partnerships is underexplored and should be re-imagined as complex and provisional as other new forms of family making. Our findings contribute to understanding how infertility and IVF effects couples preparing for parenthood and the

degree to which anxiety, arising from infertility and IVF, may be present as couples transition to parenthood. In this paper we report novel findings about the experiences of transition to parenthood for previously infertile parents after non-donor IVF. The findings support earlier work (Sandelowski, 1995; Olshansky, 2003) to suggest that parents' infertile identity, formed during their preparation for parenthood, has a lingering effect on their transition to parenthood and particularly when they consider a sibling after a successful IVF birth. Our findings reveal an ongoing dialogue within the couples as they struggle to make sense of their identity as parents and contribute to an understanding of changing practices of masculinity and fatherhood (Johansson and Klinth 2008; Williams 2008) and our understanding of procreative responsibility (Marsiglio 1998; Marsiglio et al., 2013). The findings suggest that parental identities and the transition to parenthood is performed differently following IVF because of the anxiety produced during infertility and IVF. Their parental identity seems to be provisional and unstable particularly when they consider a sibling. While men assert their masculine identities as parents as they work towards a caring, involved fatherhood, these couples appear to accommodate separate and different parental identities partly because of the strength of relationships developed during infertility and IVF.

We contend that a lack of research interest in non-donor IVF couples (which was also identified by Torr, 2001) is because IVF conceptions have been increasingly framed as normative, and naturalised (Franklin, 2013), since they do not challenge genetic or gestational ideas about kinship and family building. However, our findings suggest that, contrary to this view, because non-donor IVF is not experienced as a straightforward or routine process it continues to shape an emerging parental identity and a relationship with partners, family and friends. These results need to be considered in future research and may have implications for future healthcare practice.

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