



Why Lilliana Vazquez Is on a Mission to End the Stigma of Infertility

The E! Host and style expert struggled with infertility for six years before becoming pregnant. Now, she's sharing her journey in the hopes of helping others feel less alone. Here, she reflects on the unique challenges Latinas run up against on their Advanced Reproductive Technology journeys, the loneliness of keeping her heartbreak a secret, and the life-changing power of surrender.

Alicia Menendez:

The first time I spoke with Lilliana Vazquez, E! host and style expert, she alluded to the fact that she was experiencing infertility. She is not alone. One in eight couples have trouble getting pregnant or sustaining a pregnancy. But then this spring, Lilliana announced that she's pregnant and expecting her first child. We talk about the journey to get here and what it will take to break the taboo around infertility.

A reminder, Lilliana is incredibly generous with the details of her experience, but I am not a medical professional, nor is she. What we're sharing today is her story. It does not substitute for professional medical advice, which you should always seek from your physician.

Lilliana, I cannot tell you how truly happy I am for you. The first time that you were on, you alluded to the fact that this had been very challenging, more challenging than you anticipated it being, and I really felt like we were catching you in the throes of it. So, when I saw that news on Instagram, my heart skipped a beat. I can't express how happy I am for you, especially because I know what a long road this has been.

Lilliana Vazquez:

I think when I was on the podcast with you, it was one of the first times I even said that statement, or like you said, hinted at the journey I had been on for a few years even at that point in any public way. But I remember walking out of your studio that day and I just felt so much better, and I hadn't even said anything. And I remember holding onto that feeling saying, "If it felt that good just to even hint at it, or even just to say it to another person that's not my husband or my mom, isn't it gonna feel so much better to just share it?" And I don't know, I don't think I was strong enough to get over that hump and get over that hurdle, so now this incredible news is out there.

But also, being able to share that pain, and that shame, and that isolation with the world, I just feel a thousand pounds lighter.

Menendez: I want you to take me back to the beginning of this journey. How did you know you needed to seek out help in the first place?

Vazquez: I had an amazing gynecologist and I always say that I am so lucky and privileged to have great health insurance through my husband, because that kind of insurance and that kind

of medical access should be equitable and distributed amongst everyone. This is just a human-to-human connection that I think all of our physicians should have with us. At that point, I don't even know that I was sure that I 100% wanted to be a parent, but I knew that I didn't want that option or that choice taken away from me, and that was enough for me to say to her, "Yeah. Yeah, I do want to have children." And she's like, "You know what? At your age, let me just run this super easy blood test. No big deal. Do you have 10 minutes to stay after?" I was like, "Yeah, of course."

And it's called an AMH test. It stands for anti-Mullerian hormone. You and I are both women that are in control of so many things in our lives. I crave knowledge. I crave data. I crave real facts. And I had never heard that acronym. I'd never heard the three letters, AMH, that then changed the course of my life for the next six years. So, we ran the test. I remember I had just come off set at the Meredith Vieira Show, and I saw her number come up on my phone, and it's never a good thing, because it wasn't the office. It was her number. And I thought, "I have ovarian cancer." I immediately went to the dark side.

And of course, I picked up the phone and I was like, "Hey!" And she's like, "Hey, do you have a minute?" And I walked into a private green room and I said, "What's going on?" And she said, "I don't want to alarm you. You're healthy and you're fine." She goes, "Your AMH level came back." I think it was 0.02. And I said, "Okay, what does that mean?" And she goes, "Those are the levels that we normally see in a woman who is menopausal or premenopausal and at least 10 to 15 years older than you." And I said, "Okay. I don't know what any of those words mean. Am I going into menopause? What are you saying?" And she said, "Listen. This is just one test, and this is just an indication of your egg quantity, not your egg quality, but I know that you are thinking about having children. I'm going to recommend that you see a fertility doctor immediately, and we do a full panel of bloodwork, and you have a vaginal ultrasound, because I need all of that information and your doctor's gonna need all that information to even paint a clear picture of what's going on with you."

So, she sends my test to a fertility specialist and they were like, "That was a misread. That test was wrong. There's no way she could have that level." We ran it again. It came back like 0.022. And they're like, "Oh my goodness. It's just not a number that you see in a woman who is 35." And what I've now learned is that it actually is a number that you see in women who are 35, and 27, and 28, because there's not anything physically that will tell you that you have a low AMH. There's no symptoms of that. It's what's happening inside of us. That's what propelled me into this very long, painful journey of seeking out the best doctors in the country. IUI after IUI, IVF, all these alternative-

Menendez: Wait. Break that down for people who haven't been through this. The IUI versus IVF.

Vazquez: Sure. So, when you first go on your advanced reproductive technology journey, it's called ART, A-R-T. They kind of start you slow, and they say, "Okay, well, maybe you just need a little bit of help. Maybe we can just tweak these hormones and then your AMH will maybe increase." It doesn't. At least it didn't for me. IUI is basically an insemination, so what they do is your husband gives a sperm sample, they kind of monitor your cycle, they watch your hormones, they track all of that, and then on the day that you ovulate, instead of leaving it to just having sex and chance and timing, what they do is they bring you into the office and they inseminate you. You lay there for 15 minutes, cross your fingers, say a prayer, and hope that that works.

Well, it doesn't work for everyone. For some people, it does. And that is a godsend. If you can get pregnant from an IUI, like oh my God, I'm so happy for you.

Menendez: Both because it's less invasive and because it's much less expensive.

Vazquez: Yes. It's less invasive and you know, most insurance companies at this point do cover IUIs. I had almost a dozen of them. All failed, obviously. But the reason that we kept going that route in the beginning was because my insurance and most insurances do not cover IVF. And not only do they not cover the procedure, they also don't cover the incredibly expensive drugs that you have to be on. It's called a protocol that you have to take. So, not only is the actual procedure incredibly expensive, but the dosage of the drugs can be \$6,000 to \$7,000 depending on how much you're taking.

So, IUI becomes this kind of default thing the doctors do, because they just want to try before they make you commit \$30,000 to a round of in vitro fertilization.

Menendez: Let's break this down too, this IVF process, for people who are not familiar.

Vazquez: When you're going through IVF, you kind of go in, they do a vaginal ultrasound, they do a follicle count. Everyone has follicles. You're born with follicles. You're born with your eggs. And that number declines drastically throughout your life. And when you go in, they do a vaginal ultrasound, they do a follicle count, most of my follicle counts were always under 10. I had one side, you have two ovaries, so they're both producing, so my left side was always more productive than my right side. My left side would have four. My right side would have like one. And these are very low numbers, and I don't say them to scare people. I say them to create kind of like a reality around this. Most of the times, when people are freezing their eggs or going through this, their follicle count is in the 20s, in the 30s, in the 40s.

The goal of taking these drugs, depending on what you're taking at the time, is to stimulate your ovaries to produce more so that those eggs mature, and you produce high quality eggs. And for me, all of that stimulation period was never really producing any more than four or five eggs. I think on my best month we ended up with like four. And that, to me, at the time, was like, "Oh my God! This is an overwhelming number of eggs. I'm gonna have four babies." You know?

But most of the time, it was one or two, and to go in and retrieve one or two eggs for that number, for \$25,000 to \$30,000 each time, we just couldn't afford it. So, we would always say, "If it's more than two, we'll move forward with IVF, and if it's less than two, we will convert this to an IUI," which is why I had so many.

I didn't experience the physical side effects of the hormones for whatever reason. It was probably emotionally, that was the most challenging part. To me, you're already going through something that feels so lonely, and so sad, and I think the hormones just add to that. And listen, I made a decision very early on not to share this publicly and to only share this really with my husband, a close friend, and my mom. And I can't go back and change that decision, but I can look back and say that I probably should have made different decisions around that, because I think going through this alone is really, really hard, and just it really hurt for so many years. And I think I just wasn't strong enough to share this story publicly.

I was raised by somebody who is incredibly strong. My mom's one of the strongest people in the world that I know. And seeing her strength, seeing her never ask for help, while that's wonderful, it also limits your vulnerability as a woman. And that often happens I think when you are first generation. You don't see your parents break down because they don't have the luxury of breaking down. They don't have the luxury of having a bad day, or calling in sick, or saying, "I need emotional help. I need to talk to somebody." So, if you don't see that modeled for you as a child and as a young woman, it's hard for you to find that for yourself. And I think I was emulating that in this journey that is impossible to do alone.

If I went back and had to do it again, I probably wouldn't make the same choices, but I have to live with those choices now, and I think that they have shown me how important vulnerability is in whatever you're going through, whether it's a medical issue, an emotional issue, or just even something at work. You know, it's okay to ask for help, and it's okay to share that your life is not perfect, and that things are not going according to plan, regardless of how much you're projecting that things are.

And that came with age and maturity, and I just didn't have it. I didn't have it at 35. I really didn't.

Menendez: Once you had those fertilized eggs, were you able then to carry those pregnancies?

Vazquez: We did four retrievals, and in that retrieval, we would get eggs, and yes, some would fertilize. I did four transfers and only the last transfer was the one that actually took. They take out your eggs. They have your husband's sperm. They put them in a lab, and they make an embryo, right? The embryo is one the sperm and the egg have combined. And they're living in this little, tiny incubator and you're just praying that they make it to day five. Day five is the day, or day three, depending on you, but they're basically at day three or day five, they're seeing those cells start to split and they're able to grade the embryo. To say, "Okay, this looks like it would be a healthy pregnancy. This embryo looks like it would "make it." Who the hell knows what that means? Because again, it's a miracle.

And so, we would get to a place where we would have like one healthy embryo, or two healthy embryos, but then they transfer those back into you and there's a million different reasons why that embryo chooses not to take. I don't think enough people acknowledge that when that doesn't work, like you do go through a loss. It's not a medical miscarriage. When they call you and tell you you're not pregnant, your mind goes, "Well, what happened to that baby? Where did it go? And why am I not allowed to grieve this loss?" And when that happens over and over again, you as somebody going through IVF have to put that aside and say, "Okay, that happened, but I want to do this again and I need to move on." And we bury that, right?

And I know so many women that have had embryos, implant, and then they go on to have a miscarriage, right? And just now, we're starting to destigmatize this idea of miscarriage, and because it is actually very normal, especially in older women, as we're waiting longer and longer to get pregnant. So, you know, there is so much loss and trauma that happens as you're going through this, and whatever reason, even our doctors I don't think give us permission to say, "Hey, you lost..." That is a thing. Everyone has different beliefs about when something becomes a baby, but like ask any woman who's been through this, and like, I'm sorry, you transferred my baby into me, right? That was an embryo. That was part

of me and part of my husband. And where did the baby go? It's not here. And if it's not here, then I lost that child. And that's real.

Menendez: What was it like to face down the stigma of infertility? Not just as a woman, but as a Latina?

Vazquez: I always say there's this very hurtful stereotype that exists I think in communities of color, because I've talked to a lot of my Black friends who also have shared this with me. As Mexican women, or as Latinas, you sneeze and you're pregnant. You're pregnant before you even get married because we're just these fertile Myrtles that can pop out babies on command. Again, just not true. And when you look at the statistics and you see Latinas going to college, going to get a master's degree, going to get their PhD, prioritizing their professional careers over getting married and having a boyfriend, we're delaying having a baby. And so, these numbers are continuing to climb and grow, but we're not talking about it because your tía has like some smartass thing to say about the fact that like, "Well, why aren't you pregnant yet mija? You've been married six months, where's the baby? Y el nene, y el nene donde?"

Menendez: For you, there was some professional bad news, which was that your E! show was cancelled.

Vazquez: Yes.

Menendez: But that became an inflection point in this fertility journey.

Vazquez: For sure. I think even prior to that, I mean, I think even just COVID, I think we've all experienced so much loss because of this pandemic, but it's also forced a self-reflection and an introspectiveness that I think has really created a better path for ourselves moving forward. I know for me, it just... I was on a hamster wheel that was never gonna stop spinning. And by the way, I put myself in that hamster wheel. No one put me on it. I chose that for myself. And my husband in a way had his own hamster wheel, and sometimes we would see each other, and like wave as we were running, but we prioritized different things in our careers. We both work in very competitive industries. I think our industries taught us that if you're not this person that's in first, out last, willing to go do whatever job, wherever it is, we are not going to be successful, and you are not going to succeed.

That is garbage. It is not that that makes me successful. It is the skills that I bring. It is the kind of teammate that I am. It is the kind of employee that I am. It's the kind of reporter that I am that makes me successful. And what happened in COVID is like you finally got space from that, right? You got to come home, and work from home, and show people that you were still as productive if not more productive, that you were creative, like beyond what people expected of you, because all of a sudden you have to wear all these hats and people were like, "Oh, I had no idea you could produce like that," or, "I didn't know that you could self-direct."

And so, seeing myself in this new light, and seeing how much value I added to an organization, and to my role, made me say, "Okay, well, I don't have to chase every story. I don't have to travel all the time. I can still add so much value to this organization by just being me and doing my job." And so, I was going through all of that during COVID, and then as my husband and I kind of progressed through the summer, we realized like, "Listen, at the end of the day, we've gone through this journey for so long." We were thinking about starting it up again, but COVID, and I thought, "I'm not gonna let that derail

me.” But more than anything, I think him and I surrendered to the idea of being parents and I stopped saying, “I want to get pregnant. I want to give birth. I want to have a baby.”

I stopped saying all of those things and I don’t mean that I stopped saying them because I didn’t want them anymore, but I had to think bigger. What is it that I really wanted? What was our purpose as a family for Patrick and I? And our purpose was to be parents. Not to get pregnant. And there’s such a shift that happens when you surrender that and you really focus in on purpose, and you hear purpose all the time about your career and about your life, but I have to say purpose was so central to my IVF journey. And I think in that surrender is where we found our ultimate success, because it was no longer about, “I need to get pregnant, and I need to have a baby.” It was, “We want to be parents. We want to put all of the love that him and I have in our relationship into this little person and give this little person life.”

We considered every avenue because I didn’t care anymore. It wasn’t about, “I need to get pregnant.”

Menendez: Well, tell me about that. Because when you and I first spoke, I was already getting glimmers of that. You were crystal clear that you were going to become a parent and you said something to me like, “I’m not sure how, but I know we will.”

Vazquez: Yeah.

Menendez: Which gave me some indication that you were considering additional paths.

Vazquez: Yeah. We would consider... I mean, I think it took a long time. It’s one thing to say that. It’s another thing to push start on that journey. Because when you push start-

Menendez: Especially because those are intricate journeys, as well.

Vazquez: Adoption, surrogacy, donor, whatever it is that you choose, are there... And by the way, not only... It’s like starting over, right? You have gotten so familiar, and I was like my own best IVF advocate because I’d been doing it for so long. Now I’m gonna throw myself into the adoption world where I know nothing and start over again? Is it gonna be three years before this happens? Is it gonna be five years? I have no idea.

And so, we really surrendered to the idea that okay, we are gonna be parents, and started exploring all those avenues deeply and thoroughly. I realized it didn’t matter how we got there. And just the fact that Patrick and I were able to consider those avenues in itself was an incredible privilege that I am so grateful and thankful for. Because that doesn’t exist for everyone. And it made me realize how lucky I am and how blessed I am to be even able to consider these things when so many women and men don’t have those same choices when it comes to their own family planning.

Menendez: Tell me about getting the call telling you were pregnant.

Vazquez: If you know me, you know that I am like on top of everything at all times, and I’ve always done a little extra digging, and I’m a little bit of a detective, and so we actually transferred an embryo on election day.

Menendez: Just like make a stressful situation just a tiny bit more stressful.

Vazquez: So, I remember being in stirrups as they’re transferring and the physician who transferred is great, and I love him, and he’s done my transfers before. And I said to him, “Okay, so

like, I've been here before. What do you think I should do tonight?" Well, he's like, "Listen, please don't watch the election." And I'm like, "Okay. Well, if I don't watch the election, what should I do?" He's like, "Order a big bowl of pasta and have two glasses of red wine." Maybe he said one glass and I think he said two. "You need to just destress and just take it easy, Lilliana. I tell you this every time, but like please, just take it easy."

I go back. Turn on CNN. Order a big bowl of pasta. Drink a glass and a half of wine. And I forced myself to literally pretty much stay in that bed for the next 24 to 48 hours. I went for a walk with Patrick to get breakfast, but this was the first time post-transfer that I had really given myself the luxury of just laying low for 48 hours. I don't lay low for 48 hours. I can't do that. I'm not programmed that way.

Menendez: I actually can't imagine you laying low for 48 hours. I'm getting stressed thinking about you trying to lay low for 48 hours.

Vazquez: But then you have to wait two weeks to find out the results. And my doctor called me in and was like, "Oh, hey. I just want to run some additional blood work. Do you mind coming in?" And I was like, "Yeah, no. No problem." So, I went in, they did a blood test, no big deal. I'm so getting used to getting poked and prodded that I thought nothing of the blood test, but I knew that this was not my beta. This was not the test that told me whether or not I was pregnant. He was very casual about it and I didn't think to question it. I took the blood test, came back to Montauk, and I was gonna take a pregnancy test the next day, because I was like literally ticking off the days on my calendar. And my phone rings, maybe 7:30, and Patrick was still in the city. I was in Montauk laying on a couch reading, and it's my doctor. And now, again, I don't want a call at 7:30 at night from my doctor when I just took a blood test that morning.

So, I was like, "Hello?" He's like, "Lilliana." He's very pragmatic. Very practical. Not a lot of emotion. I was like, "Hello." And I was like, "Hey, is everything okay? Why are you calling me?" And he was like, "I have great news for you." Literally like that. He's like, "I have great news for you." And I was like, "Okay." And he's like, "You're pregnant." No emotion. No like, "You're pregnant!" And I was like, "Wait, who's pregnant?" He goes, "You're pregnant." I said, "How would you know that?" Because again, I haven't had my beta. And he said, "Well, I didn't want to tell you this, but I knew you'd probably start taking pregnancy tests tomorrow, so I didn't want you to be upset one way or happy the other way and then have to correct it on Monday." He goes, "So, I just thought that I'd run it early and if I did see a level this early, then I would be comfortable telling you that you are pregnant."

And I said, "If this is a joke, you have to stop right now. There's no way." And he's like, "You are." And he was like, "Not only are you pregnant," he's like, "But your levels are really strong." He goes, "And I feel really confident that this is your baby." And I'm gonna cry thinking about it. I went numb. People are like, "Oh my God, were you screaming and crying?" I said, "Nope." I went completely silent. I went numb. I couldn't feel my own body because it was the one thing I had been waiting for for so long. I wasn't even ready for the news, right? On Monday, when I went in to take my beta, I would have been ready. I would have been prepared all weekend. I would have done my affirmations. I would have gone in ready.

I wasn't ready. Then I thought, "And Patrick's not even here," so I said, "So, you're 100% sure." And he was like, "Yes." He's like, "The levels indicate..." He's a doctor. "The levels indicate that this is a pregnancy. We'll run the test again on Monday, but yes." And I was

like, “Well, should I take a pregnancy test?” He’s like, “Sure. Do whatever you want. But I took a blood test and I’m pretty sure you’re pregnant and I’ve been doing this for like 40 years. But if you want to take an over the counter-“

Menendez: Knock yourself out.

Vazquez: Girl, you just do what you need to do. He knows me so well. But he totally knew that I was gonna start taking pregnancy tests, and this is what I mean by having a partner in this journey. He knew my personality. And he knew that he wanted to be the one to tell me. And I called Patrick and I think he was like at Penn Station or something and he was like, “I don’t understand.” Same thing. “What?” I was like, “I’m pregnant. We are having a baby.”

And then immediately, because he is so protective of me and of this baby, he later admitted to me that he went into like complete protection mode, which was, “Oh, God. Please let this be real, because I cannot even imagine the disappointment that she would go through if this didn’t work.” And again, I’d never been pregnant in my entire life, so the chances of me miscarrying, probably high, you know? But every day for those first 12 weeks, I lived in complete fear, and I’ve shared this, and I said that most days I would ask myself, “Is today the last day that I’m going to be pregnant?” I really did not start to let myself feel the joy of that pregnancy until I got to December, because I would just wake up and I would be like, “Is this the last day that I get to carry this baby?”

Menendez: Yeah. This is a very common experience for my girlfriends who have gone through IVF, that crossing over from managing your expectations to being able to find joy and embrace your pregnancy is an incredibly difficult emotional chasm to cross.

Vazquez: Yeah. And people can’t understand it because they’re like, “You spent all this money. You spent all this time. Can’t you just enjoy it?” No. It’s not that simple.

Menendez: What is your best advice for someone who’s still in the thick of this?

Vazquez: It’s that one word that I said earlier. It’s surrender. You really have to. And surrender does not come easy to people that like to control every detail and element of their environment. It is counterintuitive. My brain is not programmed that way. I am not programmed that way. And I wish that I was, because I bought every book, and I listened to every podcast that is supposed to make that process easier. Listen, we are wired how we are wired, and you can read, and you can learn, and you can try, and listen, growth is really important. But there is something that comes in that surrender as a couple that really helped me just create more stability and space for what was ultimately this baby.

That came after a lot of work and it came after a lot of struggle. It’s not like I got there three years in or four years in. I got there five-and-a-half years in and that timeline looks different for everyone. And for me, and a lot of reflection and prayer.

Menendez: Here’s my last question, which is what are you most looking forward to about being a mom?

Vazquez: Seeing-

Menendez: It’s going to be a very stylish baby.

Vazquez: Or not. And that’s cool too. I’m just gonna have the baby that either wants to be naked and hates clothes or this baby is gonna be like, “I don’t want to wear any of those outfits. This

is not who I am.” I think for me it’s watching the world through this little person. At 41, you’ve seen a lot. You’ve experienced a lot. Sometimes I tend to be a little cynical about things. And I think it’s a beautiful time for me in my marriage, and also just in my professional career, and in my own life, to get to see how somebody else sees the world and get to start from scratch with their opinions. And I’m excited to see how they operate and how they grow and develop in this world.

Menendez: Lilliana, I love you. I’m so happy for you and I cannot wait to squeeze that little muffin! It’s gonna be so cute!

Vazquez: Thank you!

Menendez: Thank you for joining us. Latina to Latina is executive produced and owned by Juleyka Lantigua-Williams and me, Alicia Menendez. Paulina Velasco is our senior producer. Our lead producer is Cedric Wilson. Kojin Tashiro is our associate sound designer. Manuela Bedoya is our social media editor and ad ops lead. We love hearing from you when you email us at hola@latinatolatina.com, when you slide into our DMs on Instagram, when you tweet at us @LatinaToLatina. Remember to subscribe, follow us on RadioPublic, Apple Podcasts, Google Podcasts, wherever you’re listening, and please, I know I ask this all the time, but do leave a review. It is one of the fastest, easiest ways to help us grow.

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