Motherhood by Proxy

Like many women who dream of becoming mothers, Arthel Neville was willing to try almost anything—even if it meant another woman would carry her child.

August 31, 2015 By Kate Ferguson

Click here to read a digital edition of this article.

When Arthel Neville enters the room, a lingering fragrance fills the air. It's the scent of steel magnolias, and it's only intensified by her clear, direct gaze. Her handshake is warm and firm just before we make our way into a secluded anteroom in an alcove off the bustling lobby of a boutique hotel on Manhattan's west side. Neville seats herself on an upholstered settee that's reminiscent of vintage furniture. She's at ease and ready to share her story of trying for five years without success to conceive a child—an effort that led her to hire a surrogate to carry the child for her.

The first inkling Neville had a problem came in 1998, when the journalist and TV personality paid a visit to her mom in New Orleans. "That's when I noticed that my [menstrual] cycle became really aggressive," she recalls. "I remember being at home in my bathroom, doubled over in pain, to the point that I asked my mom for a Valium."

After a beat, Neville smiles and qualifies her recollection. "Not that my mom has Valium. She doesn't. But this was painful!"

During a visit to the doctor the next day, Neville learned that, like many African-American women, she had uterine fibroids. These noncancerous tumors are composed of smooth muscle cells and fibrous connective tissue, and they grow within the walls of the uterus. As Neville discovered firsthand, fibroids can cause heavy bleeding during a woman's cycle and can create such intense pain that gynecologists may suggest surgery to remove them.

Neville opted to have them removed. "We got them out immediately," she says.

But nearly four years later, the fibroids returned. Neville and her husband, Japanese percussionist Taku Hirano, were trying to start a family, and she couldn't conceive. The fibroids were lodged "right where the egg would implant," she says. "That was the problem that was preventing me from getting pregnant."

Next, Neville underwent another surgery and got fibroid treatments. Then she began treatments with fertility drugs. Neville took oral meds to stimulate ovulation and increase her chances of becoming pregnant. “My husband travels extensively for work, and there was a time when we would meet in cities when I knew I was ovulating,” she says. “As romantic as the meetings in cities sounds, it’s stressful because sex is a little more clinical at that point.”

Neville says she and her husband tried their best to make their time together as lighthearted as possible. In the beginning, it was fun for them to meet each other in different locations. “But then, when you’re on a clock and it’s, ‘OK, me and you, we’ve got 45 minutes; let’s make it happen,’ and then you’re off to the airport and so is he, that’s not so much fun.”

The process was long and arduous, she admits; worse, it didn’t work. After that, Neville’s doctor moved her onto the next phase, injecting the fertility drugs. “I was giving myself injections in my tummy once a day,” she says. “But that also didn’t work.”

At this point, Neville turned to in vitro fertilization (IVF), the procedure doctors usually suggest when fertility drugs fail to get their patients results. During the IVF process, a doctor injects the prospective mother with hormones so she produces multiple eggs, which are later ripened with a med also administered by injection. At the appropriate time, the doctor removes these eggs from follicles in the ovary with a hollow needle. “I cultivated the eggs and we went through the process of extracting them,” Neville says.

Basically, Neville’s eggs were placed in a Petri dish and fertilized with her husband’s sperm. The next step would have been to reinsert the eggs into her uterus. But, once again, fibroids foiled the plan. “I realized the eggs weren’t going to stick because the fibroids were blocking the place where an egg would implant,” Neville says.

Now living in Atlanta, Neville spoke with a friend who had been having difficulty getting pregnant. She’d gotten help from a doctor in Los Angeles. “She conceived at 44,” Neville, who is 52, explains.

Neville’s friend told her the doctor had conducted extensive blood testing and found that her thyroid levels were off. “This was something not every doctor checks, from what I understand,” says Neville. “So I went to see this doctor to have blood panel work done.” He drew eight vials of her blood. But the test results offered no additional insights to explain her infertility.

Soon after, Neville decided to undergo a third surgery to remove her fibroids. But she still couldn’t conceive. Fresh out of options, she decided to take the advice of another friend. “She recommended a surrogacy agency in Los Angeles, so we flew out to LA,” she says.

Basically, surrogacy is when another woman carries and gives birth to your child for you. “There’s a very extensive process there you have to go through—background checks, psychological testing, you name it—which makes sense,” Neville says.

Trends show that women have increasingly turned to assisted reproductive technology (ART) as a solution to difficulties they have conceiving. Surrogacy is a method of ART that fertility experts suggest to women who want children but who face health problems, such as chronic miscarriages, a missing uterus, or conditions that make pregnancy and birth dangerous. It's also recommended for those who had failed fertility treatments and for same-sex couples who desire to start a family.

In general, there are two types of surrogacy: traditional and gestational. Traditional surrogacy uses artificial insemination to introduce semen into the genital tract of the woman who will carry and deliver the baby. A traditional surrogate is the child's biological mother because it's her egg that's fertilized by the father's sperm.

For gestational surrogacy, IVF allows doctors to harvest eggs from the mother and fertilize them with the father's sperm outside her body. The embryo that forms is then implanted into the uterus of the surrogate, who carries the baby to term.

Currently, in the United States, there is no uniform federal legislation governing surrogacy, and laws vary from state to state. What's more, in many instances the laws are extremely unclear. Guidelines concerning surrogacy from the American Society for Reproductive Medicine caution that surrogacy arrangements are ripe for conflicts and disagreements. That's why the organization advises folks to always use experienced, licensed surrogacy professionals.

"Basically, they put you through the wringer to make sure you're fit to do this," Neville says. "The only concern we had was to make sure that we were in the right place, so [if our surrogate changed her mind], she couldn't turn around and say, 'I carried this baby; this is my baby.' We made sure to cover ourselves that way." (Note: California law supports the legal claims of those who will raise the child after birth in gestational surrogacy arrangements.)

After the agency rated Neville and her husband as solid prospective parents, it gave them the OK to move forward in the surrogacy process. The couple looked through a book of potential surrogates to find the right person to carry their child. But the young woman they chose was unavailable.

Undeterred, Neville and her husband found another agency and repeated the process. This time the surrogate they chose was available. But there was still one additional hurdle to clear. "The couple on the other side, on the surrogate end of it, she and her husband have to also go through the process, the same psychological exams," Neville explains. "Well, her husband didn't show up for the first psychological exam. That's when a little bit of a red flag waved in the back of my mind."

Neville's instinct was dead-on. After she booked another appointment, the surrogate said her husband also couldn't attend that meeting. Neville switched the appointment again after talking with her husband, who was "on the other side of the world," she says.

But, once again, there was a problem with the surrogate's husband. "We were waiting for her

husband to get off work to come and he never showed," Neville says. "And we waited and we waited and we waited."

Finally, after about an hour, the surrogate told Neville that her husband wasn't coming. "I was done!" Neville exclaims. "I left the doctor's office and jumped in my car."

Neville stopped home and grabbed her cat. "I got back in my car and just drove from Atlanta back home to New Orleans," she says. "I was done with this."

Later, she spoke to the surrogate. "She was very upset and apologetic, and then she told me she and her husband were having trouble in their marriage," Neville says. "It was always there underneath the surface, but this process just exacerbated it."

Neville had negotiated surrogacy for five years. Now her hopes were dashed. She'd been prepared to become close to the surrogate. "I would have been there every time she had a doctor's appointment, every ultrasound," she says. "I'd have wanted to make sure she was eating right. Whatever it was going to take, that's what I expected to do."

Today, Neville views what happened as God's will. "We were just going to do as much as we could," she says. "But at some point you realize that God gives you what you need and you're not to tempt fate. We'd done enough. This was obviously not meant to be."

Despite accepting this fate, every so often Neville finds herself yearning. Once she saw a little girl and her mother in a sushi restaurant in Atlanta. The woman was Japanese and her daughter was biracial, the child of a black father, Neville speculates. "I had to excuse myself from the table because I knew that's what our little girl would have looked like," she says.

Neville adds that people probably look at her and feel she has everything she's ever wanted. "No I don't," she says with a wistful smile. "But I have what I'm supposed to have, so there you go."

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.realhealthmag.com/article/arthel-neville-infertility-27710-8707