

Keeping your finger on the medical pulse

WOMEN

# I was born with no womb.. but I want a baby with a surrogate

IT TOOK YEARS FOR TABITHA TAYA TO ACCEPT SHE WOULD NEVER BEAR HER OWN CHILDREN BUT SHE FEELS A WOMB TRANSPLANT SHOULDN'T BE THE ANSWER FOR ALL WOMEN LIKE HER. BY AMANDA REVELL WALTON

**W**hen the news broke that the world's first successful womb transplant patient, a Turkish woman called Derya Sert, was pregnant, model Tabitha Taya felt like her emotions were all over the place.

Even more so when, weeks later, it was announced that five women were to have womb transplants next year.

From the age of 15, 26-year-old Tabitha has known that she will never be able to bear her own children because she suffers from a syndrome called Mayer Rokitansky Kuster Hauser, MRKH, which means she was born without a womb.

The syndrome affects as many as one in every 5,000 women worldwide but until recently has rarely been discussed.

Because she still has ovaries and fallopian tubes, Tabitha could be a biological mother if another woman carried her eggs. But she believes women like herself, as well as the thousands of others who have had their wombs removed due to cancer or other diseases, should think very carefully before opting to take the unknown risk of transplant surgery.

Derya Sert went on to suffer a miscarriage. And Tabitha says: "I feel very strongly about the devastating effects, physically and mentally, that womb transplants can have on patients who are often vulnerable and desperate to conform to the norm and bear their own child.

"Is this for the benefit of the woman or for the glory of a medical breakthrough?"

Instead, she says, those women who want to be moms of their own biological babies should look towards surrogacy - like model Caprice, who has just announced a surrogate is carrying her child.

The 41-year-old lingerie designer also got pregnant naturally just weeks after the gestational surrogate was implanted with her own and her partner's embryo. This means that Caprice is now expecting two babies, four weeks apart.

Tabitha says: "I can understand why a woman would want a womb transplant so she can go through the pregnancy herself, but it may be safer to go through surrogacy, which is tried and tested with minimal health implications."

Like the majority of women who suffer

from MRKH, Tabitha didn't find out that she'd been born without a womb until her mid-teens when her menstrual cycle didn't start.

"All the other girls at school would moan about their periods and I'd just nod and say, 'Yeah, I understand!' But I didn't have a clue what they were going through!"

"Mum would ask me a few times if I'd started my periods and say, 'Don't worry. It will one day!'"

Then her mum Niki suddenly died of cancer when Tabitha was just 15.

"Three months later my mum's concerned friend took me to my GP who ended up doing every test possible. Eventually he said I might have MRKH and I had a minor op called a laparoscopy, which allows the surgeon to see inside your abdomen with a camera.

"When I came round from the anaesthetic, I remember the doctor telling me the news. As suspected, it was MRKH. I didn't have a womb. I was woozy from the op but I still felt angry, and my first thought was, 'OK, you've taken my



WOMB: Derya Sert had a transplant

mum from me - now you've taken away my options of being a mother myself'.

"That day was all very hazy. My friends picked me up from hospital. I didn't want to be down or miserable, so I joked, 'Don't worry guys, I'll get one of you to carry my baby!'"

"I told them I actually felt quite lucky after what they'd said about their periods with all the pain and mood swings but inside I felt empty and desolate.

"As a girl, you always expect to become a mum but how was that going to happen?"

"At home, I read the leaflet the doctor had given me, but I never really talked to anyone about it."

At around this time Tabitha started modelling and was made carnival queen attendant of her hometown Trowbridge in Wiltshire, and despite her smile, inside she was struggling to deal with the condition, compounded by the loss of her mum.

Tabitha, who has two older brothers, says: "I dealt with my emotions internally and quietly. I started drinking a bit too much and cutting my arms.

"At that time I was modelling wedding dresses. I had a show to do and the night before I drank too much. I was in a

mess and I ended up cutting my wrists. I quickly sobered up, realised what I was doing and texted my friends who took me to hospital where I was patched up.

"Self-harming was more about release than suicide. I had so much anger in me that I needed to get it out."

But months later, Tabitha attempted suicide again. She says: "I can vaguely recall ringing a friend then I woke up in the hospital.

"I had people around me who loved me, but I still felt confused, very unloved, very lost and alone. I felt that no-one could really relate to what was going on with me.

"But I realised that this needed to stop, so I took some days off school. I knew I had to deal with how my body was and accept it. I can't change the way I am. So I did what my mum would have done - be strong and just deal with it."

And modelling was her saviour. She explains: "As much as people say modelling can make people ill with anorexia or bulimia, it was the reverse for me because it made me realise I had to stop harming myself in order to do what I loved."

Tabitha went on to do photoshoots for L'Oreal, Hobbs and magazines in between studying for her GCSEs and A levels. And she started a relationship, moving to London with her boyfriend to set up a children's entertainment company.

However, the relationship began to flounder as Tabitha says she felt guilt about the possibility she might not be able to give her boyfriend the family he craved.

She says: "You still produce eggs, you just can't carry a child, so IVF and surrogacy

I started drinking a bit too much and cutting my arms



TOT: Tabitha had MRKH from birth



MEMORIES: Her mum Niki died of cancer



TROUBLED: As Carnival Queen (far left)

40 BE HAPPY  
41 BREAST  
CANCER LATEST  
42 DR MIRIAM

**CAMPAIGNER:**  
Tabitha wants  
greater awareness  
of MRKH



## WHAT IS MRKH?

MAYER Rokitansky Küster Hauser syndrome affects one in 5,000 women and sufferers are born with it.

It is characterised by the absence of a vagina, cervix and the uterus (womb). It is also associated with kidney, bone and hearing difficulties.

The ovaries are usually present and function in the same way as any other woman's by producing eggs and female hormones that keep you healthy.

### How do women know they have the condition?

Women usually discover that they have no vagina, cervix or uterus during puberty when their periods fail to start or if they have difficulty having sex due to a narrow or shortened vagina. Although they develop breasts and pubic hair, they do not start having periods. This is because the ovaries produce the female hormones that make normal development occur, but the absence of the vagina and uterus mean that there is no period.

### How is it diagnosed?

Firstly with a GP or gynaecologist examination.

A blood test will check for chromosomes and exclude any other genetic abnormalities. An ultrasound scan or MRI scan can confirm the absence of the vagina, uterus (womb) and cervix and the presence of ovaries.

About 40% of MRKH cases involve kidney and urinary tract issues. For example, 15% have only one kidney and a renal scan or X-ray of this area may also be recommended. 10% of women experience some hearing difficulties and another 10% may have bone changes.

### Is it possible to have a baby?

While a sufferer cannot conceive or carry a baby, her eggs can be removed through the vaginal wall and fertilised by a partner's sperm and then placed in another woman's (surrogate mother's) uterus. Adoption, of course, is another option.

### What are the psychological effects?

Most women and their parents find this condition very difficult to accept at first and express feelings of shock, anger, depression, isolation and rejection. Many parents also feel very guilty. Counselling is advised.

SOURCE: WWW.MRKH.ORG.UK

are the way you can have your own genetic baby. But it's far from being a dead cert, the odds are two to one.

"My boyfriend wanted his own family and that freaked me out a bit because I thought, 'What if I can't give you that?'"

It was a pattern that destroyed several other relationships.

"The guys I have been with always want their own child and I thought, 'There is a chance you might not get that with me! I felt I'd be taking something away from them if it wasn't possible. So I'd end things with them.'"

It wasn't until Tabitha was 22 she finally got the support she needed to live with her condition.

She says: "I changed my GP and the new one said, 'Oh, you have MRKH. Have you seen a specialist?' I said I didn't know there was one."

"Until this stage I'd felt alone with MRKH. Then I found out one in 5,000 women are born without a womb."

Tabitha was referred to the Queen Charlotte & Chelsea Hospital in London where she was given information on the condition and also found out about a support group for others like herself.

It was at this point the seed was sown to set up a charitable company to raise awareness of MRKH.

Tabitha says: "I hadn't realised there was a support group as there was no awareness about MRKH - that's when I decided I wanted to do something."

Four years on, Tabitha is seeing her dream come true. She has just given up her job as an office sales manager to concentrate on launching Living MRKH. She says: "I want women to know where they can get help for it, to clear the

pathways for them and to let them know they're not alone.

"I went for seven years without knowing there was help. That seems to be the same story for other women who I have spoken to with this condition. I want to make things easier."

Tabitha is now in a relationship with Peter Robinson, a 29-year-old publishing director, who knew about her condition from the start.

"I've realised if someone loves me it's because they want to be with me, not so I can give them a child," she says.

They plan to try for their own baby in the next few years with IVF and surrogacy. They are also looking into adoption because of the current loophole in the law surrounding surrogacy.

Tabitha says: "The problem with

surrogacy is you have to adopt your own child once the baby is born. There is no paper to sign to say the surrogate will give up the baby. You take the risk of going through it and not knowing if you will have to fight to get your baby back if the surrogate decides to keep that child. One of the women I read

about wanted a womb transplant because of the poor legality around surrogacy and adoption.

"This is what we need to be looking at and trying to change, so that women without wombs can have more options to become mums. Our laws need to accommodate for this situation."

In the meantime, Tabitha continues to push for greater awareness around MRKH. She says: "Talking about MRKH shouldn't be a taboo. I want to send out a message that any woman who has MRKH can still be a mum!"

"We were made the way we were. I see no shame in that."



**COUPLE:**  
Tabitha and partner Peter

I didn't know one in 5,000 are born with the condition



TABITHA TAYA'S WEBSITE IS WWW.LIVINGMRKH.ORG.UK. FOR ADVICE AND SUPPORT WITH MRKH VISIT: WWW.MRKH.ORG.UK