Can men have babies? Research indicates they can, and volunteers are already lining up for

MALE PREGNANCY

BY DICK TERESI AND KATHLEEN McAULIFFE

There it was. After all the fruitless affairs, the callous rebuffs in singles bars, and the disbelieving looks of his friends, Jake found himself staring at his dream woman. She appeared in the form of a blind advertisement in the personal columns of The New York Review of Books:

SINGLE WHITE FEMALE, 38, successful businesswoman, seeks warm, nurturing, maternal SWM, 25–32. Let's have a baby. I'll pay the bills, you carry the child. Looks not important but ample abdominal cavity a plus. Send recent photograph and histocompatibility profile to Box 20035.

PAINTINGS BY ELLEN GOING JACOBS
At last, Jakue thought to himself as he composed a heartfelt letter to the anonymous advertiser at Box 20035. I just hope she doesn’t insist on natural childbirth.

Okay, so maybe it won’t happen quite like that. But it will happen. Someday a man will have a baby.

Already, a male baboon has proved that males can get pregnant. Male mice have also carried babies. And the medical literature is stuffed with dozens of case histories of women who became pregnant after receiving hysterectomies—proving that you don’t need a womb to carry a baby.

Our fictitious hero need not worry about natural childbirth, though. It will be anything but natural. What we’re talking about is implanting an embryo into a man’s abdominal cavity, where the fetus would take nourishment, grow to term, and be delivered by an operation similar to a cesarean section.

But we’re getting ahead of the story. Public awareness of male pregnancy developed six years ago, thanks to a remarkable birth in New Zealand. In May 1979 Margaret Martin, a twenty-nine-year-old Auckland woman who just eight months earlier had undergone a hysterectomy, gave birth to a healthy five-pound baby girl. An errant fertilized egg had lodged in her abdomen, on her bowel, where it received enough nutrients to grow to term without the aid of a uterus. Dr. Peter Jackson, Martin’s gynecologist, reportedly told journalists that the birth proved it was possible for a man to be made pregnant by placing a fertilized egg on his bowel.

Tabloids the world over announced that the era of pregnant men had arrived. The story struck a nerve in many men. Scientists doing work on the cutting edge of human reproduction were barraged with letters from men who wanted to be mothers. Some were transsexuals. But others were conventional men who simply wanted to experience the joys of pregnancy.

With this background, Omni decided to check out the scientific possibilities for male pregnancy. What we found may surprise you.

The New Zealand case was not the first evidence for male pregnancy. Back in the mid-Sixties, Dr. Cecil Jacobsen, of George Washington University Medical School, performed an unusual experiment that commanded little attention at the time. He and Dr. Roy Hertz transplanted the fertilized egg of a female baboon to the abdominal cavity of a male baboon. The embryo attached itself to the omentum, a fatty tissue loaded with blood vessels that hangs down in front of the intestines like a protective apron. “It got adequate blood supply and nourishment,” Jacobsen reports. “So with very moderate chemical support, the male baboon was able to carry the pregnancy to term—that is, well past four months.”

The experiment was testimony to the hardy independence of the embryo. One key to the embryo’s integrity is its ability to produce a placenta, the vascular organ that normally attaches to the uterus and draws nutrients from the mother. Or in this case, the father—as studies by Jacobsen and others show that the fetal placenta is a versatile, opportunistic, and perhaps even an indiscriminate organ. As UCLA neuroendocrinologist Roger Gorski puts it, the placenta is an “eroding tissue.” It seeks out and opens blood vessels. Because of this, it appears that the fetus may be able to attach itself to any site rich in blood and nutrients. Jacobsen’s team experimented with implanting fertilized eggs on the kidney and the spleen as well but had best results on the omentum.

The experiment did not result in the birth of a fully developed baboon baby. When Jacobsen says the male baboon carried the pregnancy “toward term,” he means that the fetus had reached a point at which it had “survived embryonic development.” The

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One of the few men to truly understand the challenges of childbirth was, remarkably enough, Groucho Marx. “Men always complain that they can never know what it’s like to give birth,” he said. “I tell them it’s easy. Just take hold of your lips—now fold them back over your head.” Frequent Omni contributor Barbara Rowes asked seven male celebrities for their feelings on the medical possibility of men having babies. Here’s what they said:

“T’ll deal with the morning sickness. I’ll accept the lower backache. I’ll breastfeed if necessary. But labor pains have got to go. I’ve got enough trouble with cramps.”

Harvey Fierstein, playwright, author of Torch Song Trilogy

“The closest thing that I’ve experienced to childbirth has been kidney stones.

They say the pain from kidney stones approximates the pain of having a child, but I’ve never heard of anyone saying let’s have a kidney stone in nine months. I’m grateful to women for doing this job, and I’m a bit envious of that certain closeness that men have not been able to experience with their children. But then, I’ve got a bad back to begin with.”

Dennis De Young, former lead singer for the rock group Styx

“T’ll speakless.”

Henry “The Fonz” Winkler

“It’s interesting that you asked me this because several years ago, in the play Marco Polo Sings a Solo, I actually played the son of a man who gave birth to me. Needless to say, at the time it seemed like a total fantasy. But here we are in 1985 talking about it in the realm of poss-

Alex Godunov, ballet dancer and one of the stars of Steven Spielberg’s Money Pit

“Men giving birth to babies in the twenty-first century? I’m immune to it.”

Stuart Berger, best-selling author of Dr. Berger’s Immune Power Diet

“T’ll speakless.”

Dustin Hoffman

“T’ll speakless.”

Dunno
normal gestation period for a baboon is seven months. At four months, Jacobsen and Hertz “delivered” the fetus. “Had we wanted to,” Jacobsen says, “we could easily have taken the pregnancy to term, because embryonic development was normal, and the fetus was alive when we surgically removed it from the male’s abdomen. But we didn’t bring it to full maturity because that was not the purpose of our study.”

So what was Jacobsen trying to do? He and female-cancer expert Hertz, who is now deceased, were by no means interested in allowing males to have babies. They were concerned with pregnant women who develop ovarian cancer. The ovaries produce various female hormones. At what stage, they wanted to know, is it safe to remove the ovaries without causing a miscarriage? “The question wasn’t whether a male could bear a pregnancy,” Jacobsen explains, “but at what stage does the embryo make all the hormones needed to maintain a pregnancy? You can answer the question in two ways. You can go ahead and take the ovaries out of different females and see how many babies you lose. Or you can transfer a fertilized egg to the male animal and see if the fetus can survive in different stages.”

The experiment is striking, though controversial, implications both for men who want to have babies and for the field of obstetrics and fetal development in general. Contrary to what many researchers at the time thought—and still think—male hormones may not be required for normal embryonic development. The baboon operation implies that the fertilized egg may be autonomous, producing all the hormones it needs for its own development. “That was the marvel of our discovery,” says Jacobsen.

Not everyone is similarly impressed. Two decades later, the study remains largely obscure even to specialists in gynecology and obstetrics because Jacobsen never published the results. “It was one small part of a much broader project,” he says. Not unjustifiably, this has raised doubts in the minds of some of his peers. Says one critic, who asked not to be identified, “I’m dubious of the veracity of that claim because it never appeared in a bona fide scientific journal.”

Still, Jacobsen has some heavy credentials. Now director of the Reproductive Genetics Center, in Vienna, Virginia, he is credited with developing and first using amniocentesis, a prenatal test that involves extracting amniotic fluid from the womb to detect chromosomal abnormality in an unborn baby. That was in 1967. Today physicians use amniocentesis almost routinely on older women and others at risk for giving birth to babies with genetic defects.

Jacobsen is the only scientist on record who has experimented with male pregnancy in primates. But he says that similar work has been done with fowl, rodents, salamanders, and other amphibians.

In a series of experiments in the early Sixties, for example, Dr. David Kirby, of England’s Oxford University, transplanted mouse embryos into the testes, spleens, and kidneys of adult male mice. Kirby got the best results in the testes, where one embryo developed in “perfect condition” for 12 days—about half the normal gestation period for a mouse. Kirby, now deceased, theorized that the testicle capsule was simply not elastic enough to allow the embryo to mature fully. The experiment did show, however, that testosterone and other male hormones found in high concentrations in the testes do not thwart normal embryonic development—a positive sign for those males who want to have babies.

But perhaps the best hope for these men comes not from animal studies but from strange pregnancies in women. According to the medical literature, there have been some 24 cases worldwide in which women became pregnant despite having had hysterectomies. While 23 of these ectopic pregnancies (ectopic in this case means outside the uterus) didn’t result in live births, they offer considerable evidence for the possibility of wombless childbearing.

Women without uteri have given birth. In these rare cases, the fertilized egg works its way into the abdominal cavity, which expands to accommodate the fetus.

growing inside the abdominal cavity. In August 1979, Dr. George Poreta attempted to perform an appendectomy on a Michigan woman suffering from stomach cramps. “I opened her up expecting to find an appendix,” Dr. Poreta told the Associated Press, “and there was this tiny foot.” Prematurely delivered, the “appendix” weighed three pounds, five ounces and was named Joseph Thomas Cwik.

An abdominal pregnancy is precisely the kind of pregnancy the first man/mother will have to endure. It is dangerous. Estimates vary, but the maternal mortality rate is about 6 to 7 percent. Part of the danger stems from the fact that such pregnancies are often not diagnosed until the woman is in the operating room. John Money, a pioneer of transsexual operations and professor of medical psychology and pediatrics at Johns Hopkins Medical School, points out that the “extraordinary thing about the New Zealand case [Margaret Martin] was that the medical person in charge made the correct diagnosis.”

In July 1981, doctors prepared to deliver a New Jersey woman’s baby by cesarean section because ultrasound studies indicated there was a large tumor on top of her womb. The womb, as it turned out, was empty. The “tumor” was actually a seven-pound, ten-ounce baby
There are two alternatives to this scenario. First, conception could take place in the woman’s body, most likely through artificial insemination. The fertilized egg would then be flushed out of the womb and implanted in the man. This is the method used in the process called embryo transfer, when a fertilized egg is moved from one woman’s womb to another’s. Shetlles, for one, prefers the in vitro method, however, because it allows more control.

Second, it is debatable whether hormonal treatment is needed. In January 1984, before an assemblage of sex researchers at a Kinsey Institute symposium, John Money raised the possibility of male pregnancy. He was encouraged in the discussion period afterward to hear Gorski say that the hormonal technology was sufficiently in place to carry off such a pregnancy. Today, Gorski still maintains that on a hormonal level, male pregnancy is possible. But Jacobsen’s baboon study indicates that priming the male with female hormones may not be necessary. “Maybe that’s right,” Shetlles says. “It might well be that when the male gets a new inhabitant, his body adjusts.”

Or perhaps the embryo/fetus is a self-sufficient alien within us. Richard Harding, a fetal physiologist at Monash University, in Australia, supports that hypothesis. “You know, on an endocrine basis, on a hormonal level, the fetus appears to be totally autonomous,” Harding says. “It generates its own steroids after a certain period of time. The placenta produces a lot of the steroids that are necessary for fetal survival.”

In vitro fertilization or embryo transfer, hormones or no hormones, male pregnancy is not a popular idea today in the medical establishment. “It’s an outlandish proposal,” says Gary Hodgen, who is the scientific director of the Eastern Virginia Medical School’s Jones Institute for Reproductive Medicine, in Norfolk, the leading in vitro fertilization clinic in the United States. Hodgen’s main objection to male pregnancy (he used the word outlandish at least five times when interviewed) is that it’s tantamount to ectopic pregnancy, a life-threatening condition. “As a male, I obviously don’t have a uterus, right?” A male who would request the transfer of an embryo to his abdomen would be asking the medical personnel involved to advocate him taking on a life-threatening condition that wouldn’t even be to the benefit of another extant person,” Hodgen emphasizes. “That’s antimedicine.”

Dr. Jack Hallatt, an expert in abdominal pregnancy at Kaiser Permanente Medical Center, in Los Angeles, says: “There’s no way doctors could avoid the dangers of hemorrhage [during the pregnancy]. And it would be catastrophic. There’s no way it would willingly be attempted.” Hodgen agrees that you can’t eliminate the danger of male abdominal pregnancy. “Think a minute why,” he says. “It’s apparent. The placental sac and the baby, at term, are going to weigh on the order of twenty-five pounds. And all of the months this is growing, this bag may be twisting and turning.”

Cecil Jacobsen feels that the risk posed by an abdominal pregnancy has been greatly exaggerated. The condition, he says, tends to be lumped together with the much more common ectopic pregnancy in which the fertilized egg becomes lodged in the Fallopian tubes. “Any type of ectopic pregnancy in the tube is dangerous,” Jacobsen says, “because it is a closed cavity that can’t expand. But the abdominal cavity can expand. It is a risky condition, but if the pregnancy is watched carefully, the risk of death is low.” Even so, Jacobsen is not anxious to be the first physician with a man/mother for a patient. “Sure, it’s feasible,” Jacobsen insists, “but why in heck would you do it? In my opinion it would be an abuse for males to use the technology in that way. I think the proper use of the technology would be for women who have no uterus but want to have a baby. That’s where I think medicine will first do it.”

Perhaps it would be an abuse of the technology to use it on men. Still, there will be men who want it. Who are they? What kind of man would have a baby? Johns Hopkins’ John Money originally envisioned only one kind of person—the transsexual. “If male pregnancy ever became possible,” Money says, “the first applicants would be male-to-female transsexuals, because it’s so terribly important to them to experience everything a woman can experience.”

They’re already lining up. In July 1984 a group of at least six male-to-female trans-
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Sexuals requested admittance to the in vitro fertilization program at the Queen Victoria Medical Center, in Melbourne, Australia. They wanted to have babies. The Melbourne center turned down the request.

Garrett Oppenheim, a psychotherapist in Tappan, New York, says male pregnancy “would be the most magnificent breakthrough since the sex-change program came into effect.” As director of Condi-Personal Counseling Services, Inc., Oppenheim evaluates and counsels those who apply for a sex change, to help them decide whether they should undergo the necessary hormonal treatment and surgery. There are approximately 20,000 transsexuals in the world today. “And most transsexuals want to experience womanhood in all its facets,” Oppenheim says.

A social worker currently undergoing a male-to-female transformation verified Money and Oppenheim’s views. “If it were possible to become impregnated and have a baby,” says Jerry (a pseudonym), “I would do it, without hesitation and at all costs. I’d walk out on my man if I had to. If it came down to choosing between having a baby and staying with the man I love, I would leave the man I love and have a baby.” Jerry remained undaunted by the prospect of cesarean section, but he did have one reservation about carrying a baby in the summer months “with the heat and all.”

Transsexuals do have one advantage over other males. They can nurse a baby—at least according to one doctor. Dr. Leo Wolfman, a Brooklyn psychiatrist who has treated 2,800 transsexuals, claims he hormonally primed one of his patients so he could breast-feed his own child. This patient had remained married to his wife after transforming from male to female. The wife was carrying their biological baby, and after she gave birth, both parents took turns nursing the baby. Wolfman claims his patient had “a breast development to rival his wife’s” and that he gave him a drug to induce lactation.

But men who want to have babies may not necessarily want to mimic women in every respect. They are not all transsexuals. When a tabloid erroneously reported that Monash University’s Harding had transplanted mouse embryos into male mice (he hadn’t) and that his research team was looking for human volunteers (it wasn’t), he was deluged with letters, mostly from men. He received phone calls in his Australian lab from as far away as Alaska. Harding suspects that many of those who wanted to carry their own babies were homosexual. But others were heterosexual men who had infertile wives. Still others were single men who wanted to fulfill their need for a child. There were even letters from women who were infertile and who wondered if their husbands could carry their baby. Shettles has received similar inquiries through the years but says he has never received a call or letter from a transsexual. “The

men who called seemed very normal,” he recalls. “I guess they just wanted to have the experience of having a baby.” Shettles was also contacted, like Harding, by men whose wives were infertile and who wanted to “take the tension off the wife.”

Then, of course, there’s womb envy. “If little girls want to have penises,” says Dr. John Munder Ross, “boys also, at some level, want to have wombs and breasts.” Ross, a psychiatrist with Cornell Medical College, cites the phenomenon of couvade syndrome, in which husbands suffer the symptoms of pregnancy—weight gain, backaches, nausea, and so on—while their wives carry the baby. “Most of the men I’ve analyzed during their wives’ pregnancies have expressed wishes to have babies and have developed symptoms,” Ross says.

In any case, when the time comes for the first embryo transfer into a man, there will be no shortage of volunteers—and no shortage of critics, either. Most researchers we talked to admitted that a huge stumbling block to male pregnancy would be ethical and moral objections. Already, the Michigan state senate is sponsoring a study to assess its citizens’ attitudes toward new birth technologies, including male pregnancy. Presumably, not everyone in Grand Rapids will be overjoyed with the idea of men in maternity clothes shopping for nursing bras.

But how do feminists feel? Do they see male pregnancy as their chance to escape biological destiny? Gloria Steinem, for one, believes that pregnancy could make men less violent. “Giving birth has made women value life more,” says Steinem, an editor and cofounder of Ms. magazine, “and we are far less violent by all measures.”

Flo Kennedy, the black feminist who popularized the slogan “If men could get pregnant, abortion would be a sacrament,” also saw a benefit: “Certainly this is an opportunity for a woman to have a leg up, if she’s got brains enough and guts enough to take advantage of it. She should take a rest and let the man do the work. It’s a possible step toward women gaining on men, at least in terms of cocktail-party jokes.”

But serious doubts remain. In the Seven-