



CANBERRA FERTILITY CENTRE

IVF STORY

IVF IN YOUR 40s IS A HARD, LONG ROAD



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IVF in your 40s is a long, hard road

Women delude themselves if they think childbirth can easily be postponed into their 40s, writes **Anne Fox**

SIXTY is the new 40, 40 is the new 30 and 30 is the new 20. It's an oft-repeated theme in today's media. Unfortunately, as I've learned to my cost, the way you look and feel does not determine your reproductive age.

My partner and I did not seriously discuss the possibility of having children until I was in my late 30. When the topic was finally broached, I argued that my desire for financial independence, along with our high-pressured careers, and the impact that children would have on our lifestyle and relationship, would make having a family impractical. Underlying these concerns was a reluctance which reflected my own chaotic childhood.

After some months of relationship counseling, I eventually agreed to try to have a child. However, it was not long before my decision was tested by the discovery that I had a fertility problem.

Contrary to popular belief, this hardly made me unique: as we found out at our first consultation with the fertility specialist, infertility affects one in six Australian couples.

There are numerous causes, but from 39 onwards, age is the most important consideration. At 22, the chance of conceiving each month is 25 per cent but at the age of 36 that figure has fallen to 15 per cent, and by age 43 it's only 5 per cent.

Even more illuminating are the miscarriage rates: 10 per cent for the 20-24 age group, 25 per cent between the ages of 35 and 39, and a staggering 50 per cent from age 40 to 44 — all of which compounds enormously the challenge older would-be mothers face in achieving a pregnancy and carrying it to term.

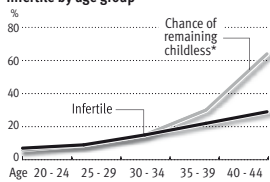
No less frightening is the probability of chromosomal abnormalities. At age 20, the risk is only 1 in 600, but by age 42 it increases to 1 in 39.

Reeling from information overload, and somewhat sobered by the odds we were facing, we nevertheless decided to embark on a round of diagnostic tests.

When we first saw the fertility specialist I had just turned 40. To our relief, most of the more serious causes of infertility were eliminated. The final test was to "challenge" my ovaries to determine if I had gone through menopause early. This involved a series of hormone injections similar to those used in IVF treatment. After some trial and error, my ovaries finally roared into life. As they had produced nine eggs, it was recommended that we convert to an IVF cycle in order to make the most of this precious harvest. Somewhat

FERTILE GROUND

Percentage of married women who are infertile by age group



* Historical data based upon the age at which a woman marries
Source: American Society for Reproductive Medicine

shell-shocked by this unexpected development, but grateful that something was at last happening, we proceeded with the recommended treatment.

It was an uncomfortable, expensive, and emotionally draining experience which, in the end, yielded only a single embryo that did not result in a pregnancy.

Disappointed, but still hopeful, we returned to the specialist to discuss our options for further treatment.

The IVF experiment had confirmed the explanation for my lack of a menstrual cycle as "hypothalamic amenorrhoea". The treatment recommended for this condition was "ovulation induction" — an artificial means of inducing a natural ovulation cycle. This path offered a similar chance of conceiving as a healthy, fertile couple but, at my age, that was still only 7 per cent per month.

When, after two years, it became clear that this treatment wasn't working, my advancing age gave us no choice but to try IVF. This more aggressive form of treatment would double the probability of a "take-home baby", to around 10 per cent per cycle.

We were hoping for better odds but, like natural conception, IVF pregnancy rates are affected by age. The older a woman becomes, the fewer eggs she has, and the fewer which mature each cycle. The eggs are also lower in quality and therefore less likely to produce a normal, healthy child.

Unfortunately, IVF cannot compensate for this natural decline in fertility (unless a donated egg is used). Given these sobering facts, I was reluctant to make the considerable



Longing: Couples waiting too long sometimes find IVF isn't simple

physical, emotional and financial investment that would be required. However, in order to satisfy ourselves that we had explored every avenue, we proceeded with treatment soon after my 42nd birthday.

Much to our disappointment, only two eggs were collected in the first cycle. We were

therefore surprised to learn that both eggs fertilised normally and even more shocked to discover, some 14 days later, that I was pregnant. We were thrilled, but conscious that at my age there was a 50 per cent risk of miscarriage, and a 1 in 39 chance that the baby would have a chromosomal abnormality.

At seven weeks we had our first ultrasound to check the viability of the pregnancy. We came away with more than we bargained for: I was carrying identical twins! We were informed that the risk of miscarriage was even higher with twins but, with the babies' heart beats reported as good, we were still confident.

By the time I presented for the 12-week ultrasound that screens for genetic abnormalities, the risk of miscarriage was down to 2 per cent. Imagine my horror then, when the ultrasound revealed that the twins no longer had a heartbeat.

The medical staff couldn't have been more understanding, but this did little to alleviate my grief. It wasn't until the miscarriage that I realised how much I had wanted a baby. To discover, almost too late, that I had been mistaken in my belief that I didn't want children only intensified my sense of loss.

More bad news was to come. Genetic analysis revealed the miscarriage was caused by Down syndrome. One of my worst fears had been realised, and any remaining illusions regarding my reproductive age had been well and truly dispelled.

With time now rapidly running out, we revisited the fertility specialist. He was less optimistic about our prospects, but indicated that there was still a chance of success until I turned 43. After this, he said "nature could do a better job" than he could. Based on this advice we resolved to squeeze in as many IVF cycles as possible.

After waiting impatiently for my body to return to its pre-pregnancy state, we finally commenced our next IVF cycle two months later. Once again the treatment yielded just two eggs and two embryos, but this time we had no joy. Two further IVF cycles followed, with the Medicare-mandated month off in between. The first failed. The second resulted in a pregnancy, but my hormone levels soon fell and it was over almost before it began.

Despite minimal hopes of success, we had one last attempt at IVF before I reached my 43rd birthday. To be facing defeat, after so much hope and energy had been expended, was especially difficult for a couple who, like many high achievers, were accustomed to achieving their goals.

As it turned out, we unexpectedly beat the odds on our final IVF cycle and are now the proud parents of a healthy baby girl. While enormously grateful for our good fortune, we are acutely aware that 90 per cent of couples in our position would not have been so lucky.

If nothing else, the experience has taught us that there are limits beyond which modern medicine cannot (yet) push the human reproductive system. It also served as a timely reminder that while it is certainly possible to deliver a healthy baby at 40, 42 or even 44, it is not likely — even for fertile couples.

So, to those of childbearing age, give yourself the time and opportunity to seriously consider whether you want children. Understanding why you hold this view may avoid regrets. Consulting a counsellor can help achieve clarity.

For those who arrive at a firm commitment to have children, take stock of your priorities and, if necessary, adjust your life so that you can act before the window of opportunity closes. It may be smaller than you think.

Anne Fox — not her real name — is a 43-year-old Sydney professional. Her healthy baby daughter was born last month.