

How to address the conflict between the endless dream of pregnancy and the limits imposed by the menopause

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Background

Maternity is a cardinal component of women's sexual identity. Having a child is usually perceived as a major goal in a woman's life: unfortunately the optimal timing – having it when young – is increasingly challenged by a number of personal and socially driven limits. Longer educational commitment, investment in demanding careers, economic limits, the difficulties in finding a loving partner committed to a stable relationship and having a baby, all contribute to a progressive delay of age at first and subsequent pregnancies. Italy has the highest percentage of women becoming mothers after the age of forty in Europe. An increasing cohort is asking for help to realize their dream of having a child well after the age of fifty.

Aim of the presentation

To analyze modifiable factors that may reduce or protect fertility in the fertile age; biological limits that may reduce the reproductive potential (uterine, ovarian, tubal factors); indications to oocyte/ovarian tissue cryopreservation; indications and limits of ovidonation; the different motivations that make urgent to conceive well beyond the ovarian exhaustion.

Methods

Review of the literature and clinical experience.

Results

Smoking, alcohol abuse, chronic stress, sexually transmitted diseases, eating disorders, mainly of restrictive type, obesity, metabolic diseases may all contribute to reduce the fertility potential; premature ovarian failure or insufficiency (POF or POI); endometriosis; myomata; genital and systemic cancers may further contribute, with the variable impact of iatrogenic factors such as ovariectomy, hysterectomy, chemotherapy and/or radiotherapy.

Oocyte/ovarian cryopreservation may be indicated when an impending loss of the ovarian reserve is in play and there are no current possibilities of getting pregnant; ovidonation is the option of choice when the ovarian reserve is exhausted, but is not available in every country; surrogate mothers may be requested for help in hysterectomized women or when the biological pregnancy is contraindicated.

Limits to ovidonation should consider that the right of having a child is limited by the right of the child of having a mother (and/or a father) able to look after him/her for a number of years with love, commitment and responsibility; surrogacy is ethically even more complex.

Conclusion

The dream of having a child is becoming endless, at least in high income countries. It may become a challenge, a bet, a way of "finding sense in one's life" for delusional or expressive reasons, or it may be the expression of a loving couple born late in life. Physicians are requested to counsel women (and men) in the optimal protection of their fertility potential and help them to realize their dreams even after the menopause, within the limits of ethics and responsibility.