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DELAYING CHILDBEARING:**How Old Is Too Old?**

(New York, NY) According to an article published in the November 4th issue of the New England Journal of Medicine, the past decade has seen a remarkable shift in the demographics of childbearing in the United States. The number of first births per 1000 women 35 to 39 years of age increased by 36 percent between 1991 and 2001, and the rate among women 40 to 44 years of age increased by a remarkable 70 percent. Additionally, in 2002, 263 births were reported in women between 50 and 54 years of age. Most media attention paid to older moms has been favorable, inspiring a female business-school student who declared on a nationally televised segment of CBS's *60 Minutes* (entitled "The Biological Clock"), "I plan to be super fit, super in shape when I'm 40, 50. And if I'm physically able to do it, then I will have a child at 55." The recent delivery in a NYC hospital of twins to a 57 yo woman who used donor eggs is a case in point.

Yet, how old is too old, and how realistic is it for a young woman today to expect to delay her childbearing into the later decades of her life? **Dr. Fady Sharara, board certified reproductive endocrinologist and Medical Director of the Virginia Center for Reproductive Medicine, feels there is some denial among career women who lead an active and healthy life.** "Women tend to think that if they go to the gym, eat healthy, take vitamins and really take care of themselves properly, then they should be able to have a baby. Women need to separate general health and reproductive health and be aware that fertility DOES decrease with age no matter how well you take care of yourself."

According to Dr. Sharara, "Yes we do have the technology to help older women achieve pregnancy, yet there are much higher risks associated with advanced maternal age." The effect of maternal age on the outcome of pregnancy is best assessed by examining the source of the risks: those associated with using older eggs and those from having an older "carrier". Egg issues result in declining fertility, miscarriage, and babies with chromosomal abnormalities such as Down's syndrome. Carrier issues include gestational diabetes, hypertensive complications and stillbirth.

According to Dr. Sharara, "There has to be a cut-off age somewhere. Women who get pregnant at older ages, especially over 50, have significantly higher odds at developing complications such as diabetes, pre-eclampsia, intrauterine growth retardation and early deliveries. In addition, these parents have to factor in the emotional and psychological impact of the age difference between themselves and the children that are born using these techniques." For these reasons, Dr. Sharara's practice limits ART to women 50 years old or younger.

An older woman who wants to attempt pregnancy using her own eggs can reduce the risks associated with older eggs by attempting pregnancy using in vitro fertilization with preimplantation genetic diagnosis (PGD). PGD can screen out most of the chromosomal abnormalities which may occur in older eggs. Compared to in vitro fertilization without PGD, the chance for pregnancy can be increased 15-20% and the risk for miscarriage decreased by 50% or more. The risk for delivering a baby with Down's syndrome can almost be eliminated. Alternatively, older women can use eggs donated from a younger woman. Pregnancy rates among older women who choose this route are excellent, with the risks of both miscarriage and chromosomal abnormalities consistent with the age of the donor, rather than the recipient. These women are still subjected to the same "carrier" risks however, consistent with their own age.

So how can we advise young career-minded women when she asks about her choices in regard to fertility? Generally speaking, the decade between 25 and 35 years of age would seem to be ideal. A woman's education is typically complete, she has usually gained some experience in her professional arena, and pregnancy is at its safest. For women between 35 and 45 years of age for whom earlier childbearing is not an option, this decade remains safe enough that maternal age alone should not be a contraindication to childbearing. However, women do face decreasing fertility and an increase in the risks of miscarriage and chromosomal abnormalities. Perimenopausal and postmenopausal pregnancy remains an option for those women who are lucky enough to find themselves healthy and sufficiently wealthy to pursue it and who are willing to assume the risks involved.

For more information, or to set-up an interview with Dr. Fady Sharara, please contact Jaime Ringel at KMR Communications, Inc. via phone at 212-213-6444 or e-mail at jaimer@kmrcommunications.com.