

Making Mothers out of Grandmothers

Recent news of Bharati Devi, a 66 year old woman giving birth to triplets on 29th May 2010 at Hisar in North India must have shocked many of us. She had conceived after 44 years of marriage through the In Vitro fertilization (IVF) technique. Another Indian woman, Rajo Devi from North India, the world's oldest mother, at 70 years of age, had also conceived through the IVF technique and delivered a baby girl about 2 years ago. Unfortunately, Rajo Devi is now critically ill. The issue of women becoming mothers at an age when they are naturally grandmothers, involves medical, ethical, cultural and socioeconomic issues connected to it.

Internationally, pregnancies in postmenopausal women beyond 50 years through IVF techniques of donor oocytes, are occurring and being recorded since the early nineties. In the United States, more than 539 births were reported among women over 50 years of age during 1997 to 1999. Some of these were twins or even triplets. As per the Human Fertilization and Embryology Authority of the United Kingdom, more than 20 babies are born per year in Britain to women over age 50 years of age through IVF technology.

Many, postmenopausal women utilize this treatment for their infertility when they have not had any children. Unfortunately the Science of Assisted Reproduction was not as easily available to them when they were younger and when they could have had their babies. Yet, the desire to become mothers remains very much alive within them or the social pressure is so intense that even though they have gone much beyond the age of natural motherhood, they utilize the newer technologies now to achieve their dreams. Are we as medical practitioners justified in assisting them in realizing their dreams? When we know for a fact that postmenopausal women above 50 years go through complications related to pregnancies?

The three major concerns voiced by many are:

1. *“60 + is too old an age to become pregnant. It is against nature and is likely to be very risky for the mother to be”.*
2. *The child born is likely to be orphaned at a very young age and may be deprived of parental love and supervision:*
3. *The media attention may be used as a form of undue publicity and may harm unsuspecting future couples opting for these techniques in the ignorant belief that this is quite safe:*

The risks associated with pregnancy gradually increase as age increases. There is sufficient scientific evidence to prove that an older woman is more likely to develop high blood pressure and/or diabetes during her pregnancy. Of course these conditions are all controllable during pregnancy. As women age, they have a marked pattern of increased intervention such as a caesarean delivery. They are also likely to have induced labor and instrumental delivery. Virtually all scientific studies agree that the rate of caesarean also rises with maternal age.

This higher risk of pregnancy-related medical complications for women above 50-55 years seeking fertility treatment appears to be of greatest concern to the medical community and to the health policy makers. It is mandatory for us as IVF specialists offering this advanced technique to weigh and balance the benefit/ risk as per the existing health status of the individual woman. It is also our responsibility to inform, educate and extensively counsel advanced-age couples about the possible risks involved to the mothers and their offspring.

The ART Guidelines 2008 of The Indian Council of Medical Research, do not

mention the limit of age for Assisted Reproductive Technology. There is a need to organize a consensus meeting of all concerned stake holders such as women's organizations, social scientists, legal experts and policy makers in this dialogue. When we focus on pregnancy after 50 years of age, it always entails the use of donated eggs. Hence, all the attendant evils are present, with risk to both, the egg donor and the older woman who is carrying the pregnancy. Getting donor sperms without any bodily harm to the donor is easy, hence it is easily acceptable. When we speak of donor oocytes (eggs), the retrieval of eggs entails a minor surgery and, in a bid to harvest large numbers of eggs at a time, we need to use hormones. Excessive use of hormones may also harm the egg donor, both physically as well as emotionally. All these make egg donation costlier and may lead to the exploitation of egg donors from lower socio-economic communities.

As I also practice assisted reproductive technology and IVF, I personally would try to dissuade such a couple to the best of my capacity. I may even offer them "Surrogacy" as an option. But, if they are determined to carry on with their decision, are we as gynecologists justified in preventing them the pleasure of becoming mothers? My own personal opinion is that I would not like to be the reason for the deteriorating health of the mother-to-be and creation of a soon-to-be orphan.

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