

Infertility Network

Age & Fertility - Issues to Consider for Men, as well as Women

A normal fertile couple in their 20's not using birth control have a 20% chance of conceiving in each month of regular intercourse; a similar couple in their late 30's has only a 10% chance. Therefore, it will take twice as long to conceive at 37 as it does at 27.

This is mainly because a woman's fertility begins to decline about 27 and declines sharply after 35, the point at which the risk of miscarriage, ectopic pregnancy and Down Syndrome also begin to increase.

Women are born with all the eggs they will ever have; these are continually released from the onset of menstruation at puberty. As they age, women have fewer eggs remaining and these tend to be of poorer quality.

So, while it not impossible for a woman to get pregnant and give birth to a healthy child after 35, she will be *less likely* to do so. Women who conceive in their late 30's and in their 40's are more likely to have had another child relatively recently.

The success rates for all types of fertility treatment in women older than 40 using their own eggs are rather dismal: 5 - 10% according to the latest statistics published by the USA Centers for Disease Control (www.cdc.gov/nccdrph/drh/art.htm). Using donor eggs increases the chance of success but also brings with it complex, life-long issues for the parents, and most importantly, for the child.

Researchers caution against using assisted reproductive technology (ART) until a couple has failed to conceive naturally in 18-24 months, unless there are known causes. There is a large amount of normal variability in fertility and many couples having below average, but normal, fertility may fail to conceive within a year. This is particularly true for older couples, many of

whom fail to conceive within the first year but are successful in the second. For women in their late 30s, male age contributes significantly to infertility.

Both the quality and quantity of a man's semen begin to drop around 35, and declines dramatically after his 39th birthday, with the result that the older a man is, the less likely he is to get his partner pregnant.

Damage to the genetic material containing sperm cells increases with age. Unlike most other cells in the body, sperm cells are unable to repair this damage. As a man gets older he loses his natural ability to weed out unhealthy sperm; thus, there is a greater chance that a damaged sperm will successfully fertilize an egg, increasing the risk of miscarriage Down Syndrome and limb defects.

As men age, sperm cells can accumulate mutations that are then passed on to offspring who face an increased risk for a number of birth defects & medical problems, including a lower IQ, autism, schizophrenia, epilepsy, heart defects, prostate cancer, nervous system cancer, neurofibromatosis (fleshy growths of abnormal nerve tissue), the most common type of dwarfism, Apert syndrome (malformation of the skulls, hands and feet), and Marfan syndrome (defects of the eyes, bones, heart and blood vessels). Overall, becoming a father after age 45 increases the likelihood that the resulting child will die before reaching adulthood.

Genetic errors in sperm increase by 0.5% when a man reaches 40, by 2% when he is 50, by 5% when he is 60 and by 20% by the time he is 80.

Be sure to ask your doctor what the success rate is in *their* practice for a couple *your age*, with your *medical situation*, using the *treatment* you are considering. You also need to know how big a sample size their statistics are based on and what time

period it covers. (A large sample over a long period of time will yield more accurate and reliable results than a small sample or a short time period.) ART can result in an increased risk of multiple pregnancies, pregnancy complications, low birth weight, major birth defects and long-term disability among surviving infants. The chance of success with ART decreases with age, while the side effects increase in prevalence.

As well, there are significant risks to the 'older' mother and her child. Hypertension has been noted in 40% of pregnant women over 40; the subsequent intra-uterine fetal growth retardation sometimes necessitates early delivery. Moreover, the maternal mortality rate is 20/100,000 at age 30, rising to 80/100,000 at age 40. This is attributed to gestational diabetes, hypertension, kidney disease and thromboembolic conditions. Premature labour occurs in 20% of women over 45.

There are also emotional, physical and financial implications – for you and for the child you hope to have. It is one thing to be the 40-something parent of a newborn, quite another to be in your 60s when your child is a teenager. Will you have the emotional and physical stamina to be actively involved in their life and to deal with the inevitable challenges and turmoil of parenting? Will you have the opportunity and the good health to work enough years to save for both your retirement and their college education? Is there a reasonable prospect you will live long enough to see your child through to adulthood and financial independence?

These are just some of the very complex issues which can be hard to contemplate but which deserve serious consideration before deciding whether to proceed with treatment.