AGE AND FERTILITY

Increasingly many couples are delaying having a family, due to a variety of reasons, until their late 30s and 40s. Unfortunately fertility in women declines with age. As a woman becomes older, the effect of ageing upon her eggs reduces their ability to fertilise and divide properly, leading to chromosomal abnormalities such as Down’s syndrome and an associated higher risk of miscarriage.

The incidence of Down’s syndrome in women at 32 years is 1 in 725. This incidence increases to 1 in 109 for women aged 40 years. The risk of miscarriage also increases with age for example, the risk of miscarriage at age 25-29 years is 10% while the risk at age 40-44 is 34%. There is also an increased incidence of gynaecological conditions as women age such as fibroids, pelvic inflammatory disease and endometriosis which may also impair fertility.

There is limited evidence to suggest that semen quality in men over 40 years of age may result in a slight rise in some genetic conditions in children born.

In the general population, the chances of becoming pregnant with your own eggs, after the age of 40 years is estimated to be 5% per menstrual month, compared to 20% per menstrual cycle for women younger than 40 years.

Treatments such as In Vitro Fertilisation (IVF) cannot reverse the effects of ageing on fertility.

In IVF, ageing has a number of effects on the success of treatment including, impaired egg quality and quantity, lower numbers of follicles when stimulated with fertility hormones for IVF, lower numbers of eggs retrieved with IVF, lower rates of fertilisation with IVF and increased rates of miscarriage with IVF pregnancies.

Previous pregnancy does not necessarily indicate that pregnancy is possible in women in their 30’s or 40’s.

WHAT IS MENOPAUSE

Menopause is a normal change in a woman’s life when her period stops. That’s why some people call menopause “the change of life” or “the change.” During menopause a woman’s body slowly begins to run out of eggs and at the same time will produce less and less of the hormones oestrogen and progesterone. This often happens between the ages of 45 and 55 years old, with the average age being 51 years. When a woman has reached menopause, she will have no eggs left remaining within her ovaries. Menopause is diagnosed when a woman has not had a period for 12 months in a row.

Menopause symptoms can gradually occur between 2 to 6 years before the onset of the last menstrual period. This time is called peri-menopause (from the time the period becomes irregular until the first year after the final period).

SYMPTOMS

As women approach menopause, the slowing down of oestrogen and progesterone production begins to fluctuate and cause noticeable changes within the woman’s body. Symptoms are variable and include; irregular menstrual cycles, alteration in menstrual flow, hot flushes, night sweats, generalised aches and pains, headaches, vaginal dryness, reduced sex drive, urinary frequency, fatigue, mood swings, sleeping difficulties and vagueness.

Not all women will be symptomatic. It is estimated 20% of women will have no symptoms, 60% will have mild symptoms and 20% will have severe symptoms.
PREMATURE MENOPAUSE

Premature menopause is diagnosed if menopause occurs before the age of 40 years. Premature menopause may occur naturally but is often linked to surgical removal of the ovaries due to disease or cancer. Premature menopause may also occur resulting from chemotherapy or radiotherapy.

HORMONE REPLACEMENT THERAPY (HRT)

HRT helps relieve the symptoms of menopause and prevents or slows down the development of osteoporosis and heart disease, which are common problems that occur in women after menopause. Any decision about HRT is an individual one and should be made after the woman has talked to her Doctor about benefits, risks and/or other alternatives.

Women who plan to use donor eggs, who do not menstruate (anovulatory) or women who do not have functioning ovaries, will commence on HRT to prepare the uterus for implantation of the embryo. HRT mimics what happens in a normal menstrual cycle and the endometrium will become prepared for the embryo even though you do not have functioning ovaries.

IVF AND DONOR EGGS

For some women where IVF treatment using their own eggs has been unsuccessful or, women who are menopausal, IVF treatment with donor eggs may be their best chance to achieve a pregnancy.

City Fertility Centre operates an active Donor Egg Program where both known and clinic recruited egg donations are available. Currently there is a waiting list for anonymously donated eggs, so potential recipients are strongly encouraged to recruit their own donor. Please contact the IVF Nurse Co-ordinators at City Fertility Centre if you require further information.