

HEALTH & FITNESS

Fertility Debate: How Late Is Too Late?

More of us than ever are having babies in our thirties and forties, which means more of us are struggling to conceive. But what are the costs of leaving it later? Charlotte Sinclair investigates in the May 2012 issue of *Vogue*.



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There's a game I like to play with my husband when we go out to dinner. It's called How Long Until Someone Asks If We're Going To Have Babies. Inevitably, as the wine is poured, a well-meaning guest will ask me if I have children, and when I say no, comes the rejoinder: "Will you have any soon?" Really, they might as well ask me "How's your womb?" or "Had any good sex recently?" My husband deals with such incursions into our personal life by delivering the roadblock: "The thing is, I don't really like children." (Untrue, but it seems to do the trick.) I just smile and offer, obliquely: "Yes, maybe, soon-ish." There is clearly something faintly disquieting about a 33-year-old married woman whose stomach stays obstinately unswollen.

But why? Aren't we all conditioned to the fact now that women are leaving it later to have children? The flinty truth of statistics reveals the average age for a woman to give birth in Britain has crept up to 30 years old. We know these women. We are these women. Anyone who's walked past a school gate of an afternoon will have seen swathes of fortysomething mothers, waiting to collect their tiny charges. The evidence of this reproductive shift is all around us: in the images of celebrities – Halle Berry, Madonna, Marcia Cross, Sarah Jessica Parker – who had babies in middle age; in the growth of Britain's fertility industry, now worth an estimated £500 million; in the fact that everyone knows someone who's undergoing IVF; in the correlative explosion in twins, suddenly everywhere in their two-seater Bugaboos.

In many ways there's never been a better time to be trying to have a baby in your late thirties, forties or even fifties. IVF has become ever more refined. Egg freezing is touted as a viable

option, offering women a lifeline against the accidents of life, a modicum of control over the intrusions of illness or romantic disappointment upon one's baby-making plans. There are drugs now that can reverse a woman's menopause in order to help her conceive. Supporting the science is a satellite system of holistic clinics, offering acupuncture and Chinese herbs, even therapy, to facilitate natural pregnancies, or to complement fertility treatment. This is a brave new world, a world full of opportunity and breakneck advances, but also confusion and, often, heartbreak.

The statistics: There was a 150 per cent increase in women over the age of 40 having children between 1994 and 2010. In 2009, more than 100 in Britain had babies in their fifties, a 50 per cent increase from the previous year

It's a world that is going to become ever more familiar to us. We're only a quick hop from a generation who turned 30 with a baby on their hip and a toddler at their ankles. Nowadays if an educated girl is pregnant at 25, she's the aberration, not the norm. I remember a friend who got pregnant when we were both in our early twenties once brought her baby to dinner. She wedged him with pillows on my flatmate's bed and left him sleeping upstairs. His tiny presence charged the house with strangeness. Our giggles were near-hysterical. How could one of us – we, who lived at the sharp edge of our overdrafts, who didn't have mortgages or anything resembling a life plan – have a child? It was like having a Martian asleep up there.

But why are we leaving it later? Viperous tabloid stories paint late motherhood and its difficulties as the sting in the tail for our "have it all" ways, evoking images of spike-heeled harpies in the boardroom, or bed-hopping harlots, drinking and shagging their twenties away. It isn't helpful or even correct. The words "leaving it later" imply autonomy, when usually the opposite is true.

There's no doubt that we are the generation who reaped the benefits of the Pill, equality and feminism to go on to have the kind of full, independent lives our mothers didn't. Careers do play a role, but are rarely at the heart of the reasons to delay motherhood. We are meeting and marrying later, if we marry at all. There are many, many women still single as they hit 35 or 40. We all know stories of men who won't commit. Add to this the fact that with one in three marriages now ending in divorce, lots of women are with partners who already have children from a previous relationship and have little incentive to have more. Then there are medical complications, financial insecurity (the average cost of raising a child is £200,000

more if you throw in a few rounds of private IVF), and recalcitrant men who undermine own sperm fertility by smoking and drinking with the alacrity of teenagers.

My own reasons for delay are manifold. Like many women, I wasn't brought up to believe that having a family was the apex of my potential. When I was a teenager my single, working mother would fire off various precautions against pregnancy, my favourite of which (delivered with humour but little irony) was "Don't have children. They ruin your life." Thanks, Mum. What she meant – I think – was that life was exciting and interesting and full of opportunities for women that might be withheld from me if I was pregnant by 21. (She had my brother and me at 28 and 30.) A career was something to be valued and thrown into, head first – not put on hold for 10 years while I had a family. I wonder if that was entirely true. For every story of a shining career subsumed by the demands of children, there's another experience to contradict it.

The maternal impulse comes and goes in me like the tide, never gaining enough ground for me to do anything about it. It's not that I don't want children. It's just that there are so many things I want to get done first. I've also seen too much of my friends' experiences of motherhood – the 100-mile stares of exhaustion, the total self abnegation – to want to leap into parenthood without thinking really, really hard about it first. (My best friend, stranded in a wash of toddler detritus, a choir of screaming piercing the air, once deadpanned, "I just want you to be as happy as I am.")

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Anyway, I'm young and healthy – I've got time, right? Maybe not, because there's no getting around the statistics. After the age of 35 one's fertility begins to dwindle; at 37, for example, only 10,000 to 40,000 of the two million eggs a woman is born with remain – the majority of which will perish before ever being released. And while each woman's window of fertility is different, doctors agree that a potential 95 per cent of women will struggle to get pregnant in their forties. It's a stark number that conceals hundreds of desperate journeys to conceive.

The number-crunching on IVF is no less brutal. For women aged 35 to 37, the average success rate in Britain is 27.2 per cent. For women aged 43 to 44, it drops to 5.1 per cent. Still, I'm not panicking. My friends who underwent IVF are a few years older than me. In my

head, I corralled fertility problems into their age bracket. Not that we talk much about it. In general, the bigger the struggle to get pregnant, the less it is spoken about. It's too personal, too intimate. Too much is at stake. Afterwards, when the babies have safely arrived, that's when the stories come out, and often the tears. I realise there's been a whole drama happening off-stage in my friends' lives. Daily, self-administered hormone injections. Blood tests. Miscarriages. If I had known all this, maybe I wouldn't be so glib about waiting.

“We've developed a culture where we think we can buy fertility when we want it,” says the formidable Professor Lesley Regan, head of Obstetrics & Gynaecology at St Mary's Hospital, London, and a woman with the air of someone who's had quite enough. (A poster on her office wall reads “49 per cent sweetheart, 51 per cent bitch”.) Regan herself “did it all wrong” and had children, twins, at 39. “Most IVF cycles don't work. One of the most difficult things I have to do in my job is explain to couples that they've missed a window.” She continues briskly, “After the age of 30, your fertility is declining fast. In addition, most women don't want to accept the fact that the miscarriage rate over the age of 45 is about 80 per cent. We're stacking the odds against ourselves.”

But what to do when you're single at 39 and desperate for a child? Stats are unforgiving – they are the cold finger of posterior knowledge reaching back into your youth and pointing at your feckless ways, making you feel guilty for not getting pregnant at 22 by that guy you met on a beach in Thailand. Infertility is like a hole in the road – you only see it when you're in it.

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Sara Matthews is a consultant gynaecologist and subspecialist in reproductive medicine at the Portland hospital. With its potted orchids and low lighting, her office has the atmosphere of a day spa; Matthews is chic in heels, with a soft Irish accent and reassuring tone. A quarter of her patients are over 40, the majority are in the 35 to 40 age range. Matthews herself is a 44-year-old single mother of a four- and five-year-old. Why does she think we're leaving it later? “Because we're educated,” she whispers, “because we like to work, and that's not a bad thing. It's finding the middle ground.” She would like us to engage in the fertility process earlier, to expedite the discovery of unforeseen problems – blocked tubes, polycystic ovarian syndrome (PCOS), endometriosis – when we come to try for children. In the future she thinks we'll be able to generate eggs via stem-cell technology. “Or develop the perfect contraceptive that presses pause on your biological clock.” Still, even Matthews can't couch the blunt truths of IVF: “In the fertility world we've been trying to get as much information out there to say that IVF does not compensate for leaving it too late.”

An AMH test, which assesses your ovarian age – how many eggs you have left – is a new tool in offering women more control over their reproductive health. (Though even this doesn't tell you if you have complications such as endometriosis.) “If you get a good number, you can be happy. If you don't, you need to think about freezing your eggs or having a chat with that boyfriend.” She asks if I would like to take the test. In the spirit of proactivity, I say yes. She draws some blood (a first in any interview), asks me some questions about my cycle, and quips, “I could have you pregnant by Easter.”

Egg freezing seems to be the golden ticket out of infertility. But timing is everything. Over the dread 35 years old, eggs become less numerous and less viable – chromosomal abnormalities appear with the regularity of bad fairies in bedtime stories. If you freeze your eggs early enough, they have a better chance of one day being turned into a baby.

“About six weeks after I got married, I got really sick,” says 33-year-old jeweller Louise Blythe. At 29, and undergoing chemotherapy, she was told “there was going to be a long wait before we were able to have kids – if at all. There was a small window between courses of chemo, so we decided to freeze my embryos.” That “window” was three-and-a-half weeks. Five years later Blythe recovered, and the couple thawed and implanted the embryos. The treatment was successful: Blythe, on the phone from California, is three days overdue with twins. But without the urgency of serious illness goading you to action, how to know when to do it? “Freezing eggs is much, much better than it was five years ago,” says Matthews, explaining that new techniques protect the eggs during the thawing process. “It's safe, but it's expensive. And it's still a back-up for a back-up. You wouldn't use it unless you absolutely had to.”



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There's no doubt that even when it works – and it often does – IVF can be an ordeal, a suspense story composed of Petri dishes and white lab coats and hopes stacked right up to the ceiling. And not only for those in their forties. Lydia Thomson works in finance. After difficulties with Crohn's and PCOS, aged 33, she underwent successful treatment at the Assisted Reproduction & Gynaecology Centre with “the god of fertility, Mr Taranissi” (aka Britain's richest doctor). “The Taranissi regime is very, very brutal,” Thomson says. “But he tailors it specifically to your person, so you have a blood test every morning at 7am and he will prescribe, maybe, more FSH, or more oestrogen, 15ml of this, 25ml of that.” In the waiting room, Thomson “met the same people again and again. The sense of desperation was palpable. I remember one girl – who was trying for her second – brought in her baby one morning. All the women in that room were staring at this child with utter heartbreak.”

At his rather shabby Upper Wimpole Street premises, millionaire Taranissi cuts a rumpled and exhausted figure. He is charming and ruminative. The Egyptian famously works seven days a week and never changes out of his scrubs. (Thomson says her treatment there cost between £6,000 and £7,000 – IVF is an elitist sport.) But his statistics for getting older women pregnant are impressive. “Almost a third of people above the age of 40 end up with live births, which is quite a high percentage, even worldwide,” he says.

Will there be a time when scientific advances are such that there’s no age barrier to giving birth? “From a technological point of view, if you freeze eggs when you’re in your mid-twenties, early thirties, in theory you can use them any time, even in your seventies.” The womb doesn’t age, he says. “That’s when you hear those stories of egg donation and the woman of 66 having her first baby. From a medical point of view, that’s simple. It’s down to the quality of the eggs and the embryo.”

Still, fertility expert Zita West believes “women in their thirties are run down a route of IVF far too quickly. I think for a lot of people it’s not about an inability to conceive, it’s an impatience to conceive. We want to medicalise this whole process.” There is another way: the growing influence of holistic fertility treatments. Thomson talks of the lure of “all the ancillary people who promise they can make you pregnant, the Reiki practitioner, the Chinese acupuncturist, the crystal healer... When I think of the money I spent.” Desperate women are vulnerable. “There’s a lot of quackery out there,” says Matthews. Yet backed by statistics, some methods – Chinese medicine and acupuncture, as offered by respected practitioners – are gaining ground. Lots of the women I spoke to praised its benefits, even if only psychosomatic. As Louise Blythe says, “I’m certain acupuncture helped me keep my pregnancy.”

Infertility is like a hole in the road – you only see it when you’re in it

Entering integrated-health practitioner Emma Cannon’s Chelsea rooms, you could be forgiven for thinking you’d strayed into a chic boutique hotel. There’s a daybed flung with bright cushions, fresh flowers, Farrow & Ball hues and Cannon herself, dressed in Marni, a very pretty brunette with huge blue eyes. She supports women trying to fall pregnant both naturally and through IVF. Hers is a mind-body approach: “making the connection between their physical bodies and their emotions.” Cannon does a “360-degree diagnosis” on new patients, looking at the body, its environment (food, lifestyle), and psychology. Then she will advise on nutrition and prescribe a course of acupuncture or complementary medicine – or refer patients elsewhere if she thinks them best served by traditional Western methods. “We might look younger for longer,” she says ruefully, “but you can’t Botox your ovaries.”

Cannon is very aware that it's almost impossible to quantify her success. "But from my experience, acupuncture not only increases the chances of falling and staying pregnant, it helps with the side-effects of IVF. I do think there are ways to preserve our fertility, but I think we have to start engaging with it earlier. What I see is women in their late thirties who are panicking. But, equally, I have women at that age who are much healthier than women in their early twenties."

I'd almost forgotten about my AMH test until Sara Matthews sends me an email with the results. My ovarian fertility potential is at 82.09. "Ha!" I think. "Aced it." But then I read on. An optimal potential falls between 40 and 67. Everything above that is "suggestive of polycystic ovarian disease or granulosa tumours". "Don't worry," Matthews adds at the bottom of the email, "you don't have a tumour, but I would like to follow up with a scan and some other tests." My ovarian reserve is so high because I am not ovulating (or ovulating only sporadically), therefore not releasing eggs. Polycystic ovarian syndrome develops when the ovaries produce excessive amounts of male hormones, in particular testosterone. It means the follicles containing eggs don't develop properly. Matthews confirms my suspicions; I have PCOS. Great.

Compared to IVF, egg freezing has a much better track record for older mothers: in 2010, 19.9 per cent of women aged 45 or over fell pregnant with the frozen embryos (harvested at a younger age, or using donated eggs)

Even when Taranissi said, "You never think it's going to happen to you", I still didn't think he meant me. (The human capacity for self-delusion is a vast stockroom of borrowed hope.) PCOS doesn't mean I'm infertile. Yet it's one of the complications filling up clinic waiting rooms. I tell my husband that evening. "Should we start trying right now?" he asks, somewhat hopefully. We're waiting for a take-out delivery. It's begun to snow. No point, I say, not if my ovaries aren't releasing eggs. I feel despondent but oddly calm, as if this was the natural conclusion to an investigation that has been so far from my experience, it has often felt like arriving in a foreign land. Does this news suddenly make me want children? Not at this precise moment. But it certainly turns up the volume on things.

Oddly I feel what a lot of women must feel, confronted by the facts of their fertility: a sense of purpose. I return to see Matthews who tells me that I will likely encounter difficulties getting pregnant – but it’s still very possible. There are hormone pills I can take to stimulate my ovaries if, after three months of trying, nothing is happening. “Should I start taking them?” She smiles, “No, just relax.” But now those bastard numbers have come into play. Matthews calmly explains that my first child could take up to a year to conceive. By the time I got to thinking about having a second – in, say, three years – it might take even longer. These figurative children are beginning to seriously stress me out.

But I’m glad I know. I’m glad I live in an era when it’s possible to know. And that’s the thing. You can view the medical intervention that comes as a corollary to late motherhood as a negative. Or you can view it as a means of hope and, frequently, great, unimaginable joy. Yes, biology is non-negotiable, but it’s increasingly tweakable. There are lots and lots of happy stories in the world of fertility treatment. And with the average age of motherhood on the rise (it’s Phoebe Philo taking a season off at Céline to have her baby at 38; it’s Stella McCartney having her fourth at 39), leaving it later is becoming the new norm. We still do ourselves a great disservice by not engaging with our fertility earlier. But life will ever circumvent our best intentions. This is, indeed, a brave new world – and courage might come in handy.



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