

Oocyte donation to postmenopausal women

The Ethics Committee of the American Society for Reproductive Medicine

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The reported success of oocyte donation to older women makes pregnancy feasible in virtually any woman with a normal uterus, regardless of age or the absence of ovaries and ovarian function (1–3). A woman's reproductive age, once a dictate of nature, now has been artificially extended. Both women with premature ovarian failure and women of postreproductive age may give birth by using donated oocytes fertilized in vitro and transferred to their uteri.

Oocyte donation to women with premature ovarian failure, gonadal dysgenesis, or other pathologic conditions fall into the realm of medical treatment and pose no unique ethical problems. However, the practice is problematic when oocyte donation is not used in treatment of a pathological condition, for example, oocyte donation to postmenopausal women. After completing their families, many women would not be expected to have children after normal menopause. Nonetheless, circumstances may lead some postmenopausal women to request the procedure. For example, a postmenopausal woman who loses her only child may seek to have another, or a postmenopausal woman with no prior children may desire to start a family. Is the use of a technology that extends a woman's reproductive life appropriate and sensible, and, if so, should limits be recommended for its application?

ARGUMENTS FOR AND AGAINST OOCYTE DONATION

Arguments in favor of oocyte donation to postmenopausal women are based on societal practices, gender equality, and reproductive freedom. In our society, it is not unusual for children to be raised by grandparents who take on most of the parenting role, and often bring

economic stability, parental responsibility, and maturity to the family unit. There is therefore no reason to assume that society will be harmed by allowing older individuals to procreate or that older women and their partners lack the physical and psychological stamina for raising children. Also, because older men may father children, denying women a successful alternative for reproduction at ages equivalent to men is sexist and prejudicial, especially as women generally live longer than men (3). Finally, our society respects the rights of individuals to make reproductive choices regardless of age or life expectancy. For example, individuals with life-limiting illnesses are not prohibited from reproduction because of their shortened life expectancy. Given the possibility that postmenopausal reproduction may satisfy the strong desire of a couple for an offspring, it would be wrong to deny women the use of donated oocytes solely because of their age.

One major argument against oocyte donation to postmenopausal women is that there is a "natural" limit in reproductive capacity that is intrinsic to being human, and to transcend this limit is "unnatural." Just as oocyte donation to prepubertal girls is unacceptable, so should it be unacceptable for postmenopausal women to bear children. Because parenting is both an emotionally stressful and physically demanding experience, older women and their partners may be unable to meet the needs of a growing child and maintain a long parental relationship. Additionally, the fact that some grandparents can successfully raise children is not necessarily sufficient to justify using new technologies to establish pregnancies after menopause. Children also are being successfully raised by teenage mothers, which does not mean teenage pregnancy should be encouraged by physi-

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cians. Finally, because some older men can father children does not mean that it would be unfair to deny older women the opportunity to bear children. Nor would this redress gender inequality in reproduction. In postmenopausal pregnancy, the woman does not genetically reproduce, yet she alone faces increased medical risk of hypertension, diabetes, multiple gestation, preterm labor, pre-eclampsia, and other complications of pregnancy and childbirth. These medical risks are significant enough to support the argument against oocyte donation to postmenopausal women. Thus, it is argued that pregnancy after menopause serves neither the interests of older women nor the interests of the children they bear.

MEDICAL AND ETHICAL ISSUES

There are no tests to detect the propensity of older women to develop hypertension during pregnancy (3). In addition, older women face increased risks of cardiovascular complications, gestational diabetes, and operative delivery. Because pregnancy rates with donor IVF do not seem adversely affected by age, there also is the possibility of multiple gestation, which poses significant maternal risks and the need for women to consider pregnancy reduction (3). Finally, women face the uncertain genetic risks associated with conception, especially when the male partner is 50 or more years of age. It is therefore vitally important for physicians to conduct a thorough medical and psychological evaluation of women and their partners and carefully counsel prospective parents about the medical and genetic risks of conception at an advanced age. Furthermore, because women may accept the genetic risks associated with using sperm from older men, and children cannot, physicians and prospective parents have a significant moral responsibility to ensure that reproductive choices are protective of both the well-being and welfare of resulting children.

The central ethical issue is whether the interests of women and children are served by this technology. These interests can be served when the desire for a child and the ultimate bearing and rearing of a child contribute to mutual well-being. On the other hand, given the societal and cultural constraints of women to be mothers (4), it is possible women might be pressured to have a child. Moreover, children could resent having mothers old enough to be grandmothers and be

adversely affected psychologically and socially by having older parents. Finally, the interests of mothers and their children are so inextricably intertwined that any serious discussion of the ethics of postmenopausal pregnancy must focus on considerations of maternal and child interests together. These considerations must include issues of parenting and child support, especially in couples where both partners are old.

CONCLUSION

Medical, psychological, and ethical factors weigh heavily in the decision to have a child at any age. However, when the sole concern is the age of the prospective mother, there seems to be no medical or ethical reason compelling enough to judge the practice as unethical in every case. Just as fertility is the norm during reproductive years and treating physicians are justified in their efforts to correct deficient reproductive functions, including premature ovarian failure, infertility should remain the natural characteristic of menopause. Because of this, and the physical and psychological risks involved, postmenopausal pregnancy should be discouraged. Prospective parents and their treating physicians must carefully consider the specifics of each case before using oocyte donation, including a woman's health, medical and genetic risks, and the provision for child-rearing.

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