Reproductive BioMedicine Online (2015) **30**, 482–492

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ARTICLE

How old is too old? A contribution to the discussion on age limits for assisted reproduction technique access

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Abstract In 2012, the Czech Republic established the women's age limit for access to assisted reproduction techniques at age 49 years. In this paper, the acceptability of this age limit from the children's perspective in the Czech Republic is assessed. Although the necessity of balancing the interests of parents and children is acknowledged, little research has taken children's interests into account. We have attempted to map out 'children's interests', asking older children and adolescents (aged 11–25 years) how old they would prefer their parents to be: Czech respondents would prefer to have younger parents. This finding is consistent with the optimal biological childbearing age rather than with the current postponement to a later age. So far, assisted reproduction techniques have been largely regarded as a medical treatment justifying the current women's age limit of 49 years. Had the children's perspective been taken into account, this age limit might have been lower than 49 years. We propose that reproductive health policy should adequately reflect multiple perspectives as an integral part of a multi-layered support system of a society.

KEYWORDS: age limit, assisted reproduction, delayed childbearing, fertility, preferences

http://dx.doi.org/10.1016/j.rbmo.2015.01.017

Introduction

Assisted reproduction techniques represent innovations allowing women to have children later in life. Although still smaller within absolute numbers of births, the fraction of all births occurring in women over the age of 40 years has been increasing across most of Europe (Beets, 2011; Schmidt et al., 2012). Despite this trend, there is substantial controversy over the feasibility of reliable childbearing over the age of 40 years, especially for first births (Billari et al., 2007; Smajdor, 2011). Women who require assisted reproduction techniques at 40 years and over are able to become mothers almost exclusively through the donation of young donors' eggs, as IVF treatments using a woman's own oocytes show lower success rates owing to a combination of low pregnancy rate cycles and high rates of pregnancy loss (Sobotka, 2013). Use of assisted reproduction techniques raises major ethical issues in relation to human rights legislation, including access rights to limited healthcare resources and the rights of gamete donors.

Discussions about acceptable use of assisted reproduction techniques have primarily referred to postmenopausal women (Banh et al., 2010); however, numerous medical, ethical and psychological issues can be related to the provision of assisted reproduction techniques to perimenopausal patients as well (Forman, 2012; Kluge, 1994). A legitimate debate about use of appropriate limits of assisted reproduction techniques examines the facilitation of conception beyond the normal reproductive lifecycle and also the relevance of parental age to child welfare (Margaria and Sheldon, 2014). Although not directly acknowledged, the quality of parenting tends to be judged in relation to parental age (Margaria and Sheldon, 2014; Pennings, 2013). Despite the generally accepted right to reproduce, Pennings (2013) recommends that parents should be able to provide adequate care until the child reaches adulthood. Moreover, the increasing health concern with pregnancies of older women linked to risks specifically related to assisted conception, are mentioned as well. Caplan and Patrizio (2010) recommends that women should prioritize risk avoidance over other values in their reproductive decision-making process. Therefore, they suggest that fertility clinics have a moral duty to prevent women over 40 years from accessing treatment. On the contrary, Smajdor (2011) argues that risk avoidance is not compatible with reproduction at all. Moreover, she added that good health or bearing children do not necessarily override other values that people may hold. In relation to this recent debate, we intended to address the issue of the role of the age limit for access to assisted reproduction techniques within the current trend of childbearing postponement.

Remaining childless by the age of 40 years can be intentional; however, women's reproductive options are almost invariably formed and constrained by circumstances beyond their control. Women's apparent postponement of motherhood is often seen as society's failure to support women in having children at an appropriate time (Smajdor, 2011). Fertility delay has been increasing as a result of female education, labour force participation and earnings. Furthermore, rising economic and unemployment uncertainty in young adulthood, and the spread of new values incompatible with parenthood, have been identified as important factors in the recent postponement transition (Basten et al., 2013). In most developed countries, policies to reconcile work and family have been introduced to improve labour market conditions. Policies aimed at reducing the incompatibility between work and family may lead to younger ages at birth (Mills et al., 2011). Such policies are called 'tempo policies' as they address the fertility-depressing factor and may contribute to increase fertility (Lutz and Skirbekk, 2005).

Nevertheless, as women gain reproductive autonomy to postpone childbearing, there is a need to increase awareness about age-related female subfertility. Although most of the population will have little difficulty achieving a pregnancy at will, women should be counselled against delaying childbearing (Khalaf, 2013). The most troublesome factors involved in women's decisions to delay motherhood are potential misconceptions about their reproductive systems and the effectiveness of assisted reproduction techniques (Everywoman, 2013; Norcross, 2013; Wyndham et al., 2012). Much evidence suggests a declining effectiveness and increasing costs, as well as safety issues (e.g. increased medical risks for both mother and child), when assisted reproduction techniques are given to women over 40 years (Broekmans et al., 2004, 2007; Connolly et al., 2010). In addition, Leridon (2004) documented that postponing reproduction until well into one's thirties will frequently lead to a definitive loss of female reproductive potential, even after application of assisted reproduction techniques.

A woman's age is a major selection criterion for access to assisted reproduction techniques in European countries (ESHRE Task Force on Ethics and Law 14, 2008). Legislation on assisted reproduction techniques, however, varies considerably by age limits. In 2008, only 10 European Union countries did not have a legal age restriction (Austria, Cyprus, Hungary, Italy, Latvia, Lithuania, Malta, Poland, Romania and Slovakia). Ten of the 27 European Union member states applied strict age limits for women: Estonia, Greece and the Netherlands set the mother's age limit at age 50 years. Belgium, Bulgaria, Denmark and Ireland set limits at 45 years, Luxemburg and Slovenia at 43 years and Finnish public institutes at 40 years. The other seven member states (the Czech Republic, France, Germany, Portugal, Spain, Sweden and UK) did not have a specified age limit, whereas the law defined the maximum age as 'within the natural reproductive age of a woman'. The father's age is usually not considered except in France and Sweden. In addition to the age limit for access to assisted reproduction techniques, the age limit for women's treatment reimbursement from health insurance in European Union countries is lower and usually between 38 and 42 years.

When discussing the age limit for access to assisted reproduction techniques, experts stress the necessity of balancing gains and losses of the system's individual members (Pennings, 1995, 2001a, 2001b; ESHRE Task Force on Ethics and Law 3, 2002; ESHRE Task Force on Ethics and Law 12, 2007a; ESHRE Task Force on Ethics and Law 13, 2007b; ESHRE Task Force on Ethics and Law 14, 2008). These members include future children, potential parents, medical personnel providing treatment, gamete donors and society as a whole. Advocates for no age limits or higher age limits (over 50 years) rely mainly on procreative freedom expressed in reproductive rights: 'All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and