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Advanced Maternal Age (AMA) in IVF: NCCS's Response to the Proposal by the PAP Women's Wing

On 30 July 2019, Channel News Asia reported that the PAP Women's Wing has recommended that the upper age limit for women who wish to undergo in-vitro fertilisation (IVF) be removed. Its position paper states that 'with advancements in ART (assisted reproductive technology), medical risks for women over 40 undergoing ART has been reduced considerably.'¹

The National Council of Churches of Singapore (NCCS) maintains that there are profound ethical and social issues surrounding the removal of the upper age limit of women undergoing ART that warrants serious consideration. In this paper the Council explains, albeit very briefly, some of its main concerns.

NCCS's Position on IVF

The Council believes that scientific and technological advances are made possible by the providential grace of God and should therefore be generally welcomed. This includes ART in general and IVF in particular. Couples can make use of this technology if it enables them to surmount issues of infertility and have children of their own.

Secondly, IVF is permissible only if none of the embryos created in the procedure is destroyed or used in scientific experimentation. The Christian faith maintains that from the moment of conception the human embryo is a bearer of the image of God and must be treated with dignity and respect. Its life is sacred and must therefore be valued and protected.

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"... one body in Christ" Romans 12:5

¹ Cindy Ho, 'Remove IVF Age Limit, Reduce Pre-School Costs for Young Families: PAP Women's Wing, Channel News Asia, 30 July 2019. <https://www.channelnewsasia.com/news/singapore/remove-ivf-age-limit-reduce-pre-school-fees-pap-womens-wing-11765306>.

Advanced Maternity Age (AMA) in IVF

The Council notes that offering IVF to postmenopausal women remains controversial even if it is slowly gaining acceptance. The American Society of Reproductive Medicine recommends an upper age limit of 55 for women who wish to undergo ART, including IVF.² In 2014, Quebec passed a bill that made it illegal for women over the age of 42 to undergo IVF.³ It is the policy of many fertility clinics around the world not to treat women in their fifties.⁴

In order to achieve a better understanding of the complex ethical and social questions that this issue raises we must consider the following aspects.

Safety

The first issue is the safety of both the woman undergoing the procedure and the resulting child. Although it is true that with the advancements in ART the risks are considerably reduced, safety is still an important ethical concern, especially with regard to women of AMA.

According to the Mayo Clinic, pregnancy over the age of 35 poses the following risk factors: (1) multiple pregnancy, (2) delayed pregnancy, (3) higher chance of developing gestational diabetes and hypertension during pregnancy, (4) low birth weight baby and a premature birth, (5) higher risk of chromosomal abnormalities and (6) higher risk of pregnancy loss.⁵

Low birth weight children are known to be more susceptible to respiratory, cognitive and neurological problems than those born with normal birth weight.⁶ Preterm babies have higher risks of heart defects, lung disorders, cerebral palsy, and delayed development.⁷

² In 2004, ASRM stated that 'post-menopausal pregnancy should be discouraged'. In 2014, it clarified its guidelines concerning egg donation stating that providers should implant embryos in women >50 years after medial evaluation, but should discourage women >55 years from doing so. See Robert L. Klitzman, 'How Old is Too Old? Challenges Faced by Clinicians Concerning Age Cutoffs for Patients Undergoing In Vitro Fertilisation', *Fertility and Sterility*, July 2016, 106(1), 217.

³ Owen Dyer, 'Quebec Proposes to Ban Women Over 42 From Having IVF', *BMJ*, 2014, 349. It is important to note that this ban is not merely due to public funding considerations as it applies even to women who are willing to pay for the procedure.

⁴ Klitzman, 'How Old is Too Old?', 219. See also Breeanna Hare, 'Should You Get Pregnant if You're 50 or Older?' CNN, July 17, 2009.

<http://edition.cnn.com/2009/LIVING/07/17/older.women.pregnancy/index.html>

⁵ <https://www.mayoclinic.org/healthy-lifestyle/getting-pregnant/in-depth/pregnancy/art-20045756>.

Placenta morphology in women of AMA in VF may also be adversely affected, see C.R. Sacha, K. Basnet, A.M. Lee, K. James, and D.J. Roberts, 'Advanced Maternal Age May Impact Placental Morphology in IVF Pregnancies', *Fertility and Sterility*, March 2018, 109(3): e48, [https://www.fertstert.org/article/S0015-0282\(18\)30168-7/fulltext#sec2](https://www.fertstert.org/article/S0015-0282(18)30168-7/fulltext#sec2).

⁶ See YJ Kelly, JY Nazroo, A McMunn, et al. 'Birthweight and Behavioural Problems in Children: A Modified Effect?' *International Journal of Epidemiology* 2007, 122(1):409-439 and M.C. McCormick, J. Brooks-Gunn, L. Workman-Daniels et al. 'The Health and Development Status of Very Low-Birth-Weight Children at School Age', *JAMA*, 199, 267(16):2204-2208.

⁷ A.T. Bhutta, M.A. Cleves, P.H. Casey et al. 'Cognitive and Behavioural Outcomes of School-Aged Children Who Were Born Preterm: A Meta-Analysis', *JAMA*, 2002, 288(6):728-737.

Autonomy

In the CNA article, the Member of Parliament for Tampines, Ms Cheng Li Hui, reportedly said: 'I think we give women the right to choose, and the doctors to advise them. It's actually women's reproductive freedom of choice.'⁸ The question of personal autonomy has an important place in modern bioethics and has generated considerable discussion and debate.

The Council is of the view that while the choice of the woman is important, it must never be prioritised over her own health and that of her child. The autonomy of the woman of AMA who wishes to have a child or start a family must be always weighed against the well-being and interests of the resultant child. By the well-being and interest of the child, we do not only mean the medical risks it faces in this procedure. We also have in mind the burden that is placed on the child (and the anxiety that comes with it) of having to become the caregiver of a geriatric parent at a very young age.

Medicalisation

Offering IVF to women of AMA can be said to medicalise the process of procreation and the natural process of menopause.⁹ While it is acceptable to provide fertility treatment to women who are of reproductive age, it is morally questionable whether women of AMA should be eligible for such procedures, especially when some of them have chosen not to have a child earlier in life. Some scholars have compared women of AMA to prepubescent girls, pointing out the fact that for both these groups infertility is not a disease that requires treatment.¹⁰ Seen in this light, ART for women of AMA has nothing to do with addressing the problem of fertility as such. Rather it is about accommodating a certain lifestyle choice.

Social Egg Freezing

On 10 March 2019, the Council issued a statement that explains why it does not support the legalisation of social egg freezing.¹¹ Apart from the risks involved in the procedure, social egg freezing also presents serious ethical and social issues such as the non-medical use of a medical procedure, the medicalisation and commodification of women's bodies, and offering false hope to women who have deliberately delayed motherhood to pursue other interests and goals.

The removal of the upper age limit to women seeking fertility treatment may result in more pressure on the government to legalise social egg freezing. This is because postmenopausal women can no longer produce eggs. Thus, apart from obtaining eggs from a donor social egg freezing is the only alternative. It should therefore be no surprise if some were to argue that the removal of the age limit must be accompanied by the legalisation of social egg freezing.

⁸ Cindy Ho, 'Remove IVF Age Limit, Reduce Pre-School Costs for Young Families: PAP Women's Wing, Channel News Asia, 30 July 2019. <https://www.channelnewsasia.com/news/singapore/remove-ivf-age-limit-reduce-pre-school-fees-pap-womens-wing-11765306>.

⁹ M.E. Ekberg, 'Assisted Reproduction for Postmenopausal Women', *Human Fertilisation*, 2014, 17(3):223-230.

¹⁰ E.H. Kluge, 'Reproductive Technology and Postmenopausal Motherhood', *CMAJ*, 1994, 151(3):353.

¹¹ National Council of Churches, 'Social Egg Freezing: Ethical and Social Issues', 10 March 2019, <https://nccs.org.sg/2019/03/nccs-statement-on-social-egg-freezing-10-march-2019/>.

Surrogacy

The government will also face more pressure to revise the current policy on surrogacy once women of AMA are allowed to undergo fertility procedures. Currently, although there are no law against surrogacy in Singapore, the Ministry of Health (MOH) has issued guidelines that prohibit fertility clinics from carrying out the procedure.¹² A woman of AMA who wishes to undergo IVF may engage a gestational surrogate to carry her child to full term because of medical reasons, or because she does not wish to carry the child herself.

Exacerbating Inequality

Allowing women of AMA access to ART would exacerbate inequality in society. While current policies on ART have already introduced inequality because a large number of women would not have the financial means for such procedures, removing the age limit would simply further widen the gap. This is because postmenopausal women seeking to undergo IVF must be prepared to incur additional expenses (compared to their younger counterparts) such as extra medical screening and treatment, payment for donor oocytes, egg freezing, surrogacy arrangements, child support (even after she had retired), etc.

Children's Welfare

Finally, it may be argued that allowing women of AMA to undergo ART is an irresponsible act because it fails to take the interests and the welfare of children seriously.

In May 2016, *The Guardian* reported that doctors in India expressed concern when a couple in their 70s had their first child through IVF using donor eggs at a clinic in the northern state of Haryana because there was no legal age limit at the time.¹³ According to the Indian Society for Assisted Reproduction, 'In India, unregulated treatment has led to many "grandmother" mothers, with very high morbidity for the woman and the neonates as well.'¹⁴

Women of AMA who have children via ART place a heavy and unreasonable burden on their offspring. For example, if a woman has her first child at the age of 55, by the time she is 70 her child would only be 15. At the age of 15, that adolescent child will be entrusted with the responsibility of caring for his or her geriatric parent who may have developed disabling chronic illnesses.

Compromised medical fitness in the parent often results in higher risk of mortality and morbidity. This means that the child may lose his geriatric parent at a very young age. Loss of the parent is a devastating trauma for a young child and this may diminish his

¹² For NCCS's statement on surrogacy see <https://nccs.org.sg/2019/03/nccs-statement-on-surrogacy/>.

¹³ Vidhi Doshi, 'Indian Doctors Raise IVF Concerns After Woman in Her 70s Gives Birth', *The Guardian*, 12 May 2016, <https://www.theguardian.com/world/2016/may/12/indian-doctors-ivf-woman-70s-gives-birth-fertility-treatment-daljinder-kaur>.

¹⁴ Indian Society for Assisted Reproduction, 'Upper Age Limit for Assisted Reproductive Technologies: Ethics Opinion', *Journal of Human Reproduction* 2018 Apr-Jun 11(2):89-90. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6094534/>

success in life. This has led some scholars to ask whether by allowing women of AMA access to ART we are in fact sanctioning the creation of children who will be orphans.¹⁵

It must be stressed that in many cases the burden that the postmenopausal woman has placed on the child is not because she was unable to have children when she was younger. Rather it is because she has chosen not to do so in order to pursue certain personal goals, like a successful career. In so doing, she sees her career as more important than the welfare and interests of her child. She has put her child last rather than first in priority.

By removing the age limit, the government may be perceived to be encouraging this perspective and attitude which in the long run will be harmful to society. The social costs of such a public policy should not be taken lightly.

Conclusion

The ethical and social issues surrounding assisted reproductive technology are often obfuscated by the rhetoric about the woman's reproductive autonomy and rights that is endemic in western societies. Those who are of the view that there should be an age limit are sometimes pejoratively labelled as ageist or sexist by their opponents.

The Council think that it is important to step back from the rhetoric and carefully examine the complex issues surrounding the provision of ART to postmenopausal women. In doing this, we must not only examine the risks that such procedures present to the woman and her child. We must also evaluate the ethics of such procedures and their social ramifications.

We hope in the brief compass of this letter we have been able to articulate quite clearly what are some of our concerns with the proposal by the PAP Women's Wing about removing the age limit of women using IVF, and the reasons why we cannot support the proposal. We hope that the government will continue to conduct public consultations on this issue and examine its ramifications in greater depth before making a decision.

¹⁵ Anna Smajdor, 'The Ethics of IVF over 40', *Maturitas* 2011, 69:39.