

Infertility and Late Maternity

Now at least 10 mln people in Russia are childless or have less children than they wish in case of primary or secondary sterility. Due to the modern methods of infertility treatment which include stimulating therapy, reconstructive surgery and micromanipulation with sex cells there is a principle possibility to escape the influence of infertility on fertility rate. The most promising there are assisted reproductive technologies (ART) because only these one allow to have children in cases of “absolute sterility”.

The latest 10-15 years of fertility period (36-49) usually add minimal number of births to total fertility rate, although absolute number of live births in these ages is growing. In case of infertility women try to use the whole reproductive period up to 49 and even elder. Investigations of 1995-2004 (Scientific Center of Obstetrics, Gynaecology and Perinatology, Russian Academy of Medical Sciences, Moscow, $\Sigma_n=1200$) show a permanent rise of age limit of infertile patients. In 2000 the eldest respondent was 43, in 2004 - 58 years old.

The main medical problem in case of late maternity - low effectiveness of sterility treatment in elder ages, main social one - lack of later paternity traditions and adequate attitude from society. The next problems hindering the use of achievements of modern reproductology are linked with spheres of law and ethics. The first Russian laws concerning health protection (1993) take not into account contemporary scale of infertility problem and the fact that reproductive medicine is a branch of commerce and business. Hitherto there is no official bank of sex-cell donors and database of surrogate maternity in Russia, the legitimate standards of sex-cell keeping, the norms of selection to budget quotas etc.

Non-medical parts of reproductive problems are now the topics for discussions with opposite points of view. Different organizations from social to fiscal ones protect or reject new reproductive technologies, but medical registration shows steady growth of needs of any kinds of reproductive treatment.

Main results of current investigation (n=150, 01.09.2004):

- Women of 35-58 (more of 50% elder 40).

- Dominance of official marriage (80%) and long-term marriages (76% more 5 years, 50% - more 15 years).
- High educational level (60% - high education, including 10% - PhD).
- Dominance of townswomen.
- Most of women have personal income (20-100% of common family income).
- Most of women don't consider common family income as low and can put by.
- Most of women also have private, but moderate income ("pin money").
- Minority of childless women (less than 50%, including 20% on the grounds of lingering infertility (18-20 years); only some women after loss of single child).
- Majority of respondents have single child from first marriage, second or third marriage and want to have common child in current marriage.
- Some childless women of 37-40 are meaningfully planning the pregnancy in that age due to consider their "life plans" realized (high income, official marriage, good education, stable job etc.).
- Infertile women elder 40 name "lack of money for modern infertility treatment" as the main reason of late maternity. It means that desired pregnancy put off the latest part of reproductive period, when effectiveness of treatment is evenly lower.
- Difficult questions with reproductive donation – a lot of answers "I don't know". Sperm donation usually takes as more positive than oocit donation, and in case in point is child after elder children become adult any reproductive donation is out of hand.
- Good knowledge about health risks for children and late parents (both a high probability of genetic violations and good checking features).
- As a rule late maternity is accompanied by late paternity, especially in case of lingering infertility. If current marriage is not first, husbands usually have children in previous marriages.

- Problem of interrelation between late children and their parents consider as strained or unimportant. A lot of respondents rely on themselves but as a last resort they bank on friends and next on kin.
- All respondents consider themselves as “good health” in spite of some chronic diseases (diabetes, thyroid gland, gallstones, stomach problems etc.).
- Nobody name medical insurance or state budget as sources for ART payment (only own savings and financial help of friends, sponsors etc.).