

WHAT YOU SHOULD KNOW ABOUT Your Reproductive Time Span

Social norms have changed over the past few decades as women are delaying marriage, choosing not to marry, postponing childbearing, or having their first child at an older age. Even though there are more reproductive choices, and treatments for family building have broadened, choices are still limited because of the finite duration of a woman's reproductive timeline.

I've not yet reached menopause—why should I worry about losing fertility?

It's important to understand how fertility declines with age. Menopause may mark the end of a woman's natural ability to have children, but that doesn't mean that a woman will be able to conceive right up until the time of menopause. The time of menopause for individual women can vary from age 40 through about age 60. For most women, loss of fertility begins to occur about 10 years before natural menopause and may begin sooner—as early as 32 years old. Fertility dips significantly by the time a woman reaches age 37 and declines even more rapidly after that.

What causes age-related loss of fertility?

The timing of a woman's fertility is based on many factors. As women age, subtle hormonal changes occur that affect ovarian reserve—a woman's reproductive potential as it relates to follicle depletion and oocyte quality. Hormones can be measured to gauge ovarian function, but levels can fluctuate during the menstrual cycle. The antimüllerian hormone (AMH) is a very useful measure of the number of residual oocytes but cannot measure oocyte quality. Hormone levels have been used as biomarkers of ovarian aging, but uterine changes such as fibroids or endometriosis may also deter fertility, independent of any hormonal changes in the menstrual cycle.

What should I do if I want to wait to have children?

Talk to your gynecologist, especially if you are planning on postponing having your first child until after you are

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age 35. Your doctor can advise you of some of the more common increased risks of having a child after age 35, such as miscarriage, chromosomal abnormalities in the fetus, or pregnancy complications (premature labor, fetal mortality, or need for cesarean delivery).

At what age should I begin talking with my doctor about fertility?

It's never too early to discuss your family-building plans with your doctor, but it is recommended that you begin the discussion at around age 30. You and your doctor should talk about your particular career and family plans as part of your routine gynecologic care. Your doctor can begin testing AMH levels, for example, even when you are in your 20s if there is a history of early menopause (younger than age 40) in your family.

What are my options if I find that I waited too long to conceive?

There are several different ways to have children and build a family. In vitro fertilization (IVF) using donor eggs, embryo adoption, child adoption, and foster care are all options. Freezing and storing oocytes (oocyte cryopreservation) during your fertile years for later use, a process used in IVF and oncofertility programs, is moving into the mainstream. Most of these options, however, are expensive, and they are not always successful. Success rates decrease with increasing age.

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