

Introduction

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No one advises women to postpone childbearing until their 40s but a convergence of social, cultural, and economic factors over the last few decades has led to the expansion of this demographic of women who wish to conceive despite the odds. In most industrialized countries life expectancy continues to increase, in part due to advancing technology, better living conditions, and improved nutrition so many believe that the capacity to reproduce at a later age should follow. The topics in this book are in response to this growing population of women 40 plus seeking guidance and care from practitioners of reproductive medicine.

We have brought together a stellar group of international experts who diligently describe the best current evidence and their practice of treating women 40 and over who are trying to conceive. The table of contents includes chapters on demographic trends, contemporary insights from reproductive biology, optimal patient management, and support systems using patient experience architecture. Additional chapters include best practices in nutritional and preconceptional counseling, the most successful ART protocols and strategies as well as the most recent data on egg donation using fresh and frozen oocytes. Also included are chapters addressing optimal management of each stage of pregnancy, neonatal and long-term outcomes of children, ways to optimize these outcomes, and a discussion about the ethics of reproduction and fertility treatment in the 40 plus group. Rounding this off are sections on the discussion of emerging new reproductive technologies,

rethinking and redefining family planning, or “fertility planning” for the twenty-first century including the most recent data on ovarian reserve assessment.

This book is a call to arms for the medical and scientific community to fully collaborate to address unresolved clinical issues that will help this growing group of women. The maternal morbidity and mortality statistics in women over 40, especially over 45, are troubling. What can be done to improve the organized care of such women? The success rates of ART in the 40s have remained poor despite various advances in clinical and laboratory science. If the chance of success is low, what should the scope of management be and how can it be optimized? Infertility is a complex condition with physical, psychological, and social components. “Success” can have different meanings to different people in different contexts. For some it is a healthy baby. For others it may be the peace of mind that comes after “being heard” and having perhaps attempted some therapy. Even if it does not result in pregnancy, the therapeutic process may provide closure allowing one to move on with egg donation, child-free living, or the next meaningful chapter of their lives.

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