



The Role of Primary Care Providers in Counseling Younger Childbearing Aged Women about their Fertility Health

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Abstract

The purpose of this mini-review is to provide the latest information on reproductive health, and how the increasing incidence of advanced maternal age is impacting conception and pregnancy planning. Reproductive health education in the primary care setting is usually geared towards contraception but it is also necessary to counsel young women about their fertility health. A literature search using PUBMED was conducted and articles that studied fertility preservation and advanced maternal age were selected for review.

Introduction: Many women today are choosing to delay childbearing for various reasons.

Unfortunately, many women are also unaware that they might encounter fertility problems when they are finally ready to start a family. This knowledge gap needs to be closed by primary care providers who are at that forefront of guiding their patients on preventative health issues and should also include a dialogue on reproductive health. The primary care providers need to educate young women not only on sexual health, sexually transmitted infection prevention, cancer prevention and contraception but also discuss fertility health, the risks associated with advanced maternal age and discuss current fertility options available such as oocyte or ovarian tissue cryopreservation.

Background: The incidence of advanced maternal age, defined as a woman aged 35 or older before her first conception, is increasing as women are electing to go further in their education, become entrepreneurs, travel the world or climb the corporate ladder. What this implies is that women are marrying later and delaying childbearing. In many cases, the woman may be in her 30s before she has the first discussion with her physician about fertility. By 35, her fertility has already started to decline and by age 40, the chances for a healthy woman to get pregnant naturally is only 5% per cycle.

Many women are unaware of the statistics that are working against them. Pregnancies that occur in older women increase the risk of maternal and perinatal adverse outcomes.

Primary care providers can help their patients by educating them at a younger age so that they can understand the reproductive changes that occur with aging and how it might impact their fertility.

Aim: Primary care providers can help their female patients understand their fertility health at an earlier age so that women can make informed decisions about childbearing and make plans for the most optimal outcomes when they are ready to start a family.

Conclusion: Initiating early fertility counseling in female patients in their 20s can help women make informed decisions about future reproductive options.

Keywords: Fertility; Pregnancy; Advanced Maternal Age; Embryo Donor; In Vitro Fertilization; Oocyte Cryopreservation; Social Egg Freezing; Primary Care Provider

Introduction

In most countries, once a female child turns eighteen, they are usually transitioned from the care of a Pediatrician to an adult primary care provider who specializes in women's health such as a Family Physician, General Practitioner, Internist or more commonly, a Gynecologist.

It is not uncommon for the healthcare provider to have discussions about reproductive health - sexuality, contraception, sexually transmitted infection and gynecological cancer prevention but there is no guideline as to when to discuss fertility plans with women as part of their wellness visit.

This leaves many women uninformed about their fertility health and has led to an increased incidence of fertility problems as many women are postponing childbearing until after completing their educational, professional or entrepreneurial pursuits and often approach their 3rd decade of life.

Advanced maternal age, defined as pregnancy in women aged 35 years or older, increases the risk of maternal and perinatal adverse outcomes such as maternal near miss (MNM), maternal death (MD), preterm births, stillbirths, early neonatal mortality, low birthweight and neonatal intensive care unit admissions [1]. It is also not uncommon to develop medical complications such as gestational diabetes, pre-eclampsia and eclampsia in advanced maternal age.

The life and times of the oocyte

Here is the statistical breakdown to put the challenges of fertility process in perspective.

Women are born with about 1 million eggs and never produce new ones as they age.

In fact, the opposite happens.

By puberty, these eggs would have dropped to 300,000 eggs and by age 37 most women will only have 25,000 eggs left in their ovaries. That translates to 2.5% of the eggs that a woman started out with at birth.

The reality is, by age 40, most healthy women only have a 5% chance of getting pregnant per cycle [2].

Fertility starts to steadily decline at age 30 until a woman reaches menopause age which ranges between 50-60 but on average is 55.

The risk of losing a pregnancy or miscarriage also increases with age such that a 40-year-old has about a 40% chance of losing the pregnancy whereas a 20 year old only has a 15% chance of experiencing a miscarriage.

According to the American College of Obstetricians and Gynecologists most women aged 45 or older are unlikely to get pregnant naturally.

The increased risk of developing gynecological problems like endometriosis and uterine fibroids after the age of 35 also make it harder for some women to get pregnant.

It is important for the Primary Care Provider to have the discussion about fertility with childbearing aged women even as young as their early 20s so she can be informed about options available to her in the future when she decides to start a family.

Counseling about preventative care, physical/mental well-being and fertility health are necessary to optimize chances for successful childbearing in the future even if the woman prefers to delay childbearing for social or health reasons [3-6].

Some of the current options that are available to patients who desire to delay child-bearing include:

- Drugs that stimulate egg production
- *In vitro* fertilization (IVF)
- Oocyte cryopreservation (Social Egg Freezing)
- Ovarian Tissue cryopreservation and Transplantation
- Use an egg or embryo donor.

It is also imperative to provide reliable resources so the patient can explore her options as there is often a financial commitment and investment for which many women are unprepared when they start their fertility journey. Counseling when a patient is still in her 20s can help her start making plans such as opening a health savings account (HSA) to fund her fertility choice when she is ready.

Conclusion

In conclusion, fertility health counseling needs to be incorporated as part of the women's wellness exam by her primary care provider as early as age 20 in order for women to make informed decisions about what options are available to them if they choose to delay pregnancy for health or social reasons. The counseling needs to educate about the risks associated with advanced maternal age and also inform about the fertility options currently available.

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