Reasons for delaying childbearing

A survey of women aged over 35 years seeking assisted reproductive technology

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BACKGROUND

Many women seeking assisted reproductive technology for their first planned pregnancy may be unaware of the impact of age on fertility.

METHOD

An anonymous mailed survey to women aged over 35 years with no previous planned pregnancies, registered with Monash IVF between January 2002 and May 2003.

RESULTS

One hundred and fifty-two out of 266 surveys were completed (57%). The most common reported reasons for delaying pregnancies were: not having a partner (50%), wanting financial security (32%) and a career (19%) before having a family, only recently becoming interested in having children (26%), and being unaware of the impact of age on fertility (18%).

DISCUSSION

Some reported reasons for delaying childbearing were beyond personal control. Lack of awareness of the impact of age on fertility may have contributed to the delay in a proportion of the women surveyed.

The average age of women having their first child has increased, and the fertility rate has declined in Australia in the past few decades.1 Women’s fertility and fecundity decrease, and fetal and maternal risks increase progressively with increasing age.2–8 Even with assisted reproductive technology (ART), the live birth rate declines and the risk of miscarriage rises from the age of 34 years,9 and women aged over 40 years have an almost negligible chance of a live birth.10 Over 50% of women treated by ART in Australia are aged 35 years and over, suggesting that some may not be aware of the decline in fertility with age. In a recent American survey, 88% of women overestimated the age at which fertility begins to decline.12 In addition, women who seek ART overestimate their chance of having a baby.13,14 We wondered what proportion of women delay trying to have a family not realising how much this might reduce the chance of conceiving.

Method

We mailed an anonymous survey to all women who registered with the Monash IVF infertility clinic (Victoria) between January 2002 and May 2003, were aged over 35 years, and had no previous planned pregnancies. The survey asked for demographic information and listed 10 possible reasons for delaying childbearing, derived from clinical counselling experience at our service.

Univariate measures of association included independent samples, t-test, and \( x^2 \) test. We obtained approval form both the Epworth and the Monash Surgical Private Hospital Human Research Ethics Committees.

Results

Between January 2002 and May 2003, 1677 women registered with Monash IVF, of whom 266 (16%) fulfilled our inclusion criteria; 152 (57%) responded. The mean age of the participants was 38.9 years (SD ±2.4) and the mean length of their current relationship was 7.5 years (SD ±5.0). Compared with all Australians aged 25–64 years, the women were more likely to have a tertiary degree (52% vs. 29%), and compared with all Australian women aged 34–44 years they were more likely to be employed as managers, professionals or associate professionals (the three highest levels of occupation in the Australian Classification of Occupations [ASCO 1–3] (67% vs. 52%).15

Most women endorsed one (62/152, 41%) or two (46/152, 30%) reasons listed in the survey for delaying childbirth (Table 1). The average length of the current relationship (4.9 years) for the women who stated
Table 1. Percentage and number endorsing survey statements and their mean age and mean number of years in the current relationship

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
<th>n</th>
<th>Mean age (standard deviation)</th>
<th>Years in relationship (standard deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wanted children earlier but I was not in a relationship</td>
<td>50</td>
<td>76</td>
<td>39.3 (2.3)</td>
<td>4.9 (2.9)</td>
</tr>
<tr>
<td>I/we wanted to be financially secure before having a family</td>
<td>32</td>
<td>49</td>
<td>39.0 (3.0)</td>
<td>8.3 (4.5)</td>
</tr>
<tr>
<td>I haven’t been interested in having children until recently</td>
<td>26</td>
<td>39</td>
<td>38.7 (2.4)</td>
<td>10.1 (6.1)</td>
</tr>
<tr>
<td>I wanted to pursue my career before having a family</td>
<td>19</td>
<td>29</td>
<td>39.1 (3.1)</td>
<td>7.6 (4.5)</td>
</tr>
<tr>
<td>I was unaware that my chance of having children is age related</td>
<td>18</td>
<td>28</td>
<td>38.8 (2.3)</td>
<td>8.7 (5.6)</td>
</tr>
<tr>
<td>My partner has children from a previous relationship</td>
<td>17</td>
<td>26</td>
<td>39.2 (2.6)</td>
<td>5.9 (3.3)</td>
</tr>
<tr>
<td>I wanted children earlier but my partner wasn’t ready</td>
<td>16</td>
<td>24</td>
<td>38.6 (2.5)</td>
<td>9.7 (4.9)</td>
</tr>
<tr>
<td>Health problems prevented me from trying earlier</td>
<td>10</td>
<td>15</td>
<td>37.9 (1.9)</td>
<td>8.6 (4.2)</td>
</tr>
<tr>
<td>Family commitments prevented me from having children earlier</td>
<td>4</td>
<td>6</td>
<td>40.7 (3.8)</td>
<td>9.3 (4.5)</td>
</tr>
<tr>
<td>Other reason</td>
<td>10</td>
<td>16</td>
<td>38.6 (2.1)</td>
<td>7.4 (4.5)</td>
</tr>
</tbody>
</table>

Discussion

Response rates to anonymous surveys are commonly poor. The response rate of 57% in this survey means that biases may have been introduced, possibly because the women who did not respond were different to those who responded. In addition, the factors involved in decision making about the timing of pregnancy are likely to be complex, and difficult to capture in a brief survey. Nevertheless, our study sheds some light on why women over 35 years of age seek ART for their first planned pregnancy.

For at least some women, lack of knowledge about the relationship between age and fertility may have contributed to their delaying childbearing until an age when both spontaneous and assisted conceptions are less likely to occur. This clearly was the case for those who reported being unaware of the impact of age on the chance of having children, but may also apply to some of those who had not been interested in children until more recently.

The most common reason for delaying childbearing was not being in a relationship earlier in life. However, considering that nearly half of the women who stated that they wanted children earlier in life but were then not in a relationship, was significantly shorter than for those who did not (10.2 years, a difference of 5.3 years, 95%; CI: 3.9–6.7). Nevertheless, 39 out of 73 (47%) women who did not have a partner earlier in life had been in their present relationship for 5 years or more. Women who were only recently interested in having children had been in their current relationship significantly longer (10 years) than those whose interest was not recent (6.6 years, a difference of 3.4, 5.2–1.5).

Women with a tertiary degree were more likely than those without to have wanted to pursue a career before having a family (31% vs. 7%, p.<.001), as were those employed in ASCO 1–3 than those in other occupations (26% vs. 7%, p<0.01). The 24 women who wanted children earlier in life, but whose partner did not, had been in the present relationship for significantly longer than the women who did not (9.7 vs. 7.1 years, a difference of 2.6 years, 95%; CI: 4.8–0.43), and their partners were more likely to have children from a previous relationship (33% vs. 14%, p<0.05).

Implications of this study for general practice

- Most women aged 35 years seeking assisted reproductive technology
  - had been in the current relationship >5 years
  - had work and career aspirations
  - had a late interest in having children (26%)
  - were unaware of the effect of age on decreased fertility (18%).
- Doctors and others may have responsibility in making younger women aware of their ‘biological clocks’.

Conflict of interest: none declared.
References
3. Fretts RC. Older women have increased risk of unexplained fetal deaths. BMJ 2001;322:429.

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