

What does delaying childbearing cost?

March 14 2012

Freezing eggs or ovarian tissue for the sole purpose of delaying childbearing for social reasons may prove too costly for society, according to a recent analysis by a University of Illinois at Chicago researcher.

Fertility preservation -- freezing [eggs](#) or ovarian tissue -- was originally intended for women undergoing medical treatments that could affect their fertility.

But now, fertility centers around the country are offering these technologies to women who are not undergoing treatment, but who are "trying to create a backup plan for delaying pregnancy," says Dr. Jennifer Hirshfeld-Cytron, assistant professor of [obstetrics and gynecology](#) at UIC and lead author of the study, published in the March issue of [Fertility and Sterility](#).

Using decision-analysis techniques, the researchers compared the cost-per-live-birth for three alternative strategies a 25-year-old woman might use if she wants to delay [childbearing](#) until age 40.

Those scenarios included doing nothing (no cryopreservation), freezing eggs, or freezing ovarian tissue. The cost of each technique was based on published data.

"We found, in order to create one additional [live birth](#) with the mechanisms of freezing either ovarian tissue or freezing eggs, it would cost society an additional \$130,000," said Hirshfeld-Cytron, director of

the fertility preservation program at the University of Illinois Hospital & Health Sciences System.

In the statistical model, women at age 40 would attempt natural conception for six months before using assisted reproductive technology. After trying unsuccessfully to get pregnant on her own, the woman would either receive the standard of care (in vitro fertilization), or she would utilize either the frozen ovarian tissue or frozen eggs.

The analysis showed that freezing eggs was less expensive than freezing [ovarian tissue](#), and doing nothing was the most cost-effective.

"In any scenario where a woman has undergone a procedure to freeze eggs or part of her ovaries for future use, and then she changes her mind, that is tissue that is never used," Hirshfeld-Cytron said. "The cost estimates in our study are actually very conservative."

Like all medical specialties, obstetrics and gynecology sometimes "can be victim to the tyranny of technology," Hirshfeld-Cytron said. Clinicians get excited about new options and offer them to a wider range of patients.

"Whether or not this is cost-effective is something that needs to be talked about and potentially decided as a society," said Hirshfeld-Cytron.

"It's also possible to argue that we could perhaps avoid these costs by providing an environment for young women that fosters career development and family-building at the same time," she said.

Co-authors are Dr. William Grobman and Dr. Magdy Milad of Northwestern University.

Provided by University of Illinois at Chicago

Citation: What does delaying childbearing cost? (2012, March 14) retrieved 5 May 2024 from <https://medicalxpress.com/news/2012-03-childbearing.html>

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