

Why you should talk about fertility, even if you don't want children. And what you should discuss

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Credit: Nataliya Vaitkevich from Pexels

Women (and men) are having their first child at older ages. As a result, couples are sometimes unable to conceive or require medical

intervention in their pursuit of parenthood. Others may face a "[fertility gap](#)" between the number of children they anticipate having and those they actually have.

Young people often [overestimate](#) women's capacity to become pregnant as they age, and the extent to which technology like IVF can help them conceive.

Despite these issues, conversations about fertility and childbearing remain taboo. [I have found](#) that [women](#) in particular feel uncomfortable bringing it up in [new relationships](#), fearing that discussing a desire for motherhood may "put off" potential romantic partners or make them appear "desperate" for a baby.

But these conversations can be crucial in preventing future relationship breakdown, and preparing for age-related fertility decline. No matter your situation—single, coupled-up, or childfree by choice—you might benefit from talking earlier and more often about your plans.

Here's what to talk about depending on your situation.

I want to have a child, but not yet

Many factors are leading women and couples to delay having [children](#). Women are participating more in the labor force, there are more reliable forms of contraception available, and it's more accepted to have multiple relationships before getting married or having a child.

The growing gap between wages and the cost of living means it is harder to achieve the standard of living that many deem necessary to become parents.

Whatever the reason, technology like egg or embryo freezing may offer

the opportunity to preserve reproductive material for future use.

Egg freezing sees women undergo the same ovarian stimulation and retrieval process as IVF patients. A number of her eggs are then frozen and stored for future use. Used most often by women who do not yet have a partner, egg freezing at any age cannot guarantee a [live birth](#).

Previously, the law only permitted eggs to be frozen for up to 10 years. This meant a woman who froze her eggs at 30 would have to use them by the time she was 40 or risk them being destroyed. A [legal change](#) in 2021 means women in England and Wales are now able to freeze their eggs for up to 55 years, making this a more viable form of "fertility extension."

The [optimum time](#) to undertake egg freezing is before the steepest decline in a woman's fertility in her late 30s. The best results are generally from women who froze their eggs by the time they were 35.

Embryo freezing—where eggs are fertilized and stored for later use—offers a greater chance of a live birth and can be achieved as part of a relationship, or with donor sperm.

Embryos created by a couple can lead to complications if the relationship breaks down. One party may want the genetic material destroyed against the other's wishes. Embryo freezing may be an option for stable couples who need to delay parenthood due to issues like illness or overseas deployments. However, it is unlikely to be of use to those who aren't ready to have a child due to the cost of living or who are trying to save for their first home. The cost of the procedure, like egg freezing, can often be between £3,000 and £4,000 or more, plus annual storage fees.

I'm not sure, and I'm getting older

Fertility monitoring can provide some insights into [reproductive health](#) for both [women](#) and [men](#).

Fertility "MOTs" are offered by clinics and as [at-home tests](#). They can reveal sperm quantity and motility, give an indication of ovarian reserve and help identify factors which could inhibit conception.

However they cannot reliably be used to calculate how many "fertile years" a woman has, or provide detailed quantitative insights in to a woman's ovarian reserve. They are also not provided on the NHS and clinics often charge in excess of £500 for such tests.

Like those in [heterosexual relationships](#), LGBTQ+ couples can also access technologies like egg or embryo freezing through the use of donated gametes (egg and sperm) and can build their families with the help of a [surrogate](#). Like most fertility treatment, these procedures are rarely fully funded by the NHS and can cost tens of thousands of pounds.

I don't want children, but what if I change my mind?

Without question, technology has created more opportunities for people to have children later in life, even if they just want to keep their options open. But egg freezing and fertility monitoring have financial, physical and emotional costs, and are not a guarantee.

For many, the best form of preparation is a conversation.

If you are a young woman unsure about having children, this may mean speaking to immediate female family members about the age they experienced menopause and any fertility issues within the family. Even if you are not planning to have children, these conversations can be

helpful for learning about other medical issues that may affect you in ways beyond fertility, such as endometriosis or PCOS.

Evidence has [also shown](#) that both women and men can improve their fertility chances by paying attention to issues such as their weight, stress levels, alcohol consumption and exercise patterns. These are all things that can benefit general health, regardless of your plans for children.

Talking more openly about fertility and the choice to have children or not can help break the stigma around these topics. Just as people (women especially) may face criticism for delaying parenthood, there are social taboos around deciding not to have children. The conversations you have now may help you, and future generations, make more informed decisions about their reproductive choices.

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