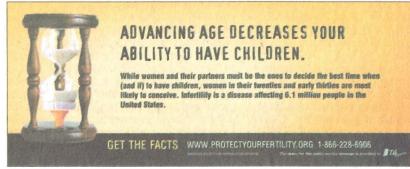
WOMANNEWS



Photo for the Tribune by Callie Lipkin "I was extremely naïve [and] very lucky," says Georgine Donovan, 44, about giving birth later in life. She is shown with Colin, 2, and Harry, 3 months.

While a new public service campaign is urging women to consider their ability to have children as they map out their lives, critics say the ads may fuel anxiety and guilt

Factoring in fertility



Ads from the American Society of Reproductive Medicine, the country's largest organization of fertility specialists, deliver a blunt message.

By Rebecca Theim Special to the Tribune

hicago advertising executive Georgine Donovan had been a late bloomer her entire life. Completing her education at 25 and beginning her professional career at 30, Donovan thought that when she married at 39 and began trying to start a family a few months later, she was simply continuing the pattern.

"I was one of those people who just assumed it would happen for me when I wanted it to happen," Donovan says. "Then you hit the harsh reality of trying and not getting pregnant, and you start fertility treatments and it's still not happening, and it starts to sink in: 'What if I don't get pregnant?'"

Three years later, following emotionally and physically exhausting fertility treatments ranging from oral medication to injections to in-vitro fertilization, Donovan, now 44, gave birth to a healthy son, Colin, in July 1999. This past June, she and her husband, Mark, had their second child, Harry, without fertility therapy.

"I was extremely naïve about how difficult it would be, but I also was very, very lucky," Donovan says about her experience.

A bold new print-and-radio public service campaign that launched Tuesday in the Chicago area, New York and Seattle is designed to jolt women like Donovan into considering—sooner rather than later—their fertility and plans for a family.

Underwritten by the American Society of Reproductive Medicine, the country's largest organization of fertility specialists, the campaign warns women about four factors that may compromise their fertility: smoking, sexually transmitted diseases, unhealthy body weight and the hot button issue of advancing age. The distinctive orangeand-black placards on the sides of PACE buses in Cane, Cook, DuPage, Lake, McHenry and Will counties offer a blunt message: "Advancing Age Decreases Your Ability to Have Children," accompanied by the image of an upside-down baby bottle in the form of an hourglass.

"We've recognized for a while that our members are seeing many women who could have been helped if they had considered their fertility earlier," says Sean Tipton, ASRM's director of public affairs. "A 43-year-old woman will go to her doctor, and after she's evaluated, he'll tell her she has a 5 percent chance of getting pregnant, and she'll respond, 'OK, let's get started.' She doesn't understand the reality of her decreasing fertility."

Statistically, about 20 percent of healthy U.S.

women in their 20s not using birth control can expect to get pregnant in any given month, according to the Centers for Disease Control and Prevention. However, once a woman turns 30, her chances of naturally conceiving a child decline by 5 percent to 10 percent annually, the ASRM says. And by the time a woman reaches 40, her chances of bearing a child fall even farther: fewer than eight of every 1,000 babies born in the U.S. are delivered by women 40 and over, the CDC reports. As more women delay motherhood to pursue advanced education and careers, treating infertility has emerged as a big business.

According to the CDC, the number of infertility clinics in the United States has skyrocketed, from 41 in 1986 to 390 in 1998, the most recent year for which numbers are available.

About \$6.5 billion was spent on fertility services in 1998, a figure projected to jump to \$10 billion by 2005, according to the Business Communications Co., a Norwalk, Conn.-based research firm.

Roughly 15 percent of the 6 million U.S. women of childbearing age receive some form of infertility treatment in their lives, according to the CDC. IVF procedures, one of the more common therapies during which eggs are fertilized outside a

PLEASE SEE CAMPAIGN, PAGE 8

CAMPAIGN: Fertility ads put emphasis on a woman's age

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woman's body and then transferred to her uterus, jumped 37 percent between 1995 and 1998. (While the expense of infertility services precludes many women from pursuing them, Illinois is one of 13 states that mandate at least partial insurance coverage of such treatments.)

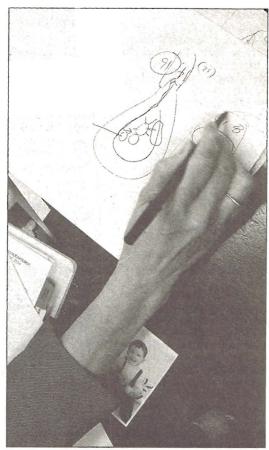
Even if she is benefiting from the latest advances in reproductive technology, a woman's age continues to be one of the most critical factors affecting her fertility. For example, a woman under the age of 35 undergoing IVF has a 32 percent chance of having a child. By the time she turns 40, however, her success rate will drop to 15 percent and to less than 8 percent at 42.

The ASRM campaign is in part designed to counteract now commonplace media coverage about exceptional fertility success stories and celebrities like Madonna, actress Susan Sarandon and former supermodel Cheryl Tiegs, who became mothers in their 40s and 50s. "You also see news reports about 125-year-olds having birthdays, but it doesn't happen very often," Tipton says.

While rebuking media reports that may unrealistically boost women's expectations, the ASRM acknowledges that its campaign is designed to capitalize on that same media hype. Spending about \$63,000 on the entire effort, the organization is betting that high-profile media coverage will spread the campaign's messages well beyond the three regions in which ads are appearing.

Although fully aware of the odds many of their patients face as they attempt to have a child, not all ASRM members agree with the organization's approach.

"By telling 40-year-old women that their ovaries have fallen off the proverbial cliff, you're simply introducing more anxiety and guilt into a population that's already anxiety- and guilt-ridden beyond imagination," says Dr. Mary Wood Molo, an infertility and reproductive endocrinology specialist with Rush-Presbyterian-St. Luke's Medical Center. "Infertility is ex-



Dr. Mary Wood Molo illustrates how a woman's reproductive system works.

traordinarily complex and no two patients are ever the same. Could this campaign backfire? Will a 40-year-old see it and erroneously assume it's too late for her to have a baby? That's a legitimate concern."

Other professionals, however, think the approach is justified, given the ultimate stakes.

"If you ask the average man on the street at what age women should start worrying about their fertility, he'll tell you 45," says Pamela Madsen, executive director of the American Infertility Association. The Boston-based patient advocacy group will launch its own public service effort in mid-October in the form of pamphlets titled "What Your Mother Didn't Tell You About Your Fertility Because No One Told Her."

"The problem is that the man on the street is not alone," Madsen says. "Too many women think that because Madonna did it, they can too.



Photos for the Tribune by Callie Lipkin

Dr. Mary Wood Molo (left), an infertility and reproductive endocrinology specialist with Rush-Presbyterian-St. Luke's Medical Center, meets with a new patient, Jeanette Lauture, 37, of Chicago. Lauture and her husband are seeking help with starting a family.

All we're trying to do is ensure that women know the facts relative to their fertility so that, at 43, they don't say, 'No one told me.'"

While Donovan agrees, labeling herself "crusader of the unofficial 'what are you waiting for?' campaign," other women grappling with infertility are incensed by the ASRM's message.

"I think it's horribly unfair," says Chicago hair stylist Carol Christopher, 39, who is now preparing for her fifth cycle of IVF in almost three years. "There are a lot of reasons people delay having children. When you're going through this, you need all the support and encouragement you can get, and instead, they're

telling you you're too old."

Tipton said the ASRM expected both current fertility patients like Christopher and the women's rights community to be critical of the campaign. "We understand that historically, we're still coming out of an era in which women did not have many reproductive choices, so in some circles, this campaign will be seen as an attempt to once again curtail choices," he says. "But we decided this is a sufficiently important issue that we were willing to take the heat."

Some fertility specialists think the goal of encouraging young women to consider their fertility when planning their lives is a good one.

"If their target audience is the 25-year-old woman who hasn't given a lot of thought to her fertility or her plans for a family, but obviously still has time, then perhaps it's appropriate," says Dr. Magdy Milad with Northwestern University Medical School's Division of Reproductive Endocrinology and Infertility. "But if the target is the 37-year-old patient who just got married and perhaps is overweight or smoked for a couple of years, then this is the wrong message. Patients in treatment who have other fertility risk factors already have a tremendous amount of guilt that we don't need to add to."

Others question whether the ASRM is the proper messenger to deliver this potentially vol-

atile information.

"The campaign on the whole is probably a good idea, but we're disappointed that it seems to center on exacerbating women's worries and anxiety," said Amy Allina, program and policy director for the National Women's Health Network, a Washington, D.C.-based non-profit association. "This organization [the ASRM] does represent doctors who have a financial interest in treating infertility. That's not meant to be an accusation against any individual doctor, but women have a right to know who is sponsoring this effort, and should take that information into account."