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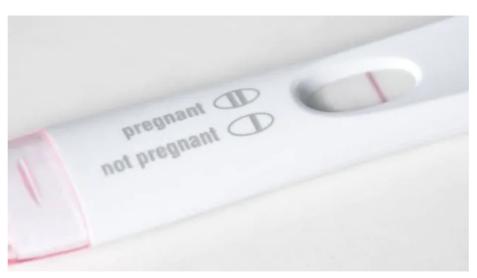
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IVF Could Be Soon Restricted To Women Under 40

The government is considering tough age restrictions that would make a third of women ineligible.

Margaret Ambrose









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Maryanne Fino had just turned 40 when she discovered that after many years of fertility

treatment and 13 IVF cycles, she was finally pregnant with her son Jett.

Her excitement was mixed with relief, because IVF had already cost her around \$30,000 and if the last cycle had failed she didn't know how long she would be able to continue.

Yet, if a proposal currently being floated by the Government is picked up, thousands of women undergoing the same treatment could be prevented from experiencing the same happy ending.



Maryanne Fino had her son Jett via IVF after 40. Photo: Herald Sun

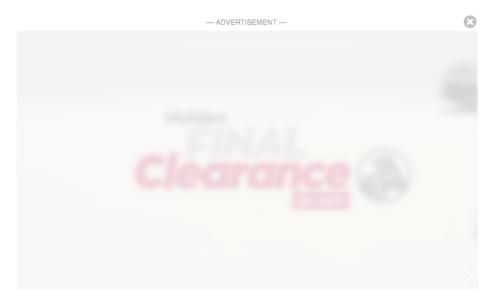
The Victorian Government is currently reviewing its assisted reproduction legislation, the results of which will help inform a Federal review of Medicare.

And on the table, amongst other issues, is the question: should Medicare for IVF end once a woman hits 40 years of age?

No more happy endings once you hit 40

If Medicare funding was to be capped, women across the country will be forced to make the decision to fund IVF treatment entirely themselves, or stop it altogether.

"If I had to start paying the full amount I definitely would have had to stop," says Fino. "Jett wouldn't have been born."



The arguments for restricting Medicare funding are pretty compelling, though.

The Medicare bucket of cash is not limitless. IVF is expensive, and currently around one in four women who undergo IVF is over 40.

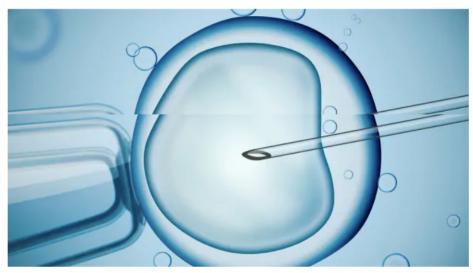
That's a lot of money to be saved.

And, according to supporters of the change, it's pretty much money down the drain anyway.

According to the discussion paper released by the Victorian Government, women under the age of 30 have a 37% chance of having a baby via IVF, but that drops to less than 8% when a woman hits 40.

The idea of restricting access to IVF has always been a hot topic on social media, with plenty of taxpayers angry that their dollars are being wasted on what they say is essentially a bad lifestyle decision.

You waited too late to have kids - suck it up and fund the treatment yourself



'Given enough time, Kevin will simply run out my biological clock,' Photo: iStock

Of course, if the funding of treatment were decided based on the patient's lifestyle choices we'd be denying cancer treatment to smokers and diabetes medication to anyone who had downed a Big Mac.

Opponents of the proposal say any change would be just another case of stripping women's reproductive rights.

And when was the last time a cap was put on treatment for male medical issues?

Anyone up for capping Medicare funding of erectile dysfunction medication for men over 40?

Besides, says Fino, women don't always undergo IVF in their 40s because they've been selfish enough to want to build careers, travel and do any of the wonderful opportunities afforded to young men.

Fino began her fertility treatment while she was in her 30s. "I didn't know I was going to have difficulties but I did."

It was several years before the cause of her issues were discovered, by which time she had crossed the big 4. 0.

Single women are one group that will potentially be hard hit by any capping of Medicare funding of IVF. If it weren't for Medicare, I myself would have been denied the chance to experience motherhood.

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Similar decisions I made when I was pregnant continue to haunt Jen. Photo: iStock

My 15-year relationship ended when I was 38 and I was 41 when I had Greta and 43 when I had Rori, via IVF and an anonymous donor.

As a single woman, it took most of the inheritance I received following my father's death to pay the \$30,000 gap between the IVF fees and Medicare.

Without Medicare I wouldn't have been able to afford it at all.

So what should we do instead?

Adnan Catakovic is CEO of City Fertility Centre and a former board member of the Fertility Society of Australia, and he says that instead of cutting Medicare funding for over 40s, a better option might be actually applying Medicare funding to procedures that will mean fewer IVF cycles are required.

Genetic screening, for example is currently not funded by Medicare.

"Following genetic screening, the potential pregnancy rate of the embryos is significantly higher," says Catakovic.

"The pregnancy rate can go sometimes up to 28-30%."

Catakovic believes we also need to as a community discuss ways to make donor eggs more readily available.

If it were easier for women in their 40s to access donor eggs, they might be less inclined to continue IVF cycles using their own eggs with very little chance of success.





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"In Australia, you can't trade in numan gametes and reimbursements to egg donors is very much restricted to just expenses," he explains. "But in the US they get a lot of students who do it to pay for college, for example, and they have hundreds and hundreds of eggs women can choose from.

"And as long as the donor is young, you can be in your 40s, it's the age of the eggs that plays a large part in the success.

"It's easy to point to women who are desperate to have a child and say it's too bad you made this lifestyle choice, but that's a shocking argument," says Catakovic.

"If the purpose of the change is to force women to have children at a younger age, it's going to fail."

Catakovic says that there is no guarantee women will find their ideal partner during their fertile years and the alternative is telling them they have to settle for less than ideal - or worse abusive - partners or risk missing out on motherhood.

"Women wouldn't do that and they shouldn't do that."









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