

Age-Related Challenges and Strategies during IVF

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ABOUT THE STUDY

As couples increasingly turn to *In Vitro* Fertilization (IVF) to overcome infertility, age-related challenges become dominant. Female age is a critical factor influencing IVF success, with declining fertility and increasing chromosomal abnormalities after 35. Advanced maternal age correlates with diminished ovarian reserve, demanding personalized strategies such as personalized stimulation protocols and oocyte quality assessments. Male age also plays a role, impacting sperm quality and DNA fragmentation. Addressing age-related challenges in IVF involves particular pre-treatment counseling, advanced reproductive technologies, and considering alternative approaches like egg or sperm donation. Directing these challenges with a complete, age-specific techniques is important for adjusting IVF outcomes and fulfilling the reproductive aspirations of couples.

Understanding the biological clock

The biological clock is a characteristic aspect of female fertility, reflecting the limited amount of time during which a woman's reproductive capacity is at its peak. In comparison with men, who continue to produce sperm throughout their lives, women are born with a fixed number of eggs that steadily drop in both quantity and quality over time [1]. This weakening becomes more distinct as women approach their late 30s and 40s, making age a serious factor in the success of fertility treatments like IVF.

Ovarian reserve decline: Ovarian reserve refers to the quantity and quality of a woman's eggs. As women age, the ovarian reserve reduces, and the remaining eggs may be of lower quality [2]. This decrease not only reduces the likelihood of successful conception but also affects the outcomes of IVF cycles. The number of eggs recovered during IVF, their maturity, and their ability to fertilize and develop into healthy embryos are all influenced by the diminishing ovarian reserve.

Chromosomal abnormalities: One of the important challenges associated with advanced maternal age is an increased risk of chromosomal abnormalities in eggs. As women age increases, the

possibility of eggs carrying abnormal chromosome numbers rises, leading to conditions such as Down syndrome and an higher risk of miscarriage [3]. During IVF, the presence of chromosomal abnormalities can affect the success rates of fertilization, embryo development, and implantation.

Egg quality: Egg quality is a key factor in IVF success. High-quality eggs have the potential to be fertilized, develop into healthy embryos, and result in a successful pregnancy. However, the drop in egg quality with age poses a strong challenge. Older eggs may have structural and genetic abnormalities that decrease their ability to undergo successful fertilization and early embryonic development [4].

Impact of age on IVF success rates

Lower pregnancy rates: Studies constantly show a decrease in IVF success rates as maternal age increases. Younger women, especially those under the age of 35, typically experience higher pregnancy rates and a greater probability of a live birth per IVF cycle [5]. Also, women over the age of 40 may face greatly lower success rates, and the chances of achieving a pregnancy diminish considerably.

Increased risk of miscarriage: Advanced maternal age is associated with an increased risk of miscarriage, even when conception is achieved through IVF. The higher prevalence of chromosomal abnormalities in eggs from older women contributes to a greater likelihood of miscarriage during the early stages of pregnancy [6]. As a result, women undergoing IVF in their late 30s and above may face higher emotional and physical challenges related to pregnancy loss.

Decreased ovarian response: The ovarian response to fertility medications, a serious aspect of IVF, tends to decrease with age. Women with reduced ovarian reserve may produce less eggs in response to stimulation, impacting the overall success of IVF cycles [7]. The diminished response may also lead to the consideration of more aggressive stimulation procedures or multiple IVF cycles to achieve the desired outcome.

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Strategies for age-related challenges in IVF

While age-related challenges in IVF are important, advancements in reproductive medicine and thoughtful strategies can improve the chances of success for women undergoing fertility treatments later in life.

Pre-implantation Genetic Testing (PGT): PGT is an important technology in the IVF, particularly for older women. PGT involves the screening of embryos for chromosomal abnormalities before implantation [8]. By selecting embryos with the correct number of chromosomes, the chances of successful implantation and a healthy pregnancy increase, modifying the impact of age-related chromosomal issues.

Egg freezing (Oocyte cryopreservation): Egg freezing allows women to preserve their eggs at a younger age, when egg quality is typically higher. This strategy is particularly beneficial for women who expect delaying child. By freezing eggs for future use, women can avoid some of the challenges associated with age-related decline in ovarian reserve and egg quality when they are ready to follow IVF [9].

Donor eggs: For women facing severe age-related challenges, the use of donor eggs may be a practical option. Donor eggs, typically from younger and healthier individuals, can overcome issues related to reduce ovarian reserve and poor egg quality [10]. While this option advances ethical and emotional considerations, it has proven to be a successful pathway to pregnancy for many couples.

CONCLUSION

In the IVF journey, the impact of age becomes an important consideration that forms the path to their fertility treatment. While age-related challenges present formidable hurdles, the field of reproductive medicine continually evolves, offering innovative solutions and personalized approaches to address these complexities. For women pursuing IVF, a proactive and informed approach, coupled with the guidance of experienced

fertility specialists, can empower them to make decisions that align with their reproductive goals. By directing the intersection of age and IVF with knowledge and resilience, individuals and couples can increase their chances of achieving the dream of building a family.

REFERENCES

1. Eichenlaub RU. Oocyte ageing and its cellular basis. *Int J Dev Biol*. 2012;56(10-12):841-852.
2. Ziller V, Heilmaier C, Kostev K. Time to pregnancy in subfertile women in German gynecological practices: Analysis of a representative cohort of more than 60,000 patients. *Arch Gynecol Obstet*. 2015;291(3):657-662.
3. Broer SL, Broeze KA, Dolleman M, Opmeer BC, Bossuyt P, Eijkemans MJ, et al. Added value of ovarian reserve testing on patient characteristics in the prediction of ovarian response and ongoing pregnancy: An individual patient data approach. *Hum Reprod Update*. 2013;19(1):26-36.
4. La MA, Ferraretti AP, Palermo R, Ubaldi FM. The use of ovarian reserve markers in IVF clinical practice: A national consensus. *Gynecol Endocrinol*. 2016;32(1):1-5.
5. Wale PL, Gardner DK. The effects of chemical and physical factors on mammalian embryo culture and their importance for the practice of assisted human reproduction. *Hum Reprod Update*. 2016;22(1):2-22.
6. Gardner DK, Meseguer M, Rubio C, Treff NR. Diagnosis of human preimplantation embryo viability. *Hum Reprod Update*. 2015;21(6):727-747.
7. Maheshwari A, McLernon D, Bhattacharya S. Cumulative live birth rate: Time for a consensus? *Hum Reprod*. 2015;30(12):2703-2707.
8. Sunkara SK, Rittenberg V, Raine-Fenning N, Bhattacharya S, Zamora J, Coomarasamy A. Association between the number of eggs and live birth in IVF treatment: An analysis of 400 135 treatment cycles. *Hum Reprod*. 2011;26(7):1768-1774.
9. Magnusson Å, Källen K, Thurin-Kjellberg A, Bergh C. The number of oocytes retrieved during IVF: A balance between efficacy and safety. *Hum Reprod*. 2018;33(1):58-64.
10. Briggs R, Kovacs G, MacLachlan V, Motteram C, Baker HW. Can you ever collect too many oocytes? *Hum Reprod*. 2015;30(1):81-87.