

The ethics surrounding older mothers

In May 2015 a 65-year-old German single mother of 13, Annegret Raunigk, gave birth to quads. One might have thought that this qualified Ms Raunigk as the world's oldest mother, but a BBC News report (2015) not only explained that Maria del Carmen Bousada Lara had borne twins in 2006 at the age of 66 years, it also noted: 'some reports dispute this, saying the actual record holder is Omkari Panwar, who is believed to have been 70 when she gave birth to twins in India in 2008.'

Leaving aside who the record books will favour, a more substantive issue is the question of whether it is right for a woman who is outside the accepted norms of what constitutes a female's reproductive age range to have a child?

The debate

One might object that such considerations are beyond the practice and purview of midwifery. But Church and Ekberg (2013: 896) are adamant that '[a] discussion of ethics in relation to education is... important within the midwifery profession to promote the development of professional practice and the care provided for women and their families.' When they investigated the attitudes of student midwives towards issues raised by different ethically challenging scenarios, their findings suggested that this group was resistant to the use of assisted reproductive technology (ART) for post-menopausal women: 'For example, even though the use of ART enables some women to become mothers, the discussions support the notion of non-maleficance "to do no harm", or where ART was considered risky for the mother and problematic for the child.' (Church and Ekberg, 2013: 900).

So, is it possible 'to do no harm' when it comes to the care of older mums-to-be? Shufaro and Schenker (2014: 1708) make an important point: first, ART and the use of donor oocytes can help achieve pregnancy beyond the natural age of fecundity; and

second, '[p]regnancies at advanced age are associated with an increased prevalence of maternal and fetal complications, but most of them result in a reasonably favourable outcome if meticulously prepared and monitored.'

If post-menopausal pregnancy and birth can be accomplished with no more risk to mother and baby than in 'normal' pregnancies, the scope of the issue beyond a purely medical consideration is widened.

A post-menopausal mother might argue that, given our aging population, if it is acceptable for middle-aged and elderly sons and daughters to care for their much older parents, a commitment entailing considerable physical and mental costs, why is it unacceptable for a middle-aged and even elderly mother to look after her own child? In addition, Hamilton (2002) reminds us that under the Human Rights Act (1998) '... it is probable that a legal challenge to a clinic by an individual with a complaint of unfair blocking of access to treatment on the grounds of age would be difficult to defend.'

However, as Baroness Mary Warnock (1996) explained when she addressed the Royal College of Physicians of Edinburgh, when someone claims a right, they have done two things: first, established something they are prepared to fight for '... without the need for any further elaboration of the rules involved, whether moral clinical or financial.' Second, they adopt an attitude of confrontation against the person or institute to whom the claim is made.

In this age of austerity, I suggest there should be a greater emphasis on a view that sees beyond the personal demands of an individual to consider a wider social dimension. For example, Smajdor (2011: 39) highlights the fact that even if an individual were to pay for her own course of perinatal treatment costs, there are still implications for the rest of society. She cites a report of data for New Zealand collected between 1995 and 2004 stating that '[i]nfants born to mothers over the age of 40 currently represent about 3% of total births but 5% of the infants requiring neonatal intensive care.' While Smajdor acknowledges that one way around this would be a requirement

for clinics to be insured against the costs of future health needs resulting from their services, she poses an unsettling question: '... are we sanctioning the creation of children who will be orphans?'

It is a question that gets to the heart of the matter, and was brought into focus when Maria del Carmen Bousada Lara (see above) died within 3 years of giving birth to twins. Is society prepared to shoulder the burden of supporting what could be an expanding cohort of motherless children at critical stages of development?

Smith (2015) reminds us that the trend of late fatherhood is accelerating. A long-term accumulation of mutations in the gene pool, and raising the prospect of state-supported universal sperm banking, at least one observer wonders whether a combination of technological wherewithal and unlimited reproductive choice risks pulling society away from what many see as the 'natural order' of things.

Conclusion

The issue is fraught with difficulty. But as Smajdor (2011: 39) observes: 'Patients and medics alike have sought to locate reproductive technology in the sphere of medical need. There is a price to pay for this.' **BJM**

BBC News (2015) German woman Annegret Raunigk, 65, has quadruplets. www.bbc.co.uk/news/world-europe-32857398 (accessed 12 July 2015)

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