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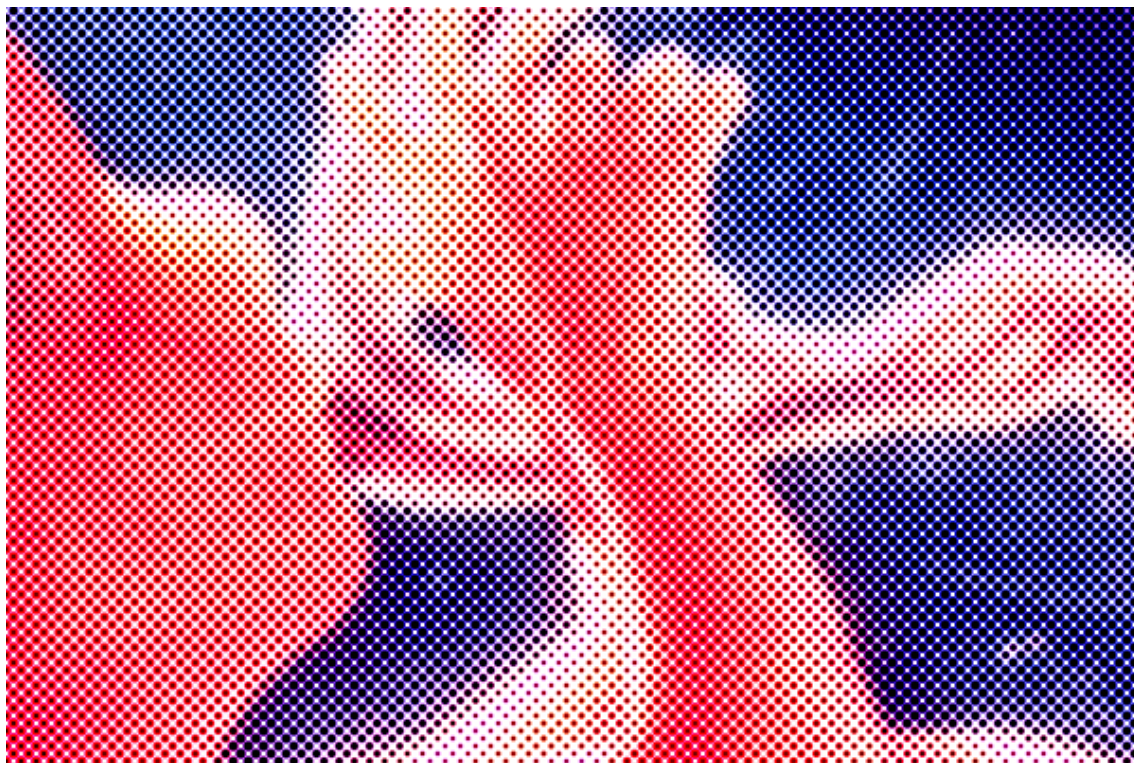
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Those old directions for How To Make A Nuclear Family — grow up, find a man, get married, and have a baby — seem so dated, so simplistic, it's almost laughable. Modern women are staying in school longer, going after more advanced degrees, and are delaying childbirth. Birth rates for women aged 35 to 39 increased nearly 50% between 1990 and 2008, according to Pew Research. And, the number of women aged 40 or older who have babies tripled over the same timespan.

Among women who want to have children, more are reaching their professional and educational goals *before* becoming mothers. And, why not? **It's natural for successful women, who have made careers of pragmatically setting goals and achieving them, to think they can apply the same strategies to pumping out a kid or two.** Besides, if

Hollywood is any indication, it feels more and more logical for 40-something women to be packing so called “baby bumps” on the regular. (Though the experts we talked to for this story say that these pregnancies are most likely achieved via donor eggs).

And, of course, part of what makes the baby delay so do-able is the innovation and expansion of such fertility treatments as IVF, the freezing of eggs, conception through donor eggs or sperm, fertility drugs, artificial insemination, surrogacy, and more. So broad are our options, that some professionals, such as Dr. Alice Domar, an associate professor of OBGYN and Reproductive Biology at Harvard Medical School, senior staff psychologist at Beth Israel Deaconess Medical Center, and author of [Conquering Infertility](#), think that some newer and promising prospects (such as freezing eggs) may give people a false sense of security, allowing us to mentally delay procreating longer than we might otherwise.

When it comes down to it, while chemical peels, spin classes, and yoga have helped make us look and feel younger than our mothers, our organs haven't progressed alongside the societal advancements. “It's hard because you look in the mirror and think 40 is the new 30, and 30 is the new 20,” says Domar. **“You can look fabulous, but your ovaries have been around since you were conceived.”** So, while we ladies are younger-looking and more accomplished than ever, evolution has no idea — our bodies haven't progressed alongside cultural changes.

Among all these choices, technology, and mixed messages, it's no wonder that fertility has become more stupefying. Attitudes towards making time to have a baby that are somehow simultaneously lackadaisical (“I'll get to it whenever — science has got my back”) and absurd (“Gah! Everyone is battling infertility. Should I just freeze my eggs now?”) prevail. That's why many of us wonder how hard or easy is it, really, to have a kid?

We talked to some of the country's leading authorities on fertility about what the modern-day landscape *really* looks like in our twenties, thirties and forties. Here's what we found.

First things first: Physically, our ovaries and reproductive system haven't changed from our great-great grandmoms' generation and the women before them. Women are still born with a few healthy million eggs, which decrease to about 10,000 to 40,000 by the time we hit 37 or so, significantly slowing our roll when it comes to reproduction.

This phenomenon makes women in their mid-twenties most fit for reproduction. "We know that **the ideal hormonal specimen as a woman is 24 years old**," says Dr. Sara Gottfried, an Oakland-based physician who runs the Gottfried Center for Integrative Medicine and the author of [The Hormone Cure](#).

That is the age when you have the lowest risk of any difficulty with fertility," Gottfried says. Women of this age, she adds, are most likely ovulating regularly with healthy eggs. They also have what New York's YinOva Center Clinical Director and [Making Babies: A Proven 3-Month Program for Maximum Fertility](#) co-author Jill Blakeway calls "enormous amounts of fertile cervical mucus," the stuff that carries sperm to the egg. But, unfortunately, our fertility and goals don't always line up at the same time. According to 2010 statistics from the CDC, only 4.3 percent of 20- to 24-year-olds identify as "seeking pregnancy."

Though many women in their early twenties aren't ready to have a kid, Gottfried notes that proactive measures can help those women whenever they *are* ready to conceive. She says that **a young woman who may want to have a baby in the future should take a "snapshot" of her reproductive health**. That way, she will have health statistics to measure

against at a later age, when her hormone levels or ovarian reserve may have changed.

“Getting that base case is so important,” Gottfried says. “If you don’t have a baseline level from when you were in your twenties, you don’t know if [certain hormone levels] have been low all of your life, or if this is a new thing.”

If you’ve sailed past year 24 without measuring your fertility, it’s still a good idea to get baseline testing anyway, Gottfried maintains, as it can also help down the line.



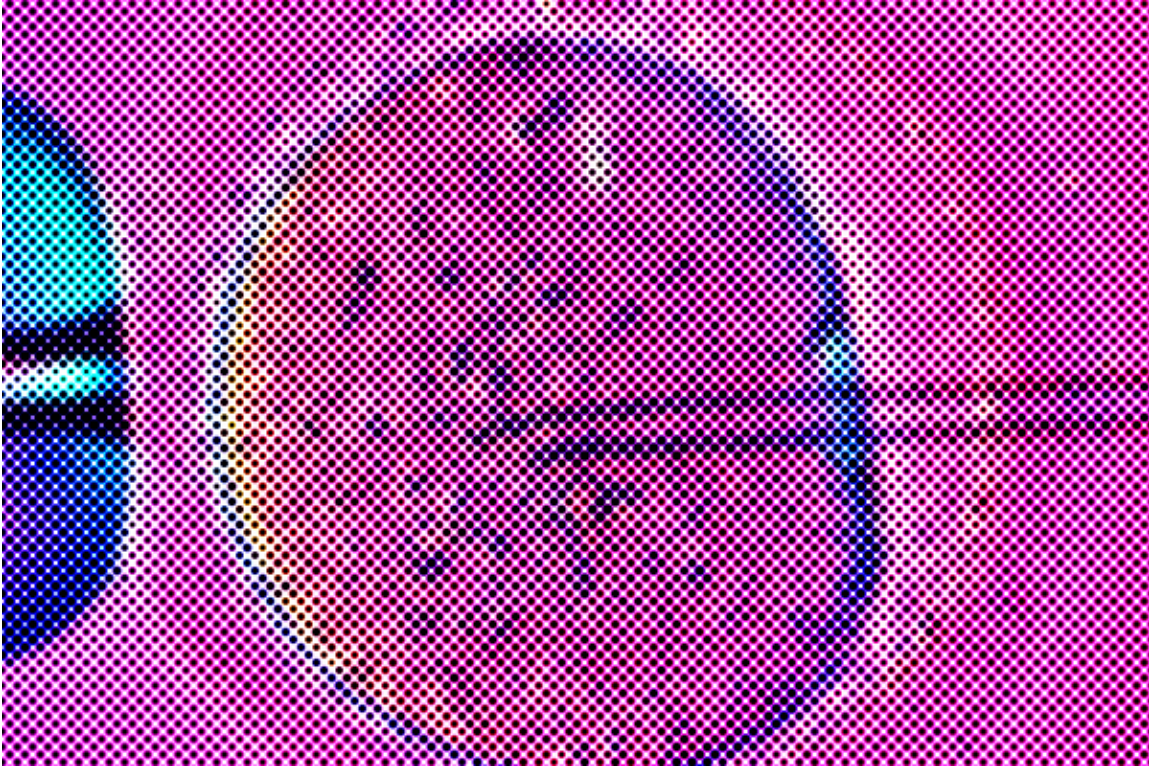
Another major thing to be mindful of in our twenties? Nicotine. “Smoking adds 10 years to your reproductive age,” Domar says. “So, a 25-year-old smoker is as fertile as a 35-year-old nonsmoker. The most important thing you can do for your fertility is to not smoke, or quit smoking, and really limit your exposure to secondhand smoke.” (Domar also notes that nicotine negatively affects sperm production in men.)

For women who may want to get pregnant sooner than later, further actions can be taken to maximize fertility. Dr. Rudy Quintero, founder of C.A.R.E. Fertility in Los Angeles and a double-board certified doctor in obstetrics and gynecology and reproductive endocrinology and infertility, recommends women in their early thirties pursue an ovarian test to measure their fertility outlook over the next couple of years.

In addition to seeing a fertility specialist for a look at your ovarian reserve, Domar stresses the importance of a healthy lifestyle. Moderate exercise and maintaining a healthy BMI (which some fertility specialists, Domar says, clock in around 10 pounds heavier than the American Heart Association's numbers) also prime your body for conception. Both Domar and Blakeway discourage women from being underweight, as it can hold fertility-related ramifications long after the problem is corrected.

"The healthiest BMI is associated with the highest pregnancy rate, even with IVF," Domar explains. "And, data shows that having an eating disorder can predispose you to infertility. Women who have a history of an eating disorder, even if they don't currently have one, have an increased chance of infertility." If you think you may have an eating disorder, Domar says fertility is just one more reason to seek help: "The sooner you get treated, the less likely you're going to have a fertility issue."

Blakeway agrees that weight is key, saying, "In New York, particularly, I see lots of underweight people. I see people who try very, very hard to keep in shape and they eat very carefully, but they don't have enough adipose tissue — they don't have quite enough fat to make enough estrogen." She notes that this phenomenon can also lead to irregular periods or stopped periods, neither of which are conducive to making babies.



Whenever you're ready to conceive, if you're older than that perfect breeding age of twenty-whatever, Domar, Blakeway and Gottfried all suggest seeing a specialist to assess your fertility and hormone levels — and to make a plan. While it may seem like overkill to those who are just starting to try for a baby, one in eight couples (or 7.8 million women) report having a tough time trying to conceive.

Of course, this is the kind of statistic that brings on panic, fear, and the dread of having to fork out thousands of dollars for IVF-assisted offspring — especially in women outside of their twenties. And while 37-year-old women do have considerably fewer eggs to work with, the outlook isn't as grim as it may seem.

“If you look at the research, your chances of getting pregnant in your forties are lower than in your thirties, and your chances in your thirties are lower than in your twenties, but **that doesn't mean you can't have a baby,**”

Domar maintains. "I've had hundreds of patients in their forties get pregnant with healthy babies. It's not bleak."

Blakeway says that this is the time when she tells patients to clean up their act. She advises women to eat lots of leafy greens, colorful vegetables, whole grain carbs, and lean protein, noting that those who practice elimination diets often have a hard time getting pregnant.

"In your twenties, you can live on beer and Cheetos and get pregnant. And, lots of people do," Blakeway says. "But, by the time you're in your forties, not every egg is viable by any means, and you have to make sure you maximize the benefits of the things you can control. You can't control egg quality, so you do need to make sure everything else is perfect."

Domar says that if you've been trying for three months with no results and aren't of prime fertility age, work with a specialist and possibly see what technology has to offer. That isn't to say that you should be ready to drop major coin on treatments: Ovulation disorders account for 25% of all infertility cases and nearly 90% of fertility issues are treated with conventional therapies, like drug treatment, according to the American Society for Reproductive Medicine. That means treatment options can be less invasive, and not so stress-inducingly expensive. **"A lot of women who are experiencing infertility can get pregnant with very low-tech, inexpensive treatments,"** Domar says. "Not every infertility baby is a 100k baby. There are a lot of treatments that are \$35 a month and can be successful."

No matter what the case, Domar reminds us to keep perspective if dealing with infertility. "There are tens of thousands of people in your state who are going through this. There's nothing to be ashamed of," she says. "The treatments are moving forward in leaps and bounds in terms of efficacy. It doesn't need to be scary."

What's next in fertility research? Current studies are being done to develop medications that enhance a woman's egg quality, to find ways to create new eggs in mice, and to improve embryo incubation systems, according to Quintero. Any of these may lead to yet more choices for women. In the meantime, staying healthy — and checking in on ovarian reserves and hormone levels from time to time — is the most straightforward way to an uncomplicated and good, old-fashioned fertile you.