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Life

Toronto woman gives birth at 56

Tessa, a Toronto lawyer, had always longed for one more child. Now, 26 years after the birth of her first baby, she got her wish.

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Tessa (not her real name) wants older women who still want to have children to know that it's still possible. She had three adult children already when she got pregnant by using a donor egg and sperm.

By: Diana Ballon Special to the Star, Published on Fri Feb 06 2015

At 30, Tessa had her first child and realized what it was like to be completely happy.

The Toronto lawyer decided she wanted at least four children. She gave up her career and dived into motherhood.

"All I wanted was to take care of my kids and be with them," she said.

When her marriage ended in 2001 she had three children. Her youngest was 5, and she thought her dream might never come true.

But then life took an unexpected turn. At 56, Tessa gave birth again.

The single woman, now with three adult children, underwent in vitro fertilization (IVF) using a donor egg and donor sperm and on Nov. 25, gave birth to a healthy baby boy — a full 26 years after having her first child.

Tessa isn't her real name. She is withholding it to protect the privacy of her son, who she wants to have the freedom to tell his own story of how he came to be. But she is speaking out because she wants other older women to know that giving birth is still possible.

Her decision is reflective of a growing number of women having babies in middle age or later.

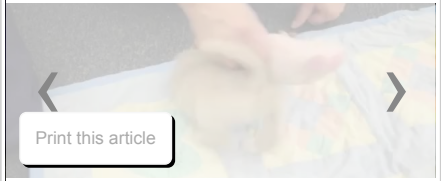
According to Statistics Canada, birth rates for women 40 to 44 years old increased almost 75 per cent between 2000 and 2011, and 150 per cent for women aged 45 to 49.

For women over 40 who use donor eggs, the live birth rate per IVF cycle in Canada ranges from 33 per cent to 38 per cent and this does not change with advanced maternal age, says Dr. Neal Mahutte, president of the Canadian Fertility and Andrology

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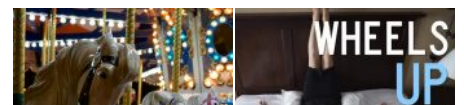
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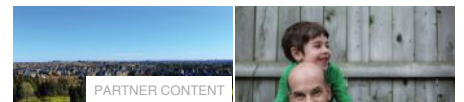


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While many women are finding they require IVF to get pregnant, cost can be an obstacle. In Ontario, health insurance (OHIP) will cover three treatments of IVF only if both Fallopian tubes are blocked. For everyone else, one cycle can cost approximately \$10,000.

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However, if a proposed legislation gets passed, the province could help cover one round of IVF for all women. In Quebec, which once had the best publicly funded assisted procreation program in the world, provincial legislation has been proposed to ban IVF for women over 42.

There are other obstacles. Older women who want to get pregnant face health risks, public criticism about their decision based on an ideal maternal age and concerns about a child potentially losing a parent before becoming an adult.

Tessa considered everything. But knowing her overall health, fitness and body weight were good, and that her kids were behind her decision, she wanted to go ahead.

On a grey Wednesday afternoon in early December, Tessa sits in the living room of her North York home, her two-week-old son (we'll call him Aaron), swaddled in a blue blanket dotted with white elephants, dozing peacefully over her shoulder.

It was about four years ago when the possibility of having another baby took hold, she says. Her synagogue was looking for someone to foster a 14-month-old baby with special needs. Tessa was approved to take the baby, but then pulled away when she learned she might not be able to keep the child.

But the idea stoked her desire. She became determined to find another way to make it happen.

Tessa looked into finding a surrogate mother to have a child for her, and then — after meeting with Dr. Clifford Librach, a childhood friend who is a fertility specialist and the director of CREaTe Fertility Centre — she entertained the idea of having a baby herself.

In the meantime, she broached the subject with her three adult children — two sons, now aged 19 and 22 and her 26-year-old daughter.

“I was so excited from the beginning,” her daughter, a second-year pediatric resident, said; she knew the medical risks, and wanted her mother to be followed by a high-risk obstetrics/gynecologist.

“I wasn't worried. I thought if anyone could do it in her 50s, it was my mom. She's always seemed young,” she said.

She also agreed — at her mother's request — to raise the baby, should Tessa die when the child was a minor.

Tessa, who ran regularly to keep fit, underwent a battery of tests to assess her overall health, including blood and hormonal testing.

Because she had already reached menopause, there was no possibility of using her own eggs. The next step was for her to search for donor egg and sperm, which she did through several agencies recommended to her by CREaTe and her fertility lawyer.

It was, she admits “like shopping (online) for anything else.” But in this case, she was searching for physical attributes including photos, education, likes, dislikes and the full medical history of the donor and their family.

She would be combining the attributes of two people she approved of to create her child.

Once she made her selection, the frozen sperm was shipped to her fertility clinic in downtown Toronto, and arrangements were made for the egg donor, who lives in

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First, eggs were harvested from the donor. The eggs were then fertilized through a process called ICSI (intracytoplasmic sperm injection), in which sperm is injected into them. Five days later, after they had had time to develop in a laboratory, an embryo was transferred into Tessa's uterus. The other embryos were frozen.

Hormonal treatment then prepared her body for implantation of the embryo and she took medication to reduce her chances of miscarriage.

The total cost of having her baby was \$48,500. This included the fee for the CReATe program where Librach performed the IVF, medications for Tessa and the egg donor, lawyer fees and the fee for the egg and sperm donor agencies. In Canada, egg donors can't legally be paid for their services, although they can be remunerated for their expenses.

Tessa attempted IVF three times over a four-month period (November to March), but the procedure wasn't successful until the third try.

Severe morning sickness, vaginal bleeding and concern that she could lose the fetus forced Tessa to be on bed rest off and on until the 14th week of the pregnancy. She would get up only to go to the washroom, and visit the midwife or doctor. Her daughter, who was away at school, co-ordinated her mother's care, arranging for close friends and family members to help out.

"I had extreme morning sickness that was way worse than I'd had before," Tessa said. "I could barely sit up. I couldn't drink or eat. I never knew it was possible to be so sick."

The first weeks took a toll on Tessa and those close to her.

She never got depressed, but she did get discouraged. She worried that she'd be sick until she gave birth and had to stop work while she was so ill.

Her 76-year-old mother was also concerned.

"I was very worried about everything that could happen to her," said Tessa's mom. "I worried about the baby. Was he going to be OK? But mostly I worried about (Tessa), that it would be too hard for her and if it didn't work, what would happen to her?"

"I thought (the pregnancy) would be playing havoc with her body ... I was worried about *my* baby."

The egg donor was 27 years old, so the risk of having a child with Down's syndrome or other potential disabilities was low.

"The risk of abnormalities in the baby is related to the age of the egg donor and not the person carrying the baby," said Librach. The potential complications for someone of Tessa's age are gestational diabetes, pre-term labour, high blood pressure and the risk of Caesarean section, he said.

A full-term pregnancy is 39 to 40 weeks. Doctors will generally induce a woman over 40 years old before 40 weeks, but neither Tessa's doctor nor her midwife had experience birthing a woman in her late 50s. Tessa decided she wanted to be induced at 38 weeks.

The labour that ensued was long, difficult and painful. It lasted for 36 sleepless hours. Tessa spent the final two hours pushing.

We just kept trying to look at the light at the end of the tunnel, said her daughter.

Finally, Tessa gave birth to a 6 pound, 10 ounce boy. Three midwives including Tessa's primary caregiver Vicki Van Wagner attended the birth at Mt. Sinai, while a high-risk obstetrics team stood by. Tessa's daughter caught the baby and cut the umbilical cord, just as she had cut the umbilical of her two other brothers so many years before.

It was an emotional scene. Tessa's daughter began crying. Her youngest son, who had been waiting outside the door, rushed in to kiss his mom. Tessa called her other son, who was out of town, to give him the news but fell asleep mid-sentence.

"Was I elated? Not right away. I was tired, but *so* happy he was born. And I was delighted I could leave the hospital two hours after he was born," she said, adding a hospital birth would never have been her ideal birth plan.

Aaron is now 2 months old, and Tessa's family and friends are overjoyed. So far, no one's mistaking her for a grandparent, even when they're out with her adult daughter. Admittedly, she looks very young and she's often nursing.

"I had misgivings before she had the baby. I don't have any now," said Tessa's mother. "She was a good mother with the other three children and she will be a good mother now."

Tessa's long-time friend shares the same sentiments. "She raises terrific kids. She will raise another terrific kid."

As far as being a new mom, Tessa is finding it easier this time around. She's far more confident, and rather than having to take care of other young children at the same time as her newborn, she now has the support of her adult children.

Tessa knows that Aaron won't have a typical family and may feel different from others. He'll have an older mother, no father and adult siblings. But he'll never be alone, said Tessa's daughter.

"He's the most loved and hoped for baby in the world."

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