PART IV - New Reproductive Technologies

Please read, Harris, "Lesbian Motherhood and Access to Reproductive Technology."

Women who experience difficulty conceiving often turn to medical science in the hope of reversing their infertility. Pat Spallone (1994) argued in "Reproductive Health and Reproductive Technology" that the term "new reproductive technologies" or NRTs actually refers to a wide range of techniques used to assist women in conceiving a child. Two of the methods popularized if not sensationalized in the media, surrogacy and donor insemination, are actually not technologies at all. Although usually done under medical supervision donor insemination does not require a great deal of medical expertise; surrogacy occurs when one woman bears a child for another person to raise. While not technically NRTs they are so closely associated with them that they are usually included in any discussion of NRTs. In Canada under the Assisted Human Reproduction Act, most of which was struck down in April 2012. This occurred because much of what was in the law was viewed as federal intrusion into provincial jurisdiction. That being said, some parts of the old law, according to Andre Picard, the most onerous parts, remain. According to Picard writing in the *Globe and Mail* April 1, 2012, it is illegal, in Canada, to pay for donor eggs or pay surrogate mothers. It is legal, however, to reimburse such women for their expenses incurred as a surrogate; how this will be done has not been defined. It is also illegal to financially benefit from helping infertile women find a surrogate, an egg donor or sperm doner.

Spallone's focus is on *in vitro,* Latin for "in glass" and more commonly referred to as in vitro fertilization (IVF), because of the changes and possibilities that it holds for infertile women and also for the questions it raises. She reminds us however, that in terms of women's health issues, NRTs "are social experiments of unprecedented proportions" (50). She points out the way in which new reproductive technologies generally and IVF specifically tend to focus on the science of technological reproduction and to marginalize women's health needs and women as procreators. Thus while the science is celebrated because of the technological advances that have been created, the price that women pay in terms of their health is ignored (49).

The questions usually posed, Spallone argues, often have a wrong focus – not 'how will the technology affect women's health?' or 'what are the issues in women's health that we should be concerned about when imposing these technologies on women?' but rather the focus is on ethical issues concerning the fetus. For example, how far should society allow science to go experimenting with embryos? Should scientists conduct research on live human embryos? And, when do embryos become people? As Spallone points out, these questions suggest that women are not the main focus of in vitro fertilization (52).

Spallone discusses the American Embryology Act which, of course, does not apply in Canada. In Canada Parliament struggled with legislation covering a wide range of new reproductive technologies that would apply to all Canadians. The *Act Respecting Human Reproduction* received Royal Assent in March in 2004 places prohibitions on human cloning, the creation of human-animal hybrids, sex-selection of babies for non-medical purposes, payments to egg and sperm donors and so-called "rent-a-womb" contracts where women are paid for carrying a baby for an infertile woman. For example, The Act states that no payment can be made to a sperm or egg donor for their donation nor can payment be given to a woman providing surrogacy services. Section 6 of the Act prohibits anyone from paying a person to act as a

surrogate. It also prohibits anyone from receiving payment for arranging, offering to arrange, or advertising to arrange the services of a surrogate. Fines under the Act range from C$250,000 to C$500,000 (Health Canada 2004). However, the legislation would allow women to carry a child for another women without payment, except for her expenses. The donation of sperm, eggs and other reproductive materials would be permitted to assist conception. The legislation would also allow the use of human embryos and stem cells* in research (*Toronto Star* 9 May 2003).

In a *Toronto Star* article, "A Long Gestation" women are again ignored. The author refers to "infertile couples" when making reference to the application of a new reproductive technology. Likewise Spallone questions the way in which NRTs are linked to the ethics of the family and particularly to the notion of "the fit parent. "Seldom are reproductive technologies seen as a way in which single women would realize motherhood. In the United States the Warnock Report made it clear that IVF should be available only to "heterosexual couples living together in a stable relationship" (53). The same report, however, ignored issues of concern regarding the impact of NRTs on women's health. When new reproductive technologies are discussed seldom is the high financial cost of the procedure taken into account. Clearly, only individuals with considerable financial resources at their disposal could undertake some of the more sophisticated new reproductive technologies since most of them are not covered by medical insurance, even in Canada. Then again, the high failure rate also is seldom discussed. In fact the failure rate runs at between 85% and 90% making the psychological stress difficult for many women.

In fact, the consequences to women's health should be at the centre of any discussion on new reproductive technologies, if for no other reason that the fact that the methods used are experimental. Many groups in Canada want all NRTs prohibited until some of the ethical and religious questions have been answered, but these same people see no reason to halt NRTs on the basis that we know little about their impact on women's health.

Spallone points out a number of ways that new reproductive technologies impact women's health. The most publicised issue is that of multiple births. Multiple births put stress on women's bodies and on the unborn children. Also women who have undergone IVF or some other NRTs also have births that are more highly medicalized. For example, many women who become pregnant via IVF have a cesarean section. There is also risk from the fertility drugs and hormones used in IVF. Spallone deals with the consequences of fertility drugs at some length. She refers to a number of studies done which document the negative impact of these drugs on women's health (55). *Our Bodies, Ourselves* concurs stating that "good studies are needed to determine the true risk of taking [fertility] drugs" (426).

In supporting her position that NRTs can be a threat to women's health she reminds us that this is not the first time we have placed women's reproductive health at risk by prescribing drugs that were not thoroughly tested. Spallone looks at diethylstilbestrol (DES) which was referred to in the first unit of this course. She and others such as the authors of *Our Bodies, Ourselves* would make the same point with respect to the drugs used for IVF. Spallone would agree that all medical interventions carry with them a certain level of risk. But she questions just how much risk is too much. An acceptance of the notion that 'nothing is perfect' can "too easily reduce problems to simple human imperfections, making it difficult to address questions of medical accountability and social forces (such as overarching scientific priorities) which help shape treatments" (60). Ethical questions regarding new reproductive technologies are important to ask, the problem is they often overshadow other important question such as the impact such technologies have on women's health.

The health risks that women face when considering new reproductive technologies are not to be taken lightly. As well, these treatments are expensive and exclusive to a small group of women. As a way of dealing with infertility, new reproductive technologies shift control over reproduction to the so-called scientific "experts." The emphasis on IVF not only reduces women to headless reproductive machines (the chemical cocktail cuts off the connection between a woman's brain and her ovaries); it encourages women to feel they are less than whole if they cannot have a child. According to the World Health Organization, a more effective and cost efficient way to reduce infertility rates would be to place more emphasis on programs for the early detection and treatment of sexually transmitted diseases such as Chlamydia, a disease that is easily treatable if caught early. Compared to IVF procedures, however, this approach would be less profitable for scientist and doctors; and deprive the scientific community control over women's reproductive capacity.

✍ IDEAS TO REFLECT ON

As you read the article by Harris, consider the following points:

- Single women and lesbians often face discrimination when seek access to fertility services (97).
- The new act recognized the disproportionate impact that new reproductive technologices have on women (99).
- The act declares that the health and well-being of women must be protected in the application of new reproductive technologis (99).
- Many parts of the legislation impact differently on lesbians than on heterosexual women (101).

PART III – Postpartum Depression

Please read, Edhborg, et al, "Struggling with Life": Narratives from Women with Signs of Postpartum Depression."

It is not unusual for women, at least those in Western society to become somewhat moody and depressed in the first few days and weeks after giving birth. These "baby blues" can make new mothers feel lonely, overwhelmed with the task before them and anxious about their skills in caring for an infant. These feelings usually subside. The "baby blues" will be discussed in the first part of this section. Some women, however, experience more severe depression following birth. This condition is known as postpartum or postnatal depression. The time-honoured explanation for postpartum depression is a sudden reduction in woman's hormone levels following birth. This explanation is challenged by Christina Lee in her article, "Postpartum Depression: The Sorrows of Motherhood" where she considers a feminist perspective regarding postpartum depression. Although Lee suggests that in most societies "childbirth is seen as a potential crisis, one which puts women at risk of mental illness (Lee 71) she is probably limiting her remarks to Western countries. Dr. Carole Suschnigg of the Department of Sociology at Laurentian University questions whether, for example, Aboriginal women such as the Innu, experience this problem to the same extent as do women in urban centres in Canada. She also questions whether women in non-Anglo immigrant groups in Canada such as the Chinese experience postpartum depression.