

# BC mothers are the oldest in Canada. Let's talk about that

For years, British Columbia has had the oldest average age of mothers in Canada.<sup>1</sup> In 2016, the average age of a person giving birth in BC was 31.5 years; as of 2020, this average reached a new high of 32.1 years.<sup>1</sup> What's most remarkable to me is that in a single generation, our society has shifted from persons historically giving birth in their 20s to the majority giving birth in their 30s.<sup>2</sup> To demonstrate just how much we've changed, consider some American data, which showed that for persons born in 1960, waiting until after age 30 to have children was quite rare.<sup>3</sup> The median age of first birth for a cohort of persons born in 1910 was 21.1 years, and 22.7 years for a similar cohort born in 1960. In the mid-1970s, the average age of a Canadian person was 26.7 at childbirth.<sup>4</sup>

I am not sharing this data to criticize millennials; I am these statistics! I had my first baby at 32, toward the end of my fellowship, which was the culmination of 14 years of post-secondary education. I was one of the earliest in my residency cohort to be pregnant. You can probably relate to the reasons why medical school and residency might seem like inconvenient times to start a family. Studying for exams, 24-hour shifts, moving cross-country for training, and student debt are just a few reasons why physicians might feel they can't have babies during their reproductive prime. There are also wider societal pressures that contribute to delayed childbearing that are not unique to physicians. As a fertility specialist, my patients talk to me about why it took them some time to start a family: finding the right partner, buying a house, traveling, or finishing education.

Much has been written about older mothers, both in medical journals and in the popular media.<sup>5-8</sup> It is a relatively frequent news topic. In 2018, I wrote a *BCMJ* guest editorial titled "How old is 'too old' to have a baby?"

[2018;60:246]. However, despite writing, reading, lecturing, and talking to patients about reproductive aging for years, my speech about older childbearing appears to be the same old story (no pun intended). The conversation needs to evolve.

Advancing reproductive age is a public health issue. Even though society has changed since my parents' generation, an egg's fundamental biology has not. People with ovaries have their maximum number of eggs by 20 weeks gestation—6 to 7 million in total. Egg numbers decline throughout life, but after age 35 the drop is much more dramatic. *Egg quality* also decreases with age, resulting in chromosomal errors, which lead to infertility and miscarriage. The reproductive lifespan can be extended with assisted reproductive technology, but it is not a cure-all. Even with in vitro fertilization, the odds of a live birth at age 45 are less than 2%.

Canada's fertility rate is at an all-time low at 1.4 children per childbearing person.<sup>9</sup> The media have written about a pandemic-driven fertility decline, but blaming COVID is overly simplistic.<sup>10,11</sup> A Statistics Canada survey published in December 2021 made headlines for the 19.2% of respondents who "would have fewer children or later childbearing" as a result of the pandemic, when in fact, the vast majority (76.5%) had "no change" in plans.<sup>9</sup> American research suggests that would-be parents of lower socioeconomic status could be those most likely to have adjusted their family planning.<sup>12</sup> Perhaps we can say that the pandemic accelerated an already-concerning trend.

Physicians are well positioned to talk to patients about their childbearing plans. A study of UBC undergraduates showed that "although most women were aware that fertility declines with age, they significantly overestimated the chance of pregnancy."<sup>13</sup> Whether it's life planning, egg freezing, or just having children

earlier, a little conversation might go a long way. In my daily work I am constantly humbled by Mother Nature and the heartache of unintended childlessness. ■

—Caitlin Dunne, MD, FRCSC

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# Langley City family practice, Part 2

A loose definition of a family is a group of people going through the world together. Family isn't always blood. It can simply be the people in your life who support and care for you.

I wrote an editorial about my work family in the April 2019 issue of the *BCMJ* titled "Langley City family practice" [2019;61:106]. Considering my current situation, I thought it was time to revisit this topic and give credit where credit is due.

In that editorial I talked about how blessed I was to work with such fine individuals. I also encouraged physicians who are starting out to choose their work colleagues wisely as they will be your family for many years to come.

Reaffirming the excellent choice I made is demonstrated in the way I have been supported by my colleagues since my wife became ill. The practical help I received without complaint or question I can never repay. The physicians in my office immediately covered my on-call duties and hospital rounds. I asked once and it was done. Taking this load off my plate was a huge relief and allowed me to focus on what needed to be done for my wife. They also took care of my patients when I had to suddenly take time off as no locum was available on

short notice. The added emotional support they have given overwhelms me at times and often brings me to tears. They have my back and listen with compassion and caring when I need to vent about the apparent unfairness of it all.

Our group practice has grown to seven physicians, and I would like to give a shout out to our two newest family members. There is a lot of talk about the next generation of physicians being less interested in running a busy full-service family practice. They are often accused of being less hardworking than the generations before. Nothing could be further from the truth as our most recent family physician members are better than me in so many ways. They are smart, compassionate, and hardworking. They have built excellent successful practices from the ground up and are admired by their patients and our medical community alike. Nothing is beyond their capability, and I am so thankful that they have joined our practice family. The future is in good hands with these two.

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Often underrecognized in medical practices but no less deserving of praise is the staff. I would like to thank ours for their support during this challenging time. I try and let them know how much I appreciate them, but I don't think they realize the extent of my admiration. They are a part of my extended family and many of them I have known for years, of which the

last few have been particularly difficult being on the front lines of our office during the COVID pandemic. I am sure this increased stress has taken a toll on them and has affected their personal lives and families. Despite this, they consistently show up with kind smiles, ready to

face another challenging day.

So, when it comes to my work family, I am so thankful for all of them and want to acknowledge all that they mean to me. If a good quality of life is about finding a happy balance between work, friends, and family, then I am truly blessed as I have all three in the same place. ■

—David R. Richardson, MD

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