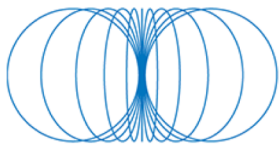


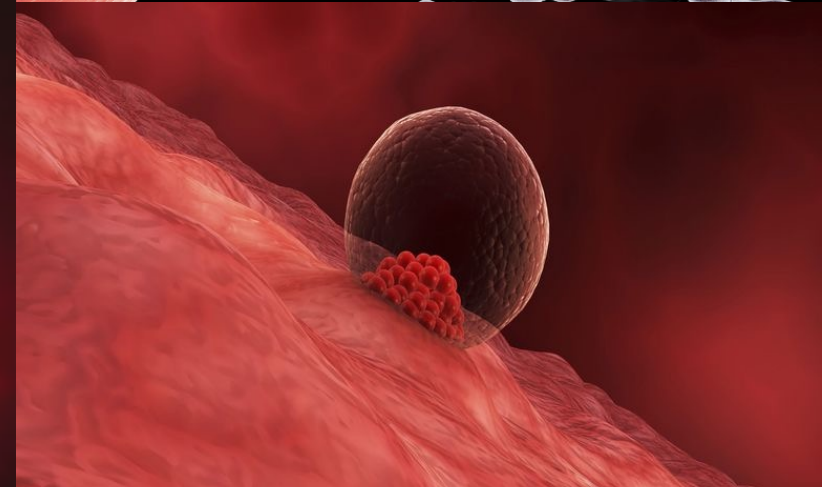
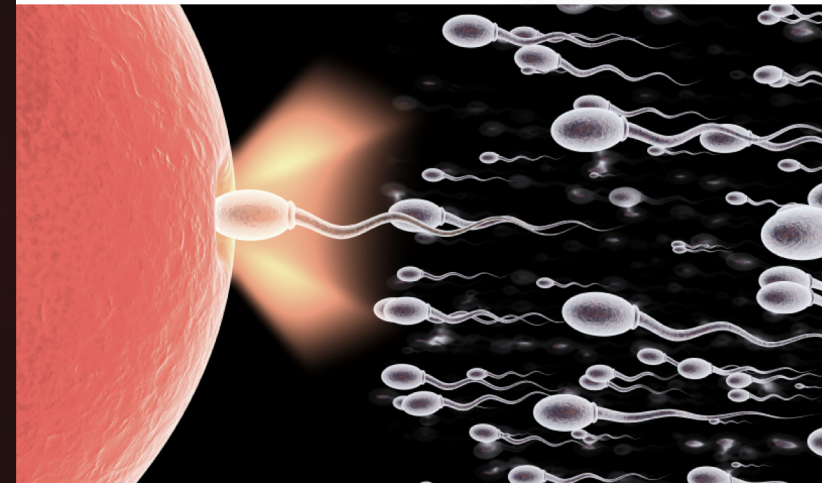
The age, too old, the eggs too few Clinical Perspective

Pr Laurie Henry
CPMA-ULiège



BSRM

Belgian Society for Reproductive Medicine





Advanced Maternal Age (Geriatric Pregnancy): What to Know

Read More :

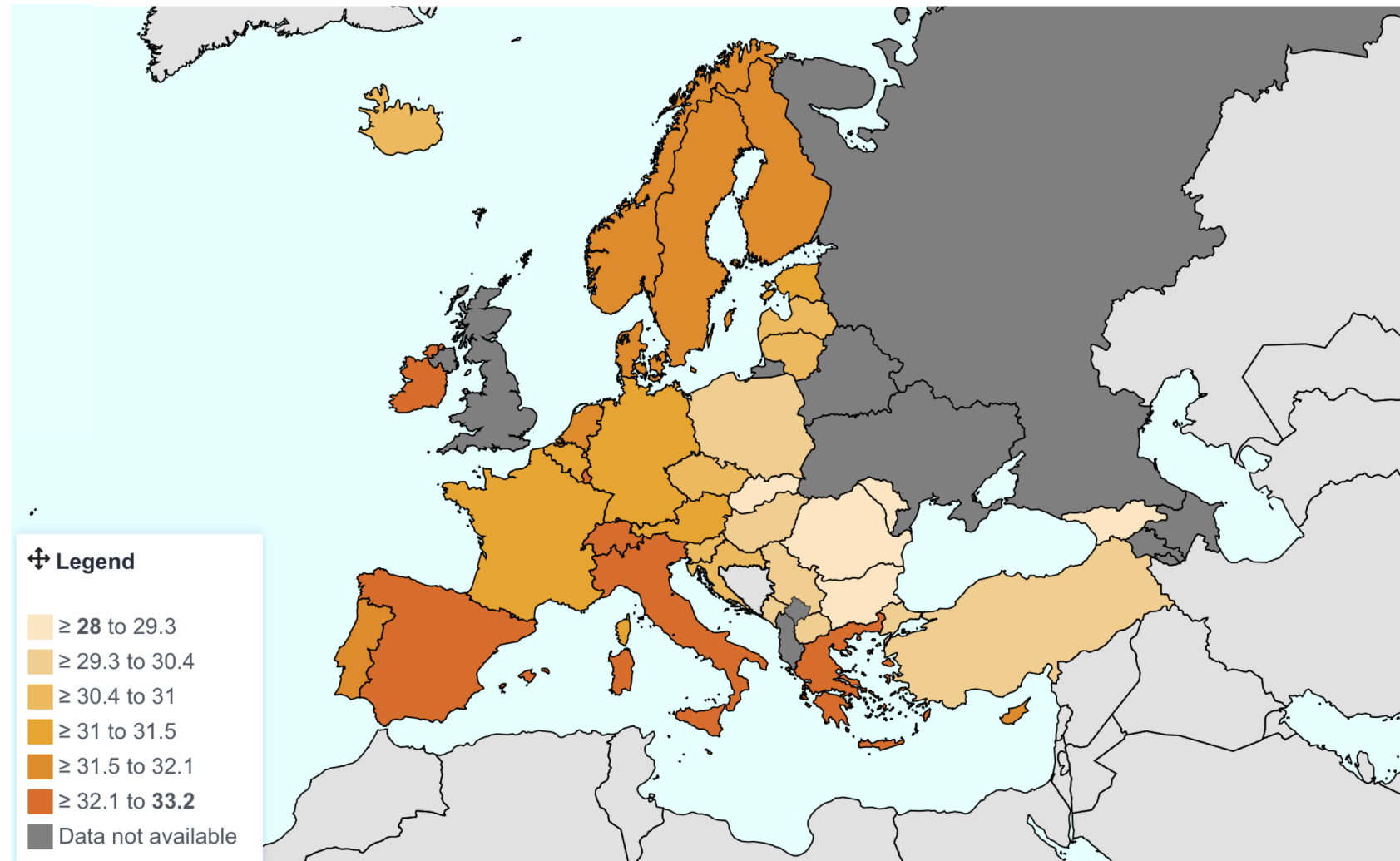
- <https://drritabakshi.in/advanced-maternal-age-pregnancy-over-35/>



The age, too old...

Motherhood

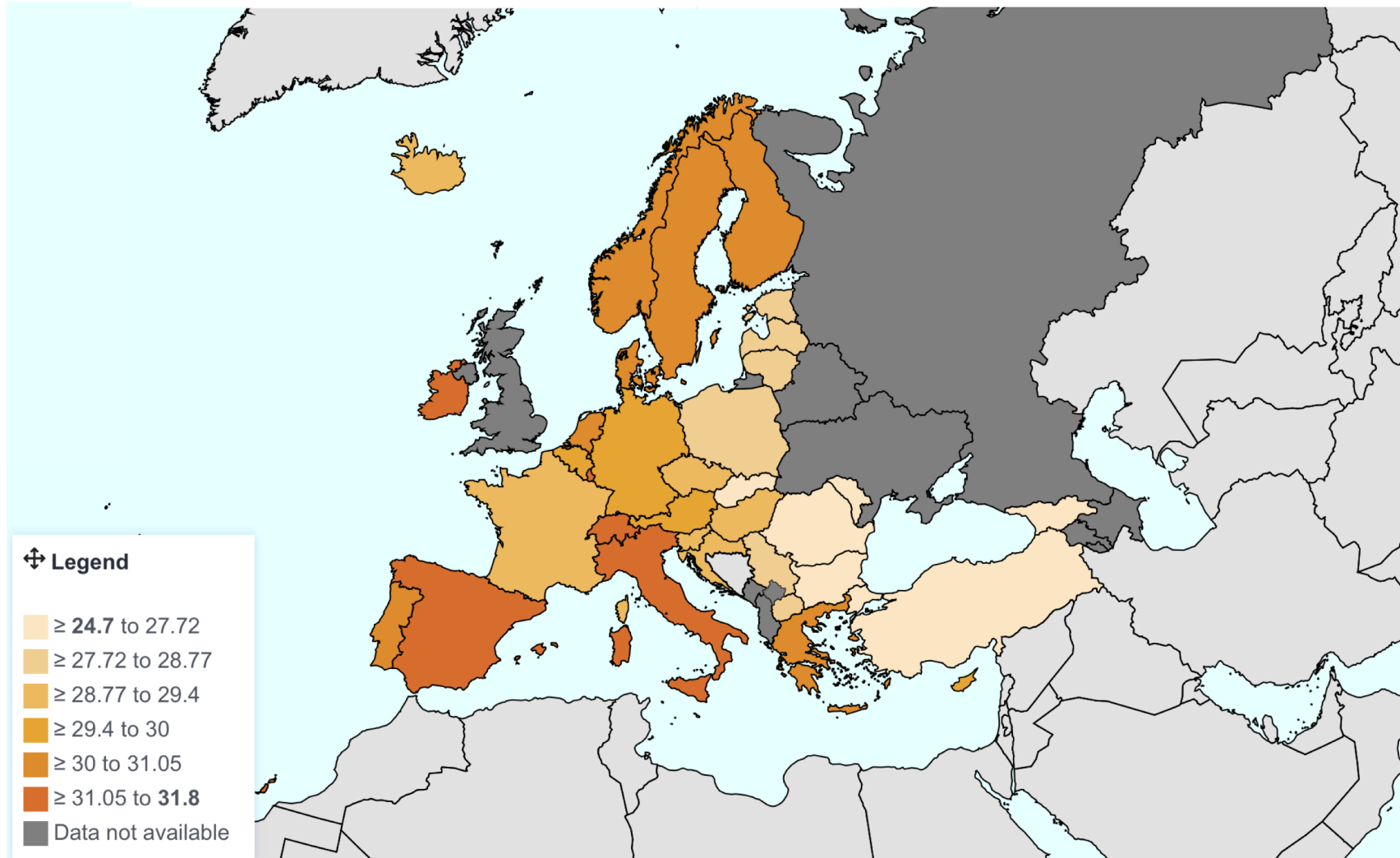
Mean age of
women at
childbirth
(2023): 31.6



The age, too old...

Motherhood

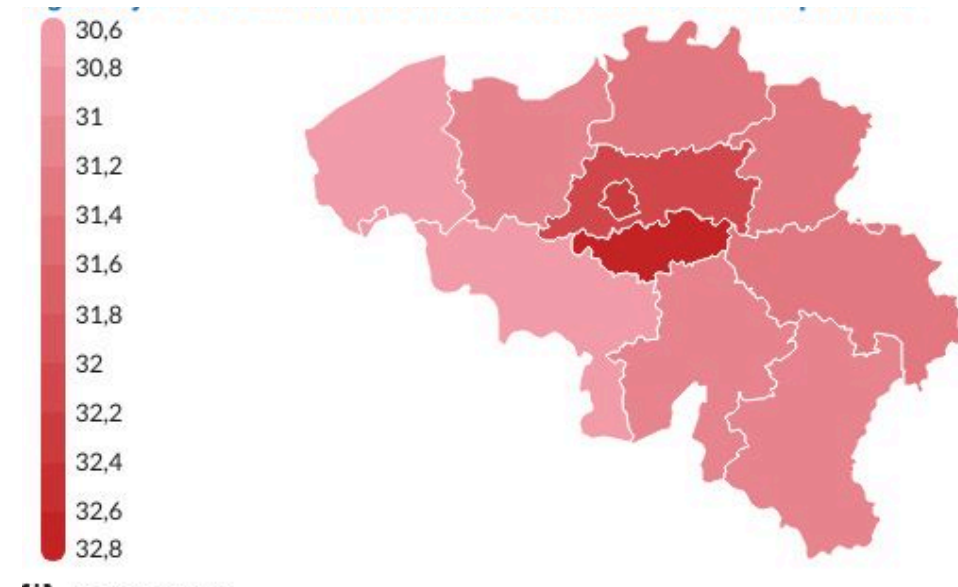
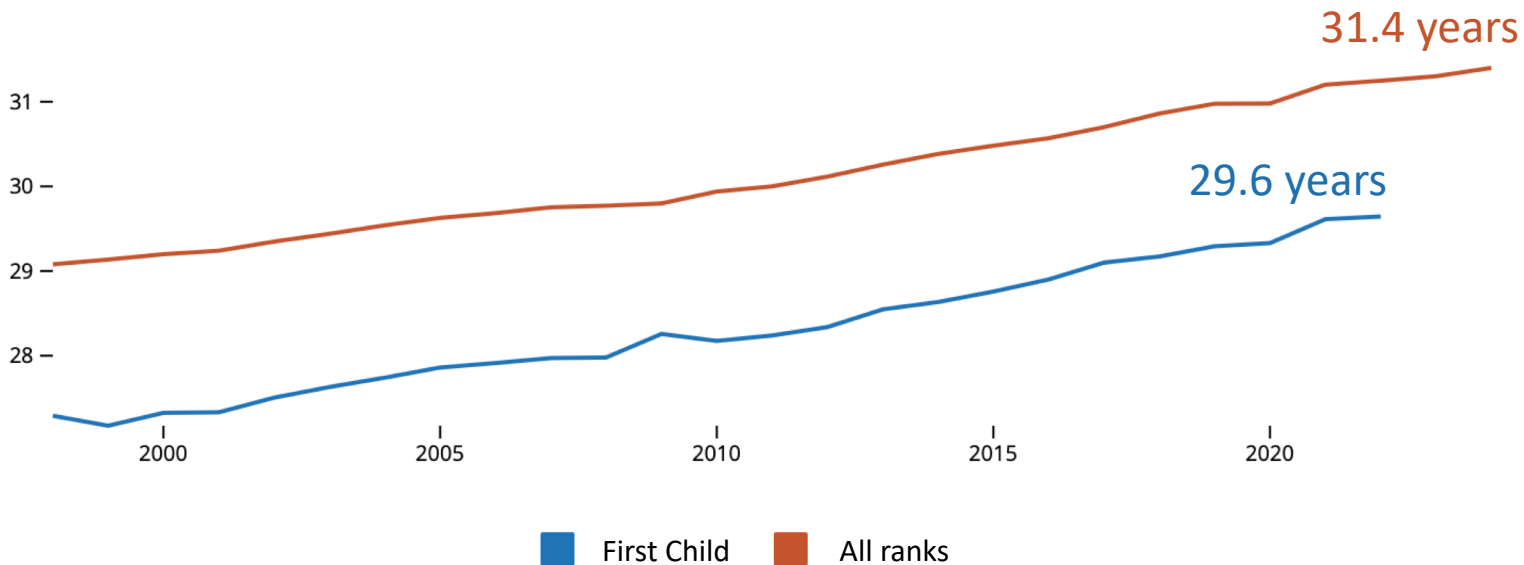
Mean age of
women at birth
of first child
(2023): 30.2



The age, too old...

Motherhood

Mean age of women at childbirth and at birth of first child (2024)



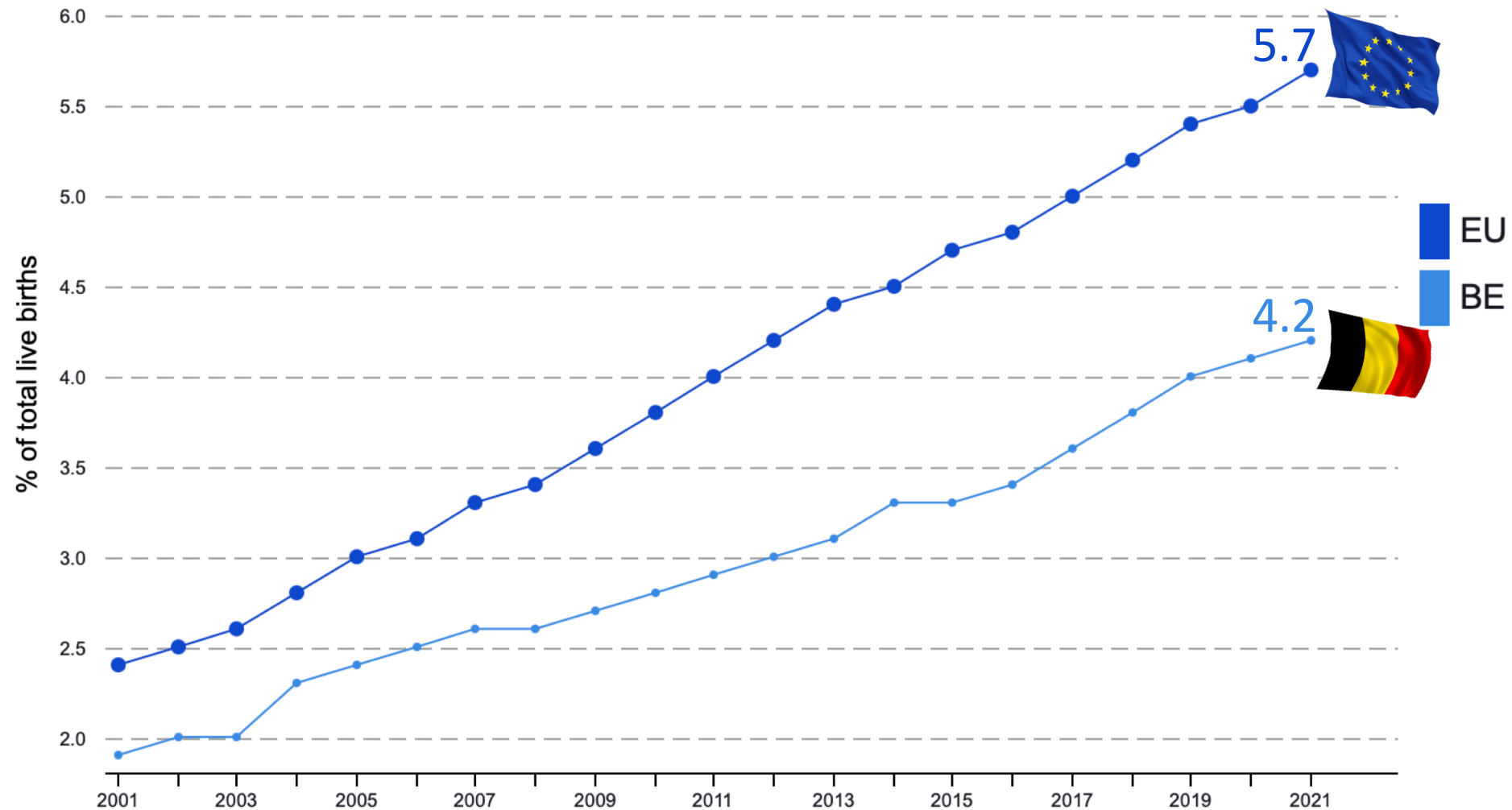
Mean age of fathers or co-parents is 34.3 years



The age, too old...

Motherhood

Live births from
mothers aged 40
and over
(as % of the total live
births)



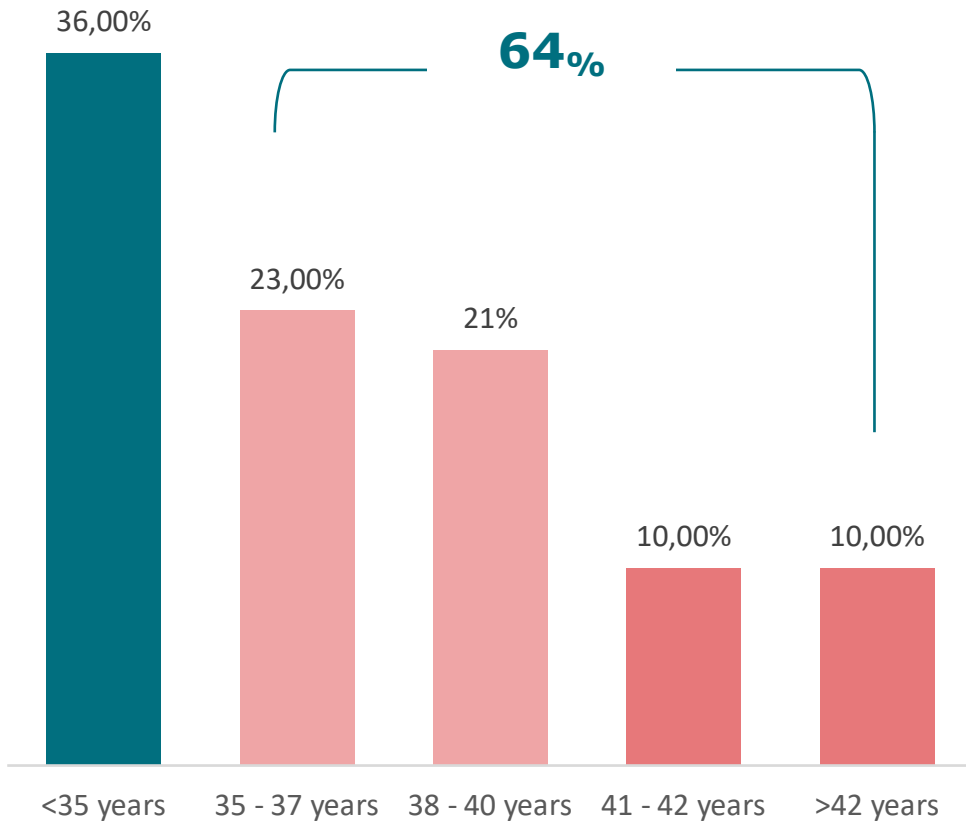
• <https://ec.europa.eu/eurostat/web/interactive-publications/demography-2023#ageing-population>



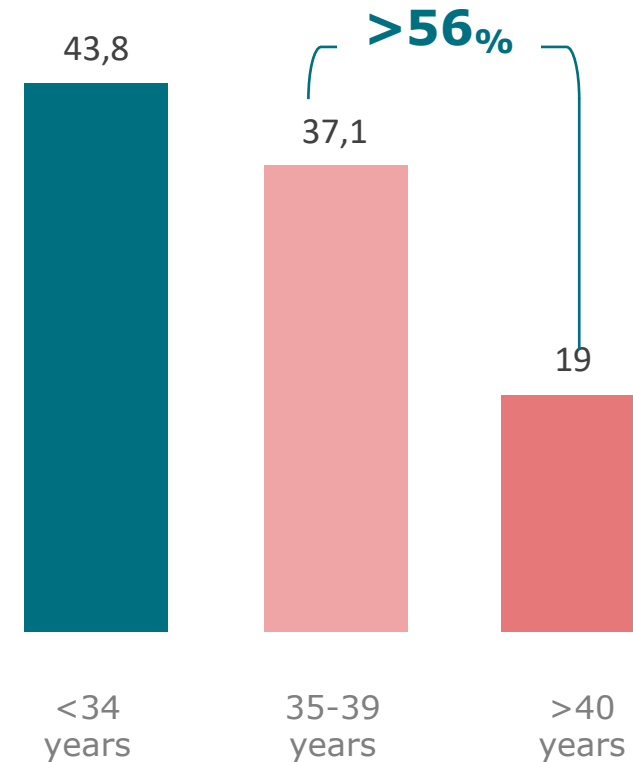
The age, too old...

Fertility Treatments

CDC data for ART (2022)
64% of cycles are
≥ 35 years old

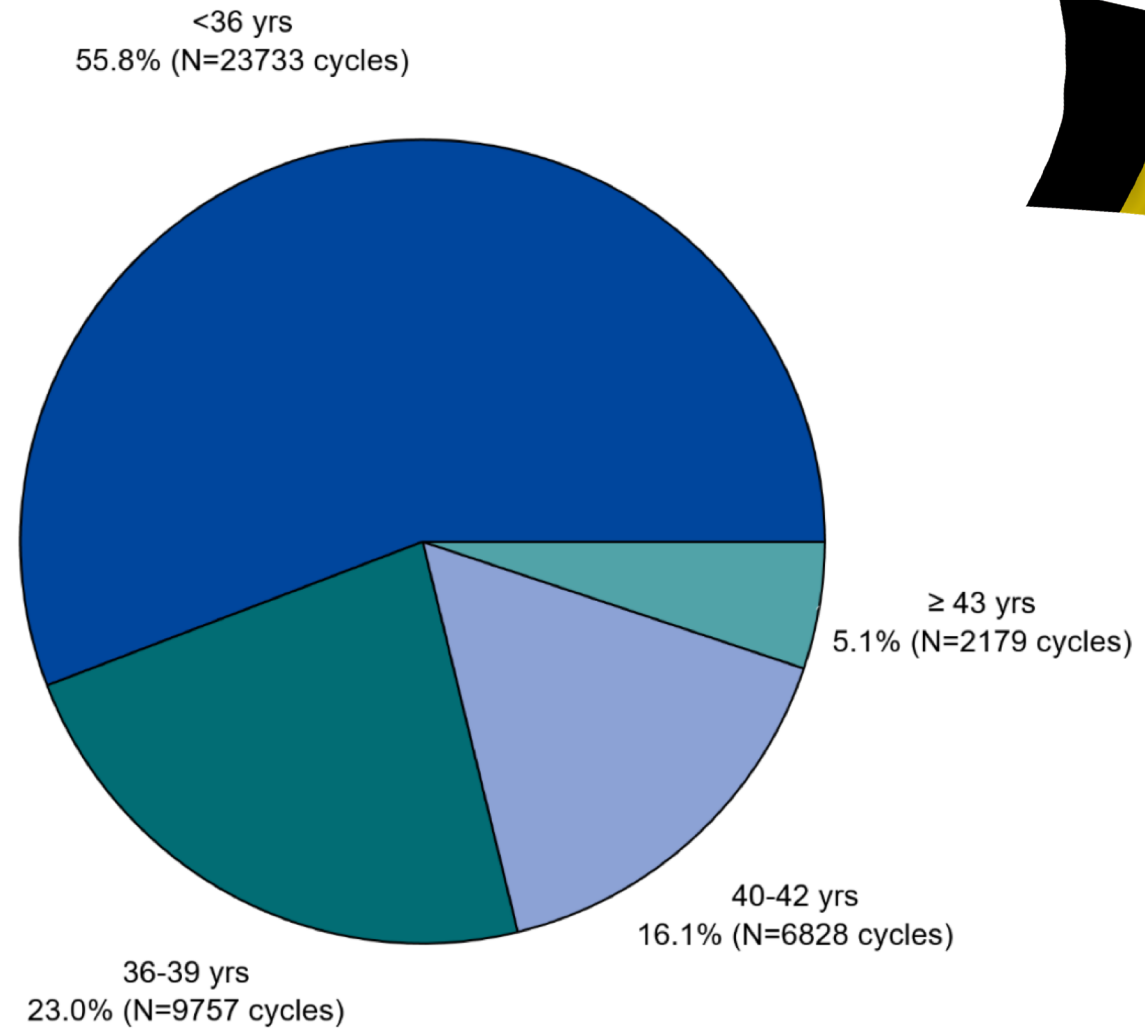


European IVF Monitoring Consortium
(EIM) for ESHRE (2019)
56.1% of oocyte pick up are
≥ 35 years old



ART use by age group

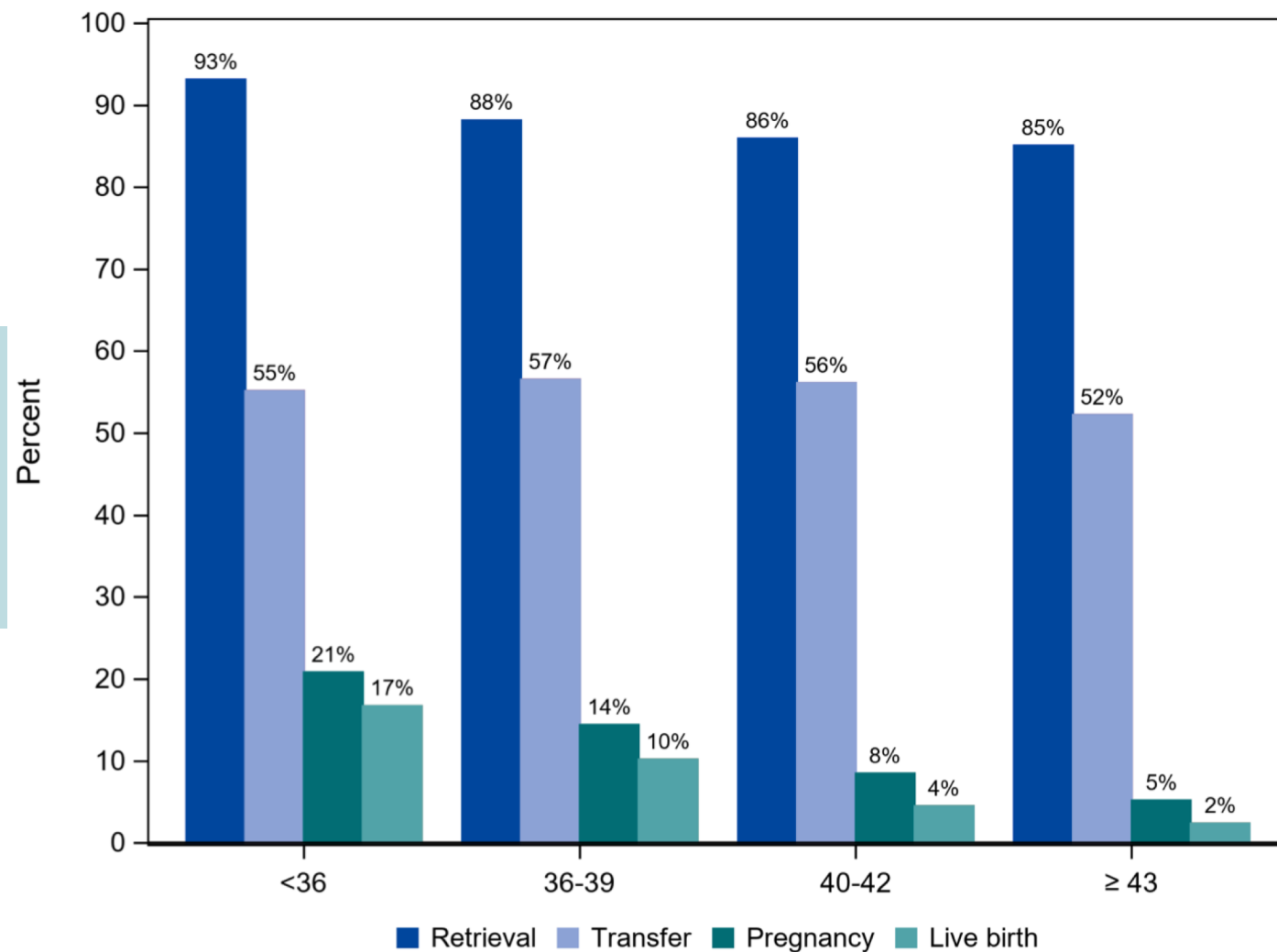
BELRAP (2021)
44.2% of ART cycles are
≥ 36 years old



The age, too old...

Fertility Treatments

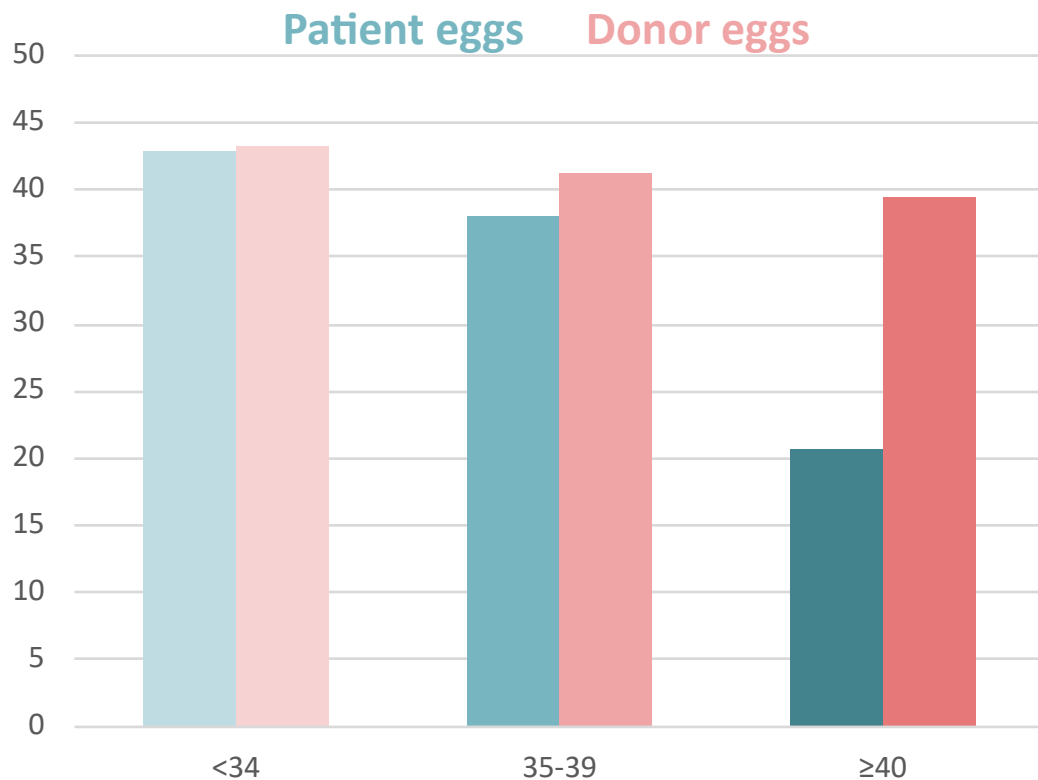
Outcomes of ART cycles using fresh nondonor eggs or embryos, by stage and age group



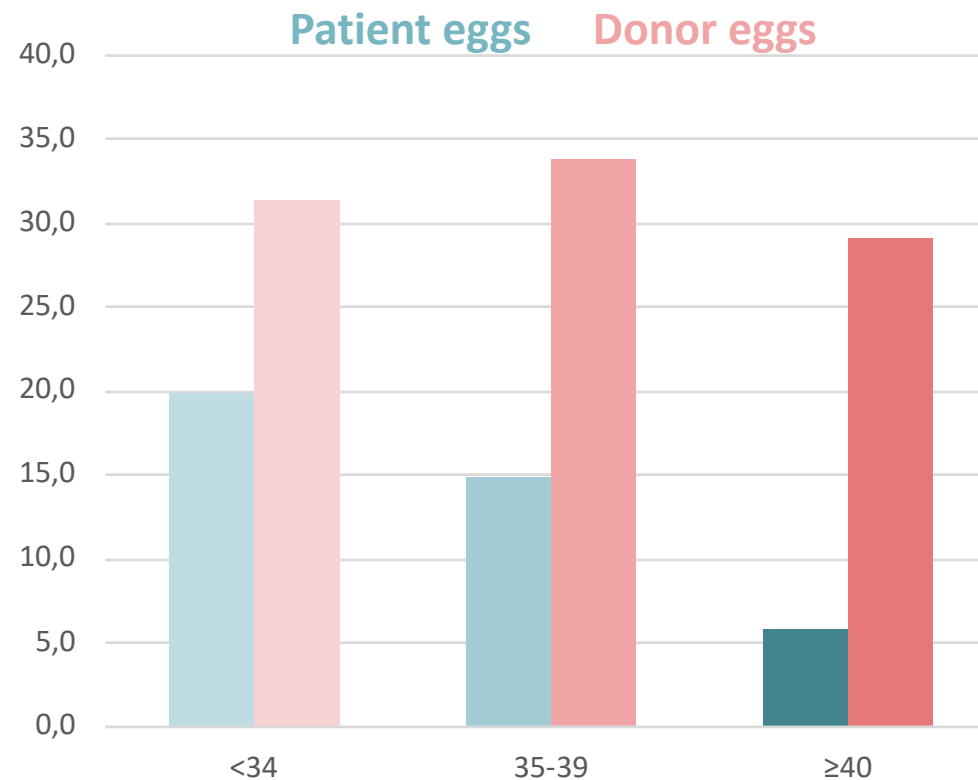
The age, too old...

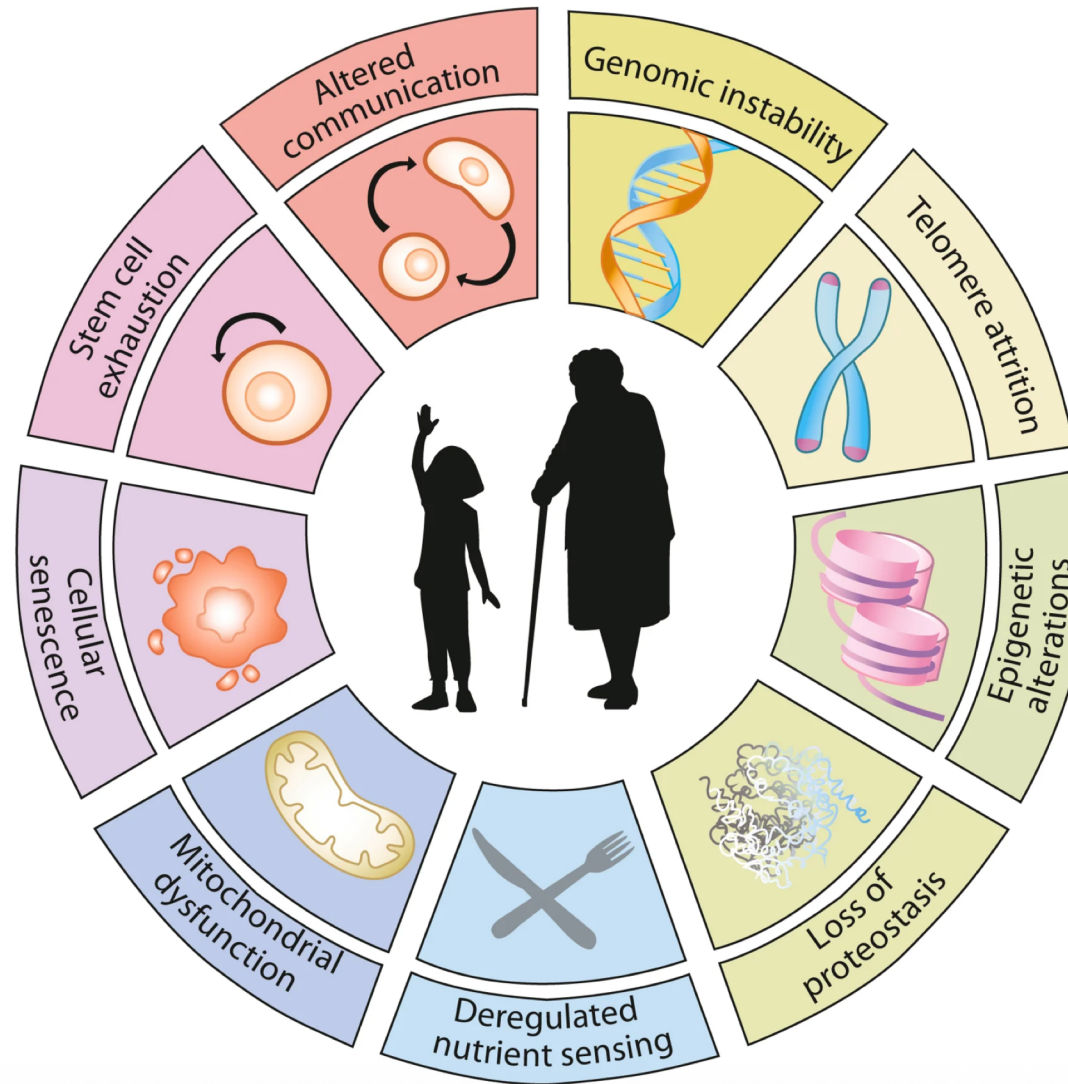
Fertility Treatments

US: Percentage of Embryo Transfers That Resulted in Live-Birth Delivery (2022)



UE: Percentage of IVF/ICSI That Resulted in Live-Birth Delivery (2019)





- Yen & Jaffe's Reproductive Endocrinology, Ninth Edition - Modified López-Otín C, Blasco MA, Partridge L, Serrano M, Kroemer G. The hallmarks of aging. Cell. 2013;153(6):1194–1217

The age, too old...

Menopausal Transition

STRAW +10
stages

Menarche					FMP (0)					
Stage	-5	-4	-3b	-3a	-2	-1	+1a	+1b	+1c	+2
Terminology	REPRODUCTIVE					MENOPAUSAL TRANSITION	POSTMENOPAUSE			
	Early	Peak	Late		Early	Late	Early		Late	
						Perimenopause				
Duration	variable					variable	1–3 years	2 years (1+1)	3–6 years	Remaining lifespan
PRINCIPAL CRITERIA										
Menstrual cycle	Variable to regular	Regular	Regular	Subtle changes in flow/length	Variable length Persistent ≥7-day difference in length of consecutive cycles	Interval of amenorrhea of ≥60 days				
SUPPORTIVE CRITERIA										
Endocrine FSH AMH Inhibin B			Low Low	Variable* Low Low	↑ Variable* Low Low	↑ >25 IU/L† Low Low	↑ Variable Low Low	Stabilizes Very low Very low		
Antral follicle count			Low	Low	Low	Low	Very low	Very low		
DESCRIPTIVE CHARACTERISTICS										
Symptoms						Vasomotor symptoms Likely	Vasomotor symptoms Most likely			Increasing symptoms of urogenital atrophy

* Blood draw on cycle days 2–5 † = elevated.

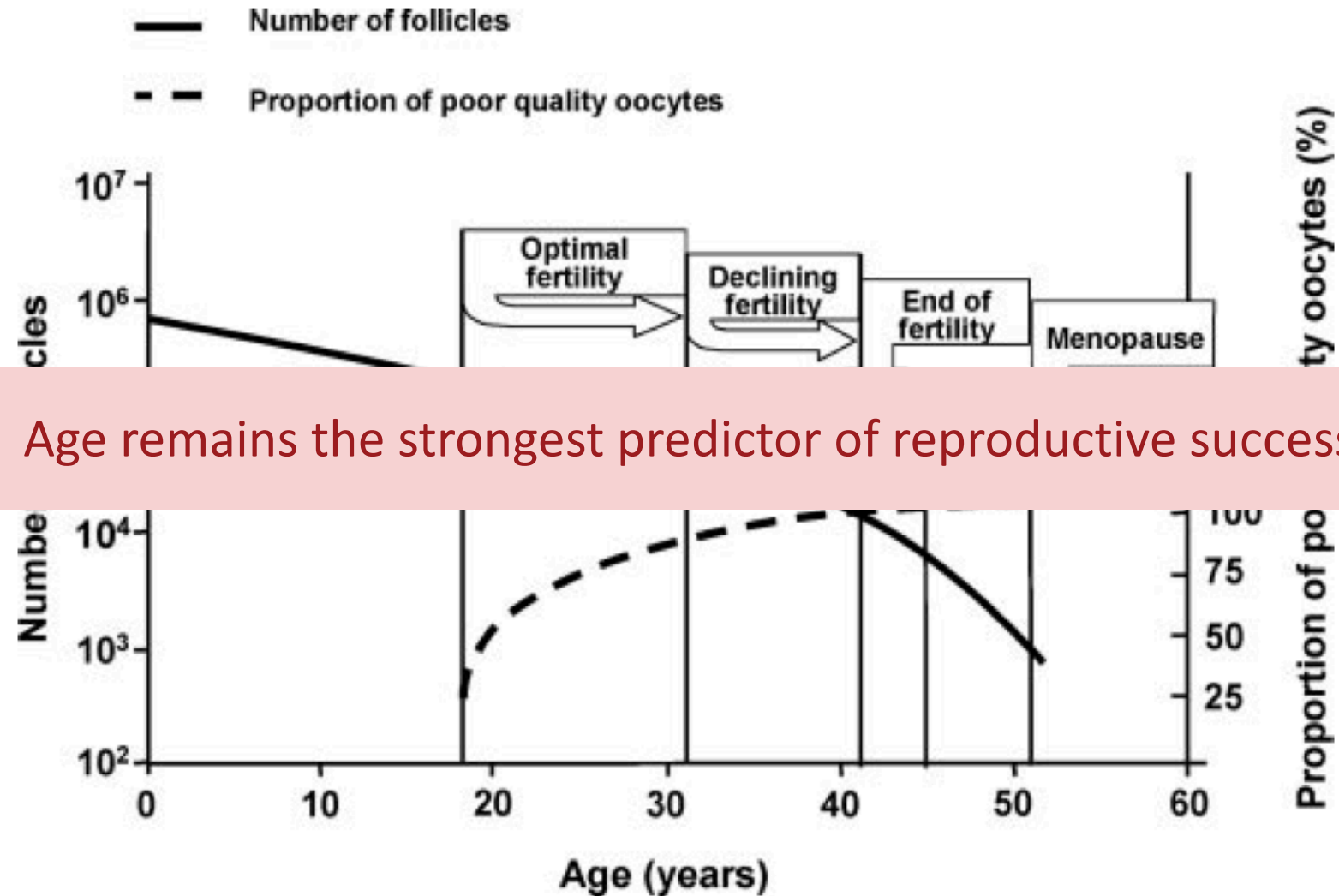
† Approximate expected level based on assays using current international pituitary standard.^{67–69}

- Yen & Jaffe's Reproductive Endocrinology, Ninth Edition - Modified from Harlow SD, Gass M, Hall JE, et al. Executive summary of the Stages of Reproductive Aging Workshop + 10: addressing the unfinished agenda of staging reproductive aging. J Clin Endocrinol Metab. 2012;97[4]:1159–1168



The age, too old...

Fertility Decline

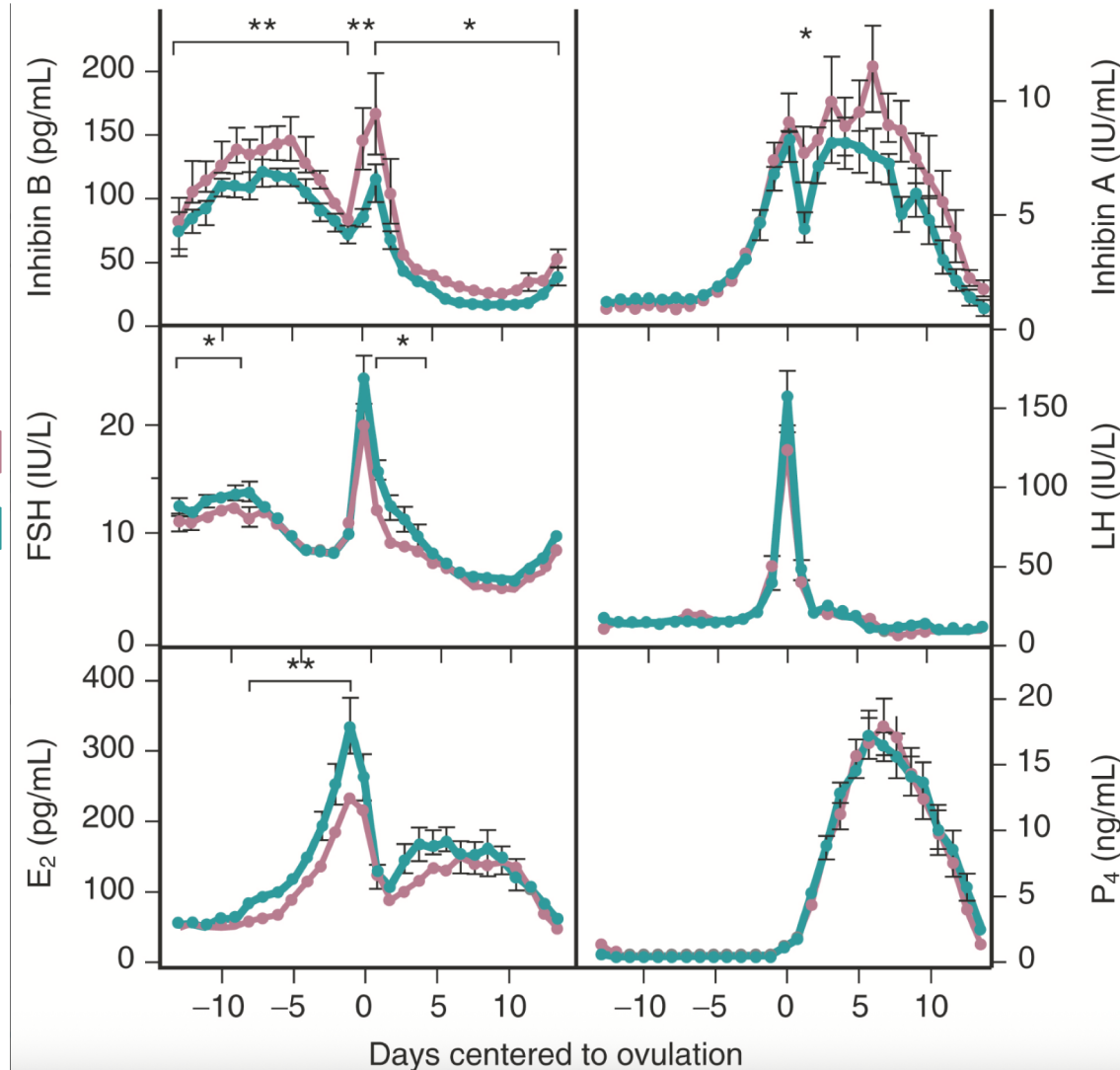


- Broekmans FJ, Soules MR, Fauser BC. Ovarian aging: mechanisms and clinical consequences. Endocr Rev. 2009 Aug;30(5):465-93. doi: 10.1210/er.2009-0006

The age, too old...

Hormonal Levels

20 to 34 years old
35 to 46 years old



Key change after 35

Drop in inhibin B → weaker
FSH feedback → early FSH rise

Estradiol

May peak higher mid-cycle
(due to increased FSH
stimulating remaining follicles)

Luteal function

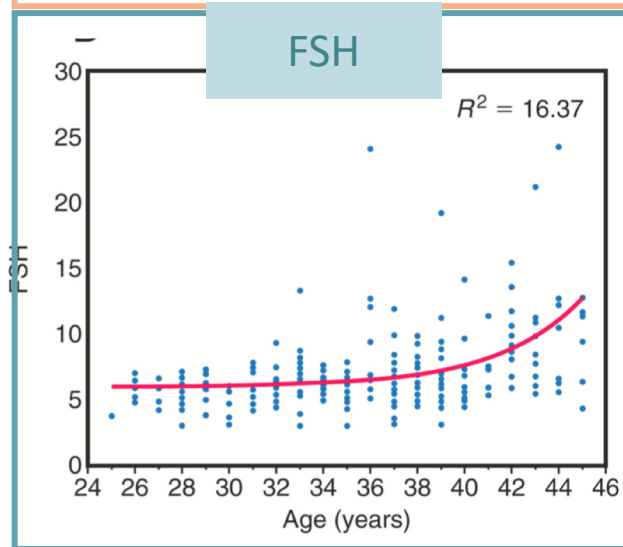
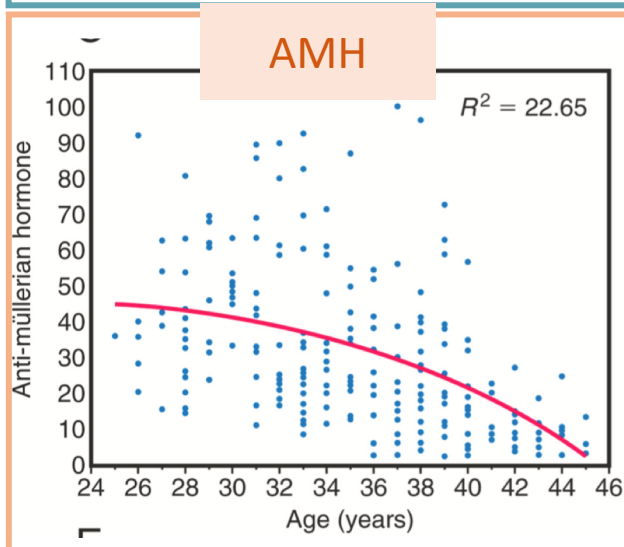
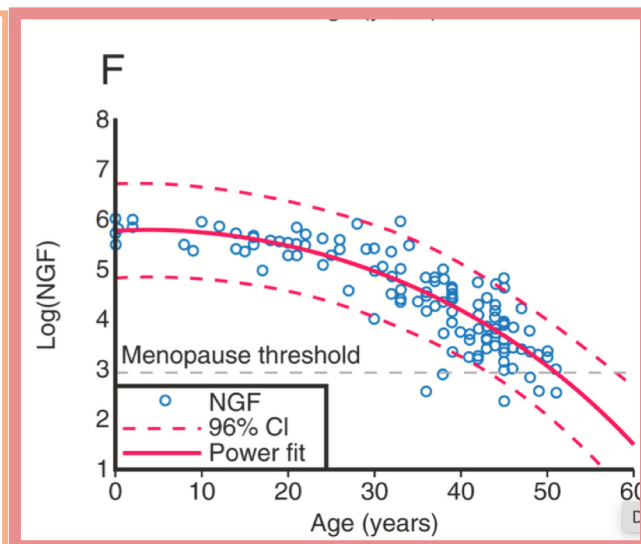
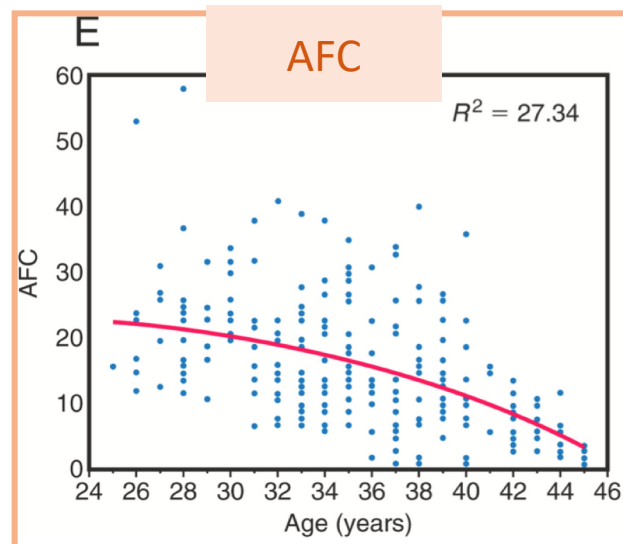
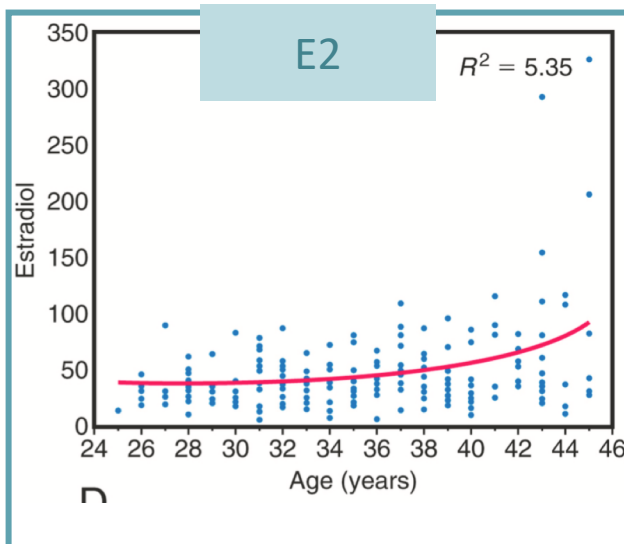
Largely preserved

- Yen & Jaffe's Reproductive Endocrinology, Ninth Edition; Modified from Welt CK, McNicholl DJ, Taylor AE, Hall JE: Female reproductive aging is marked by decreased secretion of dimeric inhibin. J Clin Endocrinol Metab. 1999;84:105–111



...the eggs too few

Hormonal Levels



AFC & AMH

- Closely follow follicle loss pattern
- Decline accelerates from mid-30s

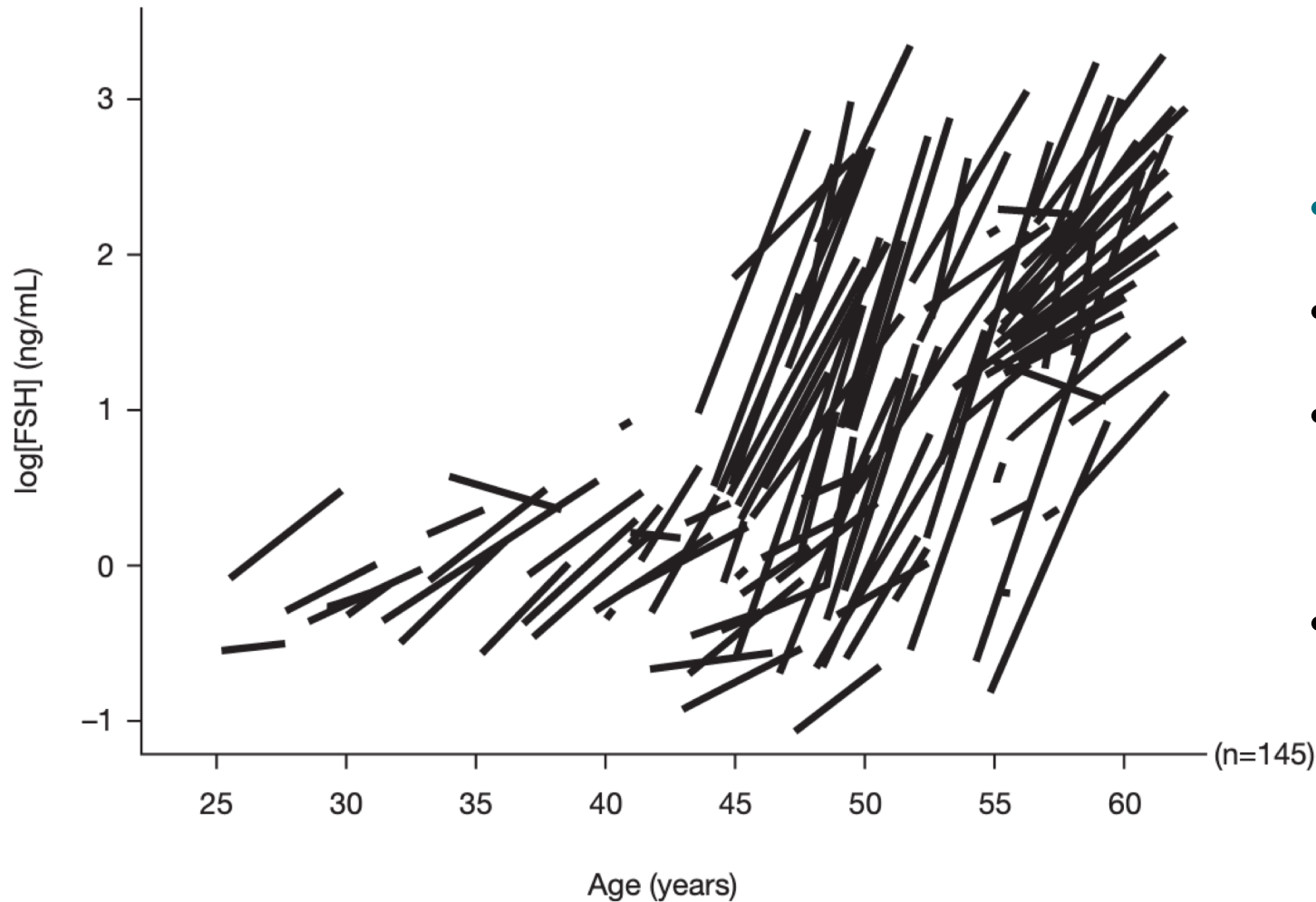
FSH & E₂

- Increase later, after major follicle depletion
- Reflect endocrine adaptation



...the eggs too few

FSH Trajectories



- **Individual FSH trajectories over time**
- Gradual rise in late 30s—early 40s
- Sharp increase after +/-45 → perimenopausal transition
- Wide variability: early vs late changes



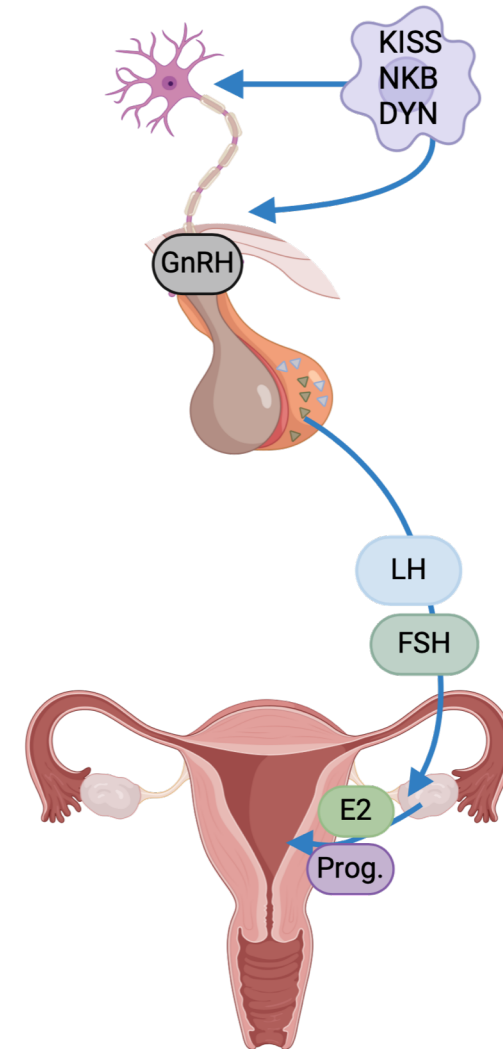
Underlying cause: Dysfunction of the hypothalamic–pituitary–ovarian axis

Neurotransmitter shifts:

- ↓ Glutamate → less excitatory input to GnRH neurons
- ↑ GABA → stronger inhibitory tone

KNDy neurons (kisspeptin, neurokinin B, dynorphin):

- Altered gene expression postmenopause
- Disrupts GnRH pulse generation



Altered hypothalamic-pituitary signaling: GnRH, LH, FSH secretion changes

FSH

- Rises earlier and more markedly with age
- Isoforms become more glycosylated → lower receptor affinity → reduced biological effectiveness

LH

- Lulses widen, surge amplitude declines
- Isoforms shift to more sialylated, less sulfonated forms → decreased biological activity → impaired steroidogenesis and androgen production



Telomere

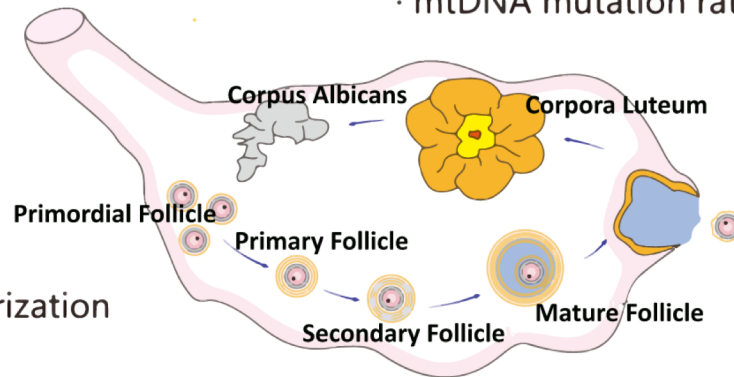
- telomere is shortened with a decreased level of telomerase and other telomere-associated protein

Mitochondria

- a decrease in certain material active in mitochondria metabolism
- mtDNA copy number decreases around ovulation and cleavage stage and increases thereafter
- mtDNA mutation rate: controversy

Oxidative Stress

- ROS accumulates with a diminished antioxidants, triggering downstream cascades
- AGEs accumulates, which might compromise vascularization



Aneuploidy

- a loss of cohesion in both homologous chromosomes and sister chromatids
- spindle disability
- a lax supervision of meiotic check point

Apoptosis and Autophagy

- Apoptosis: controversy
- Autophagy: a decrease in autophagic function

DNA Damage

- DSBs and SSBs accumulate with a decreased expression level of members of repairment pathway

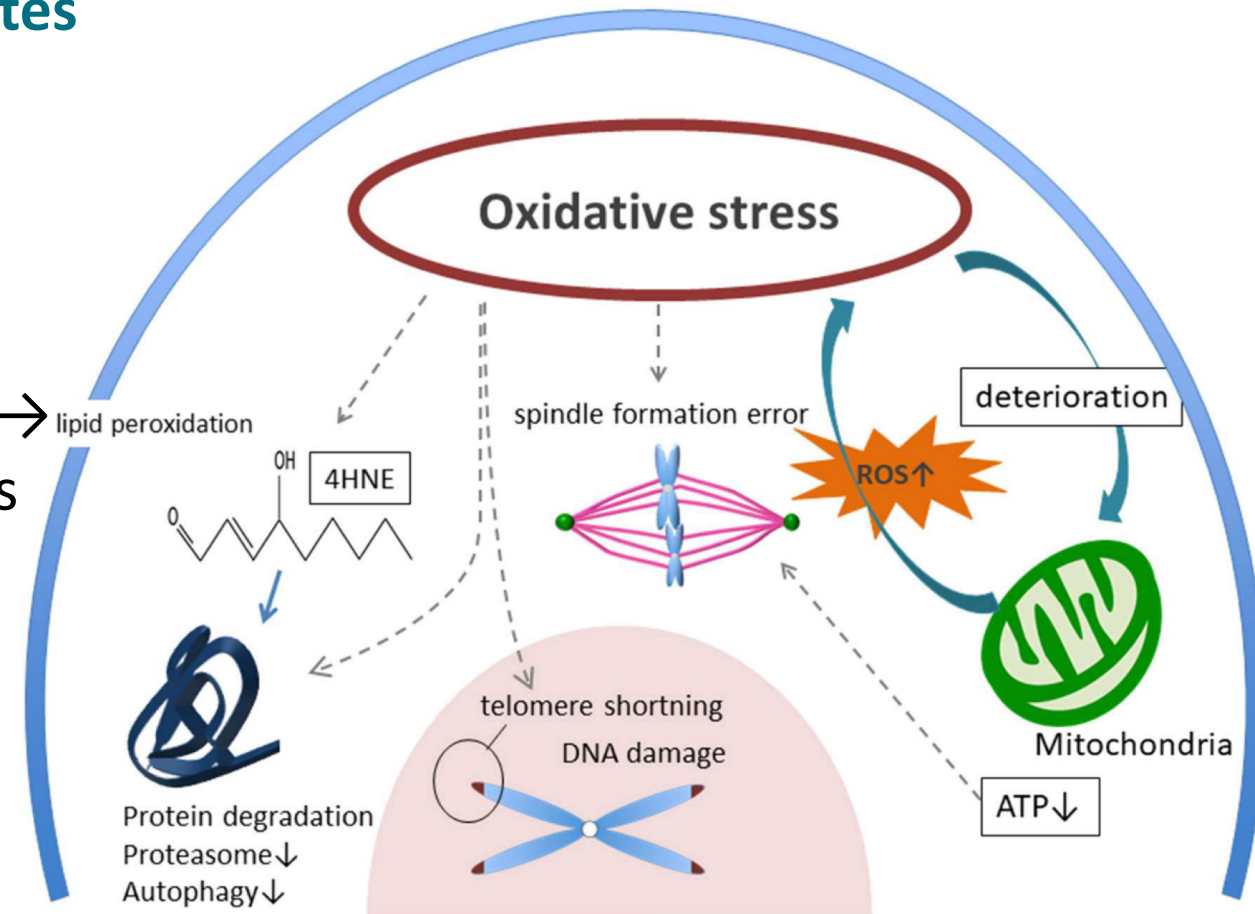
Protein Homeostasis

- accumulation of misfolded, mislocalized and aggregated proteins, inducing UPR

Antioxidant defenses weaken within oocytes

→ ROS accumulation

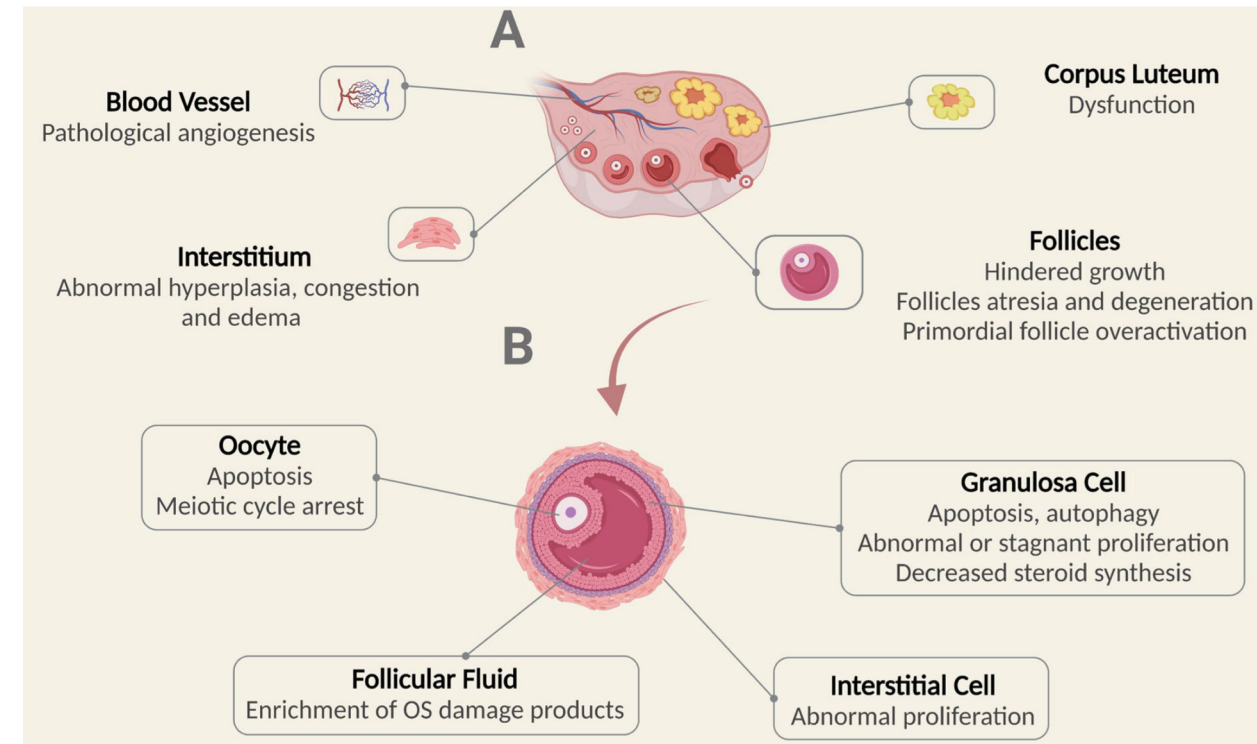
- Damage to proteasome and autophagy systems
- Creates a hostile follicular environment → impairs oocyte maturation and increases meiotic errors
- Contributes to telomere shortening and amplifies cellular aging processes



...the eggs too few

Oxidative Stress

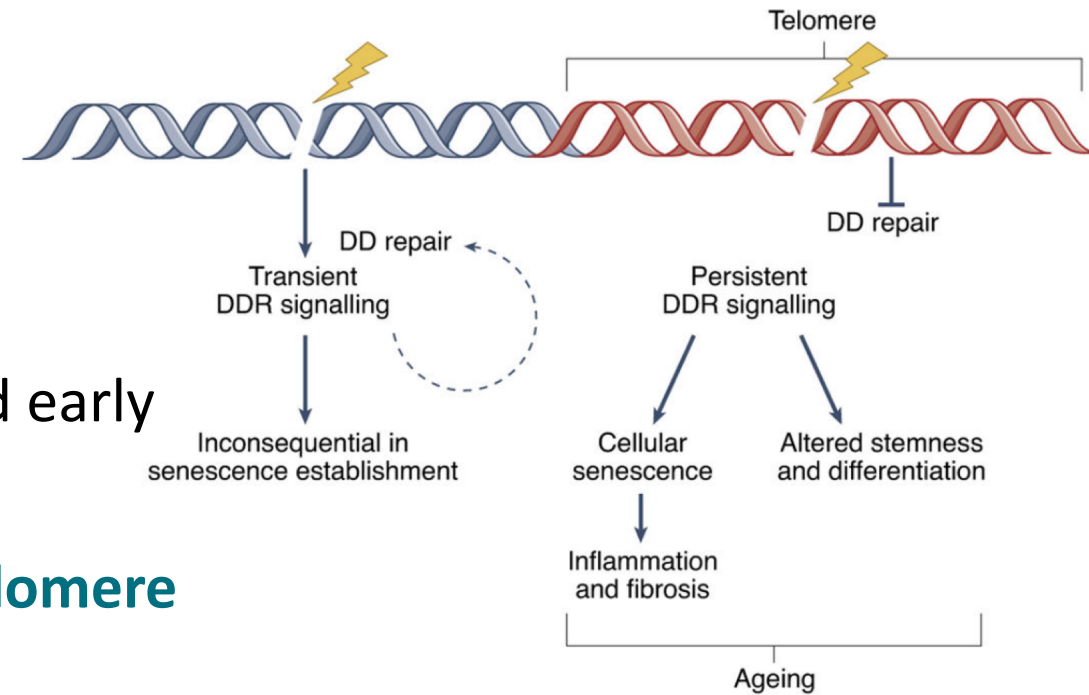
- **Vascular damage:** ROS impair ovarian blood vessels, reducing oxygen and nutrient supply
- **Granulosa cell apoptosis:** Leads to follicular atresia and disrupted hormone production
- **Stromal and interstitial injury:** Alters structural integrity and signaling within the ovary
- **Inflammation cascade:** ROS activate inflammasomes and NF- κ B, amplifying chronic inflammation
- **Follicular fluid imbalance:** Increased oxidative products disrupt the microenvironment for oocyte maturation



Oxidative stress transforms the ovary into a hostile environment for follicle development



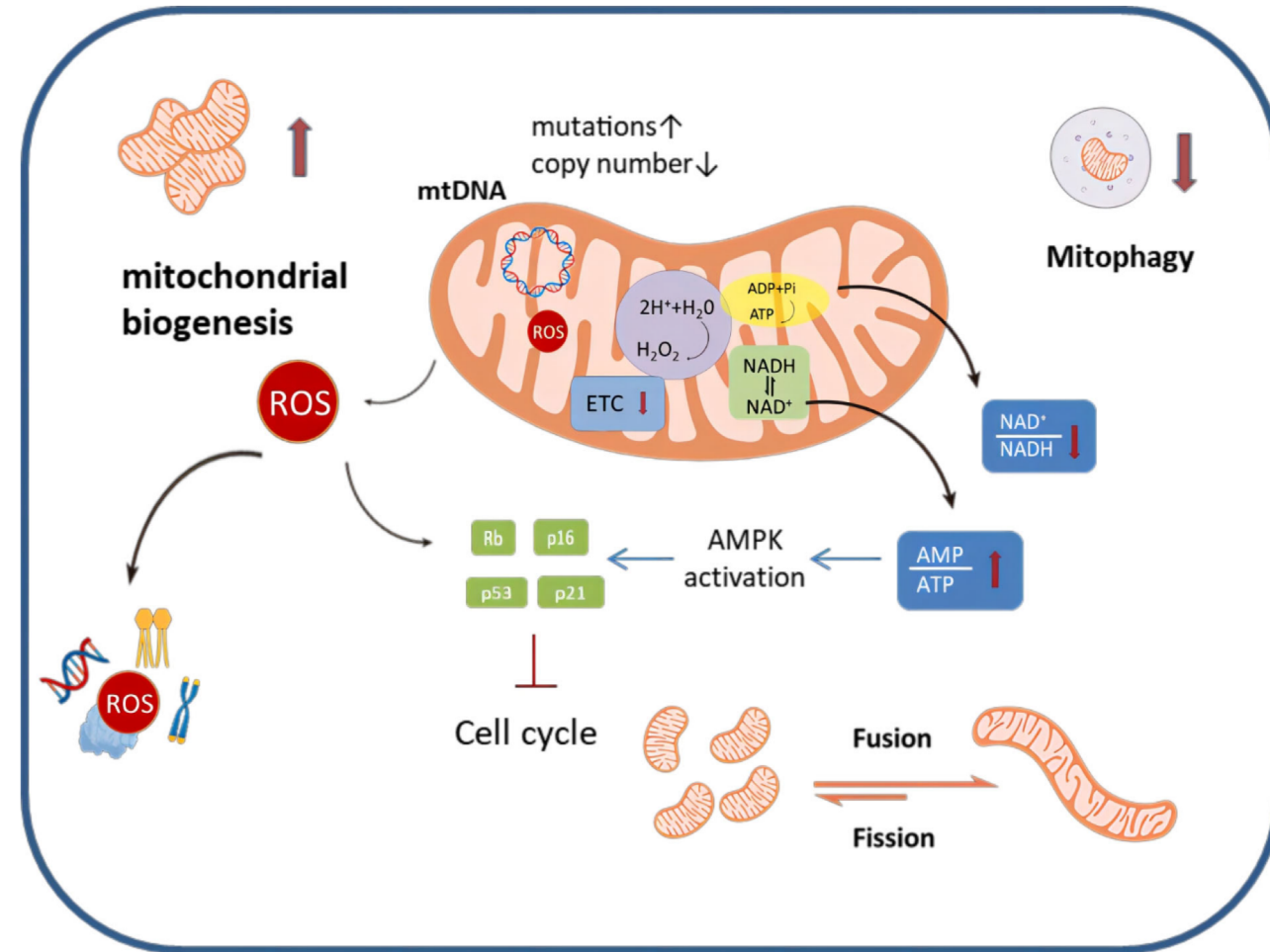
- **Shorter telomeres** and **lower telomerase** in oocytes/granulosa cells
- **Estrogen deficiency** accelerates attrition
- Short telomeres → **higher aneuploidy**, lower implantation
- Linked to **premature ovarian insufficiency** and early infertility
- IVF patients often show **reduced leukocyte telomere length**



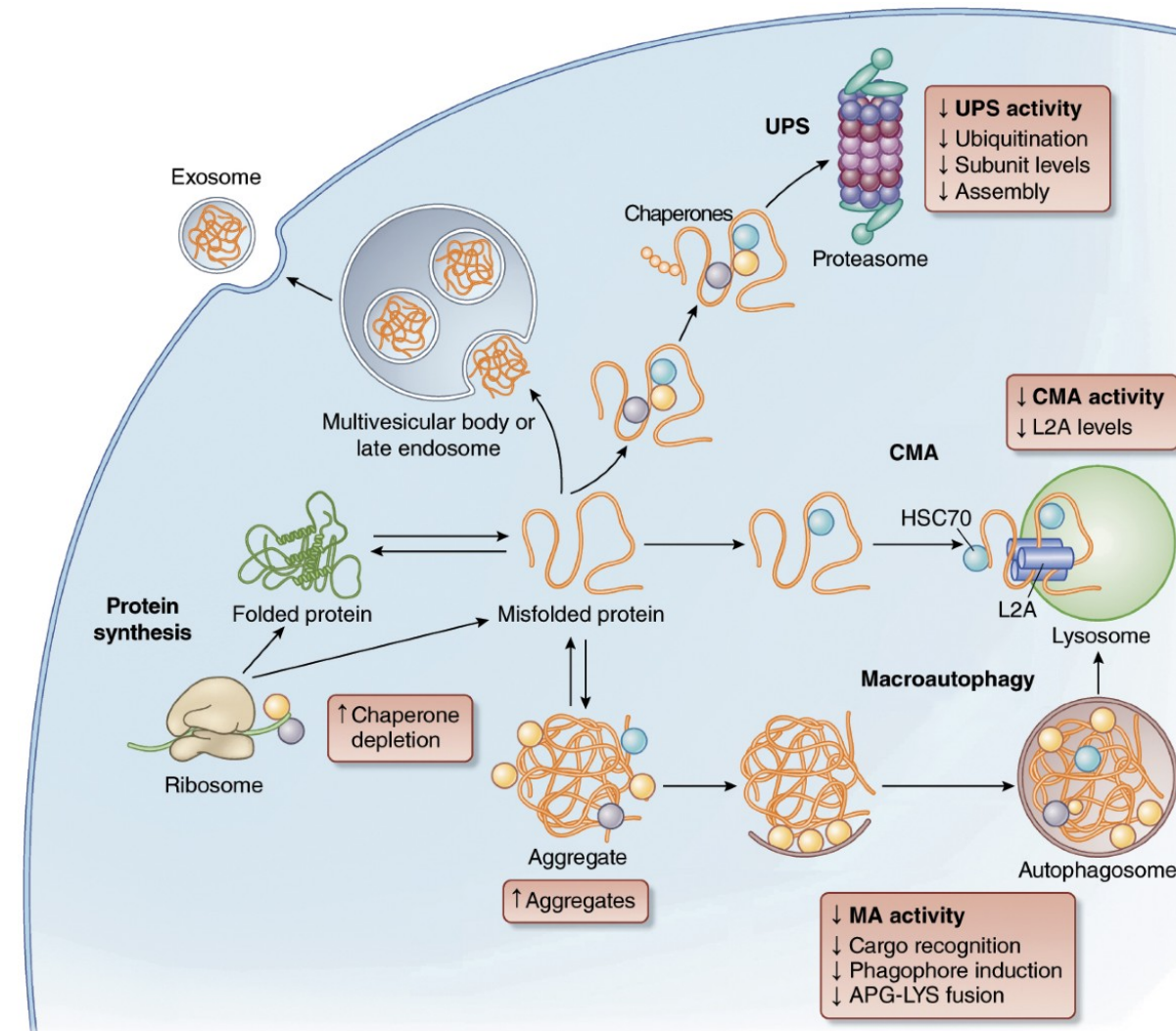
...the eggs too few

Mitochondrial Dysfunction

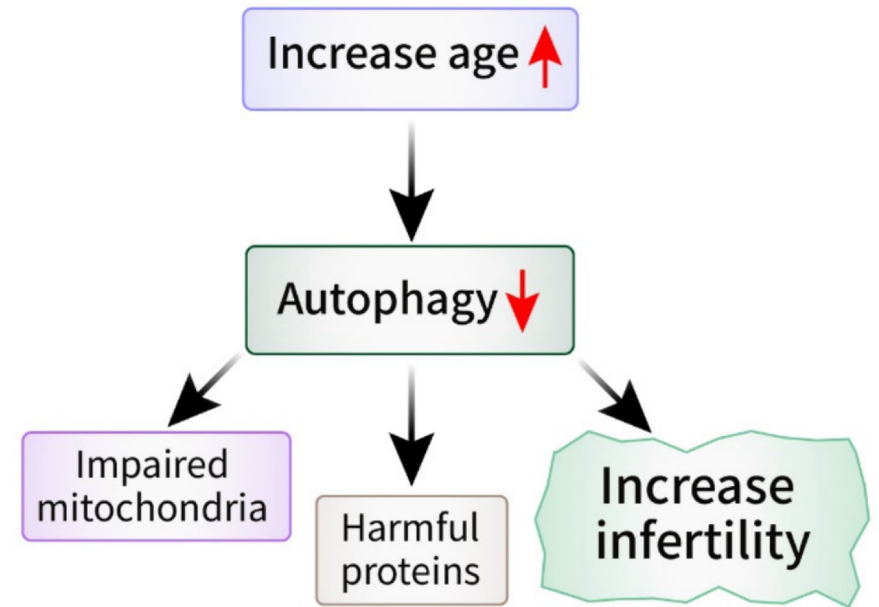
- Decreased **ATP production** → spindle assembly errors
- Modification of **mtDNA** copy number and mutation accumulation
- NAD^+ decline and **oxidative phosphorylation impairment** → compromise energy balance



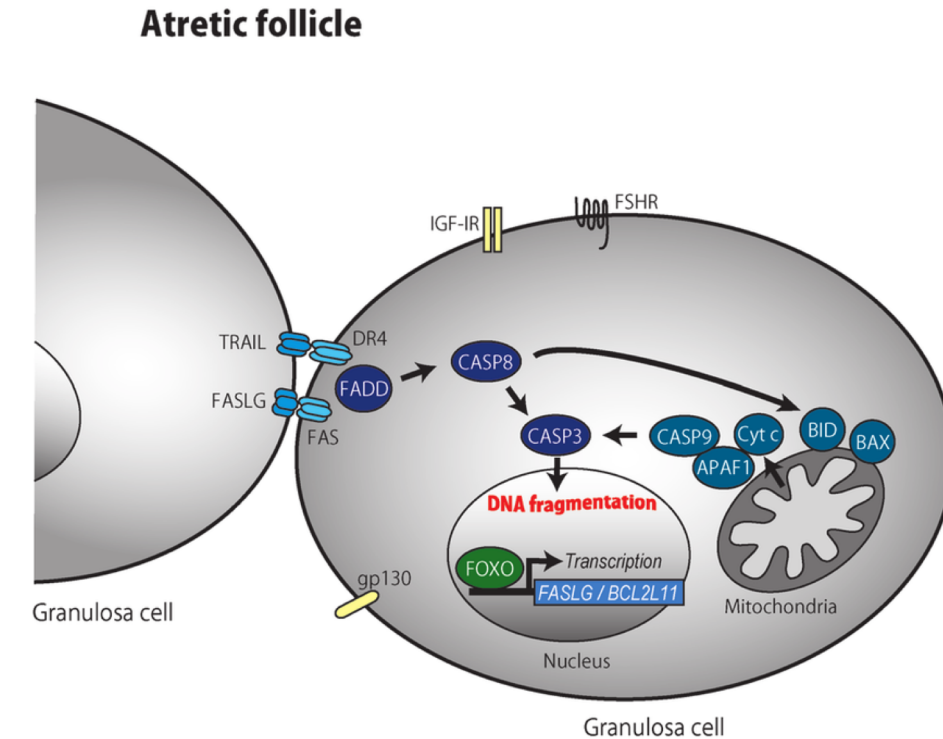
- **ROS** → Disrupts protein quality control (**Impaired proteostasis**)
- Chaperones and proteasomes weaken
- Unfolded protein response & accumulation of **misfolded proteins** (e.g., 4-HNE adducts) → aggregates → impair cellular function and accelerate follicular decline



- **Follicle survival** depends on a fine balance between apoptosis and autophagy
- **Autophagy** protects cells by recycling damaged organelles and maintaining homeostasis
- Age → ↓ Activity
 - Accumulation of dysfunctional mitochondria
 - Build-up of altered proteins
 - Accelerated ovarian aging



- **Apoptosis** → main mechanism eliminating most follicles through atresia
- Age → ↑ Activity
- Granulosa cells show a **unique epigenetic aging pattern** with more age-related methylation changes than other tissues
- **Granulosa cell apoptosis** affects follicle survival



- **Mural granulosa cell (MGC) apoptosis** affects follicle survival → marker of poor ovarian response

Comparison of apoptosis of MGCs in different age groups

Parameters	<30 (n=64)	30-37 (n=70)	≥37 (n = 30)	P value
MGCs early apoptosis rate (%)	0.45 (0.20-1.00)	0.62 (0.25-1.46)	1.30 (0.535-2.40)	<0.0001
MGCs late apoptosis rate (%)	2.08 (0.29-5.67)	2.26 (0.42-4.81)	6.40 (2.33-15.70)	<0.05
MGCs total apoptosis rate (%)	2.85 (0.83-6.42)	2.77 (1.00-6.69)	6.91 (3.92-17.05)	<0.0005

164 women (21–46 years) undergoing IVF cycle, one transfer (fresh or frozen)

- Granulosa cells apoptosis correlated with **age**, worse ovarian response, fewer egg and embryos
- Early apoptosis rate of MGC significantly higher in **non pregnant group**



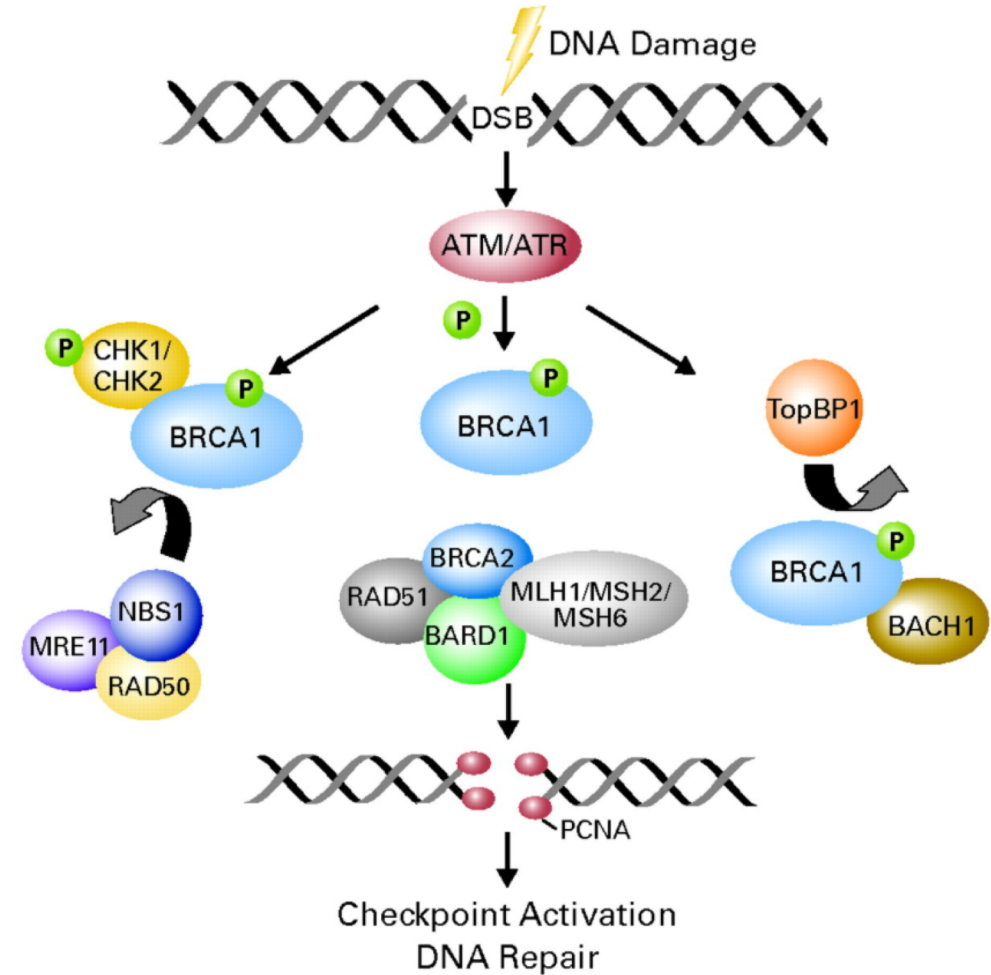
...the eggs too few

DNA Damage

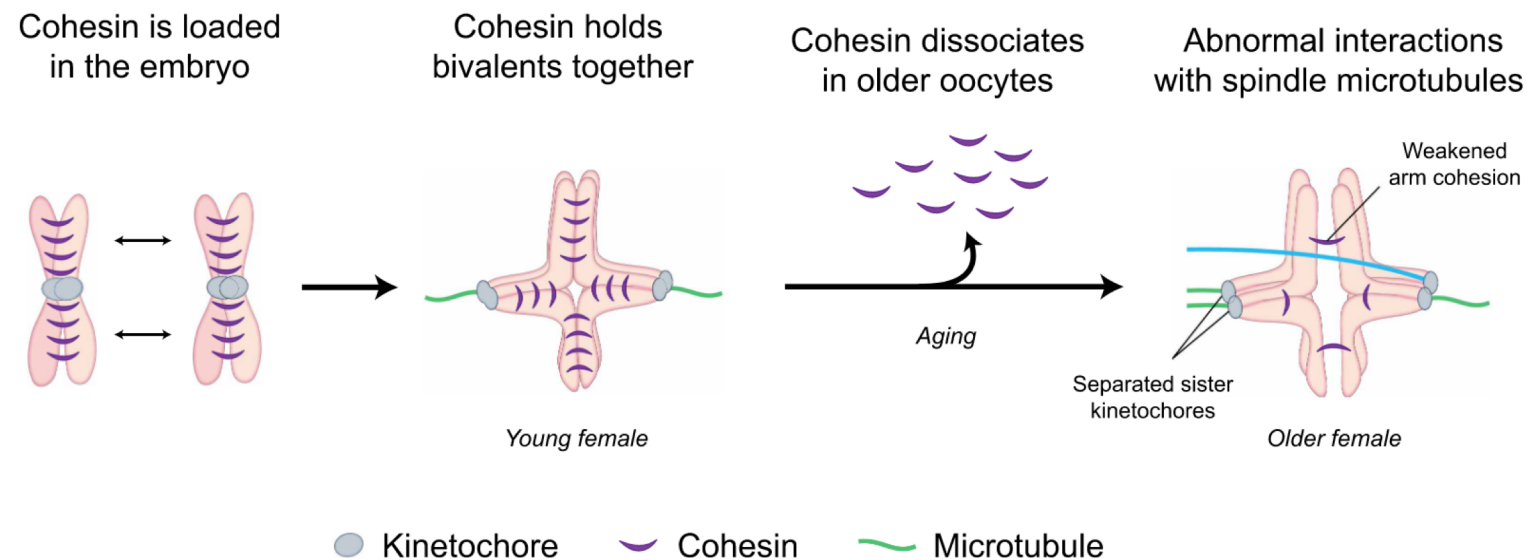
Primordial follicles remain arrested for decades

→ ↑ **oocyte vulnerability** to ROS and external stressor:

- Accumulation of **double-strand breaks** (DSBs)
 - Decline in **homologous recombination repair** (BRCA1, ATM, RAD51)
- Increased susceptibility to **aneuploidy**

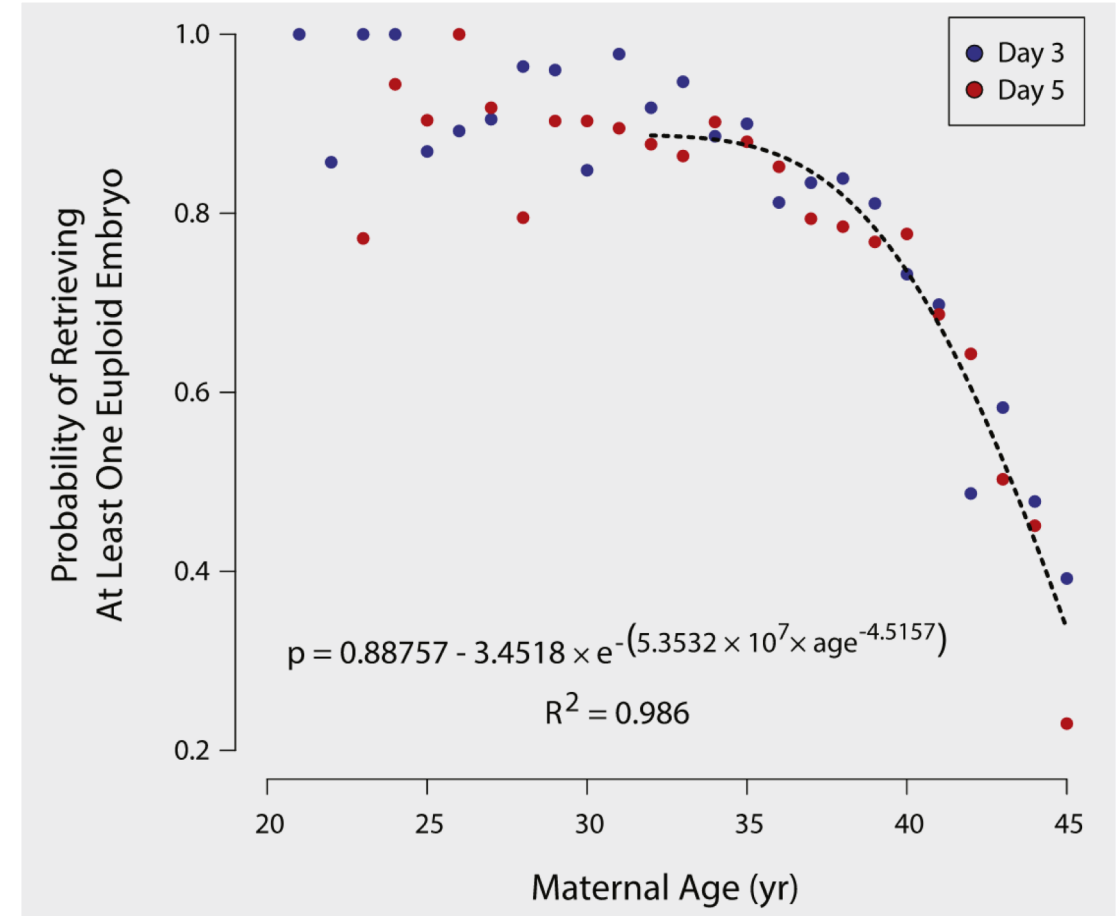
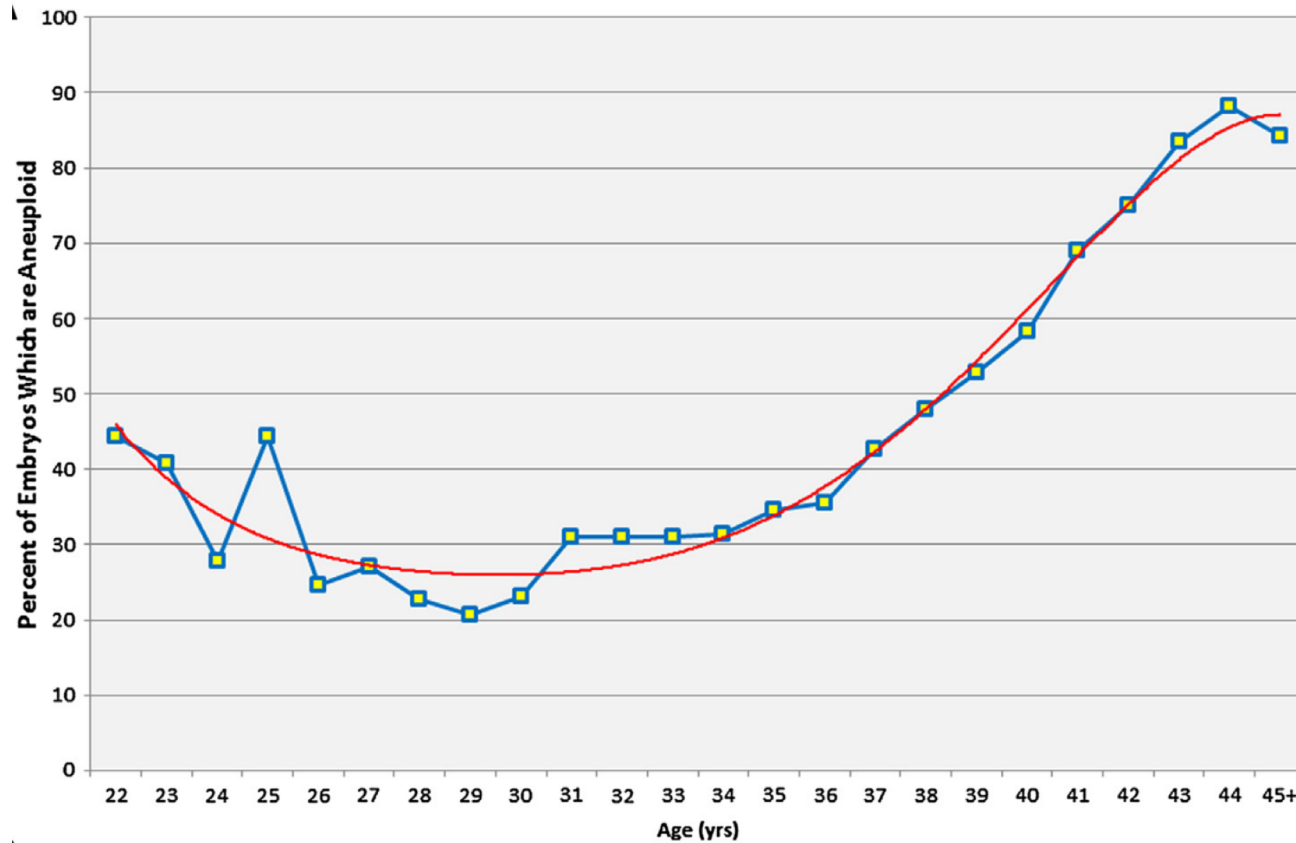


- **Cohesin loss** and **spindle instability**
- Cohesin loss with age → weakens chromatid links → premature separation → faulty microtubule attachments
- Combined with spindle defects → segregation errors → poor fertility outcomes in older oocytes



...the eggs too few

Aneuploidy



- Franasiak JM, Forman EJ, Hong KH, Werner MD, Upham KM, Treff NR, Scott RT Jr. The nature of aneuploidy with increasing age of the female partner: a review of 15,169 consecutive trophoctoderm biopsies evaluated with comprehensive chromosomal screening. Fertil Steril. 2014
- Demko ZP, Simon AL, McCoy RC, Petrov DA, Rabinowitz M. Effects of maternal age on euploidy rates in a large cohort of embryos analyzed with 24-chromosome single-nucleotide polymorphism-based preimplantation genetic screening. Fertil Steril. 2016 May;105(5):1307-1313. doi: 10.1016/j.fertnstert.2016.01.025



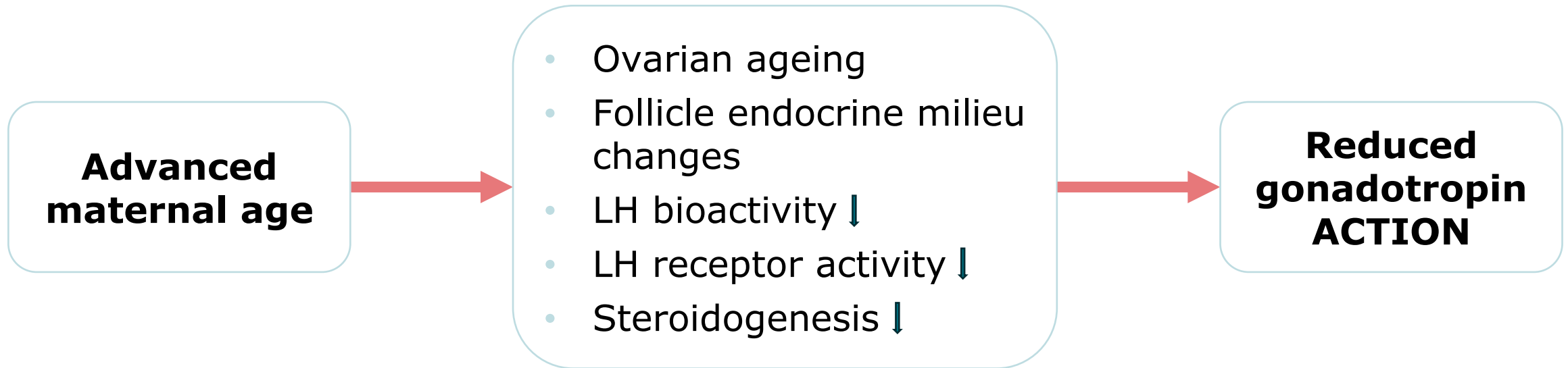
...the eggs too few

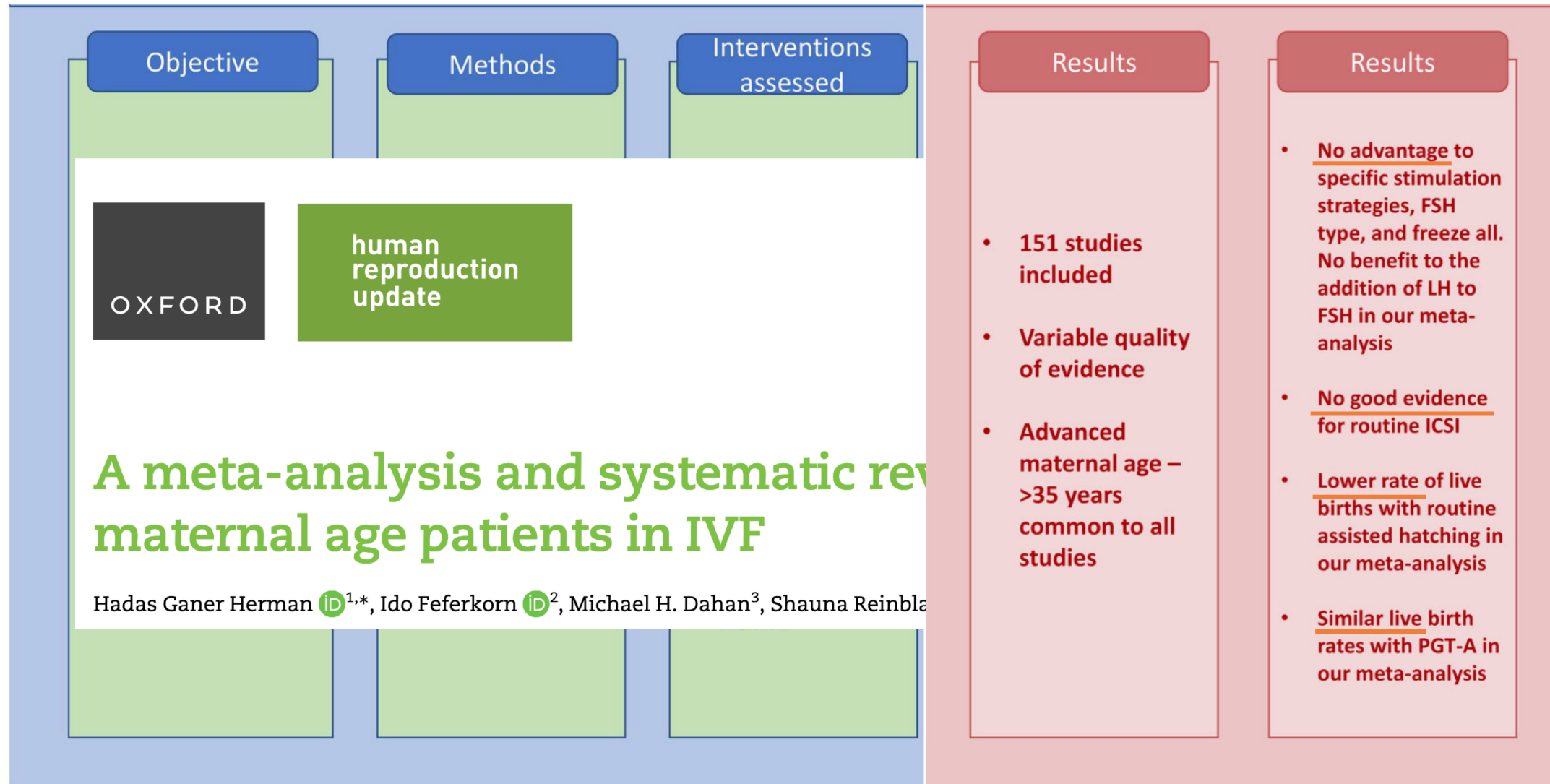
Poor ovarian response

A heat-map presenting the number of frozen mature oocytes by age and percentile

Age (Years)	Centiles												
	5	10	20	25	30	40	50	60	70	75	80	90	95
30	8	9	11	12	13	14	15	17	19	20	21	25	28
31	6	7	9	10	10	12	13	14	16	17	19	23	26
32	5	6	8	8	9	10	12	13	15	16	18	22	26
33	5	6	7	8	9	10	11	13	15	16	17	22	26
34	5	6	7	8	8	10	11	13	15	16	18	23	28
35	4	5	7	7	8	9	11	12	14	16	17	22	28
36	4	4	6	6	7	8	10	11	13	15	16	21	27
37	3	4	5	5	6	7	8	10	12	13	15	20	26
38	2	3	4	5	5	6	8	9	11	12	14	19	25
39	2	3	4	4	5	6	7	8	10	12	13	18	23
40	2	2	3	4	4	5	6	8	10	11	12	18	23
41	1	2	3	3	4	5	6	7	9	11	12	18	25



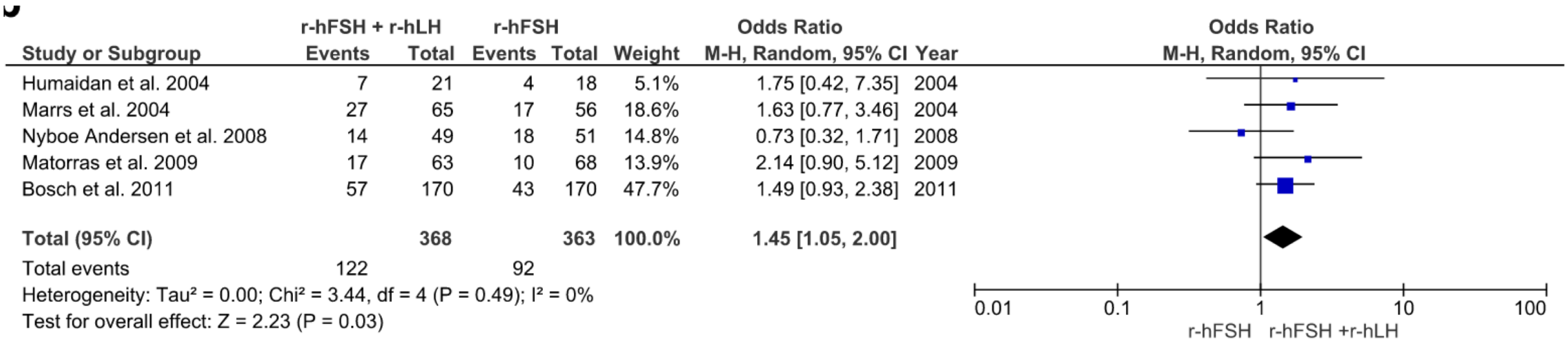




- Ganer Herman H, Feferkorn I, Dahan MH, Reinblatt S, Demirtas E, Buckett W. A meta-analysis and systematic review of advanced maternal age patients in IVF. Hum Reprod Update. 2025 Nov 1;31(6):626-642. doi: 10.1093/humupd/dmaf020



Forest plot showing the effect of r-hFSH + r-hLH versus r-hFSH monotherapy in ovarian stimulation on **clinical pregnancy rates** between 35 and 40 years old



...the eggs too few

Therapeutic strategies

Analysis of CoQ10 on clinical pregnancy rate

Subgroup	No. of studies	No. of women	Effect estimate OR (95% CI)	I ²	P
Dose					
30 mg/d	3	363	2.76 (1.78, 4.28)	0%	<0.00001
600 mg/d	2	225	1.62 (0.86, 3.05)	0%	0.13
1200 mg/d	1	78	1.24 (0.34, 4.45)	—	0.75
Treatment duration					
2 mo before the COS	2	225	1.62 (0.86, 3.05)	0%	0.13
3 mo before the COS	4	441	2.54 (1.68, 3.84)	0%	<0.0001
Population					
>35 y old with diminished ovarian reserve	3	356	2.07 (1.17, 3.65)	0%	0.01
>35 y old with suboptimal ovarian response	1	39	1.38 (0.29, 6.58)	—	0.68
<35 y old with diminished ovarian reserve	2	371	2.38 (1.26, 4.50)	46%	0.007

Low-dose CoQ10 (30 mg/day, 3 months) → possible ↑ clinical pregnancy
 Effect mainly in **younger women with DOR**, less in older patients
Evidence low, live birth benefit unclear, methodological bias



...the eggs too few

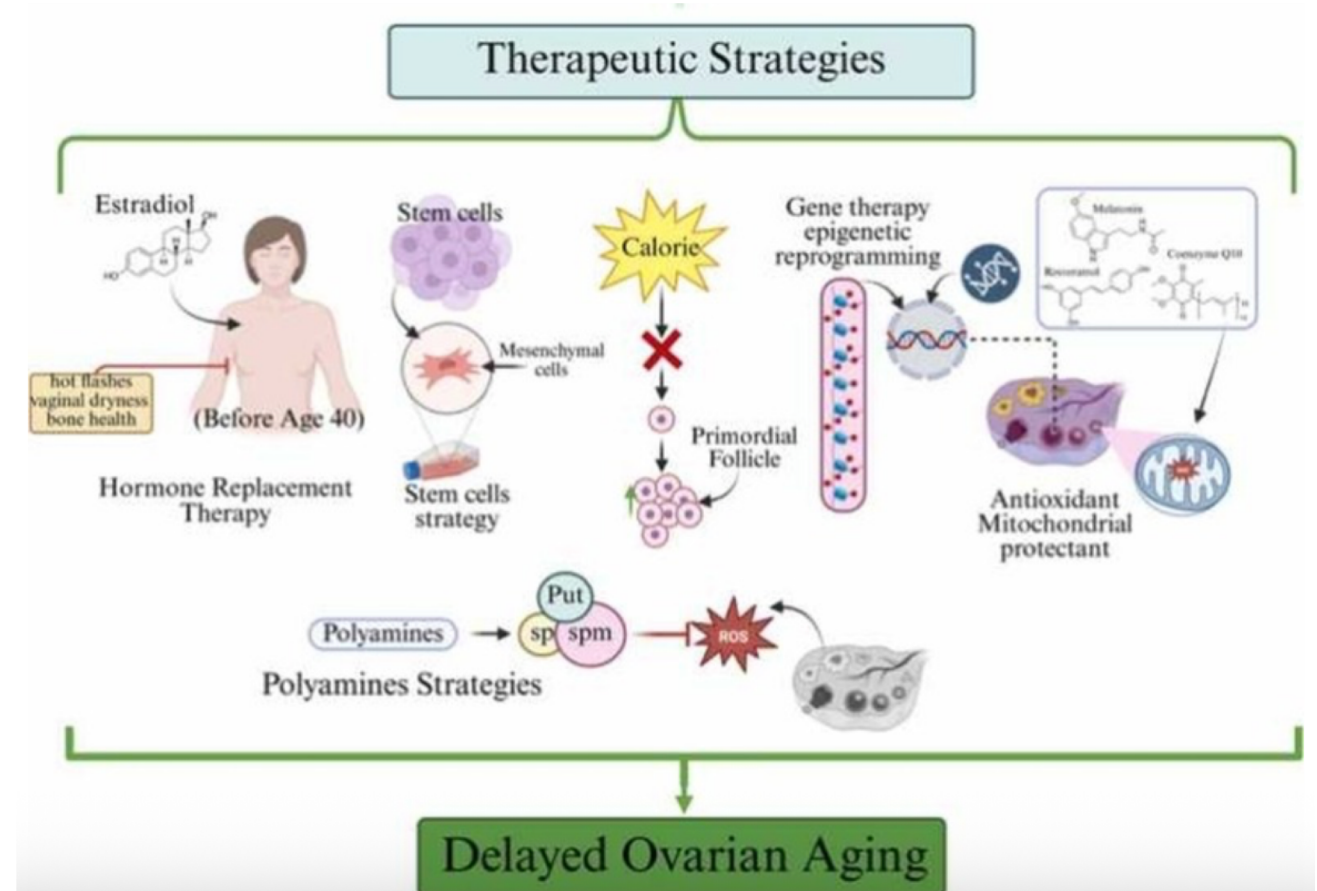
Therapeutic strategies

Emerging strategies to delay/reverse ovarian aging:

- Stem cell-based therapies
- Gene therapy
- Modulation of signaling pathways

Current status:

- Promising but experimental
- Require rigorous trials for efficacy, safety, and long-term impact



Ovarian aging is multifactorial: genetic predisposition, epigenetic drift, mitochondrial dysfunction, and environmental stressors

Decline in oocyte quantity and quality accelerates after 35 years → reduced fertility and increased aneuploidy

Endocrine changes

- FSH ↑ with age, but glycosylation reduces receptor affinity → lower biological activity
- LH isoforms become less bioactive → impaired steroidogenesis and androgen production

Clinical impact

- Lower ovarian reserve (AMH, AFC) and diminished response to stimulation
- Higher IVF failure rates

Therapeutic strategies

- No effective therapeutic strategy
- Future directions: mitochondrial protection, stem cell-based therapies, oxidative stress reduction ?

Prevention: elective oocyte cryopreservation

Let's replace...

**ADVANCED
MATERNAL
AGE**

With gentler terms like...

Experienced Uterus
Extraordinary Ovary Owner
Skilled Maternal Broad
Veteran Vagina

MommyTalkShow.com