

February 2023

# Early Menopause

## - not the end of fertility

*Dr. Paula Amato  
talks building your  
family at any age*

*Menopause —  
not the end  
of fertility*

*Fertility  
benefits:  
the key to  
long-term  
retention*

*Three ARC  
partners are  
changing the  
game*

[www.arcfertility.com](http://www.arcfertility.com)



# Intro

Welcome to the winter 2023 issue of Forming Families, ARC Fertility's quarterly newsletter and your source for insights on fertility, healthcare, workplace benefits, and more.

Contrary to cultural depictions, early menopause is not a hard deadline that abruptly ends fertility. Like most aspects of aging, early menopause is poorly understood by the public and is usually manageable. Both rushing to form a family and putting parenthood off for too long can be the result of misunderstanding menopause and can cause long-term problems for parents and children.

Early menopause is neither the arbitrary end for all family forming dreams nor the only (or even the most common) fertility roadblock. For many people, fertility issues can begin long before menopause, making pregnancy much more difficult and increasing health risks. Conversely, modern medicine has helped people of all ages successfully carry children to term or find alternatives for forming a happy, healthy family.

For employers, this means offering comprehensive and progressive fertility benefits to team members of any age. These treatments can be expensive, and many parents go into debt for a chance at the family they want. Business leaders stand a much better chance of attracting and retaining top staffers if those workers feel confident they will have all the help they need to have the families they want.

Early menopause is not the end of one's family planning dreams, but it is important for parents to understand the ins and outs of aging and for employers to provide all the support their employees need to keep retention and productivity high.

Enjoy this first 2023 issue of Forming Families, and thanks again for supporting our mission as part of the ARC Fertility family.



**David Adamson, MD**

Founder and CEO  
ARC Fertility



# Talking to Dr. Paula Amato

## INTRO

Dr. Paula Amato is a professor of Obstetrics and Gynecology at the OHSU School of Medicine and a leader in the American Medical Women's Association (AMWA). In 2022, Dr. Amato received the RESOLVE Advocacy Leader Award and helped AMWA win the Hope for Advocacy Award. We spoke with Dr. Amato about what menopause really means for fertility and how parents can maximize their chances of a healthy pregnancy.

When does menopause start, and what does this mean for one's family goals?

The average age of menopause in the United States is around 50, but some people start earlier and some a little bit later. Approximately 1% of women undergo menopause prematurely, that is before age 40. It doesn't happen overnight but spreads across a process we call perimenopause when the symptoms tend to be most disruptive. Common symptoms like hot flashes and vaginal dryness can start several years before menopause, but there are good treatments available.

What does menopause mean for the fertility of those who want to be parents?

Menopause does generally mean a drop-off in fertility because it coincides with a drop-off in the number and quality of an individual's eggs. But this decline can happen early. If you start to run out of eggs earlier than average, you could have fertility issues. The decline in fertility begins well before actual menopause – at least a decade earlier. Though you may be ovulating every month, the quality of those eggs decreases over time, making it harder to get pregnant. A woman's age is the most important factor in terms of chances of conceiving in any given month.

Can medication mitigate these changes to egg count and quality?

Medications can treat hot flashes and other side effects of menopause, but countering the fertility drawbacks is an ongoing struggle for medical researchers. People are trying to extend the reproductive lifespan because women are waiting longer to have children as they pursue careers and education. But the only effective strategy thus far is freezing your eggs when you're younger to use when you're older or using donor eggs.



**Can you describe the egg-freezing process?**

Ovarian stimulation and egg retrieval is a very common treatment for patients suffering from infertility due to age or other causes. The patient takes hormone injections for two weeks to help their eggs grow by stimulating the ovaries. The eggs are then removed with a small surgical procedure and can be frozen unfertilized or fertilized with partner or donor sperm. The success rate with embryo freezing is a little bit higher than with egg freezing, but success overall has improved substantially in the last several years.

**Can parents use frozen eggs and embryos at any time in their life?**

The age of the uterus doesn't matter so much, but complications from pregnancy do increase as women age. We don't recommend you wait too long to carry a pregnancy, as you would be putting yourself at risk along with your child. Another option is to utilize a gestational carrier or "surrogate" to carry the pregnancy, making it theoretically possible to have a child using your eggs or donor eggs.

**Aside from egg freezing and gestational carriers, are there any other treatments aspiring parents should consider?**

Life expectancy used to be 50, and the average age of menopause is 50. Now the average life expectancy is 80, so we're living like a third of our lives in post-menopause and have to keep our options open. There's a lot of misinformation around hormone therapy. When the Women's Health Initiative study came out over 15 years ago, it scared a lot of patients. That's unfortunate because hormone therapy is actually beneficial for a good percentage of people. It's approved to treat symptoms, and protects against bone loss, which also happens after menopause."

# Menopause at a Glance



## What is perimenopause?

During perimenopause, the body's production of **estrogen and progesterone**, two hormones made by the ovaries, varies greatly.

Source: [NIH](#)



## What is menopause?

Menopause is the time that marks the end of your menstrual cycles. It's diagnosed after you've gone **12 months** without a menstrual period.

Source: [Mayo Clinic](#)



## What is the average age of menopause?

Menopause can happen in your **40s or 50s**, but the **average age** is **51** in the United States.

Source: [Mayo Clinic](#)



## How common is early menopause?

Early menopause occurs in about 5% of cases.

Source: [Cleveland Clinic](#)



## What can I do about perimenopause or early menopause?

If you think you're in perimenopause early (under 40 years old) see your doctor. You want to confirm there is no underlying condition, consider treatment options, and discuss fertility status.

Source: [Columbia University Irving Medical Center](#)



## What can I do about my fertility in preparation for menopause?

Those who wish to delay childbearing until their **late 30s or early 40s** may consider methods of fertility preservation such as egg retrieval either followed by freezing of the eggs or in vitro fertilization (IVF) followed by freezing of the embryos.

Source: [ASRM](#)



BENEFITS FOR WOMEN IN TECH

# Making Fertility Available to Employees of All Ages

*To ensure aging and other health factors don't undermine family building prospects, parents are turning to fertility treatments like egg- and embryo-freezing, hormone therapy, and surrogacy. But these options are not cheap. Companies should provide comprehensive fertility benefits to keep workers out of debt and on the job.*

Aging is only one of many factors that can reduce fertility in individuals who can carry children. Overall health, injury, and any number of issues could make conceiving and carrying a child to term difficult or even dangerous. And for most people, having children is a major lifetime ambition, necessary for fulfillment and overall happiness. Many families try as hard as they can to successfully have children.

Thankfully, fertility medicine offers hopeful parents a number of solutions for any problems with conceiving or completing a pregnancy. For people worried about

menopause, aging, and declining egg number and quality, egg- and embryo-freezing can ensure a higher chance of conception, especially when partnered with hormone therapy. If a pregnancy is dangerous because of general health or uterine problems, a gestational carrier or surrogate can carry and deliver a child for expectant parents.

But these treatments are expensive, and many couples go into debt every year just to afford these procedures. And while parents are willing to bear this cost for the joy of having kids, the cost itself only compounds the stress and anxiety of the fertility medicine journey.

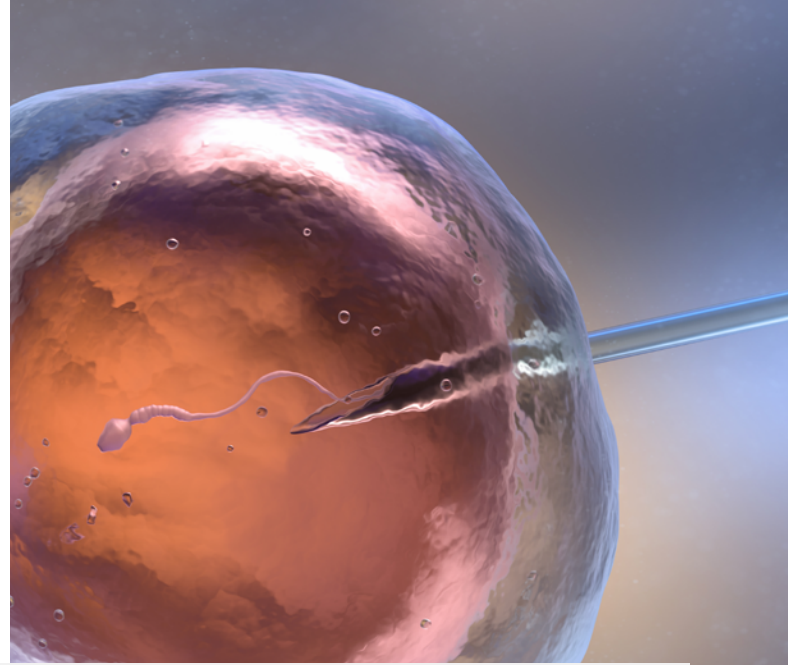
Employers looking to get the very best out of their workers, and to attract and retain the premier workers in their industry, can do a lot to alleviate this stress. By offering competitive fertility benefits to all employees regardless of age, gender or family situation, employers can make sure those employees have one less thing to worry about when trying to start a family.

This improves both workplace satisfaction and work-life balance — employees who associate their company with their children's births will have a harder time leaving that company. Meanwhile, employees who go into debt to have children will seek greener pastures, both for higher pay and more competitive benefits. By taking care of workers' family building needs, employers can ensure peace of mind for both themselves and their employees.



# A Look at Three Amazing ARC Partners

We're proud to highlight three of the amazing infertility practices that have partnered with ARC. Each of these professionals and their staff offers the very best cutting-edge family forming services to help patients build the family of their dreams.



## Dr. John Frattarelli

Dr. John L Frattarelli, HCLD, is a renowned Reproductive Endocrinologist and the Founder, Medical, Practice, and Laboratory Director for the Fertility Institute of Hawaii. As a certified High Complexity Clinical Laboratory Director (HCLD), he is one of a few nationally qualified physicians to serve as IVF Laboratory Director, allowing him to provide additional laboratory oversight to all fertility procedures.

*"As the premier Fertility and IVF clinic in Hawaii and the Pacific, partnering with ARC Fertility allows the Fertility Institute of Hawaii to widen access to fertility treatments for more of our patients by making these services more economical and attainable. At the Fertility Institute of Hawaii, we aim to help ALL people build their families regardless of race, religion, ethnicity, gender, ability, or sexual orientation."*



## Dr. Tiffany Justice

Dr. Tiffany Justice is board-certified in both Obstetrics and Gynecology and the subspecialty of Reproductive Endocrinology and Infertility. She is an experienced and highly qualified physician focused on providing a personalized team approach to helping her patients overcome their struggles with infertility. She's able to fulfill her passion with the skilled team of fertility specialists and staff at Fertility and Endocrine Associates.

*"Fertility & Endocrine Associates values our longstanding relationship with ARC Fertility. Without this partnership, many couples would be unable to pursue fertility treatment. Their concierge approach removes the financial stress factor and allows our patients to focus on their treatment."*



## Dr. Christine Skiadas

Dr. Christine Skiadas is a double-board-certified specialist in Fertility and Ob/Gyn and started in September as Medical Director of Penn Fertility Care at Lancaster General Health. After having practiced in Massachusetts for the past 15 years, it was a big decision to make a move—but all the ingredients were there to create an exceptional resource for patients: a fantastic clinical team, on-site, state-of-the-art embryology lab, onsite pharmacy, world-class surgical facilities, and immediate access to specialists literally down the hall.

*"As Medical Director of Penn Fertility Care at Lancaster General Health, I feel incredibly fortunate for our amazing and caring team, our state-of-the-art embryology lab, and world-class surgical facilities. Our partnership with ARC Fertility helps provide individualized financing options, which allows our team to expand access to fertility treatment."*

## FERTILITY BENEFITS A Key to DEI

Offering your employees a way to grow their families is a great way to let the world know that your company is committed to the physical and emotional wellbeing of their teams. It is also a proven approach to attracting and retaining women, members of the LGBTQ+ community, and others who need assistance to bring children into their lives.



Employers are facing an increasingly competitive labor market. The unemployment rate is at 3.6%, which the Federal Reserve classifies as full employment. First-time jobless claims are at their lowest levels since 1970, while wages have steadily climbed over the past year. Companies are working harder to attract and retain quality employees, and higher pay is just one arrow in their quiver.

To entice and keep top-tier talent, many organizations have started offering, outside of traditional compensation plans, benefits which explicitly help employees start or expand their families.

Family-building benefits create significant goodwill between employers and employees because they show that a company is sensitive to its workforce's needs outside the workplace. Studies have shown that employees who use these benefits have increased loyalty to their employer, and even employees who never plan to use this coverage view them positively. These benefits typically cover treatments like in vitro fertilization (IVF), intrauterine insemination (IUI), adoption support services, fertility drug prescriptions, and surrogacy.

Build  
employee  
loyalty

Reduce staff  
turnover

Become  
an employer  
of choice for  
job seekers

Increase  
diversity

For more information about how ARC Fertility can help you reach your DEI goals by offering creative fertility benefits that allow employees to grow their families, please contact 888-990-2727 or [info@arcfertility.com](mailto:info@arcfertility.com), or reach out to Diana Lazuka directly at 512-947-4474 or [dlazuka@arcfertility.com](mailto:dlazuka@arcfertility.com).

For more information about ARC Fertility's Family Forming Benefits, please contact ARC directly at [info@arcfertility.com](mailto:info@arcfertility.com) or 888-990-2727.