The Myth of IVF

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Louise Brown, the world’s first “test-tube baby”, was born on July 25, 1978. Four decades later, the idea of creating life in a laboratory still captures the collective imagination. The biotechnology used – in vitro fertilization – was hailed as a scientific breakthrough in which the possibilities for the eradication of illness and disease seemed endless. Women[1] who could not achieve motherhood by regular means held onto the promise of medical aid. The fears made famous by Mary Shelley’s Frankenstein abated with the advancing aspirations of male doctors in the new field of artificial reproduction[2].

In vitro fertilization (IVF) is a series of procedures wherein oocytes or “eggs” are aspirated from the ovaries in vivo, combined with sperm and fertilized outside of the body, then reintroduced into the uterus via the cervix. IVF is just one intervention included under the larger heading of assisted reproductive technologies (ART). The A in ART previously stood for “artificial”, a word that faded from use in the late 1990s[3]. It was replaced with the softer “assisted”, making the biotechnologies included in ART appear closer to the real thing[4]. “Assisted“ was part of the naturalization of
reproductive biotechnology, and the emerging narrative that nature was being given a “helping hand”[5]. There is a long history – in obstetrics and gynecology specifically, and in the male-dominated field of medicine in general – to the notion that women’s bodies are inadequately conceived and need science to perfect them[6]. The benevolence implied in the term “assisted”, without specifying who is being assisted and how, enhances the positive connotation of ART while effectively erasing women – the primary users of these technologies – from the process[7].

In her 1970 manifesto *The Dialectic of Sex*, Shulamith Firestone espouses the possibility that IVF held for the feminist movement: if women’s oppression is rooted in their capacity to reproduce, then freeing women from their biology is the path to equality. Firestone’s hope was for an overtaking of reproductive science by women, thereby achieving complete control over their bodies while also eliminating the male privilege rooted in sex distinction[8]. Radical feminists at the time were much less convinced, believing that IVF participates in the patriarchal control over women, and women who use IVF are dupes in their own oppression[9].

Firestone’s utopian ideal for IVF was never realized, and many users would not consider themselves victims of a patriarchal plot; but they are actors in a system that places an enormous value on motherhood as the centre of women’s identity. Refusal to take advantage of the latest medical advances, or stopping treatment before the goal of having a child is achieved is viewed as not wanting it enough[10]. In pronatalist societies, failing to become a mother brings judgment and exclusion[11]. Yet even with this collective imperative to procreate, there is an overwhelming refusal to pay for it. The cost of IVF is not covered by most health plans, meaning only those who can afford it get the chance to use it.

By 2018, more than 7 million babies worldwide had been born through IVF[12]. In fertility clinics and popular culture, it is seen as an obvious and necessary answer to infertility. The cost of egg freezing is now covered by companies such as Google and Facebook in order to attract young female employees[13], presumably so they can work through their fertile years without the fear of lost motherhood. Be it on TV, in movies or magazines, all we hear are the success stories; positive spin helps fund this billion dollar industry[14].

In lieu of better understanding the causes of infertility, both medicine and capitalism prefer a biotechnological sidestep. After all, science is progress. Or is it? According to European Society of Human Reproduction and Embryology (ESHRE), the global success rate of IVF is 27%[15]. In other words, 73% of all IVF cycles fail to achieve a live birth. IVF is venerated as one of the pinnacles of scientific achievement, yet by most measures it doesn’t work very well.
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Looking past the lore, IVF involves women injecting and/or ingesting copious amounts of drugs, usually not meant for such use, for between 10 days to two months at a time. This cycle is often repeated over and over again. Few studies have looked at the long term effects of these medications on women’s bodies. At ESHRE’s 2019 annual meeting in Vienna, Ditte Vassard et al. at the University of Copenhagen presented a study revealing an increased risk of breast cancer in women over 40 who initiate IVF. Anxiety and depression levels elevate as women progress in their IVF cycles. The examinations and procedures before and during IVF are invasive and painful, at times so painful they require general anaesthesia.

While “in vitro fertilization” gives the impression that all the work is done in the lab, the real petri dish is the female body. Women pay an enormous physical, emotional and financial price as users of this experimental biotechnology that most of the time fails to achieve its goal. A reconsideration of the value placed on IVF needs to be part of the collective discourse; and the first step is resisting the myth of its success.

[1] In this text, the term Women is employed strategically and by no means endorses the fixity of a gender binary. I agree with Denise Riley: “‘women’ is indeed an unstable category, that this instability has historical foundation” (Riley, 1988, p.5). To this I would add Joan Scott’s definition of gender as “a primary field within which or by means of which power is articulated” (Scott, 1986, p.1069).


[6] Ibid. P.334


REFERENCES


