Egg freezing: A lifeline for career-oriented women—opportunities and challenges.

Molly Catt*

Department of Obstetrics and Gynaecology, Monash University, Australia

Introduction

Egg freezing, or oocyte cryopreservation, has emerged as a transformative option for career-oriented women seeking to delay childbearing without compromising future fertility [1]. By preserving eggs during a woman's reproductive prime, this technology provides flexibility and control over family planning, aligning reproductive goals with personal and professional aspirations [2].

The process involves ovarian stimulation to retrieve mature eggs, which are then frozen using vitrification, a method that ensures high survival rates upon thawing. This advancement allows women to pause their biological clock, mitigating the decline in fertility associated with aging [3]. For many, egg freezing offers reassurance and alleviates the pressure to prioritize family building over career progression during their most productive years [4].

However, the procedure comes with opportunities and challenges. On the positive side, it empowers women with reproductive autonomy and enhances equality in the workplace by enabling them to compete professionally without the constraints of a limited fertility window [5]. Moreover, it provides a viable option for women undergoing medical treatments, such as chemotherapy, that may affect fertility [6].

Challenges include the high cost of the procedure, which can make it inaccessible to many [7]. Additionally, the success of egg freezing depends on factors such as age at the time of freezing and the number of eggs retrieved, with younger women generally experiencing better outcomes [8]. There is also no guarantee of achieving pregnancy, as the quality and viability of frozen eggs can vary. Emotional and psychological factors, including the uncertainty of future success, further complicate decision-making [9].

Ethical considerations have also arisen, with critics questioning whether societal pressures to delay childbearing are being reinforced by promoting egg freezing as a solution. Employers offering it as a benefit may inadvertently contribute to such pressures [10].

Conclusion

E freezing is a powerful tool offering unprecedented opportunities for women, but it requires careful consideration of the medical, financial, and ethical implications to ensure informed and empowered decisions.

References

- 1. Gupta P, Sharma M. Role of media in motivating career-oriented females in challenging the norms of patriarchy. Int. J. Gender Stud. Dev. Soc. 2020;3(3):243-55.
- 2. Manne A. Love & Money: the family and the free market. Q. Essay. 2008(29):1-90.
- 3. Bhatt T, Malhotra G. Legalization of Commercial Surrogacy and the Rent-a-Womb Culture: Is India's Stand Sound Enough. Nat'l LU Delhi Stud. LJ. 2013;2:42.
- 4. Seeking IP. Leveraging New Media as Social Capital for Diversity Officers. Cutting-Edge Technol. Soc. Media Use High. Educ. 2014:294.
- 5. Pheasant-Kelly F. The Post-9/11 City of Nordic Noir. City Since 9/11: Lit. Film Televis. 2016:211.
- 6. Everett A, Lee SY. Community and public mental health services in the United States: history and programs. InPublic Ment. Health. 2012:396.
- 7. Gupta P, Sharma M. Role of media in motivating career-oriented females in challenging the norms of patriarchy. Int. J. Gender Stud. Dev. Soc. 2020;3(3):243-55.
- 8. Betz N. Women's career development. Psychol. Women. 1993:627-84.
- 9. Smith JL, Skinner SR, Fenwick J. Perceptions of teen motherhood in Australian adolescent females: Life-line or lifederailment. Women Birth. 2012;25(4):181-6.
- 10. Marshall JR, Pottage M, Musgrove R. Job sharing and the clinical nurse specialist role. Nurs. Manag. 1993;24(11):78.

Received: 26-Oct-2024, Manuscript No. AAGGS-24-155116; Editor assigned: 28-Oct-2024, Pre QC No. AAGGS-24-155116(PQ); Reviewed: 11-Nov-2024, QC No. AAGGS-24-155116; Revised: 16-Nov-2024, Manuscript No. AAGGS-24-155116(R); Published: 23-Nov-2024, DOI: 10.35841/aajnnr-8.6.239

^{*}Correspondence to: Molly Catt, Department of Obstetrics and Gynaecology, Monash University, Australia. E-mail: mcatt@mu.aus.co