

## NEW REPRODUCTIVE TECHNOLOGIES: A REPORT FROM ARGENTINA

SUSANA E. SOMMER

SAGA—Librería de la Mujer, Hipólito Irigoyen 2296,  
esq. Pichincha Loc 2, (1089) Buenos Aires, Argentina

**Synopsis**—In this article the author reports on two centers in Buenos Aires (Argentina's capital) involved in the new reproductive technologies. The centers offer IVF, GIFT, and PROST procedures and also use egg donors. Data is presented on the success rate of the technologies. The many ethical and legal questions that arise from these procedures have not yet been widely discussed. The Argentinian Senate has recently started public hearings on the subject of the new reproductive technologies.

There are currently (August 1990) nine centers in Argentina working in the area of reproductive engineering. Recently, the Argentinian Senate started a series of public hearings on the subject of the new reproductive technologies. At the first meeting, members of the medical profession reported that 187 babies were born from 1985 to 1989 using new reproductive technologies. A total of 1,323 eggs have been obtained from women's bodies, so that the estimated overall success rate would be 14.1%.

I have interviewed members of two centers in Buenos Aires (capital of Argentina) involved in the new reproductive technologies: CER (Centro de Salud Reproductiva) and Fecunditas.

CER's director is Dr. Ester Polak de Fried and her center has a working relationship with Ricardo Asch, who developed gamete intrafallopian transfer (GIFT) technology. Fecunditas has a three-man board of directors and I interviewed Dr. Roberto Coco. Fecunditas defines itself as the only "integral" institution. Both are privately owned.

Before the advent of these centers affluent people traveled abroad (mostly the United States) to obtain IVF (in vitro fertilization) and GIFT procedures. Now they can get them at home. All of these centers get some press coverage, but it is not easy to get a clear picture of what is going on from this cover-

age. The usual lines about "advances of human knowledge" and the "altruistic value of science" are stressed in their public presentation.

### CER

During my interview with Dr. Ester Polak de Fried, I learned that CER was founded in 1987 and that the doctor has specialized in endocrinology and reproductive medicine. Her staff includes surgeons, gynecologists, biologists, and a psychologist. In this center, the first baby was born in February 1989 from pro-embryos transfer (PROST) in the fallopian tubes. I was told that this was the first pregnancy in South America using this method. According to Dr. Fried, whenever fallopian tubes are functioning, the rate of success of the technologies is higher than when they are absent. This is the case using either eggs and sperm or embryos. At this center they claim to have success rates of 40% with PROST, 30% with GIFT, and 20% with IVF, although I could not get a clear explanation of how these success rates are computed. The transfer of embryos or eggs and sperm is done transvaginally with ecographic control.

CER has a programme on Premature Menopause and Ovodonation. The first baby born at the center originated from the father's sperm and an egg from a donor. Donors that agree to allow their eggs to be used are not informed if the eggs were used for research purposes or to create embryos.

When I asked more questions about egg

I wish to thank Rita Arditti for her help and encouragement, which started when I first met her, as well as the helpful suggestions in the preparation of this article.

donors, I was told that the eggs are given by anonymous and "altruistic" donors, who do not receive any monetary compensation. Women patients sign agreements regarding the fate of their supernumerary eggs, and they may decide not to donate them to anybody. The records on eggs and sperm used for each embryo remain secret and women donors do not know the fate of their eggs. There is no legislation on this subject at the time in Argentina, and the legal and ethical aspects of these procedures have not yet been discussed. If a baby born now wants, at some future time, to know about her or his origins, there would be, most likely, no way to obtain the relevant information.

CER also maintains a sperm bank, some of the donors to which are "altruistic" and others are paid. As mentioned above, women donors are never paid (possibly because it is so much easier to donate eggs than sperm!). Some of the fertilized eggs are implanted immediately while others are stored as frozen embryos for later use by the patient.

At CER, embryos are frozen, but not eggs. Egg donors have to be younger than 35 years of age and are checked for genetic and viral diseases. There does not seem to be a set limit regarding the age of women undergoing these technologies, their acceptance in the program depends on their physiological state and overall health condition.

Dr. Fried believes that CER's high success rates with women with premature menopause is due to the fact that the patients are not hyperstimulated. They are treated with hormones to simulate a normal cycle. According to Dr. Fried the failure of implantation with frozen embryos is due to embryonic deficiencies. The number of frozen embryos kept in storage depends on space availability, but usually they are not kept longer than a year.

In Dr. Fried's view, legal and ethical controls are necessary. She believes that a pluralistic committee made up of men and women who represent the major religions and professions in Argentina, as well as representatives of research groups involved in these procedures should be created to develop these controls.

Because Argentina is a country in which Catholicism is the official religion, one may wonder about the decision to use procreative technologies. Dr. Fried explained that many Catholic patients want to use GIFT technol-

ogy, while others just do whatever their doctors tell them to do. Patients of Jewish origin are less rigid, but many times if the husband is azoospermic (which is considered an indication for treatment of the woman!), they want sperm from non-Jewish donors because Judaism forbids them to spill sperm and the Jewish identity is inherited through the mother.

Regarding the need for information by the general public, Dr. Fried believes that the public is well informed. She also said that while there is a large number of women gynecologists in Argentina, the Argentine Society on Fertility and Sterility does not have a single woman on its board of directors.

## FECUNDITAS

Fecunditas is headed by three men: a gynecologist, an ecographer, and a biochemist/cytogeneticist. I interviewed Dr. Roberto Coco, the biochemist/cytogeneticist. They consider their centre quite unique and claim that they can take care of every step of the process, although they do not have a maternity ward. They perform IVF, GIFT, and PROST procedures on patients that come directly to them or are referred by other physicians. They do not perform laparoscopies, the egg pickup is performed transvaginally through ultrasound. They claim to treat all sorts of fertility disorders and they have sexologists in their team.

When asked about their success rates, they said that in 4 years (1984-1988) 35 babies were born out of 345 proceedings. Some of these babies were born while the doctors were working with another team. Since they founded Fecunditas, 170 more proceedings have been undertaken and 45 babies have been born. Of these births, 85% were single births and 15% were multiple births, mostly twins, although there were two pairs of triplets. The fee for induction of superovulation, its control and pregnancy testing is \$3,000US, which for Argentina is quite a bit of money.

Fecunditas does not freeze embryos, because they view them as potential orphans. When I asked about sperm banks, I was told that although Fecunditas does not maintain one, heterologous insemination is carried on and donors are chosen who have similar phenotypes to the prospective father. They do perform chromosomal studies of the do-

nors. Sperm donors are paid approximately \$80US for their trouble (no one expects men to be altruistic). This points, once again, to the low value that is attributed to women and to their eggs. Although no surrogates (see Arditti, 1990) are used, egg donation from other women on treatment is also practiced in this clinic. They claim that 85% of all eggs obtained from a woman will be fertilized and they use 3 to 5 eggs at a time for implantation.

According to this center there is not a higher incidence of malformations in newborns. However, as no population studies have been made on the babies already born and no one has done chromosomal studies of

the spontaneous abortions produced during the use of these technologies, it is not really known if there is chromosomal damage due to the manipulation of eggs, sperm, and embryos.

Once again one sees that here, as in other countries, women are paying to be submitted to experimental techniques the rate of success of which are questionable and the long-term health effects of which are unknown.

## REFERENCES

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