



One Donation can Give the New Life

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“A baby is something you carry inside you for nine months, in your arms for three years, and in your heart until the day you die.” — Mary Mason

Women who can become pregnant or carry a pregnancy but lack a womb or have a womb that cannot support a pregnancy may be treated with a uterine transplant or womb transplant. One in 500 women are thought to be impacted by this. Adoption and surrogacy are options for those who want to build a family, but they come with legal, cultural, ethical, and religious repercussions that may not be suitable for all women and their families. When a woman is prepared to have children, a uterine transplant is performed.

Who Needs A Uterine Transplant?

- Women who are born without a uterus but have their intact native ovaries – MRKH SYNDROM.
- Women who lost their uterus (surgical removal of the uterus) due to conditions like fibroids and cancer.
- Women with uterine malformations or hypo plastic uterus.
- Women with non-functional uterus due to damage caused by radiation exposure and intrauterine adhesions.
- Women between 18-40 years of age, married or having a stable partner, with a good general health condition.

The transplantation is as important as other transplantation surgery. One small donation can change the life of not only one person but as many people in family. This decision will not have limited to infertility or any other matter it is also directly effect on in rare cases of intersex individuals, transgender women are born with a male reproductive system.

While sex reassignment surgery where can create vagina for these women, the option of a uterus is currently unavailable to them, meaning they cannot carry a pregnancy and would need to take other routes to be a parenthood, whether it be a more traditional approach involving coitus or an alternative one such as adoption egg donation or a gestational carrier.

Womb transplants have been performed all over the world, with more than 70 procedures carried out so far. At least 23 babies have been born as a result, demonstrating that womb replacement can work. While the procedure offers a different option to adoption and surrogacy, it is associated with significant risks, including multiple major surgeries and the need to take medications that help to dampen the immune system to prevent rejection of the womb.

The woman is approved for the procedure, the process starts with creating an embryo using in vitro fertilization (IVF), in which the woman's eggs are retrieved and fertilized with sperm. Next, a healthy uterus is transplanted into the patient.

About six months after a successful uterus transplant, a single embryo is implanted into the uterus. If it leads to a successful pregnancy, the pregnancy is treated as high risk, and the baby will be delivered via Caesarean section, because women with UFI cannot delivery vaginally.

Babies born from uterus transplant recipients tend to be born early, at about 35 weeks of gestation. Caring for these premature infants often requires a stay in a neonatal intensive care unit for several weeks. The entire process can take 2-5 years.

Women interested in for doing the procedure will undergo significant physical and psychological evaluation to ensure that they understand the risks of the procedure and have considered alternatives for family building in this procedure the women can deliver 2 children that can be good result.

The transplantation is one of the very important things which can give so much indirectly emotional support as well as happiness to one and all in all this process the women and family members should aware about all kind of changes care and management of individual person and how fruitfully she can deliver the baby out in new world.

Uterus transplantation is a new life to the mother in the field of reproductive medicine and has so far showed a remarkable successful outcome. This procedure is still only proof of concept for uterus transplantation. Before introducing uterus transplantation in a wider general setting, several more carefully monitored pregnancies are required to evaluate major risks, including miscarriage, preeclampsia, preterm birth, and fetal growth restriction, psychology of mother.

“If I had my life to live over, instead of wishing away nine months of pregnancy, I’d have cherished every moment and realized that the wonderment growing inside me was the only chance in life to assist God in a miracle.” — Erma Bombeck

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