The baby business

How money, science, and politics drive the commerce of conception

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Throughout much of Western history, the uterus was considered an independent organism, a voracious animal within the female body that required “feeding.” That conceptualization rendered women mere bearers of children, despite very high risks of maternal and infant mortality. While complication rates have plummeted, having children is no longer viewed as a satisfactory one for the ravenous animal within. Yet as Debora Spar aptly describes in The baby business: how money, science and politics drive the commerce of conception, this hunger for children drives the booming business of reproductive technology. Approximately 15% of all couples in the United States admit to some degree of infertility. Thankfully, infertility technology has largely escaped public oversight or regulation, although the relevant professional societies have begun some genuine self-regulation of practice. Individual ART clinic outcomes are reported to a national database managed by the Centers for Disease Control and Prevention (CDC). However, success is defined by the rates of pregnancy achieved rather than rates of healthy deliveries. With success rates of 30–40%, there are also generally underplayed risky outcomes of multiple births (35% of all ART births by recent CDC tally; ref. 1), the 1.5- to 2-fold elevated risk of birth defects (2), and delivery of the rare but devastated child with a neurobehavioral imprinting defect like Angelman’s syndrome.

Spar analyzes ART through an economic lens, looking at national figures, per capita costs of sperm and egg banking, surrogates, IVF cycles, and the like. Reproductive endocrinologists help support many academic OB-GYN departments. At the extreme end of the spectrum of specialists, a prison term was recently reported for the so-called “dyne-gyne” — a New York City ART specialist to the stars, who was found guilty of defrauding insurance companies of several million dollars by deceitfully billing for gynecologic services that were actually ART procedures not covered by insurance. While this practice may be considered modern Robin Hood–ism by spreading access to ART to the middle class through creative reimbursement, the legal system did not concur with that defense.

The baby business falls surprisingly short on issues pertaining to human cloning. Reproductive cloning, which is thankfully still distinct from reality as far as anyone has honestly reported, is mistakenly conflated with therapeutic cloning. A non-critical reader of that chapter may infer that reproductive cloning may make the same meteoric commercial ascent as ART, when in fact there are significant international legislative, scientific, and bioethical boundaries set to prevent its entry into the market. Moreover, the description of cloning lacks the novel economic perspective that drives the rest of the book and comes across as stale. There is an absorbing chapter on the sociologic history of adoption in the United States, even though it seems to represent an adjunct to Spar’s main thesis.

Despite these reservations, this book will appeal to medical and nonmedical audiences, with refreshing economic arguments on an increasingly popular form of modern technocommerce. Spar makes a number of practicable suggestions for protecting the consumer, such as national oversight of the unregulated market of “reproductive services,” a clearer legal framework, and better data reporting. In fact, those considering ART are advised to reflect on this realistic view of the financial toils and spoils of the business. While the information within may not provide rescue or options, at least the informed consumer could use it to decide if — and when — to embark on this journey and at which point to cease.