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Machon Puah for Fertility and
Gynecology in Accordance with Halacha

A New Era in Fertility

Last time we spoke about the options to become parents for women without a uterus. In recent years, science has opened a surprising third option for women unable to carry a pregnancy; uterine transplants. What once sounded like science fiction is now a real, albeit rare, medical procedure offering new hope to many.

The idea isn't entirely new. Scientists began experimenting with uterus transplants in animals as far back as the early 1900s, and by the 1960s, researchers had even achieved successful pregnancies in transplanted uteruses in dogs. Still, moving from animals to humans proved incredibly difficult. The uterus has a complex network of blood vessels, and like any transplanted organ, it can be rejected by the body's immune system. For decades, the concept remained more theoretical than practical.

Everything changed in 2014. In Sweden, a woman gave birth to a healthy baby after receiving a transplanted uterus, the first success of its kind in the world. This breakthrough made global headlines and marked the beginning of a new era in fertility treatment, transforming years of research into real-life possibility.

Since then, the field has grown steadily. Today, more than a hundred uterine

transplants have been performed worldwide, leading to dozens of births. The process itself is complex; a uterus is transplanted from either a living or deceased donor; the recipient undergoes in vitro fertilization (IVF), and doctors carefully monitor the pregnancy over many months. Unlike other organ transplants, the uterus is usually temporary, it is removed after one or two pregnancies to avoid the risks of lifelong immune-suppressing medication.

Despite this progress, uterine transplants are still far from routine. The surgery is long and delicate, involving significant risks for both donor and recipient. Patients must take medications to prevent rejection, which can have side effects and require close medical supervision. There are also ethical questions, especially when healthy donors undergo major surgery purely to help someone else have a child.

Cost and access remain major barriers. The procedure is expensive and currently available only in a small number of specialized medical centers around the world. As a result, it is still out of reach for most people who might benefit from it.

Even so, uterine transplantation represents a remarkable step forward. It is not just about medical innovation; it is about expanding what is possible for people who dream of experiencing pregnancy themselves. As techniques continue to improve, what is now rare and experimental may one day become a standard part of reproductive care.

More on this next time. ■