

**Between fecklessness and selfishness: is there a biologically optimal time for motherhood?**

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## **Abstract**

In Britain, two spectres of 'inappropriate' reproductive choice have become increasingly prevalent in the media over recent years. On one hand, we are presented with the young mother, feckless, ignorant and dependent on state handouts for survival. On the other, the selfish older woman attempting to manipulate her biological functions to fit her career schedule. Seemingly, the timespan during which a woman may reproduce without public censure is rather narrow. But on what basis are these judgements being made, and what is the solution? Daniel Callahan argues that women should reproduce at an earlier age in order to avoid the medical risks to themselves and their offspring associated with advanced maternal age. The implication of this is that biologically optimal reproductive outcomes should take precedence over social aspirations, which can – according to Callahan – be pursued later in life.

In this chapter I suggest that a phenomenon as complex as reproduction cannot necessarily be split neatly into social and biological components. What constitutes a 'biologically optimal' time for reproduction is in itself largely socially determined.

### **13 Between fecklessness and selfishness: is there a biologically optimal time for motherhood?**

In 2005 a group of fertility experts published an editorial in the British Medical Journal warning of an 'epidemic' of older (post 35) mothers in the UK and other Western countries. The authors urged women to have their children at the biologically optimal age (between 20 and 35) and stressed the severe medical, social and economic costs of later reproduction.[1] Public awareness of the trend towards older motherhood has been increasingly reflected in the media. In 2006, an article in The Times declared: 'Late motherhood as big a problem as teenage mums'.[2] In his exploration of the phenomenon, Daniel Callahan suggests that in fact throughout the developed world, there is a growing tendency for women to reproduce later in life, and he warns of the 'significant health and other threats' that this poses to mothers and children.

Is there really an epidemic of older mothers, and if so, what is the specific nature of these associated threats? RL Shaw and DC Giles argue that 'Prior to the Second World War there was nothing unusual about childbirth at ages beyond 40, and in some societies ... women continued to have children well into their forties and beyond'.[3] What has changed is that women are not using all of their reproductive years for reproduction. They are having smaller families, where they reproduce at all, and they are having these families in the latter part of their fertile years. Yet it is not just older mothers that come in for criticism. The countries experiencing a surge in late motherhood are struggling with a problem at the other end of the reproductive spectrum. 'Underage' pregnancies are viewed with alarm, and the UK's record in this respect has been compared unfavourably with other European countries.[4]

Yet while the socially-accepted age parameters for reproduction are narrowing, some research suggests that the window of *biological* fertility is widening. Girls are becoming fertile at a younger age, while the average age at menopause is increasing.[5,6] This could be seen as a good thing: at the same time that women's social and career options have broadened, their fertility span has widened, giving them greater reproductive choice and control. Or so one might have thought. However women are increasingly being discouraged from using their span of fertility to the full. We may be able to countenance women attending university, and working as doctors or lawyers or politicians. But we still cannot stomach the idea that they may have children either towards the beginning or the end of their fertility span, rather than right in the middle.

Why is it that younger and older mothers are the focus of such concern? Largely because in affluent Western societies, reproduction is now regarded as being a decision. Women can choose when to have children, and they do not seem to be exercising this choice appropriately. There are several questions to be asked here. What is the nature of the choices that we believe women are making when they have a child at 40 or 15 instead of 25 or 30? And should women really be held to account for the adverse consequences of their reproductive decisions? Does reproduction in the case of younger, and/or older mothers fall short of some kind of biological ideal, and if

so, how is this ideal identified? Who, if anyone, is harmed by women's poor reproductive choices?

There is a substantial body of literature supporting the idea that motherhood over 35 is associated with increased complications.[7,8] The problems associated with teenage reproduction are also well documented.[9] Despite this, some would argue for a presumption in favour of reproductive autonomy even if it results in outcomes that are perceived as less than ideal.[10] My defence of older mothers is not based on any such presumption. Indeed, I agree with those philosophers who argue that reproduction is seldom ethically justifiable whatever the age of the parent.[11] Nevertheless, I will argue that women whose reproductive lives fail to fulfil an idealised notion of biological normality are subject to excessive condemnation.

Before exploring these questions I should clarify that my argument is not intended to apply to women who wish to access fertility treatments. The issues related to provision of IVF, whether for 'older' or even postmenopausal women, are not the same as those associated with a trend towards later motherhood in general. For this reason, while acknowledging that older women are more likely to have problems conceiving, I focus on older mothers who have not necessarily sought fertility treatment, but who have – by accident or design – become pregnant in the latter years of their fertility.

### **13.1 The biological optimum and unnecessary risk**

The arguments employed by Callahan and many others in the context of older motherhood purport to be broadly consequence-based, and founded in objective biological facts. Women are encouraged to reproduce at the pinnacle of fertility in order to avoid damaging their own health, as well as that of children who are born. Choosing to reproduce when fertility may be on the wane, though biologically possible, is, in Callahan's view, biologically suboptimal. And – by implication – women should be aspiring to the biologically optimal in their reproductive lives.

What does 'biologically optimal' mean in the context of women's reproductive choices? There are two possible interpretations. One might assign an intrinsic value to whatever is naturally ordained for our species. Natural law theorists believe that this kind of intrinsic value can help to provide answers to some of the moral questions related to new trends and technologies.[12] Proponents of this kind of approach might argue that if women are designed to have children at, say, 25, they should not break this natural rule by seeking to have children when they are no longer at their biological best. This approach is not explicitly based on its outcomes, but it is often assumed that following these natural guidelines will incidentally yield better results. The difficulties in sustaining this kind of argument in the context of older motherhood are obvious. How can we *know* that women are designed to reproduce between 25 and 30 when they may be fertile between the ages of 13 and 51?

Another interpretation of the biologically optimal is more squarely rooted in the utilitarian conviction that certain practices are preferable *because* they yield biologically better outcomes. These 'better' outcomes associated with biologically optimal reproduction are likely to be connected with lower risks to health for mothers and/or babies.

Callahan's argument appears to be based on the latter form of argument: women should reproduce earlier not because they are otherwise transgressing the rules of nature, but because they are exposing themselves and their children to unnecessary risk. For the moment, I will focus on health outcomes for mothers themselves. Let us agree that among the reproductive avenues open to a woman, the biologically optimal choice is that which avoids unnecessary risk to her life and health. Adopting this deceptively simple approach, all we need to do is assess the risks related to each variable of reproductive choice – such as maternal age, for example – and this will yield an objective answer to what is biologically optimal.

However, Callahan and many others who follow this line of reasoning do not address the fact that pregnancy and childbirth themselves carry significant physiological risks for all women whatever their ages. These risks range from discomfort to problems that can be disabling or fatal. Even in developed, affluent countries, women still die in childbirth,[13] and although the mortality rate has decreased immensely over the past century, morbidity associated with pregnancy and childbirth is still high – and often overlooked.[14] It is safer to use contraception than to have a child. If one does conceive, it is safer to have an abortion (within the first trimester) than to continue with the pregnancy.[15]

If the biologically-optimal choice is the one that entails the fewest unnecessary risks, women should avoid pregnancy altogether. If they do become pregnant, they should abort at the earliest opportunity. The fact that women are not routinely advised to do this indicates that there is another underlying assumption here. That is, that while pregnancy is intrinsically risky, it is a *necessary* risk.

### **13.2 Implicit pronatalism**

For any woman considered in isolation, it would be safer to remain childless. But society does not encourage women to remain childless. Women are exhorted to have babies – at the right time. These exhortations are clearly not designed to secure the maximum biological benefit to women, since they would be better off not reproducing at all. Callahan, along with most of the commentators who express concerns about later motherhood, takes it to be evident that women will – or should – have at least one child. Underlying this assumption is an implicit pronatalism. The fact that pregnancy is taken to be a necessary part of a woman's life means that women can be criticised for 'delaying' the inevitable.

An example of one of the typical phrases relating to older motherhood: '[m]any people are choosing to put off having children until relatively late in life'[16] seems innocuous enough. But this kind of language, including the repeated use of terms such as 'put off', 'delay' and 'postpone' reinforces the idea that women's lives necessarily include childbearing, whether sooner or later.[17] Callahan's discussion of the topic relies heavily on such terms, implying either that he endorses the idea that motherhood is inevitable for women, or that he has not fully considered their loaded meaning. It is easy to pick up this kind of terminology almost unthinkingly; indeed, it can be difficult to avoid it. However, these words and phrases are not neutral or benign in such a context.

Interestingly, but perhaps unsurprisingly, fertility doctors in particular tend to use rhetorical language that emphasises the inevitability of reproduction, and the inexorability of the reproductive drive.[18] In her discussion of this phenomenon, Ruth Chadwick quotes Patrick Steptoe, one of the developers of IVF: '[i]t is a fact that there is a biological drive to reproduce. Women who deny this drive, or in whom it is frustrated, show disturbances in other ways.'[19] Continuing this rhetorical theme, in 2005, Robert Winston argued that the biological urge to reproduce is so strong that the misery suffered by those whose drive is thwarted is 'worse than cancer'.[20]

According to these commentators, reproduction *is* both essential and inevitable. But do women who reproduce late in life perceive themselves as being inexorably destined to have a child? To answer this, it is vital to note that the trend towards later motherhood is not an isolated phenomenon. Greater changes are afoot. With the possibility of rewarding careers, relatively safe and effective contraception, and in view of the still formidable challenges of pregnancy, childbirth and motherhood, many women do not have children at all.[21] Those who do have children may only come to this decision once the 'optimal' age has past. The choice being made by women is not necessarily an evaluation of older against younger reproductive age, but an evaluation of motherhood at 40, say, against a childless life.[22] And many women are choosing the latter.

One of the problems here is a tension between abstract rhetorical assertions, and the application of this rhetoric to individuals. It may be true in the abstract to say that women's lives include pregnancy and childbirth, or that societies rely on women to replenish their citizens, but it is not true to say of any individual woman that she must become a mother, or that her duties include the production of new members of society. Laura Purdy has argued that 'even feminists have failed to focus sufficiently on the pronatalism and other cultural factors that can lead women to unwittingly make reproductive decisions that may not be in their own interest.'[23] Pronatalism is a strong word, but there seems to be no other that will account for an assumption that women's lives must necessarily include reproduction.

However, if one does adopt a pronatalist view, the criticism of older mothers seems to hold far more weight. The choice is then not whether to reproduce at all, but whether to do so at the time associated with the best biological outcomes. Given this, it is far more straightforward to regard the riskier choice as a poor one. One of the strongest arguments against older motherhood is the increased risks it imposes on babies when compared to younger motherhood (but not too young). Other concerns may include the idea that those women who reproduce at biologically sub-optimal times are displaying character traits that indicate their unsuitability for motherhood. Such character traits might include irresponsibility, laziness and ignorance, in the case of underage mothers and perhaps arrogance, selfishness or coldness in the older women. The timing of reproduction may also have a negative social impact. In all these cases, because of the complexity of the subject, and the number of variables involved, it is difficult to specify a 'biologically' optimal time for reproduction independently of social factors.

### 13.3 How the biological optimum is socially constructed

The most obvious way to establish a biologically optimal time for motherhood is to focus on selected reproductive outcomes, such as mothers' and babies' health and life expectancy. By looking at outcomes across the age spectrum, it should be possible to establish the maternal age associated with the fewest risks. It is fairly well established that older mothers are likely to experience greater difficulties during pregnancy and labour, including gestational diabetes, high blood pressure and increased rates of caesarean delivery.[24] Offspring of older women are at greater risk of being underweight and suffering from genetic disorders.[25] Later motherhood might well be deemed biologically sub-optimal on these grounds.

In order to identify the biologically optimal period for motherhood, it is necessary to identify a starting point as well as a cut-off point. The article quoted at the beginning of this chapter stipulates 20-35 as the most 'secure' age for motherhood. This is based on evidence that health outcomes for teenage mothers and their children are worse than for those who reproduce in the middle of the reproductive spectrum. Teenage mothers are more likely to experience vaginal and perineal trauma[26] and their babies are more likely to be of low birth weight.[27] However, while poor reproductive outcomes for the offspring of older women are commonly seen as being an inevitable biological corollary of maternal age, poor outcomes for the offspring of very young mothers are largely determined by social factors. 'Underage' parents are typically of low socio-economic status and educational attainment, and these are strong predictors of negative health outcomes for mothers and their children.[28]

If health outcomes are the primary focus of concern here, it may seem irrelevant whether they are socially or biologically determined. Nevertheless, it is interesting to note that although the biologically optimum age for motherhood in terms of women and children's health outcomes might be 20-35, this is true not solely for *biological* reasons, but partly because in our culture, young mothers tend to be disadvantaged.

### 13.4 A question of degree?

Whether one considers social or biological causes, the health outcomes associated with pregnancy at younger, or older ages may seem fairly clear. I have argued that any biological optimum derived from these outcomes must be in part socially determined. However, perhaps this is not of the greatest importance. Callahan argues that in any other context, the risks faced by older mothers and their offspring would be 'intolerable'. What matters is that mothers and children should not be exposed to unnecessary harm. If pregnancy is treated as a necessary risk, it is possible to argue that while not all pregnancies are biologically sub-optimal, some are. The sub-optimal ones can be marked out simply by the greater degree of risk that they entail. Risks increase as the maternal age increases, so a child born to a woman of 36 is at less risk than one born to a woman of 40.[29]

Here is data showing outcomes for offspring born to mothers in three age groups:

Table 1.1 Risks to offspring[30]

Maternal age	Delivery pre 37 weeks	Stillbirth	Delta birthweight <5 <sup>th</sup> centile	Admission to SCBU
18-34	6	0.47	5.81	5.2
34-40	6.63	0.61	6.13	5.33
>40	8.17	0.81	7.63	5.92
	%	%	%	%

**Delta birthweight:** the degree to which the observed birthweight differed from the expected mean for males and females for each week of gestation.

**SCBU:** special care baby unit.

I have chosen these figures because this particular study compared outcomes between age groups rather than within a specific age group. Figures for categories where the differences between risks for the children of older and younger mothers were most pronounced have been listed, and I excluded categories that showed little or no difference. The figures show that, as we know, the risks for offspring of older mothers are greater than those in the 18-34 age group.

It is not just the danger to offspring that concerns commentators on the trend towards older motherhood. The effects on mothers themselves have been noted with anxiety. Damage to older women during pregnancy and childbirth may be doubly worrying, as apart from the risk to the mother herself, any injury or illness will impact her ability to care for her child as well as imposing costs on the economy and health service.

Table 1.2 Risks to mothers in pregnancy and childbirth[31]

Maternal age	Pre-eclampsia	Gestational diabetes	Emergency caesarean	Postpartum haemorrhage
18-34	0.78	1	8.65	11.24
34-40	0.76	2.85	11.05	14.25
>40	0.79	4.56	14.24	17.99
	%	%	%	%

Callahan’s description of death of his daughter in law highlights the fact that things can go tragically wrong for women during childbirth. The effects of a maternal death rebound on the extended family as well as on the child who is left motherless. Yet, as the data in the table above shows, there is no obvious age threshold beyond which reproduction becomes obviously intolerable. Rather, the risks rise incrementally with age. Does this indicate that women are wrong to have children late in life? No amount of biological or statistical data can provide the answer to this question. Some women may find these risks tolerable, and some may not.

Yet perhaps a woman’s decision to accept these risks is not sufficient here. Mothers’ choices affect others, not least their offspring. For many, this might seem the strongest reason for advocating earlier motherhood. A woman may have the right to put herself at extra risk, but should she have the right to put her *child* at risk? Children born to older mothers are given no opportunity to accept or reject the risks involved in their conception and birth. However, this is equally true of any child. None of us is given a say as to when, whether or how we are born.

When considering the welfare of a future child, the question of risk is especially complicated because the child cannot avoid the risks connected with its mother's age. It must be exposed to those risks if it is to come into being at all. Because of this, a woman considering reproduction after the 'optimal' age may not perceive the danger to her future child as a compelling reason to forego motherhood altogether. And although the risks involved in later reproduction are greater than those involved in reproduction at the 'optimal' age, a woman who reproduces after having passed the 'optimal' age is still likely to survive and take home a healthy child.[32,33]

It is also necessary to recognise that the decision as to whether to have a child is likely to be influenced by factors other than the health risks involved. Maternal and neonatal health are of extreme importance, but this is not all that reproduction is about. Reproductive outcomes may encompass a very broad spectrum of social, biological and other values. These other outcomes also fluctuate with age, in ways that may counterbalance the extra biological risks associated with older motherhood. More than this, when one begins to examine the links between social and biological outcomes, it becomes evident that they are inextricably linked.

### **13.5 What kind of woman 'delays' pregnancy?**

No woman would choose to suffer pre-eclampsia or gestational diabetes, or to give birth to an ailing, premature, underweight baby. Among reproductive outcomes, those related to health rank very highly. But they are not the only factors to be taken into consideration. Happiness, fulfilment, social acceptance, employment status and financial security may be significantly affected by becoming a mother. The belief that parenthood will be fulfilling and rewarding is precisely what motivates many women to become mothers.[34] Whether parenthood is ultimately fulfilling will depend on a variety of social and biological circumstances, including the age and socio-economic status of the potential mother, as well as her state of mind.

The characteristics of older mothers are different from those of younger mothers. A common theme running through discussions with older mothers is 'being ready'.[35] This feeling of readiness is a highly complex phenomenon that is intricately bound up with a woman's social, educational, economic and career achievements.[36] In contrast to 'underage' mothers, statistics show that women reproducing after the age of 35 are likely to be well educated.[37] They are more likely than younger mothers to be in employment.[38] They '...seek prenatal care earlier, have a healthier lifestyle, and are psychologically and emotionally prepared to deal with pregnancy and child rearing.'[39]

It is important to consider what women gain by later reproduction, and what they might sacrifice if they are exhorted to have children before they are 'ready'. It is also relevant to consider the implications for men. Every child is the product of a father as well as a mother, yet fathers' roles as participants in reproductive decision-making are often overlooked.[40] If women are treated as the sole reproductive decision-makers, and they are urged to have their children earlier, this implies that men somewhere will become fathers, perhaps against their wishes. It is highly questionable a) whether this is an acceptable way to treat men, and b) whether this is likely to have beneficial effects on children, mothers and society at large.

Perhaps this is unfair, however. In urging earlier motherhood, Callahan, for example, surely does not intend that women should have children before they (or their partners) are ready. Rather, he believes that women *ought* to be ready at the optimal age. Yet just how are women supposed to get themselves – and their partners – ready? And should they focus on getting ready for motherhood if this involves compromising other areas of meaning and value in their lives?

Callahan suggests that women might feel ready for motherhood at an earlier age if they were not expected to complete their education and achieve their career aspirations first. Similar arguments have been made by fertility specialists concerned about the physiological effects of later reproduction on women's and children's health.[41] If this is correct, then – as Callahan suggests – adapting social structures and expectations to accommodate earlier motherhood might address the problem. Women's youth could then be spent in having children at the biologically optimal time while postponing, rather than foregoing, the benefits of education and a rewarding career. This might seem to be the obvious solution, but perhaps things are not so simple.

Young men have traditionally been portrayed as being reluctant to assume the shackles of marriage and fatherhood. This was partly because they had access to the kind of education, independence and freedom of choice that many women now have. Before settling down to parenthood and the commitments of family life, men wish to explore and experience the variety and richness of life. They also wish to secure their social and economic status and establish their identity as an individual rather than as a parent. So now do women. For many of us, men and women, the desire to have children and the feeling of readiness to do so is partly dependent on having had a fulfilling and diverse experience of life and an opportunity to pursue and attain social, educational and economic aspirations.

In a world that places a high value on education and career success, having a child can represent a dramatic change in status and identity for women.[42] Viewed positively motherhood may be a new or supplementary identity that adds meaning and value to women's lives. But this has to be carefully negotiated. Parenthood may curtail or negate other values and interests – especially for women.[43] It is interesting to consider this with respect to women who have children very young. Motherhood is an identity that one can aspire to and attain with no further qualifications other than being female and fertile.[44] Hence, perhaps, the prevalence of teenage motherhood among young women with poor educational prospects and low socio-economic status. For women who believe that motherhood alone could not currently fulfil their lives, reproduction may not be the issue of primary importance during the ages at which they are most fertile.

Callahan claims that older mothers' reproductive choices spring from economic necessity. However, I am not convinced that this is the case. Perhaps some women do reluctantly pursue educational and career goals, while mourning the passing of their fertile years. However, for others, psychological, economic and emotional readiness for parenthood cannot necessarily be separated from their age and social circumstances. This is a question of values and priorities as well as mere economic

necessity. Hence, as Callahan concedes, even in countries where social structures facilitate early reproduction in ways which ought to be compatible with career and educational success, the most highly educated women are still likely to be the ones who have children later in life.

Here is the crux of this dilemma: should women reject whatever benefits are associated with older motherhood, in order to benefit from the biological advantages of early pregnancy and childbirth? Or should they favour social and economic security at the risk of increased physiological complications for themselves and their children? There are surely arguments to be made on both sides here. Perhaps this question would not be so fraught if there were a more obvious threshold at which one could distinguish between tolerable and intolerable risks in pregnancy. But as I have suggested, this does not seem to be the case. The increased risks of older motherhood might motivate some women to change their reproductive plans, but many – especially if not currently sure that they will ever want children – may regard the risks as being fairly negligible in the face of all the risks that pregnancy and childbirth entail anyway.

### **13.6 Selfishness and mother/child conflict of interest**

One of the reasons for people's unease about later motherhood is the notion that women are putting their social interests above the biological interests of their offspring. Perhaps if motherhood is not the defining identity a woman seeks, she should not have children at all. Is it selfish for women to regard motherhood as simply one among many options that life has to offer, and to fit this in amongst their other aims and aspirations?

It is not clear just how far maternal altruism should go. If women tried to follow all the (often contradictory) advice on achieving the best possible outcomes for their offspring, they would have to subordinate many of their own interests to ensuring that their child had the best start. Is this a reasonable expectation? Would a woman who subordinated her life interests in this way be a better mother, or produce 'better' offspring? Once again, there are two possible avenues of argument here. Firstly, if this kind of approach harms children, mothers could be criticised on these grounds. Alternatively, it might be suggested that mothers ought to be altruistic, and that even if their children are not substantially damaged by their selfish tendencies, older mothers are morally repugnant.

Ann Oakley has observed that there is a tendency to 'pose an artificial conflict of interest between women and their fetuses, to remark on an apparent absence of that effortless altruism which is itself a hallmark of femininity.'<sup>[45]</sup> This claim seems to be borne out by descriptions of older mothers as cold, selfish and calculating, willing to impose unnecessary risks on their offspring in an endeavour to fit motherhood in with their careers.<sup>[46]</sup> RL Shaw and DC Giles point out the frequent reiteration of 'selfishness' and 'wanting to have it all' in media discussions of older motherhood.<sup>[47]</sup> The apparent failure of older mothers to put their children's health interests above their own social interests is an example of just the kind of conflict that Oakley describes.

But, as Oakley suggests, this mother/child conflict is a highly artificial construct. In fact, a child stands to benefit from its mother's social, psychological and economic wellbeing just as much as the mother herself. Conversely, being born to a mother who is struggling economically, or who is psychologically unready for pregnancy can have an adverse impact on a child's health that will last throughout his or her life.[48] Children of parents from lower socio-economic backgrounds are at increased risk of asthma and even cot death.[49] 'It is mothers in the poorest socio-economic circumstances who are most likely to experience the death of a child in the first year of life.'[50] Stillbirth rates are twice as high in families where the father is in the lowest socio-economic category as where he is in the highest.[51]

Researchers into the effects of social and economic factors on health argue that 'the diversity of conditions of life can somehow become directly embedded in human biology, such that human vitality can be directly affected by social hierarchies', and that 'high socio-economic status is a powerful buffer against both endogenous and exogenous threats to successful human development.'[52] Although the children of older mothers are statistically more likely to suffer neonatal health complications, they are also statistically more likely to be well-off, meaning that they are better equipped to cope with these physiological problems. So too are the mothers themselves.

This being the case, a woman who has a child at 40 after pursuing her economic, educational and other goals, does not reap these benefits at the expense of her child, who assumes all the risks. Rather, the benefits *and* the risks are shared by the mother and child. Likewise, a mother who reproduces at the 'biologically optimal' age shares the risks and benefits of that choice with her child. There are undoubtedly risks and benefits associated with both, but these are highly interdependent, so that it is almost impossible to disentangle the supposed biological risks from those benefits which are purely social. The array of variables that can have an impact on a child's health is staggering. There is even evidence to suggest that being born to parents who have low IQs is associated with poor health outcomes for offspring.[53]

I am not trying to argue here that the children of older mothers necessarily do better than those of younger mothers. The point I am making is that the question is far more complex than this. We live in a society that places a high value on goods that are not necessarily compatible with early parenthood. Our children partake of those goods, and also of the sacrifices that we pay for them. To urge women to forego these goods for the benefit of future children is to regard women, their reproductive functions, and their children's biological outcomes, as being separate from the values and interests shared by the rest of society.

### **13.7 Conflicting ideologies of motherhood**

Given everything that can adversely affect a child not just in the perinatal period, but throughout its lifespan, does it make sense to focus on the relatively narrow question of late maternal age? It has been suggested that much of the concern over older mothers is actually rooted in the 'interests of society masquerading as the interests of the child'.[54] But perhaps there is something more at stake here than concern for children's wellbeing. It is not just issues relating to older mothers that are causing

concern, but understandings of motherhood itself. Tensions between incompatible and conflicting ideologies of motherhood place women in an unenviable situation.

Social and pharmaceutical developments may enable women to exercise some choice over when and whether to reproduce. But choice, calculation, prudent planning and postponement do not sit easily with the powerful image of motherhood as an inexorable biological imperative. Motherhood is no longer necessary; it is merely an option. Older mothers bear the brunt of our failure to accept this. Yet women cannot escape public censure by reverting to the old paradigm either. Those who *fail* to plan their reproductive lives, and who get pregnant by accident are also heavily criticised (whatever their ages).[55]

This is partly because unplanned is assumed to equal unwanted.[56] Undoubtedly, some unplanned conceptions result in abortions. Nevertheless, the idea that all unplanned pregnancies are unwanted is an unreasonable conflation. Having a child is a huge step emotionally, physically and financially and many women 'leave it to chance', getting pregnant accidentally, but keeping the child.[57] Nevertheless, unplanned pregnancies are commonly framed as a public health problem,[58] and this leaves women with a dilemma. Coolly fitting motherhood in among other goals is frowned upon, but simply allowing nature to 'take its course' is *also* socially unacceptable.

What conclusion can women draw from these conflicting approaches to planned parenthood and ambivalent responses towards maternal age? How can they assimilate these social expectations with the incredible complexity of biological and social factors that will affect their offsprings' outcomes? With the best of intentions, it is almost impossible to identify, let alone guarantee 'optimal' outcomes, whether one focuses on biological or social factors. Yet if women are perceived to go against what is expected of them, they are subject to extreme vilification. In this context, what is surprising is perhaps not so much that women are having children later, but that they have them at all.

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