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# “It was not an accident”: Women’s experiences of renewing motherhood at 40+

Kato Verghote<sup>a</sup> , Nathalie Neeser<sup>b</sup>, Guido Pennings<sup>a</sup>, Bernice Elger<sup>b</sup>, and Veerle Provoost<sup>a</sup>

<sup>a</sup>Bioethics Institute Ghent; Department of Philosophy and Moral Sciences, Ghent University, Ghent, Belgium;

<sup>b</sup>Institute for Biomedical Ethics, University of Basel, Basel, Switzerland

## ABSTRACT



In recent decades, there has been an increase in motherhood at an advanced age that has raised several medical and social concerns. We conducted a qualitative interview study, guided by Interpretative Phenomenological Analysis, to focus on the motivations and experiences of Belgian women who ‘renewed’ their motherhood later in life, meaning they had one or several children and then (at least 10 years later) had another child at the age of 40 or older. We focused on ten women’s experiences of motherhood later in life, as well as on the way they managed social norms and expectations regarding family building and the appropriate life course. We identified two main themes. The first theme describes the participants’ encounters with social norms that challenged their decision to reproduce and parent later in life, and how they managed and anticipated criticism, surprise, disbelief and incomprehension about their renewed motherhood in various ways. The second theme shows how these women talked about taking responsibility as a (renewed) mother of advanced age. For them, responsible motherhood involved making thoughtful reproductive choices, attending to the range of needs of their children, and making extra efforts to safeguard the social and emotional wellbeing of their youngest children, thereby seeking to reduce potential harm resulting from these reproductive choices. This study provides insight into these women’s self-conception and their interactions with prejudiced social views of motherhood and family building.

## KEYWORDS

Advanced age motherhood; reproductive timing; social norms; responsibility; qualitative research

## Introduction

Motherhood at an advanced age has increased in most developed countries over the past few decades (Mills & Lavender, 2011). Although we can find diverse types of fertility patterns across Europe, recent demographic data show low fertility rates, an average household size of 2.2 members, and a postponement of first and subsequent births in many European countries (including Belgium) (Majdzińska, 2021). This is comparable to observations based in Canada and the US (United Nations, Department of Economic & Social Affairs, Population Division, 2017). In Flanders (northern part of Belgium), the proportion of mothers giving birth at age 40 or older increased from 0.8% in 1991, to 2.3% in 2011, and to 3.4% in 2020 (Devlieger et al., 2021). This paper addresses ‘renewed’ motherhood at an advanced age by examining the experiences of Flemish women who have one or several children and who, at least 10 years later, have another

**CONTACT** Kato Verghote  [kato.verghote@ugent.be](mailto:kato.verghote@ugent.be)  Bioethics Institute Ghent; Department of Philosophy and Moral Sciences, Ghent University, Blandijnberg 2, 9000 Ghent, Belgium.

child at the age of 40 or older. We show that the women in our sample renewed their motherhood later in life for a variety of reasons and that this needs to be understood within the social reality of these women and their families. Moreover, the study explores how the participants simultaneously demonstrated an awareness of socially constructed family norms and a sense of personal responsibility for deviating from them.

Advanced age motherhood is a phenomenon that has often been studied in a medical context, linking maternal ageing to an overall decline in fertility (Baird et al., 2005) and to several medical concerns, such as an increased risk of miscarriage and chromosomal aneuploidy (potentially leading to genetic disorders in the offspring) (Cedars, 2015). Within the social sciences, three issues are typically addressed. First, several studies have explored the reasons why women become mothers at an advanced age. The most commonly cited reasons for delaying motherhood are financial security, emotional preparedness, aspiring educational and career goals, and finding a suitable partner (Aldrighi et al., 2016; Guedes & Canavarro, 2016; Martin, 2020; Perrier, 2013; Temmesen et al., 2023). In addition, the lack of supportive family policies has been identified as a contributing factor to this postponement trend (Mills et al., 2011). Second, attention has been given to first-time older mothers' parenting experiences. These women have described their mothering experiences as physically challenging (Carolan, 2005; Mac Dougall et al., 2012; Meyer, 2020), and some have reported feelings of loss of their former identity as a woman without children (Carolan, 2005; Meyer, 2020; Shelton & Johnson, 2006). Third, empirical research has focused on these women's experiences of being branded as 'old mothers' and their accounts of feeling stigmatised within society (Carolan, 2003; Friese et al., 2008; Mac Dougall et al., 2012; Meyer, 2020). To avoid stigma, many first-time older mothers expressed a desire to maintain a young appearance and a healthy lifestyle (Friese et al., 2008; Meyer, 2020). Other first-time older mothers pointed to the growing normalisation of later parenthood within their social networks (Benzies et al., 2006).

Research on motherhood at an advanced age, in both medicine and the social sciences, tends to focus on first-time older mothers, even though the vast majority of these women are 'multiparous'; meaning they give birth for at least the second time in their lives. Statistics for Flanders even indicate that 28% of the women who become a mother at 40+ do so in the context of 'grand multiparity': they give birth for (at least) the fourth time (Devlieger et al., 2021). Empirical studies with a particular focus on multiparous women delivering another child at the age of 40 or older are scarce. We found two qualitative studies on this topic. In their study of primiparas over the age of 30, Dobrzykowski and Stern included at a later stage what they called 'born again mothers' (Dobrzykowski & Noerager Stern 2003, p. 245): "women who had children in their teens or early twenties, and renewed their mothering experiences by having more children in or after their thirties." In their analysis, however, the researchers hardly focus on this specific group of mothers. In 2015, Jarvie et al. published an interview study with nine 'renewed older mothers', a research population conceptualised as "women who have had a 10-year-plus gap between children with subsequent child/children born after the age of 35 years" (Jarvie et al., 2015, p. 104). Key findings included (i) the important role of these women's male partners in renewing motherhood, (ii) perceived improved parenting skills over time (as an older mother), (iii) the difficulty of caring for teenagers and young children at the same time, and (iv) negative comments related to their renewal of motherhood expressed by friends, acquaintances and strangers.

Although the discussion on what constitutes advanced parental age is ongoing (Waldenström, 2016), we have chosen to further build on the concept of 'renewed mothers' and redefined it as 'women who have one or several children and who, at least 10 years later, have another child at the age of 40 or older'. Additionally, we want to address the moral language and reasoning contained in these women's accounts. Later in life motherhood cannot be disentangled from the normative debate about responsible motherhood. Women, much more than men, are expected to

bear great responsibility for the management of their fertility and their reproductive timing (Baldwin, 2019). When reproducing at a time outside the norm, these women are often subject to regulation and criticism in law, media and clinical practice (Adrian et al., 2021). “A smart girl has her child on time”<sup>1</sup> is a Dutch saying employed in the media and in the vernacular to encourage women to have children at a relatively young age (Hens, 2017). In the Flemish popular press (see: *belga.press*), we found up to 70 references of this saying between 2001 and 2023. Moreover, a campaign titled ‘Know Your Fertility’ was launched in Flanders in 2020, with its main objectives being to better inform young people and adults about their own fertility and to urge people (and especially women) not to delay their desire to have children for too long (Kinderwens ExpertiseNetwerk, 2021). Although the campaign website provides accurate information about the general impact of age and lifestyle on fertility, it also adopts a one-sided view of personal responsibility for one’s own reproduction by excessively and solely emphasising what the (female) individual can and must do to optimise fertility. In doing so, the campaign downplays the social reality in which people live. Therefore, this study will explore how women describe their journey into renewed motherhood at the age of 40 or older, and how they manage norms and expectations about family building and the appropriate life course.

This study is part of the A-PAGE project, a Swiss-Belgian interdisciplinary research project on Family Building at Advanced Parental Age. The project aims to increase insight into the experiences, the moral reasoning and the decision-making processes of parents of advanced age, children born to such parents, and professionals. The project explores the moral, legal and social significance of age as a factor in these families and in family building in general.

## Theoretical framework

This research is embedded in the theoretical underpinnings of the life course perspective. The life course perspective draws attention to the ways in which individual lives display continuity, turning points, and disruption as humans make choices and behave within systems of opportunities and constraints, thereby constructing their own life journeys (Hutchison, 2011). Unlike many frameworks, the life course perspective treats union formation, parenthood, and individuals’ experiences of family life as key life events and transitions (Roy & Settersten, 2022), making it a useful theoretical orientation for studying individuals’ family planning (number of children, timing and spacing of births). Moreover, the life course perspective considers such life events and transitions in the broader context of past events experienced over the life course (Huinink & Kohli, 2014), as well as within the deep interconnectedness of individual lives (so-called “linked lives” (Elder et al., 2003)). Scholars of the life course perspective have observed a growing diversification in the timing of major life transitions, including the “doing postponement” of motherhood (Reiter, 2009). As such, questions arise about the aptness of current prevailing age normative behaviours and identities (Mortimer & Moen, 2016). In contemporary Western societies, women who conceive at the age of 40 or older are seen as straying from socially recognised and accepted “general timetables” (Huinink & Feldhaus, 2009, p. 308) and are therefore vulnerable to social judgement.

This study also lies at the intersection of “doing gender” (West & Zimmerman, 1987) and “doing (older) age” (Machat-From, 2017). In this sense, both gender and (older) age are considered social constructs that are displayed through behaviours that may or may not be seen as appropriate for the individual’s sex category and chronological age. “Doing” gender and (older) age involves negotiating, challenging and/or adhering to gender and old age norms (Tunçer, 2023) by engaging in everyday activities that are “seen and seeable” (West & Zimmerman, 1987, p. 135) in social situations. Individual behaviour that is observed to deviate from such norms is at risk of condemnation and requires accountability. By exploring why and how renewed mothers

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<sup>1</sup>Originally in Dutch: ‘Een slimme meid krijgt haar kind op tijd’.

**Table 1.** Participant characteristics

Pseudonym	Age at interview	Children's ages <sup>a</sup>	Partnership status during renewal	Partner's gender and age at interview <sup>c</sup>
Lianne	44	16, 3, 1	New partnership	Male, 37
Frances	54	25, 22, 13	Same partnership	Male, 59
Michelle	56	26, 23, 12	Same partnership	Male, 56
Carol	50	30, 28, 26, 10, 9	New partnership	Male, 43
Meghan <sup>b</sup>	43	17, 14, 1	Same partnership	Male, 48
Denise	56	31, 29, 16, 11	New partnership	Male, 61
Freya	52	22, 20, 12, 10	Same partnership	Male, 50
Jasmine	52	32, 29, 26, 12	New partnership	Male, 48
Noelle	45	24, 22, 20, 6, 3, 3	New partnership	Female, 37
Johanna	60	34, 32, 29, 14	New partnership	Male, 60

<sup>a</sup>Half of the children's ages were changed to one year older or younger as to minimise the chances of identifiability of the participants and their unique family composition.

<sup>b</sup>Couple interview.

<sup>c</sup>This concerns the partner with whom our participants have renewed their motherhood. This partner is not necessarily the same partner with whom the women had their older children, nor is this partner necessarily the women's current partner.

make sense of their particular life journeys, we aim to gain a better understanding of these women's experiences and motivations, and of how they relate to the wider social and normative societal context in which they have made reproductive decisions.

Interpretative phenomenological analysis (IPA) (Smith et al., 2009) guided this study to develop an understanding of Flemish women's experiences of their journey into renewed motherhood. The main epistemological origins of this method lie in phenomenology and hermeneutics. Phenomenology (Giorgi, 2009), on the one hand, is concerned with individuals' lived experiences. Hermeneutics (Bernstein, 1983; Smith, 2004), on the other hand, involves an interpretive process in which the researchers attempt to make sense of how the participants have made sense of their lived experiences. Through an ideographic approach to the data and in-depth analysis of the participants' narratives, we intended to gain an insider's perspective (Millward, 2006) on the phenomenon of renewed motherhood later in life. In line with the aim of IPA studies, the sample size of this study is limited as to enable us to engage in "a highly intensive and detailed analysis of the accounts produced by a comparatively small number of participants" (Larkin et al., 2006, p. 103).

## Materials and methods

### Participants

For this study, ten Flemish renewed mothers were recruited through a combination of purposive and snowball sampling. We used a paper flyer hung up in waiting rooms of a fertility clinic (one participant), social media (Facebook and Twitter) (two participants), and a word-of-mouth strategy (seven participants).

All participants were resident in Belgium at the time of the interviews. Each participant was ascribed a pseudonym. The sample was homogeneous in terms of the participants' renewed motherhood experience later in life but differed in terms of other characteristics. See Table 1 for an overview of the participants' most important characteristics. All participants were white and born in Flanders, with the exception of one woman who was originally from Italy. Most women were married ( $n=7$ ), one was cohabiting with her partner, one was in a LAT (living apart together) relationship, and yet another was single. Four participants renewed their motherhood with the same partner with whom they had their older children (designated as 'same partnership' in Table 1), and six did so in the context of a new relationship (designated as 'new partnership' in Table 1). The participants' educational background differed: four had completed higher secondary education, three had a Bachelor's degree, and three had a Master's degree. All but one

had a paid job and worked in diverse job domains including education, finance, maintenance, retail, nursing and medicine. About half of the participants identified as Catholic, whereas the others said they were not religious or clarified that they did not identify with a specific denomination. Although about half of the participants described themselves as Catholics, none of them considered the views of the Roman Catholic Church to be relevant to their decision-making, nor did they refer to religious considerations when discussing their beliefs about good motherhood and appropriate reproductive timing. All the women were heterosexual, except for Noelle who was a lesbian. Noelle was also the only participant who used assisted reproductive technologies to conceive later in life. All the other participants conceived naturally. Half of the participants had one child at advanced age, four women had two children later in life, and Noelle had a boy and twin girls in her forties. The average age at which the participants had their first child was 25.3 years, whereas the average age at which they had their last child (at the time of the interview) was 42.6 years. The average age difference between first-born and last-born child was 17.3 years.

### **Interviews**

We conducted ten semi-structured interviews between September 2021 and November 2022. All interviews were conducted by the first author. Participants were free to choose both time and location of the interview. Nine interviews were one-on-one, whereas one interviewee wished to participate together with her husband (marked as 'couple interview' in Table 1). All participants gave their written informed consent to conduct the interviews. Throughout the interviews, the participants were considered experts on the topic. At the start of the interview, the interviewer invited the participant to draw a simple family tree including only their closest family members (i.e., (ex)partner and (step)children). The tree was used in two ways: as a way to break the ice and as a tool to refer to throughout the interview. Participants often provided relevant background information while drawing this family tree. The interview guide focused specifically on the participants' first mothering experience, their decision-making process about motherhood renewal, their experiences as a renewed mother later in life, and the reactions to their renewed motherhood within their social network. The interviews lasted 84 minutes on average. They were audiotaped and transcribed verbatim. All data that could (in)directly lead to the identification of the participants were replaced by pseudonyms or codes.

The study was approved by the Ethics Committee of the Faculty of Arts and Philosophy, Ghent University (Ref. 2021-33).

### **Data analysis**

The researchers engaged in Interpretative Phenomenological Analysis (Smith & Osborn, 2008) following the guidelines proposed by Pietkiewicz and Smith (2014). Particular attention was paid to the ways in which participants attached meaning to experiences in their personal and social world. However, the researchers played an active role in the co-construction of participants' narratives (Bradshaw et al., 2017). Throughout the study, reflexive bracketing (Gearing, 2004) helped us to examine our own stance as researchers. A reflective attitude was required during both data collection and analysis (Chan et al., 2015). During data collection, the interviewer was aware of her contribution to data construction by being a person with a particular appearance and personality, and by communicating and responding in specific ways (e.g., framing of the interview questions, asking specific follow-up questions). A reflective journal and regular team discussions about interview experiences facilitated reflexivity at this stage. During data analysis, the main researchers reflected on personal assumptions potentially underlying the research project and regularly challenged each other's assumptions (as part of the interdisciplinary auditing process). The authors also recognise their constructionist views on norms and normative (reproductive)

decision-making and behaviour, implying that they consider these to be subjective, culturally bound and socially constructed.

The first author initiated the inductive analysis by repetitive reading of each of the transcripts and drafting a first set of associations (i.e., memo writing). Using NVivo software, the analysis continued through an iterative process of searching for patterns, constructing codes and clustering codes into themes. Each attempt to merge multiple meaningful codes into a coherent structure of themes was discussed and refined with the co-authors through an interdisciplinary collaborative auditing cycle (Provoost, 2020). Such auditing meetings involved a critical discussion of each tentative theme structure, drawing from representative quotes from the interview data and enabled the first author to strengthen the depth and rigour of her final list of themes. The diverse academic backgrounds of all the auditors (i.e., philosophy, gerontology, medicine, social anthropology, and gender studies) facilitated interdisciplinary interpretation of the data.

## Results

In what follows, we will first provide some context to the participants' decision-making process about renewing their motherhood. We will outline the significance of the women's partnership status in planning a new pregnancy later in life, as well as the main reasons given for the delay in actualising this initial planning. Next, we describe our two main themes in which we explore how the participants positioned themselves within a normative discourse about good motherhood and its relationship to appropriate timing. The first theme describes the participants' encounters with social norms challenging their choice to reproduce at an advanced age as well as their ability to parent young children at that stage in their lives. The women managed and anticipated criticism in a variety of ways. In the second theme, we look at how the participants voiced personal norms of good motherhood at advanced age. Adhering to these personal norms was a way for these women to present themselves as responsible mothers who remained within the boundaries of what can be morally justified. We have provided a visual representation of our thematic structure in Figure 1.

All but one woman (Freya) recounted a process of conscious contemplation about renewing their motherhood. They described the decision to have another child later in life as a decision

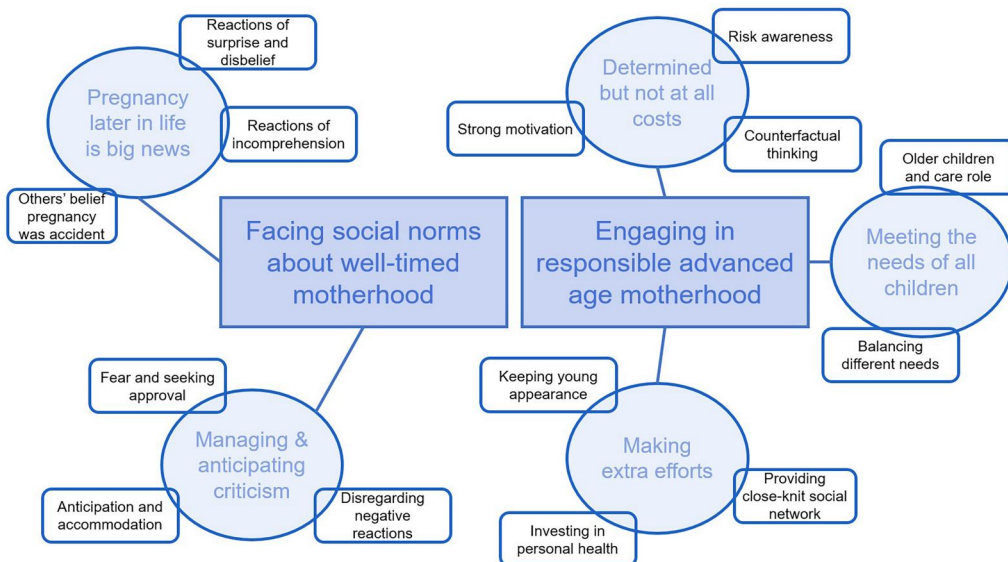


Figure 1. Thematic map of themes, subthemes and main codes



they made together with their partner. Half of the women (Frances, Michelle, Denise, Freya and Jasmine) said that this decision was based on a desire expressed in the same way by both partners, three women (Carol, Noelle and Johanna) clarified that their partners initially expressed a desire to have a child later in life, and two women (Lianne and Meghan) described how this decision was based on a personal desire (not initially shared by their partner). Some participants recalled how it took them years to finally act upon this desire, whereas other participants indicated that their desire for another child was relatively quickly followed by actively planning another pregnancy. This difference could mainly be ascribed to the partnership status of these women at that time. Women who were together with the same partner described the desire to have another child to be a lingering one that resided in the back of their minds (and of their partner's) for many years on end. Although this desire remained over the years, these women pointed to persisting doubt and practical constraints withholding them and their partner from acting upon that desire, as Michelle put it: "Always postponing, postponing, postponing." In contrast, the accounts of the women entering a new partnership at advanced age echoed the idea that their desire to have another child was developed *because of* the new relationship. For Carol, Noelle and Johanna it was their childless partner who initially brought up the idea of having a joint child. Moreover, these women attached a symbolic meaning to a joint child: this child was presented as "the icing on the cake of the new relationship" (Lianne) or as "the sequel of the new couple's love" (Noelle).

Six women encountered medical complications (e.g., multiple miscarriages, cancer, thrombosis) that delayed the initial planning of the new pregnancy by a few years. Frances, Michelle, Meghan and Noelle mainly pointed to practical issues delaying family expansion, such as busy careers, prolonged house renovations, the temporary burden of having a young child requiring intensive care, and financial instability. Despite experiencing these medical or practical complications, all women eventually renewed their motherhood at the age of 40 or older.

### ***Facing social norms about well-timed motherhood***

#### ***Pregnancy later in life is big news***

All women discussed their desire and planning for another child at advanced age within their household but did not involve their wider family or social network in this decision-making process. People outside their household only became aware of these women's desire to have another child when they were already pregnant. Only Carol and Noelle explained how their inner circle of family and friends expected them to renew their motherhood at that time. Both these women were in a new relationship. Their close family and friends perceived this new relationship as a reason or ground to aspire a joint child of the new partners:

Also, from his [partner's] family, with them it was also like: "Yes, that's normal. A relationship is a child."  
(Carol)

All the other women described a very different experience. First and foremost, they said to have encountered astonishment and disbelief when people from their social network learnt about the renewal of their motherhood. Family and friends did not see it coming and some did not take the news for true at first. As Meghan said: "My sister didn't believe it. I had to show a doctor's certificate (laughs)." Beside astonishment and disbelief, all women faced social reactions instilled with incomprehension, in the sense that outsiders could not come to understand why a woman would want to renew her motherhood at that age. As Noelle and Denise put it:

A lot of people declaring me crazy, they said: "Come on, you're out of the nappies now and you're going to be back in them again." That's a comment I received a lot, in the circle of friends, or from vague acquaintances. They said like: "Gosh, who on earth does that?" (Noelle)



They said things like: “Are you going to embark on that now; a new husband, a new baby? And you already have two [children], two healthy ones.” And: “Will you really start with that? You’re not that young anymore either.” (Denise)

The social network’s distancing from the women’s decision to have another child at advanced age might explain why three women (Lianne, Michelle and Meghan) were regularly confronted with the question whether the pregnancy was “an accident”. Both friends and strangers alike often presumed that renewing their motherhood later in life could not possibly have been a conscious decision. As Lianne and Michelle said:

People think like: “Did you have an accident?” But we say: “No, we made a conscious decision to have another child.” (Lianne)

Most people think that it, uh, that it was an accident, you see. But it wasn’t an accident at all. It was really well planned. (...) People do not expect it anymore, that is absolutely the case. That’s uh... It’s *big* news for everyone, but like, *really* big news, you know. (Michelle)

Outsiders often reasoned the pregnancy at advanced age could not have been carefully planned or thought through because the women already had older children. Such reasoning was reflected, too, in Meghan’s experience of people congratulating her 17-year-old-daughter instead of herself when she put an image of a stork with a baby on her personal Facebook account to announce her new pregnancy.

### *Managing and anticipating criticism*

During their pregnancy, all the women were regularly confronted with social norms and expectations challenging the appropriateness of their decision to have another child at that stage in their lives. Our participants managed such norms and additional criticism in a variety of ways. What stood out in Meghan’s account was persistent fear and an urge for approval. At several points in the interview, she expressed fear for the reaction of people in her inner social circle:

Once I was pregnant it was like: “So, now what? What are people going to say now?” I was afraid, especially of my mother, because she also gave... Well, in those two years of trying [to get pregnant], you hear a lot from people: “Would you now really like another child?” Or like, there’s always some chatter about that, and then you soon get to know who would support it and who wouldn’t. Because then when you are pregnant, they are glad, but what do they *really* think? (Meghan)

Meghan explained how her fear about the social network’s reaction to her motherhood renewal moved her to seek approval online. She acknowledged to have searched the Internet for motherhood stories like her own. Finding out about several cases of women delivering above the age of 40 gave Meghan comfort and helped her to convince herself that she was not doing anything too “abnormal”.

Lianne and Denise voiced that they expected to receive negative comments regarding their renewed motherhood. They described an anticipatory or accommodating behaviour. Lianne explicitly recommended her older teenage daughter not to inform her classmates of the fact that their family would soon welcome another baby in order to protect her older daughter and her family as a whole from negative feedback. Denise, too, anticipated social judgement by explaining her reproductive intentions to colleagues in a way that suggested she would not tolerate criticism:

We did prepare her [eldest child] for that a bit, like: “I wouldn’t go around telling people [that another child has arrived].” Because, uh, we had done that quite consciously, like: “I wouldn’t do that. It’s up to you, you do whatever you want, but I wouldn’t go around telling that to 16-year-olds.” Like: “I don’t know what other people might think of that.” (Lianne)

No one had said anything when we were trying for Mila [Denise’s youngest child]. Because then I also said in advance, like: “Look, we have set a maximum age for me, and it was up to there, and that’s it; yes or no”, I said. And then it was like, yeah, then you silence them, those people, you know. After a few years you also learn to stand your ground a bit more, you see. (Denise)

These strategies indicated to a certain extent that even though Lianne and Denise were themselves not ashamed of renewing their motherhood at advanced age, they were aware that within wider society older (renewed) motherhood is associated with shame. Such anticipatory behaviour, however, reaffirmed social stigma surrounding motherhood later in life.

Finally, five participants explicitly stated that they attached little importance to the negative reactions they encountered during their later in life pregnancies. As Johanna put it: “I let that go, I was above that. I was so determined about it. This was our thing, and we were going to do it.” They disregarded such criticism and tried to focus on what mattered to them instead.

### ***Engaging in responsible advanced age motherhood***

#### ***Determined but not at all costs***

In the course of trying to conceive at an advanced age, seven women expressed feeling a form of pressure as they said to be conscious of age-related risks to the prospective pregnancy and child, such as the increased risk of Down’s Syndrome. Five women envisaged a maximum age limit up until they were prepared to try to get pregnant again. None of the participants stated to have contemplated on a similar maximum age limit for their partner. Denise, for instance, said: “Before I turn 45” and explained: “We tried and then ended up having two more miscarriages, and then it was like: ‘Look, until that age I’ll give it a shot to get pregnant.’”

These accounts seemed to draw on a feeling of moral responsibility towards the unborn child. Despite their older age, the women stressed to have consciously reflected on potential risks for the prospective child and to have adapted their reproductive behaviour according to what they considered to be morally acceptable. Carol also thought that “time was running out.” She said: “If you wait until you’re 45 then, sorry, but you do take more risks again. So if we wanted to go for a child together, we *had* to do it then.” For these women, responsible motherhood involved not exceeding this particular age limit. Most women thus felt the need to emphasise the conscious character of their planning and decision to have another child later in life, as Michelle clarified: “It’s not like a sudden thought, you see. Because it is a responsibility for life.”

Four participants (Lianne, Frances, Michelle and Meghan) also stated that they had tried to hold “realistic” expectations about conceiving at that stage in their lives. They uttered instances of counterfactual thinking, asserting they would have come to terms with not being able to renew their motherhood if they were not able to get pregnant naturally. As Frances said: “And if it would not work out, well, then it wouldn’t have worked out. And so, yes, I would have left it at that.” Subsequently, all of these women except Lianne articulated that they were not prepared to undergo medical treatment to get pregnant again at an advanced age if natural conception were not to work out. They preferred to “follow nature”, as Michelle put it or in Frances’s words: “Your body has a certain limit and then I think you have to respect that.”

#### ***Meeting the needs of all children***

After the birth of the child(ren) they had at advanced age, all women cited experiences of raising both teenagers and small children under the same roof. What particularly stood out in most of the women’s stories was how carefully they tried to manage their time and attention between their older and younger children. For these women, responsible parenting manifested itself in meeting the needs of all their children alike, as Lianne specified:

You shouldn’t lose sight of the fact that you still have a 16-year-old running around as well. Like, it’s a bit of weighing things up and taking a moment to think about it: “Have I been dedicating time to that one?”, or, “Did I give that one his time now?” You do have to be aware of that. I should give the same amount of attention to all three. (Lianne)

However, Denise, Freya and Noelle explained that it was not always easy to meet the needs of all children in practice because those needs varied widely according to the children's age. Freya described attending to the needs of two different age groups (such as helping with homework for the youngest child and explaining contraception to the oldest) as requiring "a straddle".

Safeguarding the older children's wellbeing was also reflected in the way that some women emphasised that their older children were not expected to take care of their younger siblings. Noelle even described this as a "moral principle" guiding her parenting style. As they consciously chose to have another child later in life, these women reasoned they bore a responsibility (as parents) to provide the necessary care for their young children. However, three women (Frances, Michelle and Freya) talked about their older children spontaneously taking care of their younger siblings. In these three instances, the women's children were already somewhat older, with the oldest children being in their early twenties and the youngest in their teens. To the extent that the older children provided care voluntarily, these mothers allowed it to happen and expressed a certain pride in their older children acting in this way. As Freya said: "I must say that they [older children] do play a, uh, a father and mother role somewhat, too. They are involved in parenting actually without being asked."

### *Making extra efforts*

Above we discussed how some women contemplated age-related risks before the birth of their youngest child. Furthermore, several women implicitly expressed concerns regarding their youngest child(ren) growing up with an older mother. We identified at least three such concerns: (i) an older looking mother could embarrass the child, (ii) an older mother could be at a higher risk of falling ill or dying while the child is still relatively young, and (iii) a child born to an older mother could grow up lonely and socially isolated. Moreover, for each concern, the participants articulated specific actions to mitigate these concerns, echoing instances of responsible parenting.

First, Michelle and Meghan mentioned that they found it important not to look like an older mother. Meghan for instance would wear more make-up than usual when she would have to pick up her youngest daughter from preschool. Her desire to keep a young appearance was in line with normative ideas about what mothers should look like, ideas that these two participants seemed to have internalised. The underlying thought here was that mothers not abiding by such beauty norms, and consequently looking 'old', might embarrass their young children who could receive negative comments from classmates, for example.

A second concern that arose in the interviews related to the mother's increased likelihood of developing health issues whilst her child was still relatively young. In this context, the participants indirectly acknowledged that, statistically speaking, they would die earlier compared to younger mothers. Recognising the enormous emotional hardship maternal death might cause to their children, Michelle and Carol displayed a sense of responsibility to compensate for this risk by visiting the doctor more often or by investing in a healthy lifestyle:

That does add an extra concern now that I didn't have before [as a younger mother]. That awareness, like: 'You don't know how long you've got'. For all we know, the children are 10 years old and, well, they are already 10 years old now, but, like, that fear is there. Now I am much more likely to go and see the doctor if there is something. Like, like, if there is something, I want to be there early enough, so that I can stretch my time until they are, say, 20 to 25 years old. (Carol).

I do try to make an effort, you see. So, I try to watch my diet and perform a bit of exercise and try to be healthy. (...) Because I think that's, uh, my commitment to that child. Absolutely. (Michelle).

In the quote above, it becomes clear that Michelle felt that investing in her personal health as an advanced age mother was something she owed her child because she had decided to reproduce later in life.

The third concern we identified was associated with the risk for the young child to grow up lonely and socially isolated. Carol, Denise and Freya actively avoided this risk by consciously planning for a second child at advanced age, thereby providing a peer for the first child they had later in their lives. As Freya explained:

After Magnus [third child but first child she had over the age of 40], we did say: "It would be a bit of a shame if he had to be alone, like, so to say, if he had to be alone as a youngster." We thought that would be somewhat sad, or so. And then, uh, we made a conscious decision to have a fourth child. (Freya)

Michelle contemplated that going through a second pregnancy over the age of 40 was not an option. Instead, she consciously invested in establishing a firm social network around her youngest daughter, involving her in a multitude of social activities where she could meet peers:

I don't want a child alone at home. Like, I would have, that's maybe, well, my husband said: "Number four [a fourth child]", but that was out of the question for me. So, I said: "Instead of that number four, I'm going to make sure she does have a lot of friends, that she's not alone that much." I do think that's important. (Michelle)

Both the second and third concern identified above were mainly discussed by mothers whose youngest children were already somewhat older (i.e., teenagers). Being in their fifties, these women might reflect more often on their future health and death, and its implications for their youngest children, compared to the younger mothers in this study (Lianne, Meghan and Noelle).

The participants spontaneously discussed these concerns throughout the interviews, as well as the strategies they employed and anticipated to employ in the future to protect their younger children's wellbeing. They expressed an awareness of potential risks for the young children as a result of having reproduced later in life, and simultaneously connected this to actions they deliberately took to mitigate those risks. In doing so, these women presented themselves as parents taking responsibility for their reproductive decisions and the perceived potentially harmful consequences of those decisions.

## Discussion

The presented findings provide more insight into the lived experiences of renewed mothers and into their management of social norms in connection to family building and the appropriate life course. This study addressed an under-studied group in the literature on advanced age motherhood: women reproducing again at an advanced age (defined as at the age of 40 or older). As has been reported elsewhere (Budds et al., 2016; Cooke et al., 2012), the majority of our participants experienced medical (e.g., miscarriages or personal illness) or practical limitations (e.g., busy careers, financial instability) that delayed their desire to have a child and eventual childbirth by a few years. Notwithstanding such limitations, all but one woman described a conscious decision-making process regarding their motherhood renewal later in life. We found that conscious contemplation of having a child at advanced age and life circumstances delaying eventual childbirth are two separate aspects in these women's experiences that are not mutually exclusive. Furthermore, the participants who identified as Catholic did not think religion played an important role in their decision-making about appropriate family building. This corresponds to findings of previous interview studies situated in the Flemish cultural context in which the majority of Flemish Catholics are not actively committed to their religion (Provoost et al., 2009, 2011).

In this study, most women who engaged in a new relationship later in life developed a desire to have a joint child with their new partner. This is in line with sociological findings on the 'commitment value' (Thomson, 2004) that suggest that new partners oftentimes have a joint child to confirm their status as a family and to signal the couple's commitment towards each other. Furthermore, Jarvie et al.'s study (2015) on renewed 'older' motherhood identified that women who had a new partner at an advanced age sometimes felt compelled to renew their motherhood

because that partner was childless and wanted to become a father. The four women in our study who renewed their motherhood later in life with the same partner described a lingering desire to expand their family that they eventually actualised. Persisting doubt about whether to have a bigger family and practical constraints like busy careers, prolonged house renovations and the temporary burden of having a young child requiring intensive care were the women's main explanations for their relatively large interbirth interval (10 years or more). Motherhood renewal later in life thus occurs for a wide variety of reasons and needs to be considered within the social reality of these women and their families.

All women interviewed deviated from socially constructed and normative ideas about what families should look like and from what is considered to be an appropriate life course (Settersten, 2003). On the one hand, these women had four children on average, a number considerably higher than the two-child family ideal (Sobotka & Beaujouan, 2014). On the other hand, social norms prescribe that birth spacing occurs within a couple of years (Berg & Rotkirch, 2014). For these renewed mothers the opposite was true as they spaced births over at least 10 years, and half of the participants did so over two decades. Straying from normalcy, the women encountered social reactions of astonishment and incomprehension in relation to their reproductive behaviour. Moreover, three women were repeatedly confronted with the question whether their pregnancy later in life was in fact "an accident", echoing these women's failure of "doing" gender (West & Zimmerman, 1987) and (older) age (Machat-From, 2017) appropriately. Such a conviction did not necessarily imply condemnation of later in life motherhood but challenged its conscious pursuit and implicitly compelled the women to answer for their reproductive behaviour that deviates from societal norms. Assuming that these women's pregnancies were an accident might coincide with an attempt to downplay a perceived inappropriateness towards deliberate and intentional reproduction at advanced age, reflecting feminist observations (Graham et al., 2022) that reproductive rights in policy and social contexts mainly concentrate on potential risk and harm, instead of on women's empowerment and autonomy.

Besides the visibility of advanced age mothers that is often criticised as a violation of "doing" gender and (older) age appropriately, motherhood (renewal) later in life could also be perceived as inappropriate for various concerns about the prospective child's emotional and psychosocial wellbeing. Advanced age parents have been thought to lack adequate parenting skills (Caplan & Patrizio, 2010), risk degenerative illness (Ekberg, 2014), and potentially leaving the child orphaned (Zweifel et al., 2012) while the child is still relatively young. Consciously putting a (future) child in such a position requires that one takes responsibility for one's actions. Although it could be argued that accidentally reproducing at advanced age alleviates moral blame, to do so freely and deliberately (Fuscaldo, 2006) requires full moral responsibility and perhaps even additional measures. Perceived personal responsibility was also reflected throughout the interviews. The women explained taking extra efforts to retain a young appearance and a healthy lifestyle, and they actively invested in building a close-knit social network for their youngest children. These efforts could be seen as strategies mitigating potential harm to their young children. These efforts also reflect an acceptance in these women that their reproductive behaviour is atypical and potentially risky. However, by introducing extra efforts on their part, the women sought to position themselves within the boundaries of what they thought was morally justified. Whether the same counts for these women's partners was largely left untouched in the interviews. Although in six cases the renewed mothers had a child with a male partner of advanced age (40+), none of the participants explored the topic of his responsibility in relation to family planning and parenting later in life. Male partners' involvement and responsibility in family planning has repeatedly been identified as an omission in feminist scholarship (Lohan, 2015), raising questions about apparent widespread and deep-rooted normative assumptions on family planning being women's primary concern. Further research is needed to learn about men's experiences of fatherhood renewal later in

life and the role of gender in the encounter and management of social norms about family building and the appropriate life course.

### **Strengths and limitations**

The finding that all but one woman consciously decided to have another child later in life could be the result of a recruitment bias. Women who accidentally become pregnant again at an advanced age might be less eager to share their experiences in a research context. Moreover, such women could also have chosen to terminate the pregnancy through abortion. Next, despite careful construction of the interview guide and pre-fieldwork interview training, it is possible that the participants responded in a socially desirable way (Bergen & Labonté, 2020). We had no information about the women's family income, making it difficult to determine the relevance of socioeconomic status. However, the participants were relatively well educated. The decision to have more children usually means that parents expect to be able to provide a healthy environment for that child. Educational attainment may serve as a marker of this potential. The distribution of participant characteristics is the result of our sampling strategy by which we mainly aimed to obtain a homogenous sample of women sharing the experience of motherhood renewal later in life. Given the difficult recruitment circumstances (including the Covid-19 pandemic), we did not want to further complicate the recruitment process by adding other inclusion criteria (e.g., ethnicity or religion). This resulted in a lack of ethnic diversity within our sample. The strength of this study is its examination of an under-studied group in the literature on advanced age parenthood: women renewing motherhood later in life. The special attention we gave to norm management and construction also provides further insight into these women's self-conception and their interactions with prejudiced social views of motherhood and family building. Overall, the findings contribute to our understanding of the complex social realities in which these women made reproductive choices and sought to reduce potential harm resulting from those choices.

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### **Author contributions**

KV is the main author of this paper. She did the majority of the qualitative analysis and writing. BE, GP and VP contributed to the design of the study. NN, GP and VP were involved in multiple rounds of auditing during the analysis, joined in a later stage by BE. All authors were involved in the writing of the paper.

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### **ORCID**

Kato Verghote  <http://orcid.org/0000-0002-6853-7862>



## Data availability statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request. The data are not publicly available due to privacy restrictions.

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