

1 **“It was not an accident”:**

2 **Women’s Experiences of Renewing Motherhood at 40+**

3

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15 **Abstract**

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

33

34 **Keywords:** advanced age motherhood, reproductive timing, social norms, responsibility,  
35 qualitative research

## 36 **Introduction**

37 Motherhood at an advanced age has increased in most developed countries over the past few decades  
38 (Mills & Lavender, 2011). Although we can find diverse types of fertility patterns across Europe, recent  
39 demographic data show low fertility rates, an average household size of 2.2 members, and a  
40 postponement of first and subsequent births in many European countries (including Belgium)  
41 (Majdzińska, 2021). This is comparable to observations based in Canada and the US (United Nations,  
42 2017). In Flanders (northern part of Belgium), the proportion of mothers giving birth at age 40 or older  
43 increased from 0.8% in 1991, to 2.3% in 2011, and to 3.4% in 2020 (Devlieger et al., 2021). This paper  
44 addresses ‘renewed’ motherhood at an advanced age by examining the experiences of Flemish women  
45 who have one or several children and who, at least 10 years later, have another child at the age of 40 or  
46 older. We show that the women in our sample renewed their motherhood later in life for a variety of  
47 reasons and that this needs to be understood within the social reality of these women and their families.  
48 Moreover, the study explores how the participants simultaneously demonstrated an awareness of  
49 socially constructed family norms and a sense of personal responsibility for deviating from them.

50         Advanced age motherhood is a phenomenon that has often been studied in a medical context,  
51 linking maternal ageing to an overall decline in fertility (ESHRE Capri Workshop Group, 2005) and to  
52 several medical concerns, such as an increased risk of miscarriage and chromosomal aneuploidy  
53 (potentially leading to genetic disorders in the offspring) (Cedars, 2015). Within the social sciences,  
54 three issues are typically addressed. First, several studies have explored the reasons why women become  
55 mothers at an advanced age. The most commonly cited reasons for delaying motherhood are financial  
56 security, emotional preparedness, aspiring educational and career goals, and finding a suitable partner  
57 (Aldrighi et al., 2016; Guedes & Canavarro, 2016; Martin, 2020; Perrier, 2013; Temmesen et al., 2023).  
58 In addition, the lack of supportive family policies has been identified as a contributing factor to this  
59 postponement trend (Mills et al., 2011). Second, attention has been given to first-time older mothers’  
60 parenting experiences. These women have described their mothering experiences as physically  
61 challenging (Carolan, 2005; Mac Dougall et al., 2012; Meyer, 2020), and some have reported feelings  
62 of loss of their former identity as a woman without children (Carolan, 2005; Meyer, 2020; Shelton &

63 Johnson, 2006). Third, empirical research has focused on these women's experiences of being branded  
64 as 'old mothers' and their accounts of feeling stigmatised within society (Carolan, 2003; Friese et al.,  
65 2008; Mac Dougall et al., 2012; Meyer, 2020). To avoid stigma, many first-time older mothers expressed  
66 a desire to maintain a young appearance and a healthy lifestyle (Friese et al., 2008; Meyer, 2020). Other  
67 first-time older mothers pointed to the growing normalisation of later parenthood within their social  
68 networks (Benzies et al., 2006).

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

86 Although the discussion on what constitutes advanced parental age is ongoing (Waldenström,  
87 2016), we have chosen to further build on the concept of 'renewed mothers' and redefined it as 'women  
88 who have one or several children and who, at least 10 years later, have another child at the age of 40 or  
89 older'. Additionally, we want to address the moral language and reasoning contained in these women's

90 accounts. Later in life motherhood cannot be disentangled from the normative debate about responsible  
91 motherhood. Women, much more than men, are expected to bear great responsibility for the  
92 management of their fertility and their reproductive timing (Baldwin, 2019). When reproducing at a time  
93 outside the norm, these women are often subject to regulation and criticism in law, media and clinical  
94 practice (Adrian et al., 2021). “A smart girl has her child on time”<sup>1</sup> is a Dutch saying employed in the  
95 media and in the vernacular to encourage women to have children at a relatively young age (Hens, 2017).  
96 In the Flemish popular press (see: belga.press), we found up to 70 references of this saying between  
97 2001 and 2023. Moreover, a campaign titled ‘Know Your Fertility’ was launched in Flanders in 2020,  
98 with its main objectives being to better inform young people and adults about their own fertility and to  
99 urge people (and especially women) not to delay their desire to have children for too long (Kinderwens  
100 ExpertiseNetwerk, 2021). Although the campaign website provides accurate information about the  
101 general impact of age and lifestyle on fertility, it also adopts a one-sided view of personal responsibility  
102 for one’s own reproduction by excessively and solely emphasising what the (female) individual can and  
103 must do to optimise fertility. In doing so, the campaign downplays the social reality in which people  
104 live. Therefore, this study will explore how women describe their journey into renewed motherhood at  
105 the age of 40 or older, and how they manage norms and expectations about family building and the  
106 appropriate life course.

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

112

## 113 **Theoretical Framework**

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

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

130 This study also lies at the intersection of "doing gender" (West & Zimmerman, 1987) and "doing  
131 (older) age" (Machat-From, 2017). In this sense, both gender and (older) age are considered social  
132 constructs that are displayed through behaviours that may or may not be seen as appropriate for the  
133 individual's sex category and chronological age. "Doing" gender and (older) age involves negotiating,  
134 challenging and/or adhering to gender and old age norms (Tunçer, 2023) by engaging in everyday  
135 activities that are "seen and seeable" (West & Zimmerman, 1987, p. 135) in social situations. Individual  
136 behaviour that is observed to deviate from such norms is at risk of condemnation and requires  
137 accountability. By exploring why and how renewed mothers make sense of their particular life journeys,  
138 we aim to gain a better understanding of these women's experiences and motivations, and of how they  
139 relate to the wider social and normative societal context in which they have made reproductive decisions.

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

151

## 152 **Materials and Methods**

### 153 *Participants*

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

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

166 relationship (designated as ‘new partnership’ in Table 1). The participants’ educational background  
167 differed: four had completed higher secondary education, three had a Bachelor’s degree, and three had  
168 a Master’s degree. All but one had a paid job and worked in diverse job domains including education,  
169 finance, maintenance, retail, nursing and medicine. About half of the participants identified as Catholic,  
170 whereas the others said they were not religious or clarified that they did not identify with a specific  
171 denomination. Although about half of the participants described themselves as Catholics, none of them  
172 considered the views of the Roman Catholic Church to be relevant to their decision-making, nor did  
173 they refer to religious considerations when discussing their beliefs about good motherhood and  
174 appropriate reproductive timing. All the women were heterosexual, except for Noelle who was a lesbian.  
175 Noelle was also the only participant who used assisted reproductive technologies to conceive later in  
176 life. All the other participants conceived naturally. Half of the participants had one child at advanced  
177 age, four women had two children later in life, and Noelle had a boy and twin girls in her forties. The  
178 average age at which the participants had their first child was 25.3 years, whereas the average age at  
179 which they had their last child (at the time of the interview) was 42.6 years. The average age difference  
180 between first-born and last-born child was 17.3 years.

181

182 **[Insert Table 1 here]**

183

#### 184 *Interviews*

185 We conducted ten semi-structured interviews between September 2021 and November 2022. All  
186 interviews were conducted by the first author. Participants were free to choose both time and location  
187 of the interview. Nine interviews were one-on-one, whereas one interviewee wished to participate  
188 together with her husband (marked as ‘couple interview’ in Table 1). All participants gave their written  
189 informed consent to conduct the interviews. Throughout the interviews, the participants were considered  
190 experts on the topic. At the start of the interview, the interviewer invited the participant to draw a simple  
191 family tree including only their closest family members (i.e., (ex)partner and (step)children). The tree



192 was used in two ways: as a way to break the ice and as a tool to refer to throughout the interview.  
193 Participants often provided relevant background information while drawing this family tree. The  
194 interview guide focused specifically on the participants' first mothering experience, their decision-  
195 making process about motherhood renewal, their experiences as a renewed mother later in life, and the  
196 reactions to their renewed motherhood within their social network. The interviews lasted 84 minutes on  
197 average. They were audiotaped and transcribed verbatim. All data that could (in)directly lead to the  
198 identification of the participants were replaced by pseudonyms or codes.

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

201

## 202 *Data Analysis*

203 The researchers engaged in Interpretative Phenomenological Analysis (Smith & Osborn, 2008)  
204 following the guidelines proposed by Pietkiewicz and Smith (2014). Particular attention was paid to the  
205 ways in which participants attached meaning to experiences in their personal and social world. However,  
206 the researchers played an active role in the co-construction of participants' narratives (Bradshaw et al.,  
207 2017). Throughout the study, reflexive bracketing (Gearing, 2004) helped us to examine our own stance  
208 as researchers. A reflective attitude was required during both data collection and analysis (Chan et al.,  
209 2013). During data collection, the interviewer was aware of her contribution to data construction by  
210 being a person with a particular appearance and personality, and by communicating and responding in  
211 specific ways (e.g., framing of the interview questions, asking specific follow-up questions). A reflective  
212 journal and regular team discussions about interview experiences facilitated reflexivity at this stage.  
213 During data analysis, the main researchers reflected on personal assumptions potentially underlying the  
214 research project and regularly challenged each other's assumptions (as part of the interdisciplinary  
215 auditing process). The authors also recognise their constructionist views on norms and normative  
216 (reproductive) decision-making and behaviour, implying that they consider these to be subjective,  
217 culturally bound and socially constructed.

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

228

## 229 **Results**

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

242

243 **[Insert Figure 1 here]**

244

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

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

270

271 *Facing social norms about well-timed motherhood*

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

279

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

282

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

290

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

294

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

298

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

304

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

307

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

311

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

316

317 *Managing and anticipating criticism.* During their pregnancy, all the women were regularly confronted  
318 with social norms and expectations challenging the appropriateness of their decision to have another

319 child at that stage in their lives. Our participants managed such norms and additional criticism in a  
320 variety of ways. What stood out in Meghan's account was persistent fear and an urge for approval. At  
321 several points in the interview, she expressed fear for the reaction of people in her inner social circle:

322

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

328       (Meghan)

329

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

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

340

341       We did prepare her [eldest child] for that a bit, like: "I wouldn't go around telling people [that  
342 another child has arrived]." Because, uh, we had done that quite consciously, like: "I wouldn't

343 do that. It's up to you, you do whatever you want, but I wouldn't go around telling that to 16-  
344 year-olds." Like: "I don't know what other people might think of that." (Lianne)

345

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

351

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

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

360

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

362 *Determined but not at all costs.* In the course of trying to conceive at an advanced age, seven women  
363 expressed feeling a form of pressure as they said to be conscious of age-related risks to the prospective  
364 pregnancy and child, such as the increased risk of Down's Syndrome. Five women envisaged a  
365 maximum age limit up until they were prepared to try to get pregnant again. None of the participants  
366 stated to have contemplated on a similar maximum age limit for their partner. Denise, for instance, said:

367 “Before I turn 45” and explained: “We tried and then ended up having two more miscarriages, and then  
368 it was like: ‘Look, until that age I’ll give it a shot to get pregnant.’”

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

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

387

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



393

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

398

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

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

414

415           *Making extra efforts.* Above we discussed how some women contemplated age-related risks before the  
416           birth of their youngest child. Furthermore, several women implicitly expressed concerns regarding their  
417           youngest child(ren) growing up with an older mother. We identified at least three such concerns: (i) an  
418           older looking mother could embarrass the child, (ii) an older mother could be at a higher risk of falling

419 ill or dying while the child is still relatively young, and (iii) a child born to an older mother could grow  
420 up lonely and socially isolated. Moreover, for each concern, the participants articulated specific actions  
421 to mitigate these concerns, echoing instances of responsible parenting.

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

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

435

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

442

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

446

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

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

454

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

459

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

463

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

468

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

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

479

## 480 **Discussion**

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

494 which the majority of Flemish Catholics are not actively committed to their religion (Provoost et al.,  
495 2009, 2011).

496 In this study, most women who engaged in a new relationship later in life developed a desire to  
497 have a joint child with their new partner. This is in line with sociological findings on the ‘commitment  
498 value’ (Thomson, 2004) that suggest that new partners oftentimes have a joint child to confirm their  
499 status as a family and to signal the couple’s commitment towards each other. Furthermore, Jarvie et al.’s  
500 study (2015) on renewed ‘older’ motherhood identified that women who had a new partner at an  
501 advanced age sometimes felt compelled to renew their motherhood because that partner was childless  
502 and wanted to become a father. The four women in our study who renewed their motherhood later in  
503 life with the same partner described a lingering desire to expand their family that they eventually  
504 actualised. Persisting doubt about whether to have a bigger family and practical constraints like busy  
505 careers, prolonged house renovations and the temporary burden of having a young child requiring  
506 intensive care were the women’s main explanations for their relatively large interbirth interval (10 years  
507 or more). Motherhood renewal later in life thus occurs for a wide variety of reasons and needs to be  
508 considered within the social reality of these women and their families.

509 All women interviewed deviated from socially constructed and normative ideas about what  
510 families should look like and from what is considered to be an appropriate life course (Settersten, 2003).  
511 On the one hand, these women had four children on average, a number considerably higher than the  
512 two-child family ideal (Sobotka & Beaujouan, 2014). On the other hand, social norms prescribe that  
513 birth spacing occurs within a couple of years (Berg & Rotkirch, 2014). For these renewed mothers the  
514 opposite was true as they spaced births over at least 10 years, and half of the participants did so over  
515 two decades. Straying from normalcy, the women encountered social reactions of astonishment and  
516 incomprehension in relation to their reproductive behaviour. Moreover, three women were repeatedly  
517 confronted with the question whether their pregnancy later in life was in fact “an accident”, echoing  
518 these women’s failure of “doing” gender (West & Zimmerman, 1987) and (older) age (Machat-From,  
519 2017) appropriately. Such a conviction did not necessarily imply condemnation of later in life  
520 motherhood but challenged its conscious pursuit and implicitly compelled the women to answer for their

521 reproductive behaviour that deviates from societal norms. Assuming that these women's pregnancies  
522 were an accident might coincide with an attempt to downplay a perceived inappropriateness towards  
523 deliberate and intentional reproduction at advanced age, reflecting feminist observations (Graham et al.,  
524 2022) that reproductive rights in policy and social contexts mainly concentrate on potential risk and  
525 harm, instead of on women's empowerment and autonomy.

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

547 needed to learn about men's experiences of fatherhood renewal later in life and the role of gender in the  
548 encounter and management of social norms about family building and the appropriate life course.

549

### 550 *Strengths and Limitations*

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

571

### 572 **Author contributions**

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

577

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582

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586

## 587 **Disclosure statement**

588 The authors report there are no competing interests to declare.

589

## 590 **Data availability statement**

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

593

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740 **Table 1: Participant characteristics**

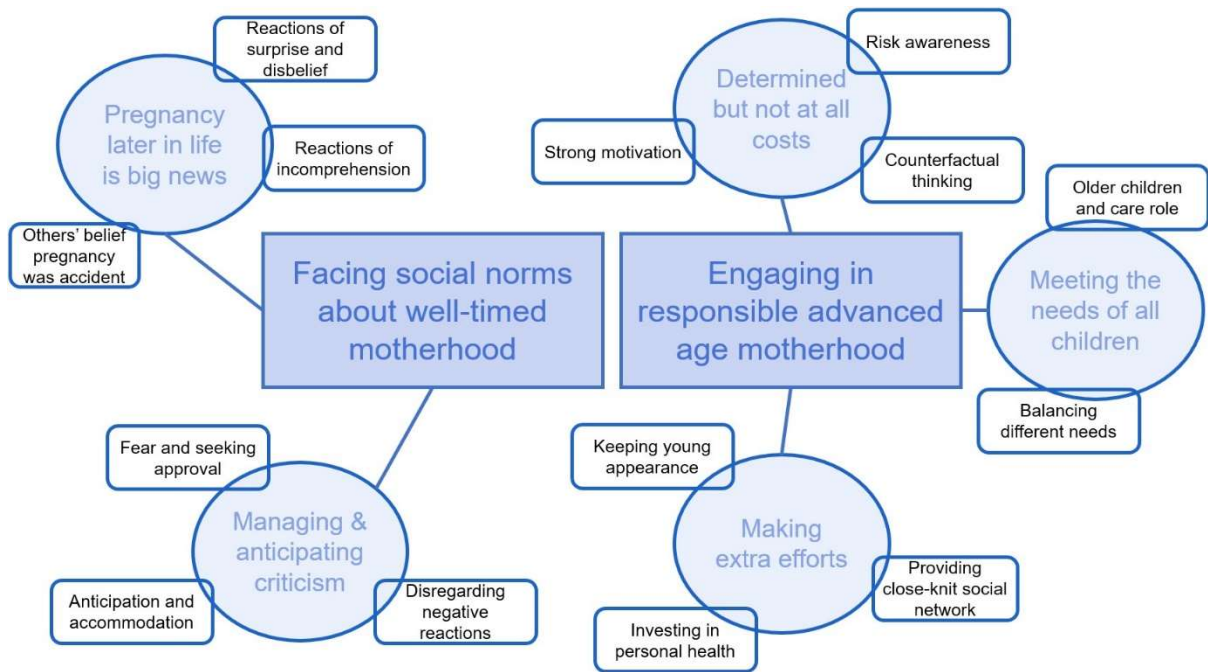
<b>Pseudonym</b>	<b>Age at interview</b>	<b>Children's ages<sup>a</sup></b>	<b>Partnership status during renewal</b>	<b>Partner's gender and age at interview<sup>c</sup></b>
<b>Lianne</b>	44	16, 3, 1	New partnership	Male, 37
<b>Frances</b>	54	25, 22, 13	Same partnership	Male, 59
<b>Michelle</b>	56	26,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

741 <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  
 742 participants and their unique family composition

743 <sup>b</sup>Couple interview

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

746 **Figure 1: Thematic map of themes, subthemes and main codes**



747