Peak fertility versus career: Inconvenient truths you must face

Soon it will be easier for women to freeze their eggs. But before delaying baby to do your adulting, be better informed about the medical risks.

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Most Singaporean young women hoping to be a mum are aware of the risks of delaying childbirth. Still, they might cling to the uplifting portrayals of celebrity mothers attaining motherhood in their 40s and 50s, and this might make them take an optimistic view.

After all, why worry about something so uncertain, far off into the future and disagreeable as infertility or congenital disorders, which are, at a large degree, out of our control?

The reality is that women’s peak reproductive years overlap almost exactly with crucial developmental stages of their careers. To avoid the motherhood penalty (The Straits Times, April 18, 2022, “Hard choice between career and motherhood”), the most common solution has been to postpone marriage and childbirth to a later, more financially stable time of life.

On the one hand, such a strategy supports women’s educational and economic achievements and reduces earning gaps within households.

On the other hand, the shift of fertility timing towards the 35 to 39 age window also means that a large proportion of mothers will face substantially higher chances of having difficulty conceiving and medical complications within the pregnancy, as well as post-pregnancy health issues for both mother and child.

Indeed, many hospitals and clinics routinely categorise pregnancies to women aged 35 and above as high-risk, due to the well-established links between advanced age and negative fertility outcomes in clinical settings.

However, a recent policy shift in which elective egg freezing is now legislated for women aged 30 to 37 might cause some to be complacent about issues of fertility and timing their family to be.

They might think, “I have banked my eggs, I can just put it off.”

This is a simplistic view, and women need to be more fully informed about the ramifications of egg freezing and, overall, delaying having children.

TREND TOWARDS OLDER MOTHERS

Singapore’s birth rates fell to a new low in 2022, while the median age of childbirth has continued its inexorable rise from 26.9 in 2008 to 28.8. Visitors to maternity wards are now more likely to see mothers aged 10 to 19 than those aged 25 to 29.

Just two decades ago, the opposite would have been true: you would have been more than twice as likely to encounter mothers in their late 20s than those in their late 30s.

The change in childbirth age patterns reflects a steep decline in childbirth among younger women. Fertility rates plummeted from 8.6 to just 4.4 per 1,000 women aged 25 to 29 between 2002 and 2022, even as those for women aged 35 to 39 have gone up from 33.2 to 41.

For more and more young Singaporean women, childbirth sits firmly in the “die later” category in the more immediate challenges of postgraduate studies, early career progression and finding a compatible partner take precedence.

Yet, having access to accurate information about declining natural conception with age, the success rates of in vitro fertilisation (IVF) procedures and the financial and non-financial costs involved, and support to help manage these costs is more important than ever for fertility-minded women in their 30s and early 40s.

How much difference can accurate information really make?

To investigate this, my colleagues Joslyn Fun, Professor of Economics at the National University of Singapore (NUS), and Xia Xing, Assistant Professor of Economics at Yale-NUS College, conducted a trial involving 1000 local undergraduates at NUS in 2021.

The students were asked about their educational and fertility plans, and randomly assigned to one of three groups. The first received information about age-related fertility decline and IVF procedures. The second was given information about fertility-related policies. The third group, which acted as the control group, learnt about diabetes-related policies.

The students were then asked again about their educational and fertility plans, to allow for changes in their original answers.

Our study found that students in the first group reduced their ideal age at first childbirth and increased their expectations of being married before age 30 after the intervention, while retaining their educational plans.

In addition, female students in the group increased their expectations of undergoing elective egg-freezing, in contrast, the second and third groups did not adjust any of their answers after the intervention.

Students in the first group also found the information they received more stressful than students assigned to other groups.

MAKING THE RISKS CLEAR

Although the results show adjustments to self-reported fertility plans, we cannot be sure these changes will persist. Much less translate into behavioural change. Still, the results suggest that when the risks of delaying childbirth are made clear, young Singaporeans are willing to adjust their plans to make more room for family formation.

It is important to note that the students found the information stress-inducing, which may make it less palatable. But it is precisely because the information is off-putting that knowledge gaps are likely to exist. The area is also likely to be more manageable when younger, when there is some way to go on the ever-changing biological clock.

Aside the whirlwind of life-changing events in young adulthood, the consequences of delayed childbirth may appear less relevant, but the risks to health, personal fulfilment and well-being are just as real. Many Singaporeans postpone having children precisely because they want to create the best possible conditions to give the best start to their little ones.

If there were more accurate assessments of the risks of infertility, and the health risks in delayed childbirth to both mother and child which can offset much of the advantage from financial stability, we may start seeing fewer women opting to give birth in their late 30s or even later, says the writer.

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A nursery at Mount Alvernia Hospital.

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