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Journal of Gender Studies

Meghan Markle and the Royal Pregnancy Announcement: Media Mis/Reporting of Advanced Maternal Age

Abstract

Although Meghan Markle has been both championed and challenged for negotiating extant representations of marriage and romance, race, class and feminism, more recently the former actress found herself at the centre of a debate over in/fertility and 'geriatric' motherhood. Using Markle as a case in point, the women's magazine, health, beauty and celebrity entertainment sector demonstrated concern for the high alarm strategies being presented in relation to older motherhood. With this in mind, this article will look at the gendered magazine sector and question the ways in which their narratives of advanced maternal age in general, and their commentary on Markle's successful royal pregnancy in particular can be understood as either a productive or problematic step in opening up a debate about advanced maternal age, pregnancy and age-related in/fertility.

Key Words

Meghan Markle, 'geriatric' pregnancy, age-shaming, advanced maternal age, age-related in/fertility, women's magazines.

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Meghan Markle and the Royal Pregnancy Announcement: Media Mis/Reporting of Advanced Maternal Age

Introduction

From feminist musings to fashion muse, Meghan Markle, the Duchess of Sussex, has, since her engagement to Prince Harry, saturated our screens and web-feeds. As an American, divorced, biracial Hollywood actress and humanitarian, the thirty-nine year old has been seen to break with royal codes and conventions, something that is seen to appeal to and alienate the mainstream press, general public and loyal palace watchers depending on age, race, political allegiance and royalist leanings (Gillespie 2021). Unlike Catherine, the Duchess of Cambridge and future queen consort, Markle is read and represented in complex and contradictory ways and the debates and disagreements over her race, religion, power, work, wealth and gender politics have only escalated and intensified since her first pregnancy announcement back in 2018 (Yelin and Paule, 2021).

While the Duchess of Cambridge gave birth to three children in five years with little media intrusion or speculation about her pregnancies or labour, Markle's pregnancies, birth announcements and maternal efforts are routinely the subject of commentary and criticism. With this in mind, this article will examine the ways in which the gendered magazine media reported on Markle's first 'geriatric' pregnancy and consider the ways in which such narratives are understood as a contested site that can be seen to speak either for pregnancy age-shaming or a more positive take on fertility education¹. With the notion of fertility education in mind, an examination of 'geriatric' pregnancy in the media is important because women are said to be, even those women seeking out fertility interventions, ill informed about the reality of age-related infertility² (Shapiro 2012).

The article will draw on a small number of magazine features as they appeared in a google search on the topic of Markle's 'geriatric' pregnancy back in 2018. *Grazia* and *Elle* magazine were deliberately rather than randomly chosen here because while *Grazia* looks to offer its majority female readership 'a breadth of need-to-know news' (Bauer Media Group 2021),

¹ NHS fertility specialists in the UK have been heard lobbying for better education on age-related infertility in schools (Adams 2015, British Fertility Society 2018a, British Fertility Society 2018b, MFM 2018).

² A survey based on women who had spoken to their medical provider about fertility discovered that less than half of all respondents could successfully answer basic questions relating to ageing and fertility (Shapiro 2012).

Elle positions itself as a title invested in health and entertainment. In short, the reach and remit of both fashion and beauty titles might assume a candid consideration of age-related pregnancy risk and disruption in their coverage of Markle's pregnancy. Subsequent random sampling of results linked to the search made it clear that alternative news and magazine stories echoed the aforementioned titles in their desire to *gloss/y* over the very real risks associated with advanced maternal age in favour of a purely celebratory royal pregnancy announcement.

Markle was 37 at the time of her first pregnancy announcement, and as a pregnant woman over the age of 35, she met the criteria of a 'geriatric' or 'elderly' pregnancy, or what is elsewhere referred to as a woman of advanced maternal age. With this in mind, the gendered magazine sector was analysed according to the ways in which they used, adhered to or dismissed the use of the term 'geriatric' pregnancy in the first instance and then for the ways in which they framed the notion of age in relation to Markle's pregnancy. The research looked to uncover how and when a discussion around age was used or eschewed in commentaries on and surrounding the royal pregnancy, and the ways in which such narratives might be seen to have an impact on our understanding of the very real medical risks associated with older motherhood. This article is therefore working alongside, but not itself interested in when or how the pregnancy was revealed to the public, where the Duchess gave birth, how the royal couple are choosing to bring up their son or broader questions relating to celebrity reporting and privacy. Furthermore, Markle's recent miscarriage revelation and subsequent pregnancy announcement are of interest, only inasmuch as they help us to shed further light on debates about fertility, age-shaming and older motherhood. After all, questions, concerns and anxieties relating to the language of 'geriatric' motherhood only intensify as the pregnant woman in question reaches her fortieth birthday.

There are limited medical publications referring to Markle's pregnancy as 'geriatric' while the women's print and magazine sector routinely draw attention to the term, albeit in an attempt to challenge its usefulness in relation to the royal pregnancy and beyond. One has to question then whether the women's magazine sector is hostile to the term 'geriatric' or to the broader narratives of risk that are associated with it. After all, when fertility, conception and pregnancy sites such as the UKs BabyCentre talk candidly about the reality of pregnancy outcomes for women over 35, the comments thread provides evidence of the fact that, for some women at least, they would prefer the serene and selective royal narrative to that of the medical reality (Comment to Babycentre, 2019). Such responses are not limited to Babycentre as elsewhere societal commentary on ageing and motherhood is condemned for 'freaking the hell' out of thirty-something women (Guido 2020) and for inciting the 'worst kinds of scaremongering' (O'Malley, 2018) for the demographic in question.

And yet, the media in general, and the gendered women's magazine sector in particular has an important job to do in terms of speaking to women about motherhood in general, older motherhood in particular, and the risks associated with age-related infertility. After all, for women to be able 'to plan the timing of births together with other important life decisions such as education' they need to be aware of the fact that the risk of infertility increases with age (Lampi, 2008, p. 3). And it is the media that remains the most common information channel' on the topic in question (Lampi, 2008, p. 14). That said, there are problems associated with high and low alarm reporting (Lampi, 2008, p. 21), so a consideration of the facts, statistics and relevant case studies is crucial here. With one important case study being the elderly primigravida (a woman who goes into pregnancy for the first time at the age of 35 or older), Meghan Markle.

The article finds that the gendered magazine sector is committed to presenting Markle as a youthful maternal figure, removed from the term 'geriatric' and/or questions around sub/fertility³. Even after Markle's subsequent miscarriage announcement, there was little appetite for a dialogue in the sector pertaining to a link between maternal age, risk or loss. Rather, Markle's most recent pregnancy announcement goes further to present Markle as the 'good' mother removed from questions of pregnancy risk or disruption. Popular media texts in general and the women's magazine and gossip sector in particular are in a position to inform and educate readers as they entertain celebrity pregnancy, birth and motherwork stories, and therefore, to overlook the very real risk of advanced maternal age in a sector targeted to a female demographic must be acknowledged as a significant oversight in this regard.

Maternal age is on the rise

Media reporting on Markle's first pregnancy could have opened up questions relating to age,

³ 'Subfertility is a delay in conceiving. Infertility is the inability to conceive naturally after one year of trying. In subfertility, the possibility of conceiving naturally exists, but takes longer than average' (Santos-Longhurst, 2019).

fertility, subfertility, age-related infertility and the role of assisted reproductive treatments and technologies, and such dialogue is important when the average maternal age is rising across the developed world. Recent figures released by the UKs Office for National Statistics tell us that while the biggest drops in conception were recorded for the youngest age groups, women aged 30 to 34 years have had the highest fertility rate of any group since 2004, while the over 40s were the only age group with a growing pregnancy rate (ONS, 2019a). We are told that the 'number of pregnancies among women aged 30 and above in England and Wales has surpassed the number among women in their 20s for the first time since records began' (Greenfield, 2019). Indeed, while figures from England and Wales show a long-term rise in pregnancies to women over 30, the number of women having babies in their 40s has more than doubled since 1990 (Gurtin, 2019). Although women having children in their fourth decade is not new, the fact that many of these women are having their first child rather than their last addition to their family unit is worthy of note (Thompson, 2012, p. 17). Likewise, even though it is not unheard of for current members of the British Royal family to give birth in their late thirties and early forties (The Duchess of Cambridge, 36, Zara Tindall, 39 and Sophie, the Countess of Wessex, 42), Markle remains unique in that she was an elderly primigravida

Statistics from America's Centers for Disease Control and Prevention echo those from England and Wales in that the average age of mothers in the US has increased in recent years. In fact, from 2000 to 2014, the proportion of first births to mothers 35 and older climbed by 23%' (Praderio, 2018). Moreover, this shift is not unique to the UK or US. In Switzerland, Japan, Spain, Italy and South Korea, the average age of first birth has risen to 31 (Bui and Miller, 2018). There is no question then that women are progressively delaying childbearing to older ages (ONS 2019a, ONS 2018). Indeed, the average age of motherhood has risen since the mid 1970s, with increased female participation in higher education and the labour force, the increasing importance of a career, labour market uncertainty, housing factors, the instability of partnerships, birth control and legal abortion all being sign-posted as factors (McCullough, 2018; ONS, 2019b).

Geriatric, eldery and advanced maternal age

Irrespective of the reasons for the rise in maternal age however, terminology exists to distinguish older pregnant women from their younger counterparts. The term 'geriatric' pregnancy has been used to sign-post women who were pregnant aged 35 or older, in the

knowledge that ageing affects pregnancy and pregnancy outcomes (BabyCentre, 2019; BPAS, 2019). Such language stemmed from the medical community before finding its way into the tabloid, gossip and gendered entertainment sector in recent years. That said, today it is more routinely phrases such as 'advanced age' and 'elderly' that are employed in order to speak to the medical reality of later pregnancy⁴ (Gripper, 2018; Hall cited in Guido 2020). And although there is frustration, fear and anger directed at terms that are more routinely used to describe 'the illnesses and medical care of old people' (Collins Dictionary 2021), they remain apt when discussing fertility rather than physical movement or appearance.

Celebrity, youth and the geriatric pregnancy

In a Good Morning America feature article entitled 'Why Some Doctors Would Still Call Meghan Markle's Pregnancy at 37 Geriatric', Katie Kindelan states that although the Duchess of Sussex was 'not old by any means', the woman was being treated as such by the medical community 'because she'll be giving birth past the age of 35' (Kindelan, 2018). Although Markle herself has not commented on whether the term 'geriatric' was used, and if so, her feelings towards it, the article looks to take offense on behalf of the former actress. With this in mind, we hear from Amanda Candy, a 41-year-old public relations professional who, after being told that her pregnancy was 'geriatric ... suggested the doctor find a new adjective' (Kindelan, 2018). Candy makes it clear that although the term 'geriatric pregnancy' is now a running joke with her friends, it remains both unpalatable and problematic (Kindelan, 2018). Writing in The Philadelphia Inquirer, Katie McCullough makes it clear that Markle's 'portrayal of a youthful but older woman, able to schedule her reproductive needs and balance family and job [without] characterizing the perils inherent to advanced-age reproduction' represents 'the new normal' (McCullough, 2018). And yet, fertility specialists bemoan media representations in general, and one might suggest the coverage of Markle's effortless first pregnancy and positive birth story in particular here, for mis/informing women about the lived reality of pregnancy at an advanced maternal age.

Indeed, the proliferation of older mothers in the entertainment arena is said to be 'fuelling "highly damaging" misconceptions about the chances of getting pregnant in later life'

⁴ The phrase 'advanced maternal age ... is the accepted term in the medical community, according to a spokesperson for The American College of Obstetricians and Gynecologists' (Kindelan, 2018).

 $(Bodkin, 2017)^5$. After all, although the women's magazine sector likes to remind us that forty is the new thirty, or indeed, the new twenty in terms of physical appearance and surface attractiveness, statistics are clear in that fertility declines with age, however age-defying one's appearances (Feasey, 2014)⁶.

The question here then is whether an attempt to defy aging is a positive site of contemporary feminist empowerment, choice, agency and democratic freedom or a more problematic attempt to coerce and control women by way of a long-standing beauty myth (Wolf 1991). In her work on postfeminism and the (re)construction of the female body, Christina Tsaousi draws on discourses of postfeminism and popular culture to find that women are being 'advised to re-organise their body' in order to either establish or regain their social worth and capital (Tsaousi 2017, p. 156). Tsaousi concludes that contemporary feminist discourses have created 'spaces to affirm hegemonic gender constructions based on consumption practices' (Tsaousi 2017, p. 156) and no-where is this more evident than in a women's magazine market looking to quash the term 'geriatric' or 'elderly' pregnancy for youthful looking late thirty and forty-something women. The notion of a thirty-something woman being labelled 'gerietric' sits amidst a dialogue about age and appropriate femininities that span social media, the women's magazine sector and screen industries. Angela McRobbie's seminal work on the make-over genre highlights the ways in which female participants within these shows experience symbolic violence based on their transformation from unacceptable femininity through to middle class, aspirational, acceptable (read youthful) womanhood by way of sartorial choices and stylings (McRobbie 2004). It is the role and responsibility of the fashion and grooming experts in these popular productions to alter dress codes, hair and make-up so as to align these women, and by extension, their life choices and life chances via an acceptable iteration of labour intensive femininity. And while all women are encouraged to maintain a youthful femininity via their fashion and consumption choices, the makeover genre challenges mothers to resurrect their pre-pregnancy bodies via surgical intervention

⁵ Evidence suggests that many women remain poorly informed about the impact of age on fertility (Shapiro, Mazza, 2011, p. 140; Feasey, 2019, p. 101-132).

⁶ The fashion industry, marketers and media environment have started to tell audiences that '40 is the new 30' (Michault, 2005), or that '40 is the new 20' (Cosmopolitan cited in Feasey, 2014) due to the ways in which fashion-forward celebrities are seemingly defying the ageing process in terms of both their physical appearance and sartorial choices. Likewise, the cosmetics and cosmetic surgery industry both continue to flourish as recent statistics reveal year on year growth for women committed to maintaining youthful faces and physiques (Townley 2019).

(Gailey 2007, p. 112; Weber 2009, p.159-163). It is female celebrities, and by extension, figures such as Markle who help to both model and affirm youthful, ideal bodies and, by extension, acceptable femininities for the contemporary period (Weber 2009, p. 26).

And yet a youthful appearance and the circulation of feminine capital does not detract from the reality of age-related infertility and the risks associated with pregnancy at an advanced age. Taken from this perspective, one might suggest that those journalists and commentators who sought to congratulate the royal couple while overlooking or challenging discourses of age-related infertility or pregnancy risk were at best thoughtless, and at worst, irresponsible. The UKs *Independent* newspaper reports:

Today's announcement is ... good news for all those women who live under the pressure of a ticking biological clock. How many times have we heard that past 35 your chances of having a baby are very low? And, of course, that even if you do, you will probably have a high-risk pregnancy and a baby with a whole host of potential genetic problems. At 37, the Duchess of Sussex makes for a *relatively young mother*, considering that *many women* are having their first child in their early forties ... (Tapia, 2018, emphasis added).

While kind thoughts and congratulations are to be encouraged in a sometimes hostile and misogynistic media environment, dismissing the medical reality of older motherhood appears problematic and talking of Markle as 'a relatively young mother' is both incorrect and unhelpful (ONS cited in BPAS, 2019). There are very real risks of advanced maternal age that are being ignored here in favour of another successful celebrity pregnancy announcement. The news media is in a position to inform and educate its readers, to take on a pedagogical function on the subject of age-related pregnancy disruption, but there seems to be little appetite for a story around the risks of advanced maternal age and the British monarchy, or indeed age, celebrity and risk more broadly.

It is perhaps unsurprising that women are delaying motherhood, in part because of the availability of birth control and professional opportunities, but also because of the rise and growing popularity of later pregnancy in the media environment. Irrespective of the fact that fertility declines with age, the tabloid and women's magazine sector has routinely covered stories and presented photo-shoots with a growing number of older celebrity mothers from

the film, literary and political arena who do indeed make Markle's 37 years look young by comparison. The gendered entertainment arena introduces us to successful pregnancy and birth outcomes for Rashida Jones (42), Marcia Cross (44) Cherie Blair (45), Mimi Rodgers (45), Marcia Gay Harden (45), Iman/Zara Mohamed Abdulmajid (45), Susan Sarandon (46), Halle Berry (46), Arlene Phillips (47), Angela Bassett (47), Kelly Preston (47), Holly Hunter (47), Geena Davis (48), Wendy Wasserstein (48), Rachel Weisz (48), Helen Fielding (48), Elizabeth Edwards (48) and (50), Beverly D'Angelo and Laura Linney (49) and Janet Jackson (50).

Celebrity privilege conceals the possibility of exclusive and expensive paid-for interventions through reproductive treatments and technologies. I am not suggesting that these women have used assisted reproductive techniques, indeed, most have not admitted reproductive help of any kind, I am merely pointing out the exceptional nature of their celebrity birth stories that might mislead a generation of women as to the reality of their own fertility options. My concern is simply that the successful celebrity infertility narrative that saturates the women's magazine and gossip sector masks statistical facts relating to fertility, pregnancy and new motherhood. And although there is a growing trend towards delaying motherhood, as women such as Markle are seen to have children in their late 30s and beyond, it is worth noting that there has been a rise in what is understood as 'reproductive complacency' (Global IVF, 2013 cited in Feasey, 2014). With such glossy reporting and/or the glossing over of advanced maternal age in mind, it is to the women's magazine sector and their portrayal of the royal pregnancy that I now turn.

Criticism and commentary in the gendered magazine sector: Grazia

Writing for UKs *Grazia* magazine, Robyn Wilder states 'As Insane As It Sounds, This Is What A Geriatric Mum Looks Like' (Wilder, 2018). The feature is accompanied by a closeup photo of the radiant Duchess with perfect teeth, sparkling brown eyes, shampoo advert worthy dark tresses, flawless skin and/or immaculate make-up. In short, there are no visible markers of ageing. The title challenges our assumptions of elderly pregnancy, leaving readers confused and confounded by the fact that this beautiful (read youthful) figure could be considered 'geriatric'. However, the terms, geriatric, elderly or advanced primigravida are of course entirely appropriate as they relate to the ovarian and gynaecological health of the woman in question. The terms relate to follicle counts rather than fine lines and grey hairs. Writing in relation to Markle's successful pregnancy and birth, Wilder tells us that she hopes that the media coverage will help to change the discourses surrounding late thirty-something and forty-something motherhood. She states that current discourses are saturated with judgemental terms and phraseology, notions of risk and statistics. However, although Wilder is keen to 'change the dialogue around older mothers' (Wilder, 2018), I would venture that it is precisely these discourses of risk and their accompanying statistics that are missing in health and fertility education.

Although having the words "ADVANCED MATERNAL AGE" scrawled all over your maternity notes' might offend (Wilder 2018, emphasis in original), the reality is that such notation is important because these women and their children are at greater risk than those of younger mothers, and to have the medical community take note and offer the relevant support and intervention is important. This is not to detract from the anxiety or awkwardness that some women feel when they see their, in many cases, much longed-for pregnancy, associated with medical risk, but a dialogue around such risk is crucial. The issue here of course is that this dialogue tends to be introduced to these women when pregnant, rather than understood as part of a broader dialogue about pregnancy, motherhood and choice. And it is the earlier dialogue that is much needed here.

When Wilder states, on the back of Markle's example of older motherhood, that it is 'time to rethink how women are being categorised just because of age' (Wilder 2018), I feel that I must disagree, because this is not about age-shaming, this is about knowledge, information and preparation for women who remain at higher risk of pregnancy and birth related complications. Advanced maternal age is associated with risk, and the higher rates of pregnancy loss and stillbirth associated with older pregnancy mean that not everyone experiences what is routinely understood as the 'happy ending'. Society needs to start having more candid conversations about pregnancy loss and stillbirth (Feasey, 2014; Feasey, 2019; Feasey, 2021). After all, the fact remains that 'putting off childbirth' results in 'an increase in infertility, miscarriage and foetal abnormalities' (Chapman cited in Gatrell, 2008, p. 48; Tommy's, 2019; NHS, 2021). It is worth noting here that Markle's recent miscarriage announcement speaks of pain, loss and heartache, but it does not acknowledge the link between advanced age and loss (The Duchess of Sussex 2020). When older mothers tell us that they are 'as young as you feel!' (cited in Moss, 2019) that may well be the case for running around the park or shopping centre for a toddler or teen, but not for fertility, and Markle's first pregnancy has opened up a dialogue, albeit a hostile one, in this regard.

Elsewhere I have noted that the ways in which celebrities speak about their experiences of miscarriage and stillbirth could provide a platform from which women in the audience can make sense of their own loss, and go some way towards helping, not the pain or grief per se, but the shame, silencing, guilt and loneliness that is often said to follow the experience⁷. In a recent article for *Feminist Media Studies* I examined the ways in which pregnancy loss is presented in popular celebrity listicles and, drawing on extant work from the fields of celebrity, gender and health studies, considered the ways in which they can be said to offer comfort and camaraderie to the 1 in 4 women who have experienced, or will go on to experience, a miscarriage. However, while the listicles might be applauded for drawing attention to an experience shared between female celebrities and their audience, these shortform articles much like their gendered magazine counterparts routinely present miscarriage as a back story to a successful pregnancy outcome, with little in the way of additional or supporting health information (Feasey, 2021). The candid confessional of celebrities ranging from English singer-songwriter, Lily Allen to former American first Lady, Michelle Obama can be seen to offer comfort and camaraderie to readers and audiences who have themselves miscarried, however the listicles and accompanying online entertainment news media do little to debunk the common myths associated with miscarriage, so too, they miss an opportunity to inform their readers about the reality of age-related pregnancy loss (Feasey, 2021). When we are told that the 49 year old television actress, Vanessa Marcil experienced her seventh miscarriage two months after announcing her pregnancy we are not informed that the risk of miscarriage increases with age, and therefore, at 49, not only was Marcil unlikely to get pregnant, she was always going to be at a high risk of loss (Kathleen Harper 2018). After all, women under 30 have a 1 in 10 chance of miscarriage, women aged 35–39 have a 2 in 10 chance that their pregnancy will end in miscarriage while women over 45 have more than a 5 in 10 chance (NHS 2021). So, at the age of 49, more than half of all pregnancies will end in miscarriage⁸. Rather than foreground a possible link between Marcil's history of recurrent

⁷ While those women who choose not to mother may struggle against reductive definitions of womanhood as motherhood as they circulate in contemporary society, women affected by pregnancy disruption and infertility are left to navigate the 'shame and stigma' that is said to follow a diagnosis (Edge 2015, p. 100). One woman speaks for many when she 'recounts finding out that she cannot have a child ... as a loss of her womanhood' (Bronstein and Knoll 2015). These feelings are common because infertility and loss are seldom discussed in polite conversation; it is routinely overlooked by those without first hand experience and it is rarely commented on by those affected.

⁸ The quality of the sperm also has a bearing on how likely a miscarriage is to happen with age being a prime factor here (Allan Pacey cited in Anna Keel 2016).

pregnancy loss and advanced age, this link was side-stepped in favour of readers being asked to click on a link that takes us to 'celebs who *have had babies* after devastating miscarriages' (Harper 2018, emphasis added)⁹.

Criticism and commentary in the gendered magazine sector: Elle

In the same way that celebrity miscarriage listicles forgo a meaningful dialogue about agerelated loss, the women's magazine sector looked to frame Markle's pregnancy as a commentary on appropriate motherhood rather than risk. Indeed, UKs *Elle* magazine, like *Grazia* before it, took exception to the risks and phrasing associated with mature pregnancy and older motherhood.

In an *Elle* feature entitled 'Why The Media Focus On Meghan Markle's Pregnancy Age Is Seriously Damaging' Katie O'Malley foregrounds what she sees as a 'darker thread' of media reporting emerging alongside the upbeat royal commentaries and pregnancy congratulations (O'Malley, 2018). But rather than signal the Markle pregnancy 'truthers'¹⁰ as the sinister thread in question, it is the focus on age-related risk and in/fertility that is being sign-posted as the point of concern here. O'Malley was keen to introduce Markle as a 'good' mother who makes sensible choices in relation to her career, partner and maternal planning. The suggestion here then is that 'headlines citing her "geriatric pregnancy" and articles charging her with 'approaching 40 - even though she's still three years shy' are 'spurious' (O'Malley, 2018). The comment is made that:

⁹ Chrissy Teigen and her husband John Legend are the rare example of a couple who not only shared their pregnancy loss story online but introduced the world to a photo of their stillborn son, Jack. Accompanying news and medical media did take this opportunity to foreground miscarriage and still-birth rates, but as Teigen was on the cusp of her 35th birthday, there is no information about the risks associated with maternal age here. The couple are also unique in their statement that Tiegen will not look to get pregnant in the future. This does not rule out family building via surrogacy, but nonetheless, it stands against a tide of celebrity miscarriage stories being revealed as part of a new pregnancy or birth announcement (Feasey 2019, p. 143-188).

¹⁰ Even before the official royal wedding photos had been released, talk of family building emerged, and this is problematic because of the assumptions that it makes about appropriate femininity and a woman's place in society (Feasey, 2012; Feasey, 2016). The fact that royal watchers were already playing the pregnancy guessing game before any official announcement was made, then those self-same watchers actively committed to what has elsewhere been termed 'bump watch' is unsurprising in this regard (Westnedge, 2012). Moreover, the emergence and continuation of a growing number of Markle pregnancy 'Truthers' who were and continue to be convinced that the royal pregnancy was staged while a surrogate gave birth to the royal baby is relevant to note and worthy of future research on the topic of acceptable pregnancy and appropriate motherhood (Efrem 2019).

age scrutiny is not just insulting or disappointing, it's archaic ... Instead of chastising women for their choices, we ought to be furnishing people with enough resources to do what is right for them. So let's change the conversation (O'Malley, 2018).

I agree that we need to educate girls and women about fertility, stop age-shaming thirty and forty-something mothers and ask the media to change the language of older motherhood in line with contemporary medical terminology. However, I disagree that we need to move the conversation away from a narrative of risk. Rather, I am mindful that we need to talk more about the risks associated with pregnancy, motherhood and advanced maternal age, not less. While women understandably 'rankle at medical terminology that they feel shames them for having biological clocks' (McCullough, 2018), information is key. Whether women or couples use this information to help them decide whether to have children earlier, later, not at all, or with frozen eggs then they are coming to that decision, and its consequences, from a position of knowledge.

Hostility to the risk narrative in favour of the more positive advanced-age birth stories in *Grazia* and *Elle* is perhaps unsurprising when we look to the broader women's magazine sector. After all, an analysis of interviews with celebrity mothers in over 400 issues of *US Cosmopolitan, People Magazine* and *US Weekly* found that they 'routinely "glamourized" pregnancy at advanced ages and downplayed the impact of delaying trying for a baby' (Bodkin 2017). We are told that the 'reluctance to show the challenges that often go along with trying to conceive and have children at older ages is a form of misinformation that can affect the beliefs and decisions of their audience for the worse' (Bodkin, 2017).

Returning to *Elle* magazine, the feature begins by questioning the zeitgeist whereby the media and society are said to have an 'odd fixation' with Markle's age (O'Malley, 2018). On the back of Markle's first pregnancy announcement, *Elle* decided to call on a myriad of maternal voices, women 'who all had their babies at different ages' (O'Malley, 2018) in order to 'give us some insight about just how *damaging* the obsession with age really is' (O'Malley, 2018, emphasis added). The women in question ranged from their early thirties to forties at the time of their pregnancies, but the leading wording makes it clear that what they have in common is a desire to challenge narratives of risk. The agenda setting function of the magazine is evident when it quotes Averil (who had her children aged 35 and 38

respectively) as saying 'it's appalling that society continues to frighten women about their fertility' (Averil cited in O'Malley, 2018). We then hear from Sonia:

Everyone in my NCT group was a lot older than me ... I was the youngest, whereas the oldest *new mum* was 47. I was exhausted at the time and remember thinking, 'Why have I done this to myself? I had so much more time than I thought I did, why did I rush into doing something I couldn't undo?' I remember feeling jealous of them. They'd had longer to have fun, meet people, and party. In some ways, I've done it a bit too early (Sonia cited in O'Malley, 2018, emphasis added).

Readers might assume that Sonia was a young mother, perhaps amongst the decreasing number of late teenage or twenty-something women currently giving birth in the UK (ONS, 2019a). However, Sonia was 32 at the time of her pregnancy, older than the average first-time mother in the UK. On the back of her experience of watching late forty-something women making mature motherhood look like an appealing alternative, it is worth noting the frustration of reproductive clinicians as they speak of the reality of late motherhood. Their frustration stems from the fact that forty-something pregnancy is unrealistic and late forty-something motherhood without the use of donor eggs is mere fairy-tale. And yet Sonia considered 47 a sensible, and indeed a preferred option for a first pregnancy. It is important that both medical and media channels of discourse speak frankly to future generations about fertility, otherwise women such as Sonia will remain misinformed. One reproductive specialist notes that:

Every time it's announced that a celebrity ... has had a baby around the age most women's bodies are preparing for menopause, it sparks a wave of publicity and a tsunami of hope and delusion among the wider population who believe they too can conceive at 49 (Freedman, 2014).

O'Malley links pregnancy age-shaming with a broader patriarchal and/or capitalist discourse that 'gives women cause to worry about their age, whether it's the beauty industry flogging anti-wrinkle creams or the persistent movie trope of men leaving their wives for younger women' (O'Malley, 2018). We are told that 'the idea that time will ravage us is overbearing' (O'Malley, 2018). However, while I understand the ways in which feminist theorists and

activists have simultaneously fought against the beauty myth and beauty industry respectively (Wolf, 1991), I do not see a dialogue about age-related pregnancy and rigid ideals of appearance and attractiveness as one and the same. The shift from movie conventions to the lived reality of advanced maternal age must be unpicked. One is indeed a misogynistic trope, the other, biological fact. Media coverage of the former is destructive and dehumanising, the latter, a reality that informs family building knowledge. Therefore, when O'Malley writes:

even at a time when we're trying to close the gender pay gap and concerning ourselves with abortion rights, we can't shake our fixation with the 'right' and, more worryingly, the 'wrong' age to be pregnant (O'Malley, 2018).

This notion of 'right' or 'wrong' needs to be removed from cultural debates and equality demands, but that does not remove the fact that irrefutable medical evidence exists to link advanced age to a reduction in fertility in both men and women; and to an increase in the chance of pregnancy loss, stillbirth and congenital abnormalities¹¹. Women and couples need to have this information so that they can decide if, when and how to plan for their family futures. If mainstream print and digital magazines are covering a late thirty or forty-something celebrity pregnancy story, they have a responsibility to their readers to foreground the risks associated with advanced maternal age. This responsibility is more keenly felt when a title such as *Elle* brands itself as a fashion, beauty, entertainment and health publication. *Elle* currently reaches 'more adults aged 35 years or older' than it does adults 34 and under (Watson 2021), and as such, a consideration of the very real risks associated with age-related infertility, 'geriatric' pregnancy and older motherhood are of importance to their readership, but perhaps this is precisely the problem here. They are too real, too relevant.

Elle magazine and its contributors looked to challenge the risk narrative that was said to infiltrate the reporting of the first royal pregnancy. We are told that the language of older pregnancy, delayed childbirth and advanced maternal age is offensive, and although I believe that we need to keep talking about age-related infertility and its effects on pregnancy outcomes, there is a difference between the ways in which sites such as the UKs NHS and the

¹¹ Furthermore, for those women who look to IVF on the back of an infertility diagnosis, it is important to note that 'the chance of getting pregnant from an individual IVF cycle in Britain stands at about 21 per cent if you're under the age 35 - and that your chances are even lower if you're older' (Winston, 2018).

National Institute for Health and Care Excellence (NICE) are looking to inform women and couples about the effects of maternal age on fertility and pregnancy outcomes (NICE 2019) and some of the more deliberately shocking tabloid reporting that exists on later motherhood, within and beyond Markle's pregnancy and birth announcement. Salacious tabloid stories about post-menopausal pregnancies and maternal pensioners are unhelpful, but a candid and frank discussion based on medical facts (NHS, 2018) and birth statistics (ONS, 2019a; ONS, 2019b) are of crucial importance for individuals, couples and society.

While Brooke Edge's work on fertility, feminism and the media looks to inform women about the medical reality of older pregnancy and motherhood (Edge, 2014; Edge 2015), other voices in the gendered online marketplace are applauding Markle for normalising late motherhood:

Meghan sets an example for the world. I'm not saying that because of her, women should put off having kids ... but they should see that they can make any decision they want. That they can prioritize a fulfilling career before kids, that they can take their time, and that they can meet the right person to have kids with first. Meghan having a kid in her late 30s destigmatizes it for the rest of us. Like her flawless taste and kind-hearted philanthropy, it's one more thing we can thank Meghan for (Robson, 2019).

As with the *Grazia* and *Elle* journalists, Shannon Robson writing for American *MSM Lifestyle*, speaks the language of choice in relation to maternal futures and family building options, but choice is null and void *when*, rather than *if*, fertility declines. I am in no way questioning either the desire for late motherhood or the maternal skills or abilities of these women, rather, I am merely looking to foreground the reality that advanced maternal age comes with risk, and for may women who delay pregnancy, they find that they are unable to conceive, irrespective of their meticulous planning or perfect partner. I am not suggesting that women should make rash decisions about family building or family extension, but, as already noted, such planning must be informed by the fact that fertility decreases with age, and assisted reproductive treatments and technologies are both expensive and ineffective (Winston, 2017; Winston, 2018). In this way, meaningful facts and figures, alongside celebrity and royal narratives of advanced-age pregnancy need to be widely circulated, removed from the language of 'geriatric' motherhood, so as to not scaremonger or put pressure on women to conceive, but precisely so that women can make informed choices about if, when and how to have children¹². The reality of age-related fertility leaves some women questioning their ability to 'have it all' in the rhetoric of post-feminism, but knowledge about the effects of ageing on fertility and pregnancy is key to planning for family and career. What we need to avoid is well-intentioned misinformation, encouraging women to hold off on family building until it is too late for them to conceive.

Fertility rates do decline after the age of 35, but this does not mean that women in this age group cannot conceive naturally 'if they are ovulating regularly, have no known cause of subfertility and have maintained a healthy lifestyle when there is no male factor problem' (Wilding, 2018). That said, fertility experts have suggested that more than fifty per cent of 37-year-olds will need some sort of procreative assistance in order to have a baby (CDC cited in Sterling, 2013, p. 16). Therefore, advanced maternal age is 'not a reason to panic. It merely highlights the fact that both women and men need to be aware of the impact of ageing on fertility and know how best to improve their chances of conceiving given their circumstances' (Wilding 2018). Awareness, knowledge and societal understanding are key. With this in mind, I am not looking to use this article to add to high alarm strategies associated with advanced maternal age, conception, pregnancy or loss, but rather, to help to inform and encourage society to better communicate¹³.

Conclusion

Removed from the negative associations with the term 'geriatric', we are encouraged to read Markle as a youthful mother, in line with the good mother myth (Feasey, 2012). The hierarchy of hegemonic motherhood begins with a natural conception, a serene pregnancy and natural birth plan. While many women struggle with one or all of these stages, Markle has until recently, performed in line with this maternal ideal. The fact that Markle shared her miscarriage news with the world's media is to be applauded for helping to break 'the

¹² The 'public health perspective' on later maternal age is seen to be so conclusive that the Royal College of Obstetricians and Gynaecologists ... issued a statement about it. After noting that '[b]iologically, the optimum period for childbearing is between 20-35 years of age' and reviewing the relatively unfavourable outcomes for conception rates and pregnancy outcomes above that age, the statement cautioned: 'For these reasons, the Royal College of Obstetricians and Gynaecologists and doctors would encourage women to consider having families during the period of optimum fertility' (ONS cited in BPAS, 2019).

¹³ High alarm strategies have been explored by the NHS in their 'Behind the Headlines' response to a *Daily Mail* article that suggested women should have a baby before the age of 35 or 'risk missing out on motherhood' (NHS, 2009).

conspiracy of silence' that is too often said to accompany pregnancy loss (Feasey, 2021), but the gendered magazine sector and broader news agenda make little mention of the links between miscarriage and advanced maternal age. What I mean by this is that we come away from a celebrity pregnancy loss story such as Markle's feeling empathy for the couple, but no less informed about age-related pregnancy disruption. Indeed, the fact that Markle will have reached her fortieth birthday when her second baby is born goes some way towards masking the lived reality of age related infertility and the increased risk of pregnancy disruption and loss. Markle looks no less youthful during the media reporting of her latest pregnancy, and so although the notion of being a 'geriatric' mother is no less relevant, the hostility to this term in the gendered magazine sector and wider entertainment media remains. Information, and by extension, education and genuinely meaningful and supportive communication can only exist when media texts, and by extension, their readers and audiences are more open and candid about in/fertility, pregnancy disruption and the links to advanced maternal age.

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