Freezing fertility: Oocyte cryopreservation and the gender politics of ageing

van de Wiel, L.

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CHAPTER 1

For Whom the Clock Ticks

Reproductive Ageing and Egg Freezing in Dutch and British Newspapers

Welcomed as liberation and dismissed as exploitation, the introduction of oocyte cryopreservation (egg freezing) has met with controversy and ambiguity, and is thus no exception to a tradition of politicised public responses to new reproductive technologies. The 20th century saw radical changes in the manipulation of reproduction through techno-scientific and biomedical means. Struggles for reproductive choice initially focused on avoiding pregnancy and birth, with the introduction of the contraceptive pill and the decriminalisation of abortion being the most prominent. The achievement of conception and birth, by contrast, became a concern from the late 1970s onwards, with the introduction of assisted reproductive technologies (ARTs) such as *in vitro* fertilisation, egg donation and gestational surrogacy. In the early decades of the 21st century, these approaches to avoiding and achieving reproduction are combined in oocyte cryopreservation (OC). This ART simultaneously represents both an active choice not to have children at present and a commitment to future, possibly assisted, reproduction, thus calling into question easy distinctions between reproductive and non-reproductive behaviour. In this chapter, I discuss the representation of OC as a reproductive choice in a selection of Dutch and UK newspapers, focusing on the implications of egg freezing for conceptualisations of the female reproductive body as the site of a gendered politics of ageing.[29]

Being effectively a prolonged IVF procedure, the practice of OC itself raised few objections. What stirred public discussions on egg freezing were women's motivations and considerations in choosing this procedure. This chapter therefore first focuses on the way in which OC's reproductive choice became politicised through the categorisation of women and their motivations for freezing their eggs in binary oppositions of "social versus medical" and "single versus lifestyle" reasons. Secondly, the topic of egg freezing provided the occasion for the newspapers' articulation of contemporary conceptualisations of the female reproductive body and its relation to ageing and fertility, which were important in shaping both the need for and the nature of the reproductive choice associated with OC. I offer a critical reading of the normative ideas about ageing, their gender-specificity and their relation to reproductivity implicit in these descriptions.

[29] An earlier version of this chapter appeared in the special issue on "Non-Reproduction: Politics, Ethics, Aesthetics" of *Studies in the Maternal*. See Van de Wiel (2014a).

Because OC was met with the public and political scrutiny characteristic of the introduction of new reproductive technologies, from donor-inseminated "virgin mothers" to IVF's "test tube babies," its news media coverage is a key element in the "healthscape" within which the technology and its users become meaningful (Clarke et al. 2010, 141, 105).[30] For this reason, I focus my analysis on OC coverage in newspapers, a medium in which public understandings of egg freezing are shaped and which holds the potential to "legitimize certain definitions over and above others" (Anderson et al. 2005, 200). Newspaper reports also bring together the various other platforms and discourses of which OC's healthscape is comprised, including parliamentary debates, medical expert advice and patient narratives. What is at stake in the OC newspaper coverage, I contend, is not so much the potential childbearing of a limited group of individuals as a result of egg freezing, but the exposure of the wider public to a set of implicit ideas in seemingly common-sense descriptions of ageing bodies, reproductive choices and the women who make them.

Because the discursive field of OC is complex and extensive, I have chosen to limit my corpus in this chapter to the coverage of egg freezing in two major national newspapers in the United Kingdom and the Netherlands: the *Guardian* and the *Volkskrant*. Both newspapers have a broad readership in their respective countries; the *Guardian* is the UK's third largest morning broadsheet newspaper and the *Volkskrant* had the third largest circulation in the Netherlands in 2013 (ABC 2013, 3; NDP Nieuwsmedia 2014).[31] Although their political orientation is continually renegotiated, both the *Guardian* and the *Volkskrant* are generally considered to be centre-left publications and among the most progressive within daily news publications (National Dailies qtd. in Fahmy and Kim 2008, 448).[32] These orientations are relevant for this inquiry as it addresses what implicit normative messaging is perpetuated or reinvented even within relatively progressive publications that have a history of "plead[ing] for the oppressed and those whose rights are violated" (Gutteling et al. 2001, 232). Both newspapers advertise that their audiences are well-educated, with high socio-economic status, matching the demographic of egg freezing candidates as, generally, highly

[30] Clarke et al.'s concept of the healthscape characterises medicine as an assemblage of elements, including "words, images, and material cultural objects," through which it becomes possible to analyse the "varied sites where health and medicine are performed, who is involved, sciences and technologies in use, media coverage, political and economic elements and changing ideological and cultural framings of health, illness, healthcare and medicine" (2010, 141, 105).

[31] The *Telegraaf* and *Algemeen Dagblad* have the largest circulation in the Netherlands; the *Daily Telegraph* and *Times* the largest in the UK.

[32] This political orientation is reflected in their readership, as *Volkskrant* readers have an outspoken voting preference for left and centre-left political parties and the *Guardian* the most progressive readership in the UK with 67% Labour support and only 2% Conservative (Van Cuilenburg et al. 1999, 88; Fahmy and Kim 2008, 448).

educated and relatively wealthy individuals (Gold et al. 2006).[33] In keeping with their readers' comparatively high levels of education, the newspapers contain relatively detailed articles on medical topics such as OC. In this analysis I considered all news articles featuring egg freezing that appeared in the *Volkskrant* and the *Guardian* in the 2000-2012 period and identified several recurring narratives about women's motivations for OC as well as specific dominant conceptualisations of female reproductive embodiment and ageing.[34]

The selection of the two newspapers reflects this study's geographical focus on the United Kingdom and the Netherlands. Unlike countries such as the United States, both national contexts are characterised by a high degree of national regulation of reproductive health care, yet they differ from each other in their regulation of egg freezing. In the United Kingdom, egg storing regulations were first drawn up in the 1990 Human Fertilisation and Embryology Act and the ban on using frozen eggs for fertilisation was lifted at the turn of the millennium.[35] In the Netherlands, elective egg freezing was not formally permitted until almost a decade later, in 2011.[36] This was the result of a two-year political debate, which started in 2009 when the Amsterdam Medical Centre (AMC) proposed to offer OC to healthy women for age-related fertility preservation. The controversy surrounding the AMC's initiative, the public debate that ensued and the subsequent implementation of OC attracted significant media attention. Notwithstanding the differences between the UK and the Netherlands, this study focuses on analysing narratives and norms that operate cross-nationally and identifying the moments in which OC discourses converge across national boundaries.

One important point of convergence between British and Dutch newspaper coverage of OC follows from the technologies' novel engagements with time and ageing, including the unprecedented increase of time between egg extraction and fertilisation, the material dislodging of bodily and cellular reproductive ageing and the medicalisation

[33] This match is evidenced in the *Guardian*'s targeting of "a progressive audience" of "forward-looking individuals who are curious about the world and embrace change and technology" (Guardian.co.uk 2012). *Volkskrant* readers are similarly presented as "well-to-do, curious and well-informed," "enriching their lives" and "engaged with the world" (De Persgroep Advertising 2012). As the UK newspaper with the highest percentage of articles on new scientific developments, the *Guardian* can be expected to feature new reproductive technologies relatively extensively (Anderson et al. 2005, 205).

[34] I have included all articles on egg freezing, including news articles, feature articles, opinion pieces, editorials and columns. I searched in the databases of the newspapers and in the *Lexis Nexis* database with a filter for the two newspapers. Search terms were "egg freezing," "oocyte cryopreservation," "frozen eggs," "frozen egg" and "eicellen invriezen," "eicel invriezen," "oocyte cryopreservatie," "ingevroren eicellen," "ingevroren eicel," "bevroren eicellen," "bevroren eicel," "eitjes invriezen," "eitje invriezen," "ingevroren eitjes," "ingevroren eitje," "bevroren eitjes" and "bevroren eitje."

[35] In the years following, the *Guardian* newspaper continued to cover egg freezing regularly, following events such as the publication of relevant books, reports from gynaecological conferences or new medical developments in the field.

[36] In the Netherlands, fertility clinics are licensed by the Ministry of Health, Welfare and Sport.

of a potential future age-related infertility. This chapter addresses the meanings ascribed to OC's potential of shifting the temporality of reproduction by discussing the dominant narratives that frame the reproductive choice of OC and the conceptualisation of female reproductive ageing. I first discuss the narrative framing of the choice for OC as a binary opposition between "medical" and "social" motivations. The latter category of "social" egg freezing further includes an opposition of single women and "lifestyle" freezers. With these oppositions emerge new subject positions related to reproductive identity through which age-related aspects of social life come under public and medical scrutiny. Secondly, I discuss how, in OC newspaper coverage, the trope of the "biological clock" and related egg-focused decline-oriented understandings of female fertility contribute to conceptualisations of the non-reproductive body as a figure through which fears about ageing can be articulated and produced. The news coverage of OC thereby reveals a contemporary reconceptualisation of female reproductive ageing as a public concern, predicated on the presentation of reproductive ability as the organising principle for the temporal structuring of life, which not only interpellates (potentially) infertile women who desire to reproduce, but also impacts on the wider public.

OC's Subject Positions: Single Women and Lifestyle Freezers

> Fertility clinics are gearing up to open their doors to fertile couples seeking treatment as a lifestyle choice rather than a medical necessity, experts said yesterday. […] The shift reflects a rise in what some fertility specialists have called the "have it all generation" who do not want to compromise between career and family. "The great problem we've got now is you can't have your cake and eat it," said Dr Simon Fishel, director of the CARE Fertility centre at the Park hospital in Nottingham. (Sample 2006a)

Although the technological breakthroughs in oocyte cryopreservation were major medical achievements, public interest in egg freezing was sparked mainly by its availability to healthy women who might, as this *Guardian* article suggests, seek treatment as a "lifestyle choice" because they want to "have it all." Positioning medical experts as instigators and interpreters of social change, the quotation is indicative of how egg freezing triggers the articulation of concerns beyond the realm of physical health, including career considerations and classifications of a generation. It suggests that the subject of contention is not the technology itself, but rather the situations in which it ought (not) to be employed. In this section, I analyse how coverage in the *Volkskrant* and the *Guardian* categorise, narrativise and moralise the reproductive choice of freezing one's eggs. More specifically, I focus on how OC's reproductive choice becomes legible

through the construction of a set of subject positions that women considering egg freezing may occupy, including the single woman who prioritises motherhood but is a victim of circumstance and the "lifestyle" freezer who deprioritises motherhood by wanting to "have it all."

Following Sawicki, who, in her Foucaultian analysis of motherhood and ARTs, notes that "these new technologies create new subjects—that is, fit mothers, unfit mothers, infertile women, and so forth," I contend that what is at stake in the public discourses of egg freezing is the construction of new subject positions that are contingent on reproductive ageing and motivations for engaging with OC (1999, 194). In *Undoing Gender*, Judith Butler writes about the relation between becoming a subject and the sociality of the body:

> Although we struggle for rights over our own bodies, the very bodies for which we struggle are not quite ever only our own. The body has its invariably public dimension; constituted as a social phenomenon in the public sphere, my body is and is not mine. Given over from the start to the world of others, bearing their imprint, formed within the crucible of social life, the body is only later, and with some uncertainty, that to which I lay claim as my own. (2004, 21)

The positioning of the individual body as a "social phenomenon in the public world of others" is precisely what is at stake in the discussions on the regulation and ethics of egg freezing, in which women's medical choices become publicly circumscribed and scrutinised. If the body is first social, and only later claimed as one's own, the subject positions of the ageing body, of the biological-clock body, of the potential mother, of the medically-motivated patient, and of the woman who supposedly wants to "have it all" were in place before the particular body slipped into it—maintaining its specificity, but nevertheless drawing on a legacy of prior meanings by "citing" a pre-existing web of language. In the newspaper reports about OC, these subject positions are construed and reiterated with reference to women's motivations for freezing their eggs.

The key division along which the subject positions are organised in both British and Dutch OC coverage is the opposition between medical and social motivations, as it appears in the following quotation from the *Volkskrant*:

> Today the Second Chamber debates egg freezing by "social indication." […] Egg freezing already happens by medical indication, for example in women who have to undergo a cancer treatment that may damage fertility. (Herderscheê 2011a)[37]

"Medical indication" refers to cases of possible future infertility caused by a particular diagnosed disease or a planned invasive medical treatment—typically cancer-related—that will compromise the quality of a woman's ova. Egg freezing offers a (small) chance of nevertheless having one's own genetically related children. Freezing for this reason is not the subject of much controversy and its use is generally deemed "legitimate" (Sample 2009). Here egg freezing becomes one optional step in a wider set of medical interventions that make up the treatment plan for diagnosed diseases like cancer.[38]

In the "medical" versus "social" division, these cases are contrasted with those of women with no diagnosed reproductive problems who wish to freeze their eggs to maintain a chance of having children as they grow older. Women's so-called "social" reasons for egg freezing reference the anticipation of future, age-related infertility due to decreased activity in the fallopian tubes, decreased responsiveness of the immature eggs to FSH and LH, and lacking availability of viable eggs.[39] Both "social" and "medical" motivations for OC anticipate physical difficulties in achieving future pregnancies in the second phase of the procedure. The difference is whether these difficulties are caused by ageing or by pathological factors. It can therefore be argued that a "medical" versus "social" binary opposition implicitly positions the latter as "non-medical," thereby playing down the physical nature of the age-related infertility that the procedure seeks to pre-emptively remedy.

The construction of this seemingly common-sense opposition between "medical" and "social" egg freezing categorises and polarises a situation that is far more complex than this binary suggests. In spite of the attention paid to cancer as a legitimate context for OC, there are many other situations that may call for the procedure, such as expected compromised fertility following polycystic ovary syndrome (PCOS), Turner Syndrome or a family history of early menopause (Bos, Klapwijk, and Fauser 2012, 192). Egg freezing can be used to tackle complications in IVF procedures or to avoid ethical concerns about

[37] All translations are mine, unless otherwide indicated.

[38] As part of a cancer treatment plan, egg freezing costs are covered by both the British National Health Service and the Dutch basic insurance [*basisverzekering*]. The first phase of ovarian stimulation, egg extraction and cryopreservation in so-called "elective" or "social" egg freezing is not covered by national insurance plans in either country. The second phase, in which the eggs are thawed, fertilised and implanted, is subject to existing IVF regulations and may therefore be covered if the intended parents meet the requirements.

[39] Whereas the Dutch newspaper primarily uses the term "social," in the UK context, the word "lifestyle" is frequently used alongside it.

freezing embryos.[40] OC is also an option for women who wish to donate eggs for partners, friends, relatives or strangers with compromised fertility. With OC, egg donation does not require the synchronisation of two women's hormonal cycles or even their reproductive life spans. Women in relationships with women may wish to preserve their eggs to share genetic and gestational motherhood with their partners. Transgender men may want to freeze their eggs to leave options open for future reproduction as they transition (De Sutter 2009).[41] Women whose occupations may compromise their fertility, for example those who take drugs like anabolic steroids or work with harmful chemicals or radiation, may wish to use OC as a precaution (Maravelias et al. 2005, 170). The variety of these possible scenarios illustrates the reductionism of a binary between social and medical reasons, as well as the potential pitfalls of regulating the procedure based on this division.

Nevertheless, the distinction between "social" and "medical" motivations organises both the newspaper coverage of OC and the wider public debate in which journalists, science reporters and columnists alike comment on the procedure and on the women intending to freeze their eggs. The discursive production of this division has a number of rhetorical effects that categorise and evaluate women and their motivations for engaging with this technology. For example, in a 2011 article titled "Majority in Favour of Egg Freezing," the *Volkskrant* reported on the political discussion that resulted in governmental approval for the AMC's intention to offer OC:

> This [freezing by social indication] concerns women who wish to have children but do not yet have a partner. Egg freezing and later implantation already happens by medical indication. This concerns women who may lose their fertility as a result of a future cancer treatment. (Herderscheê 2011b)

Not only does this article affirm the binary of "social" and "medical" motivations for egg freezing, but it further reduces this binary to an opposition between single and sick women, between an absent partner and cancer treatment.

A striking element of Herderscheê's *Volkskrant* article is that "social indication" is taken to be virtually synonymous with singlehood. The article does not mention other reasons for opting for OC besides not having a partner, such as professional priorities, other care obligations, ambivalence about having children or a lack of desire for

[40] Complications in the IVF procedure, such as substandard sperm quality or failure of technical equipment, can prevent the fertilisation of extracted eggs (NVOG 2008, 10–11). With OC, the eggs may be preserved for fertilisation and implantation at a later date.

[41] With the term "transgender men" I refer to people who were assigned female at birth and identify as male.

motherhood at present. The use of "social" to denote singlehood has a rhetorical function in discourses favourable to OC because it avoids drawing attention to more controversial reasons for not having children—particularly women's active choice not to reproduce.

The stock narrative of single women freezing their eggs in order to be able to reproduce with a partner in the future positions OC as a biotechnology that may subvert ageing norms of timing motherhood, but only to maintain the heterosexual nuclear family model in which both parents are genetically and gestationally related to the child. In this framing, egg freezing functions as a precaution, promising that women can attain this ideal even if they have not yet found the right partner. Women in this scenario are considered as having an active wish for a child, but as unable to get pregnant at present for want of the relationship required for the desired family set-up. Rather than appearing as a willful non-reproductive choice, the decision not to have children gains a less agentic character as it becomes an effect of the absence of the "right" male partner.[42] Whereas other motivations might suggest a deprioritising of reproduction, in the case of singlehood, women's desire to have children is maintained and presented as only externally thwarted.

In keeping with this narrative framing of OC, the *Volkskrant* frequently refers to women's "social" motivations for egg freezing as "indications." For example, preceding the citation above from the article on governmental approval of OC, it is noted that "Minister Schippers (VVD) of Public Health and a Parliamentary majority have no considerable objections against egg freezing by social *indication*" (Herderscheê 2011b; emphasis added). Through its association with a "medical indication," over which the patient has little control, the use of "indication" implies, once again, a less agentic choice for OC. It thereby dissociates OC from a decision not to have children at present and rather positions it as a treatment that mitigates circumstances unfavourable to reproduction.

The "socially motivated" single woman who turns to egg freezing is similarly described in the *Guardian* by Dr Lockwood of the Midlands Fertility Services clinic:[43]

> Often they've been in a relationship that they assumed was going to lead to marriage and motherhood - possibly for 10 years. Then at 37, 38, the boyfriend

[42] See Sara Ahmed's "Willful Parts" for a detailed discussion of "willfulness" as a concept to think through conflicts between individuals and communities, in which the "particular will" goes against the grain of the "general will" (2011, 243). I will return to this concept in Chapter 6.

[43] Gillian Lockwood treated Helen Perry, who gave birth to the first British frozen-egg baby in 2002, at Midlands Fertility Services. Both in medical journals and in public news coverage of OC, Lockwood speaks out in favour of offering access to egg freezing to circumvent age-related infertility (2011)

says, "I don't think fatherhood is for me." Or he meets someone else. (Groskop 2006)

In another *Guardian* article, Dr Lockwood is quoted as arguing that more needs to be done to "help those *forced* to delay getting pregnant" (Batty 2006; emphasis added). In her accounts, she presents her patients in a sympathetic way by emphasising their age-appropriate reproductive intent and its contravention by external factors; women's non-reproductivity happens to them, rather than because of them. The subject position of the "socially motivated" woman is here characterised as one of a victim of circumstance, as age and singlehood become part of the plight for which OC can provide the solution. Rather than being regarded as the result of a choice to remain childfree earlier in life, childlessness is presented as a consequence of women's tragically incorrect assumptions concerning marriage and motherhood in the fourth decade of life. This framing absolves them from the judgment visited on women who use OC for "lifestyle reasons"—a phrase foregrounded in accounts that frame egg freezing as willful non-reproduction. In keeping with the passivity associated with the single freezer's subject position, this narrative emphasises women's dependence on their male partners. In Groskop's article, it is the boyfriend who is represented as making the decisions, and leaving the relationship, rather than the woman or the couple together. Emphasising the lack of agency of women "forced" to delay conception, Lockwood speaks against the image of the controlling "have it all" generation that puts off childbearing for unspecified careers and "lifestyle reasons." Rather, she highlights that, for some women, potential childlessness worsens already painful situations, much as the loss of fertility exacerbates the difficulties faced by women with medical indications.

The focus on the absent partner as part of a "social motivation" is crucial because it links the physical necessity of sperm for conception with a set of social relations associated with reproductive partnership. The positioning of singlehood as a "social indication" for medical treatment naturalises a set of norms, including nuclear family models, life-course conventions about when to have a long-term partner, and preferences for an "own child" who is also genetically related to a partner (Lesnik-Oberstein 2008). Moreover, it suggests that the subject position of the single egg freezer is associated with a desire for children that is conditional. Underlying the widely-discussed condition of finding the "right" male partner are the conditions of the child's genetic kinship with both parents and the raising of the child within a romantic and (hetero)sexual partnership. In other words, Mr. Right functions as an affirmation of the desirability of these normative family constructs. Conversely, the conditions of reproduction constructed in narratives of "lifestyle" motivations, may be less socially acceptable as they prioritise other aspects of women's lives.

Contrasted with the "socially indicated" woman, the subject position of the "lifestyle freezer" is one in which the absent partner plays a different role and women's behaviour is identified as the cause of their non-reproductive situation:

> The IVF expert Dr Gedis Grudzinskas says it's [conception] more difficult after the age of 27: "When women have got used to having a lot of freedom to run their lives as they wish, they do not want to hear that they may not be able to conceive. They perhaps need to compromise, find Mr Good Enough and have a family earlier." (Groskop 2011)
>
> Surveys of older mothers show half say they delayed because they had not met a suitable partner. Maybe instead of waiting for Mr Right they ought to settle for Mr Good-Enough, if they want children. (Bewley qtd. in O'Kelly 2005)

In these *Guardian* articles, egg freezing is not presented as the solution to, but as the symptom of women's "delay" in reproducing as a result of wrong partner choices. In contrast to the "socially indicated" woman, who is positioned as a victim of circumstance, the "lifestyle freezer" is at fault for not having a partner. Her singlehood is not attributed to an unwantedly broken or absent relationship, but to being too critical of potential fathers or too passive about the pursuit of finding one. Singlehood, in the narrative of the lifestyle freezer, represents a youthful freedom and autonomy that ought to be relinquished as women reach an age associated with declining fertility in order to have a family with a suitably available partner.[44] In this scenario, the subject positions for men as potential partners are categorised as the absent "Mr Right" and a presumably available and willing "Mr Good Enough." The subject of OC thus becomes the occasion for including advice about age-related life decisions beyond matters directly related to health and medical treatment, such as relationship and career choices, in public statements on female reproduction made by medical authorities. When articulated by "IVF experts" these age- and gender-specific ideas run the risk of becoming naturalised as neutral health perspectives.

[44] The subject position of the "lifestyle freezer," and the life course development associated with it, have unspoken class assumptions as they pertain particularly to middle-class, highly educated women. Cahn and Carbone demonstrate that middle-class people are more likely to spend their twenties unmarried and have children later on, while those with less education are more likely to become mothers earlier in life (2013, 294–297). Apart from the fact that the costs of egg freezing limit its accessibility for working-class people, implicit assumptions about education, job and reproductive trajectories suggest OC is catered to middle-class, highly educated women. For an in-depth discussion of the class dimension of egg freezing, see Cahn and Carbone (2013).

Similarly presented as neutral medical commentary, the quotation that opened this section suggests elective, or "lifestyle," egg freezing is indicative of women trying to "have it all":

> The shift reflects a rise in what some fertility specialists have called the "have it all generation" who do not want to compromise between career and family. "The great problem we've got now is you can't have your cake and eat it," said Dr Simon Fishel. (Sample 2006a)

The implicit criticism of wanting to "have it all" or to "have your cake and eating it" is that one has, or expects, too much of something. Even though gender is not explicitly mentioned, the article's focus on the novelty of female fertility preservation suggests that wrongly wanting to "have it all" pertains more to women than to men. Although in this quotation Dr Fishel positions the introduction of OC in the specific context of a contemporary non-compromising "have it all generation," his language reflects a discourse on women's reproductive and professional choices that is neither new nor unique to OC. The trope of "having it all" has been used as the defining feature of several post-war generations of women entering the labour force. Writing about the 1980s, Susan Faludi frequently returns to "the popular myth about the 'have it all' baby-boom women" (1991, 12). She discusses the US news coverage of a supposed "trend of childlessness" described in headlines like "The Curse of the Career Woman" and "Having It All: Postponing Parenthood Exacts a Price" (1991, 118). The successful combination of family life and career was construed as "the myth of Supermom" that was debunked as mothers "recognized they can't have it all" while "'millions' of career women will 'pay a price for waiting'" (1991, 103). Indicating the widespread popularity of the term, Natasha Campo similarly traces the continued prevalence of the idea that women "having it all" is the "great lie" of feminism in the Australian *Age* and *Morning Herald* newspapers between 1984 and 2004 (2005, 63).

According to Kelly Oliver, the concern with "having it all" emerges as a result of "deep-seated anxieties about women's reproductive choices in an age of changing technologies" (2010, 776). As the phrase re-emerges in the OC debate, it gains a temporal dimension; here "having it all" pertains less to the work-family combination per se and more to the respective timing of professional and reproductive professional commitments. In Sample's quotation, the concern appears to be not necessarily with working mothers as such, but more with women of an age range associated with declining fertility who want both to focus on professional development and maintain the potential to have children. As I discuss below in relation to the "biological clock," the

implicit indulgence of "having it all" in this context is the stretching of a childfree life course beyond the age range of optimal female fertility.

The newspaper coverage of OC moreover affirms that the technology threatens an understanding of reproductive ageing as an immutable constant in the face of women's historically changing gender roles. A columnist in the *Guardian,* Shannon Kyle, for example, argues that:

> Studies have given so many reasons for the "choices" women make to leave motherhood later. […] We're so busy climbing up the career ladders, housing ladders, (or hunting for the right lad) that women have stopped being broody. But, as good ole Fay [Weldon] says, you can't fight biology so don't even try. (2006)

Disapproving of "fighting biology" with OC, Dutch CDA MP Janneke Schermers considers egg freezing to be "completely unnatural" (Geelen 2010).[45] She objects to the possibility that "women who have their eggs frozen can have children at an age at which pregnancy is normally no longer possible" (ANP 2009). Schermer's position demonstrates how egg freezing, as a practice that changes the temporal parameters of reproductive ageing, can trigger public affirmation of the notion that there is a natural progression through the life span that may be threatened by the possibilities of this new technology. Indeed, in a poll among almost 20,000 Dutch people, the most prevalent argument against egg freezing did not pertain to the health risks or to interfering with healthy bodies, but to the notion that women should reproduce during "normal reproductive years" (Bos, Klapwijk, and Fauser 2012, A4145). What is thus at stake in OC's public discourses is the cultural negotiation of the female reproductive ageing process, when its progression could be considered as no longer inevitable, but potentially alterable through these technologies.

The concept of "normal reproductive years" is the foundation for the understanding of egg freezing as a technology of postponement and the presentation of women who freeze their eggs as *uitstelmoeders*, or "postponement mothers." The *Volkskrant* reports that "*postponement mothers* who haven't found a nice man by the age of 35 may benefit from the freezing methods" and "women with a wish to have children but without a partner can postpone their motherhood in this way" (Koole 2009; emphasis added; Visser 2009). As a position contingent on age, the notion of postponement reflects dominant ideas about the timing of reproduction by signalling at what point in the life span female childlessness may turn into an act of delaying and

[45] The CDA [*Christen Democratisch Appèl*] is the Dutch Christian Democratic political party.

inhabiting the subject position associated with it. The category of "postponement mothers" thus signals a transition, associated with a particular culturally specific age, in which childlessness—combined with a desire for children—becomes characterised as postponement.

In relation to the various subject positions emerging from OC's newspaper coverage in the Netherlands and the UK, egg freezing is thus presented as either exacerbating or offering solutions to existing problems. In the presentation of postponement mothers, OC is a procedure that enacts a notion of reproductive delay. In the case of "lifestyle" freezers, OC is positioned as contributing to an existing problem of women deprioritising childbearing in their "normal reproductive years." In the narratives associated with these two subject positions, OC is problematic because it could encourage a trend of older (first-time) motherhood and unwanted childlessness. In newspaper stories about single women with a "social indication" for freezing their eggs, by contrast, OC does not exacerbate the problem, but is seen as offering a solution to the tragedy of unplanned childlessness resulting from an absent Mr. Right. Although egg freezing offers the potential for new types of families to emerge, its representation in the newspaper coverage implicitly affirms traditional gender and age norms of heterosexual relating and normative life course management through the presentations of an agreeable single OC patient and a more contentious "lifestyle" freezer.

In contrast with the variety of interpretations of social motivations for egg freezing, the medical reason for OC identified in the newspapers analysed is typically cancer-related. Women with a cancer diagnosis are not considered to be irresponsible or selfish for delaying pregnancy with OC, but are represented as having no agency in anticipating premature infertility within "normal reproductive years." This rendering therefore circumvents controversy about women opting for later motherhood and remaining childless when younger. At the same time, ethical objections to OC based on the potential health risks for mother and child apply both to "socially" and "medically" motivated people. Just as older age means decreased remaining life expectancy, serious disease and invasive treatment often entail a higher risk of the child losing a parent at an early age. The mother's health risks associated with pregnancy, labour and post-natal healing may be higher at an older age, but may be equally challenging—if not more so—for a woman who is recovering from immuno-compromising treatments such as radiation or chemotherapy. The fact that these risks are widely accepted and taken in these precarious cases is a testimony to the importance ascribed to maintaining fertility during "normal reproductive years."

The opposition of the "medical-social" indication is not unique to OC, but also organises other controversial medical interventions in female reproductive health care, including elective caesarean sections (Hildingsson 2008; Xie et al. 2011), hospitalisation

of childbirth (Abraham-Van der Mark 1996, 9) and donor sperm fertilisation (Viloria et al. 2011). Stoop et al. note the term "social" is rarely used as an indication for medical treatments generally; it rather references a "nonmedical" and "deliberate choice" in cases like "social abortion, social sex selection or a social Caesarean section" (2014, 594). It is striking that these instances are primarily concerned with reproductive choices pertaining to women; the explicit "social" nature of the indication for treatment appears to be associated with female agency in accessing health care. Stoop et al. recount that the distinction of "social" and "medical" indications was in widespread use during the 1950s introduction of contraceptives, reflecting the morally controversial nature of their prescription. Once the use of contraceptives popularised, this distinction fell out of use. "Social" versus "medical" oppositions also organise public discourses on abortion (Linders 1998, 494).[46] For example, scholarship on the regulation of abortion identifies a "social indication model" as one that "permits abortion when the woman can claim social or economic distress" in contrast with the "medical indication model" which "allows abortion only in cases in which the physical or mental health of the woman is in danger" (Knill et al. 2014, 852). These cases illustrate how the explicit characterisation of a "social indication" for a treatment is itself indicative of the controversial nature of its accessibility at the patient's request.

The continuity of the "medical versus social" terminology in motivating the use of OC and other (once) contentious reproductive technologies also points to correspondences in the characterisations of the women concerned. Suggesting an interpretative framework similar to OC's newspaper coverage, in her analysis of the "opposite solutions" to regulating abortion in the US and Swedish contexts, Linders points to a distinction between stock narratives of the 1920s Swedish "exhausted mother" and the 19th-century US "frivolous wife" petitioning for an abortion (1998, 500). The popular trope of the "exhausted mother" of "8 to 10" children, whose pregnancy would threaten the welfare of the family, shifted the Swedish abortion debate in favour of legalisation. As was the case for the single woman in OC, this trope counteracted accusations of "selfishness" by emphasising that the problem was "not that she did not *want* to become a mother, but instead that she was effectively prevented from becoming one" by her circumstances (Linders 1998, 500). In the stock narratives of the single freezer and the exhausted mother, OC and abortion are constructed as interventions that evidence prioritising motherhood. By contrast, the "frivolous wife" seeking abortions held strong cultural currency in the criminalisation of abortion in the United States. Here women were criticised for wanting to "rid themselves of the care

[46] In the *Volkskrant* the term "social indication" is also used in coverage on abortion debates (Effting 2011; Herderscheê 2011c).

and responsibility of maternity," while being motivated by "self-indulgence," "extravagance" and a "fashionable life" (Linders 1998, 499). Reminiscent of the "lifestyle freezers" whose use of OC suggests a deprioritisation of motherhood, the stereotype of the frivolous, carefree woman thus appears to be a persistent feature in the negative portrayal of a particular reproductive technology.[47]

In the context of OC's medical-social divide, the question arises as to the extent to which ageing and the end of the reproductive cycle are conceptualised as medical conditions. Using cancer as comparator, women who wish to use OC as a precaution against age-related infertility appear healthy and not in need of medical intervention. The invocation of stark oppositions between women facing chemotherapy and others with "social" reasons for choosing OC—whether unspecified or trivialised as "suit[ing] their lifestyles and aspirations"—can function as a rhetorical move to trivialise the motivations of women in the latter category by positioning them as fortunate and healthy by comparison (Sample 2009). However, the newspapers' descriptions of female reproductive health—which are the subject of the following section—nevertheless present healthy women's bodies in more perilous terms of continual decline. Contradicting the frivolous connotations of "lifestyle" motivations, articles on egg freezing emphasise that fertility cannot be taken for granted, especially not as women age. For example, in a *Guardian* feature titled "Mother Nature," Charles Kingsland, clinical director of the Hewitt Centre for Reproductive Medicine at Liverpool Women's NHS Foundation Trust, comments that "[t]he passage of time can quickly take away a woman's fertility and she should always bear in mind her fitness for fertility" (2009). Assertions such as this one bring age-related infertility to public awareness and posit it as a serious health concern.

NO EXIT: The Biological Clock and Public Representations of Reproductive Ageing

As a practice for circumventing reproductive ageing, OC destabilises conceptualisations of age-related limits to female fertility, as has been the case before with the advent of IVF and egg donation. With the understanding of OC as a practice that can potentially extend women's reproductive age range arises uncertainty about the temporal limits of timing reproduction, appropriate ages for having children or freezing eggs. In the face of this uncertainty, the newspaper coverage is indicative of a public renegotiation of what

[47] The continued appeal of such stereotypes as social provocation is evidenced in the 2014 media hype surrounding the promotion of OC at fashionable "cocktail parties" that target career women and "bring together fertility doctors, […] financing information and cocktails" (McGee 2014; Ridley 2014; Eggbanxx 2015).

"normal reproductive years" signify in the context of OC. Medical discourses and statistical information play a key role in this process. In this section, I analyse the newspapers' framing of age-related fertility loss with the trope of the biological clock and fertility statistics and consider their role in producing norms pertaining to when to have children, when to freeze eggs and how to age successfully.

One familiar trope that expresses the intertwined narratives of female ageing and women's reproductive function in OC's newspaper coverage is the "biological clock." The biological clock references a particular time frame in the female life span, typically a decade starting in the early or mid-thirties that is characterised by a sense of urgency. Rather than an ordinary clock that tells time, the biological clock figures in these news articles as an alarm clock going off at a certain age or as a timer counting down the years. It thereby references a general notion of bodily finitude and an understanding of desired parenthood as a temporal problem. Newspaper articles frequently invoke the notion of the biological clock to explain women's interest in egg freezing. For example, a 2006 *Guardian* article considers the relevance of egg freezing with reference to "this woman—who has always assumed that eventually a baby or two would come along—[who] finds herself single with her biological clock running down quite fast" (Groskop 2006). As this quotation suggests, the trope of the biological clock organises popular narratives about women who live contentedly and suddenly become aware of their reproductive ability—whether in the form of positive desires for children or negative fears of infertility—at the age at which their clock ostensibly starts ticking.

Specific ages may be identified as signalling a life course transition associated with the biological clock. For example, a journalist from the *Guardian,* Tahmima Anam, both observes and repeats the problematisation of gendered bodily ageing processes in the public consciousness when she describes her experience of reproductive ageing: "lately my eyes have been alighting on newspaper articles decrying the end of my fertile days, and the number 35 flashes before me like a blinking NO EXIT sign" (2008). The biological clock is associated with a particular age range that signals a departure from a time of idealised youth and the onset of a concern with the prospect of impending reproductive failure. The header of this article reads: "Anam felt 'footloose and fancy-free'. Then she hit 33 - and baby-panic kicked in. Is freezing her eggs the answer?" As the article suggests, a sudden awareness of the impending end of her fertility jolted Anam out of the supposed carelessness of young adulthood to a life course determined by the pressure of the biological clock. This signals how cultural narratives of age-appropriate behavioural transitions become meaningful in relation to bodily changes.

Strikingly, the references to the biological clock are accompanied by accounts of fear, pressure and worry. Newspaper reports cite stories of women who "were very worried by the ticking of the biological clock around the age of 34, 35 or 36" (Boseley

2009). One article notes that: "Doctors at Mount Sinai School of Medicine in New York interviewed 20 women with an average age of nearly 39 who had chosen to have their eggs frozen. Half said they felt pressured by their biological clocks" (Sample 2006b). These experiences are explained as the result of a conflict between women's bodily realities and changing socio-technical circumstances. For example, in a *Guardian* article entitled "Born in the Nick of Time," it is argued that "despite all the advances in technology and the workplace, that ticking clock is still there and if you don't have its existence at the back of your mind, you may miss the chance to have a family" (Groskop 2011). Implicit in these formulations is the assumption that in order not to miss out, the time pressure associated with the biological clock must be lived and experienced as awareness of a body that is compromised by the passing of the years. The rendering of a body ruled by the biological clock becomes a justificatory strategy to promote a gendered temporal organisation of the life span, which is cast as so essential to the female sex that it cannot not be altered by technological or social developments. The article appeals directly to the readers by using the second-person mode of address, warning them about reproductive ageing. The option of not having children is construed as a loss, as a "chance" that one may "miss"—rather than a valid alternative—resulting from not paying attention to the warnings of the biological clock.

In the newspaper coverage, reproductive ageing is also often presented with reference to fertility statistics, as is the case in the following paragraph from the *Guardian*:

> A 30-year-old woman stands a 22% chance of getting pregnant in any given month. By 35, that drops to 18%. By 40, it's 5%. By 45 you're down to 1%. By 25, women have lost 80% of the eggs they were born with. By 35 that has dropped to a 95% loss. (Groskop 2011)

The predominance of quantitative data positions paragraphs like this one as factual information, inviting little critical reflection from its readers. However, precisely because it appears as objective data, it is important to consider the rhetorical effects of its presentation. These numbers convey the message to its readership that the objective, scientific understanding of the female reproductive system characterises it by decreasing functionality and inefficiency. In this presentation, the diminishing chances of pregnancy per month appear slim to begin with, given that there is just over a 1 in 5 likelihood of pregnancy at a life stage normally associated with fertility. However, these are fairly optimistic numbers if translated to accumulative chances of pregnancy per

year: the 25-year-old would have a 95% chance, compared to 91% for the 35-year old and 54% for the woman trying to conceive at 40.[48] By instead presenting monthly chances with dwindling numbers in shortening sentences, the cited text conveys an understanding of the female fertility as characterised by low likelihood of pregnancy and progressive decline from a relatively early age onwards.

The sense of loss is intensified where the eggs are concerned. Already at a relatively young age of 25, the text suggests, an overwhelming majority of a woman's eggs are lost and this decline will accelerate over time. While diminishing ovarian reserves are indeed a key cause of age-related infertility, such representations of available egg percentages suggest that their loss is inherently problematic. However, egg loss is a normal process in fertile and infertile women alike. Given that a woman who has no or a small number of children will experience on average 450-480 menstrual cycles in her lifetime, even if she matured a healthy viable egg every month and was optimally fertile, she would lose a majority of the millions of eggs she was born with (Rosenthal 2012, 83). The 25-year-old's loss of 80% of her immature eggs does not necessarily signify a loss of fertility, just as a girl's loss of 60% of her eggs by the time she hits puberty does not signal anything but normal physiological development.[49]

The focus on the loss of immature eggs suggests a conceptualisation of the female reproductive system as characterised by decline throughout the life span. Understood in these terms, a woman is born in decline, with her body continuously failing to retain the eggs. The female reproductive system—whether fertile or infertile—is framed in terms of a negative economy of egg loss, in which the loss of eggs corresponds to the loss of time before "missing the chance" of having a family. In her analysis of medical metaphors of female reproductive embodiment in *The Woman in the Body*, Emily Martin contends that the non-pregnant fertile state, and its expression in menstruation, is understood "in terms of a purpose [conception] that has failed" (2001a, 45). In newspaper reporting on egg freezing—and particularly the narrative framing of declining fertility rates—it is not menstruation, but female reproductive ageing that is conceptualised as failure. The cited figures on age-related infertility similarly frame the body as oriented towards the moment of conception: a purpose seen to be embodied in

[48] These numbers may be compared to two studies into age-related fertility decline among couples without diagnosed fertility problems who attempt to conceive. Rothman et al. analysed a cohort of 2820 heterosexual, sexually active couples and concluded that 87% of women within the 30-34 age group became pregnant within one year, compared to 72% in the 35-40 age group (2013). Dunson et al. examined 770 European women and found that 86% women between 27 and years became pregnant within a year, compared to 82% in the 35-39 age group (2004). Although these studies affirm that there is a decrease in pregnancy rates over time, these figures do not, as Twenge notes, evoke the notion of a "deadline" or "no exit" as experienced or described in some of the articles above (2013).

[49] The figures for the woman in her twenties would sound even grimmer if the comparator were not the one to two million eggs present at birth, but the seven million she had as a foetus.

the eggs, which disappear with age. The newspapers' presentation of information on declining fertility rates and diminishing ovarian reserves suggest a collective diagnosis of failure—not the loss of blood, but the loss of eggs, and the reproductive potential they embody, is conceptualised as failure.

In the context of OC, accounts of the temporal limits to female fertility are frequently included to explain the logic of the procedure:

> With age, women's eggs accumulate genetic damage which causes fertility to fall rapidly after 35. Older eggs result in poorer quality embryos which are more likely to be miscarried. By 40, the average miscarriage rate reaches 40%. (Sample 2007)

Although it is important that people are informed about their bodies' capacities and the likelihood of conceiving at different points in their lives, it is equally significant to address the implications of the language of failure and loss in which this information is couched. In the preceding account, age is equated with accumulating genetic damage, rapidly falling fertility, poor quality embryos and miscarriage. In the absence of specific data, these descriptors communicate a sense of urgency and rapid decline. Where a number is mentioned, the 40% suggests a problem, even though the reader has not been informed of the percentage of miscarriages that occur at other ages, variations in the population or a specification of what counts as miscarriage. The citation nevertheless reads as a progression, in which the passing of years from 35 to 40 signals increasingly intensifying reproductive failure: from the somewhat abstract "genetic damage" in the gametes to the much more tangible and evocative notion of miscarriage.

Moreover, the article cited above refers to the age of the eggs, rather than to that of the woman. It is not the effects of time on the woman's body as a whole, but specifically her eggs' age which are cited as determining her fertility. While eggs are the "cause" of age-related (in)fertility, other determinants in the reproductive system, such as changing hormone levels and uterine condition are not mentioned (Crow et al. 1994, 2232). Taking up a central role, the older eggs appear to "result" in poorer quality embryos through a process in which sperm, and its quality or age, plays no mentionable role.

Within the context of representations of egg freezing as a remedy for age-related infertility, eggs become discursively produced as the locus of (reproductive) ageing. When in the woman's body, their qualitative and quantitative decline is regarded as the cellular materialisation of the biological clock. Once put "on ice," the *Guardian* posits the eggs as "literally frozen in time," thereby creating a distinction between the ageing woman and her timeless frozen eggs (Sample 2006a). Reproductive ageing is thus cast as

split between the age of the woman and the age of the eggs. The new reproductive choice that OC offers is the option of creating this split.

Whereas information on age-related fertility in newspapers previously primarily pertained to questions of timing childbearing in relation to reproductive ability, the possibility of this option of egg freezing also raises a different consideration: whether and when to freeze one's eggs. The fertility statistics may be employed to encourage earlier childbearing, but also earlier egg freezing to circumvent the approach of age-related infertility. For example, the article "Have Your Eggs Frozen While You're Still Young, Scientists Advise Women" reports that women who freeze their eggs are typically aged 37-39, but "flaws that accumulate in eggs over time lead to a rapid decrease in fertility over the age of 35" (Sample 2011). OC's introduction thus becomes the occasion for expressing age-related norms for reproductive decision-making about both eggs and children.

These aspects of the newspaper coverage of OC are indicative of the notion that the body has a "public dimension," as it is "constituted as a social phenomenon in the public sphere" with reference to age norms (Butler 2004, 21). The truth claims about the body and its loss of eggs and fertility over time may be read as not merely descriptive, but as constituting a form of address to the reader. Vertinsky argues that "changing perceptions about the aging process [are] fostered particularly by the dissemination of new scientific understandings about the body" (1991, 69). By extension, through the newspapers' inclusion of medical discourse, whether articulated through expert contributions or statistical information, the body becomes recognisible on its terms. In the absence of easily-observable signs of the onset of age-related infertility, these statements and statistics situate age as an important reference point for conceptualising the body, its eggs and its reproductive potential. Age, then, can function as a mode of being recognised, recognising others and becoming recognisible oneself as (non-)reproductive bodies with reference to gender-specific norms of reproductive ageing.

Conversely, constructions of reproductivity can function as a mode of recognising the body in relation to specific models of ageing. The newspapers' presentations of fertility decline propose a specific conceptualisation of female reproductivity which resonates with a long-standing Western tradition of describing women's bodies and the ageing process in terms of failure (E. Martin 2001a). The framing of reproductive ageing in terms of failure and loss may be read as a variation of a broader understanding of bodily ageing as increasing failure to meet the functionality and appearance standards of young adulthood (Katz and Marshall 2004; Clarke and Griffin 2008). The possibility of circumventing reproductive ageing with OC emerges at a time when growing biomedical and "cosmeceutical" industries cater to a general "will to youth," Michelle Smirnova's term for "a civic duty of the aging female to pursue

eternal youth," that shapes many aspects of social life, including the lived experience and popular understanding of the body (2012, 1240).

In a similar vein, the trope of the biological clock signals an urgency about time running out and evokes a language of loss that may instil a sense of age-specific failure, irrespective of one's interest in having children. When women are presented with references to ticking biological clocks, and are depicted as needing "wake-up calls" by the newspapers' fertility experts, "the question is one of deciding feminist strategies in struggles over who defines women's needs and how they are satisfied" (Sawicki 1999, 194). I suggest that underpinning the presentations of OC considered here is a widespread rejection of ageing, which particularly pertains to women. The discourses that equate ageing with loss and decline also produce the need to avoid them by attaining health, youth and functionality, all of which are here implicitly associated with fertility.

Following from this, OC need not necessarily be understood as a reproductive technology orientated only towards having children. OC could also function as a technology to relieve the pressure of "running out of time" associated with the biological clock and to counteract the reiterated notion of decline in women's reproductive functionality. Sawicki argues that "part of the attraction of the new technologies is that many women perceive them as enabling" (1999, 194). The promise of OC is that it may alter the fixity of reproductive ageing and open up the possibility, if not always the reality, of extending women's window of fertile time. In this light, OC is presented as an opportunity to challenge the limits of "biology" by enabling women to "hav[e] some of their own eggs literally frozen in time" and "reverse the biological clock" (Boseley 2002; Sample 2006a). Sawicki suggests that "[ARTs'] control is not secured primarily through violence or coercion, but rather by producing new norms of motherhood, by attaching women to their identities as mothers, and by offering women specific kinds of solutions to problems they face" (1999, 194). OC may attach women to their identities as young adult people who are not at the end of their reproductive lives and could become mothers in the future. The attachment may be as much to an age-based and life-course-based identity associated with fertility as to the norms of or, even, the desire for motherhood. Beyond the functionality of having children, fertility is a rich cultural concept that signifies an affirmation of a set of idealised age and gender identities of youthful functionality and femininity (Gillespie 2003). OC may function as a way to maintain these identities, without passing on to what may be seen as the next stage of life, in which not (yet) having had children gains a different meaning. Hence, OC can also be read as a way to maintain the subject position of future or potential mother, rather than that of a childless woman who "miss[es] [her] chance" as her biological clock "run[s] down quite fast" (Groskop 2006; Groskop 2011).

Conclusion

In this chapter, I have considered selected Dutch and UK newspaper coverage of OC, focusing specifically on representations of female reproductive bodies and ageing. I have drawn attention to the rhetorical dimensions of seemingly "neutral" elements in the coverage, including the evaluations of social practices by medical commentators and the implicit conceptualisations of women's bodies in presentations of fertility statistics and the narrative of the "biological clock." In conjunction with OC's introduction into public discourses, various aspects of women's reproductive lives are represented and reaffirmed as problematic. In relation to the trope of the biological clock, childlessness—or rather, "missing the chance" of attaining genetic and gestational motherhood—becomes a cause for concern (Groskop 2011). This concern emerges in relation to age markers varying between 27 and 37—particularly the age of 35—that become marked as the onset of female reproductive decline, while a focus on potential defects and decreasing pregnancy rates constructs the female reproductive system in terms of failure and loss. Age, in turn, is understood in relation to the eggs, which become the primary locus of reproductive ageing in the context of OC. Although egg decline was presented as biological fact, it became meaningful through narratives and affects of ageing and politicised through the possibility of counteracting it with OC.

In the newspaper reports, egg freezing becomes meaningful through oppositions between "social" and "medical" motivations and between stock narratives of the single woman who prioritises motherhood, but is looking for Mr. Right and the "lifestyle" freezer who deprioritises motherhood and wants to "have it all." As a set of subject positions is developed in relation to these oppositions, women's life choices come under medical and public scrutiny, whether these are related to romantic or professional commitments or to other priorities that are not direct expressions of reproductive health. These subject positions moreover emerge as important rhetorical tools in framing OC in negative or positive terms as a technology that could either exacerbate an existing trend of delayed motherhood or provide a chance to avoid unwanted childlessness.

Whether as false promise, unnatural transgression, or pragmatic solution, egg freezing operates at the tension between the simultaneous rejection and suggested inevitability of the future non-reproductive body that is invoked in OC's newspaper coverage. Within this discursive framework, OC is cast as mitigating the age-related egg-centred bodily decline that emerges in the narrative of the biological clock. OC's introduction triggers a public expression of concern about reproductive ageing as well as a solution to it, as the notion of the frozen egg bears the promise of a personal futurity that is not closed off to the possibility of reproduction. OC may therefore symbolise not only a reproductive choice to have children later on, but also a choice for continued reproductive potential in the face of pervasive cultural messaging about time running

out. In this vein, OC can be read as a way to mitigate feelings of "NO EXIT" associated with specific ages in narratives of reproductive decline and maintain the subject position of future or potential mother rather than a childless woman "past childbearing age."

The cultural construction of the end of childbearing age is the subject of the following chapter, which offers a historical perspective on reproductive ageing and the anticipation of its futurity. In spite of the novelty of egg freezing, the discursive framework through which it becomes meaningful is indebted to a history of relating normative ideas about female life course management to medical conceptualisations of reproductive embodiment. One important period in this history, which I will turn to in the next chapter, is the development of gynaecology in Western medicine, which both followed from and legitimised the strong cultural association of women and reproduction. As Moscucci and Oudshoorn have argued, the 19th-century and early 20th-century advancement of the specialty of gynaecology, and the absence of its male counterpart until the 1970s, is intimately linked to the "deeply entrenched belief in our culture [that] holds that sex and reproduction are more fundamental to woman's than to man's nature" (Moscucci 1993, 2; Oudshoorn 2003, 5–6). This focus on reproduction has its counterpart in the conceptualisation of female ageing as governed by changes in the reproductive system such as menarche and menopause. Although contemporary discourses of egg freezing foreground egg quantity and quality as markers of reproductive ageing, prior to the 1980s, the end of menses was the key marker of female midlife and the end of reproductive capability (Friese et al. 2006, 1550–1). In the next chapter, I analyse the relation between reproductivity and ageing during a key moment in gynaecological history, when the end of the female reproductive cycle first becomes recognised and considered as a distinct pathology in the 19th century medicalisation of menopause.