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Chapter 8 Conclusion

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Chapter 8

Conclusion

8.1. Breathing Air Back into the Vacuum of 'Choice'

In May 2018 I was in London at the Bush Theatre with some colleagues for the 'Fertility Fest', the world's first arts festival dedicated to exploring fertility, infertility and the assisted reproductive technologies that many people draw upon in their pursuit of parenthood. Given the subject matter at hand, the day was emotionally charged with performances and discussions about the embodied experience of miscarriage, the loneliness of male-factor infertility, the ethics of egg freezing in the over 40s and what it was like to become a mother after egg donation. However, it was a comment from a member of the audience that occurred towards the end of the day that sticks with me the most. The audience member, a woman in her early to mid-40s, stood up and gave an emotional but unwavering account of her experience of going through fertility treatment to conceive her daughter. She explained how her encounter with IVF was 'financially, emotionally, physically and spiritually destructive' and something she wouldn't wish on her worst enemy. Her experience of IVF is of course congruent with the multiple studies which demonstrate the impact fertility treatment has on the lives of its users (Bouwmans et al., 2008; Hammarberg et al., 2001; Hanna & Gough, 2017). Indeed, nobody 'wants' to go through IVF, to raid their savings or take out loans, to inject their bodies with fertility drugs or to open the most intimate parts of themselves up for inspection and investigation with no guarantee of success. Instead, parenthood is an experience that many people anticipate happening with little difficulty or cost, expecting the process of conceiving a child to occur via 'in-bed fertilisation' (Barnes, 2014, p. 35) with an intimate partner. Equally, we live in a culture where we are taught that self-investment and hard work will bring the endeavours that we want and deserve. As such, nobody expects their life to not go by plan, to find themselves unable to conceive a much-wanted pregnancy or experiencing 'social infertility' due to the lack of an intimate partner (Lombardi, 2015). After spending several years examining the phenomenon of social egg freezing, in exploring the accounts of its users first-hand and in reading and contributing to wider scholarship on this topic I am left with the equally strong feeling that no woman 'wants' to freeze her eggs or 'chooses' this option lightly without first considering or exhausting other possibilities. As such, suggestions that women are 'choosing' to freeze their eggs to deliberately 'put off' or 'delay' motherhood to pursue career and personal ambitions prior to becoming a parent are not only, in most cases, inaccurate but can be hurtful and deeply neglectful of how the timing of motherhood, and thus

women's use of egg freezing technology, is shaped by a constellation of factors which exist beyond the control of women as individuals.

At the start of this book I made clear my intention to use the term 'social egg freezing' throughout this text to signal what I saw as the socially constituted nature of this technology as well as to demonstrate how women's use of egg freezing as a form of fertility extension and genetic conservation was inherently socially situated. Beck-Gernsheim and Beck (1995, p. 111) have previously described how 'women make their own reproductive choices' but note that they 'do not make them just as they please' but under 'social conditions and constraints which they, as mere individuals are powerless to change'. By drawing together some of the discussion which has spanned several chapters of this book I wish to lay bare how the decision to undergo social egg freezing, and women's experience of reproductive delay, is shaped by specific social conditions and constraints and in particular by powerful relational, ideological, structural and economic forces often beyond women's control as individuals. I will also demonstrate how women drew upon social egg freezing as a tool of fertility extension and genetic conservation in an attempt to maintain the possibility of partaking in culturally valorised processes of family building which prioritised the reproduction of genetic kinship-making commensurate with notions of hegemonic femininity. I suggest that by clearly identifying and laying bare the way women's use of egg freezing is shaped by wider socio-cultural and political forces, and by recognising the effect this has on women's family-making ambitions, we can begin to breathe air back into the vacuum of choice which has up until now swallowed much discussion of this technology.

For most of the women in this research, motherhood was an eventual life-course expectation they anticipated experiencing, and in some cases was something they had expected to have already encountered by their current stage in life. The participants held clear ideas about the particular familial configuration in which they wished to pursue motherhood and sought to adhere to hegemonic ideals of heterosexual marriage and family-raising in which both parents shared an emotional and genetic connection to their offspring. However, despite 'anticipating coupledom' (Carroll & Kroløkke, 2018, p. 999), these women described unexpectedly finding themselves in their 30s, and 40s, without a suitable partner with whom to pursue parenthood and thus were facing the possibility of childlessness. For many of these women, their lack of a child and single status was one of surprise and sadness but also sometimes one of shame and embarrassment. These women had found themselves occupying something of a liminal state (Becker, 1997). They were neither voluntarily or involuntarily childless; they were not infertile, but equally had not yet tried to conceive and believed that they would be unable to do so for some time. This liminal state therefore did not produce or result in an abrupt disruption to their lives like a diagnosis of infertility or an illness (Exley & Letherby, 2001; Hudson et al., 2016; Sandelowski et al., 1990) but led the women to find themselves off course from their own lifecourse expectations and instead living a 'life unexpected'. For some of these women this state of limbo was particularly distressing not only due to the way it positioned them as outside normative conventions of womanhood but

because they were unable to forcefully effect any change in their liminal status due to the inherently relational nature of family building.

All the women in this research wanted to find a lasting partnership where joint parenthood was a possibility; however, whilst having been in long-term relationships in the past, many described significant difficulties in finding a suitable partner who shared their parenting ambitions. Whilst some participants described an awareness that they could pursue pregnancy covertly by discontinuing their use of contraceptives without informing their intimate partner, this was deemed inadvisable as they did not simply want to have a child but wanted to create a family unit with a male partner who was as equally committed to parenthood as themselves. However, the participants commonly reported that the men they met and formed relationships were often unwilling to commit to a relationship long term and were even more reticent to commit to fatherhood. This reluctance was attributed by some of the participants to the fact that men had a longer period in their lives in which they could pursue parenthood, which meant that, unlike women, they were under less pressure to commit to a long-term relationship in their 20s or 30s and instead were able to enjoy life as a child-free single adult before considering fatherhood at an older age. This double standard and inequity in reproductive ageing was identified by many of the participants as a factor which compounded the difficulties they encountered in the social world of dating. Indeed, some of the participants described how this double standard put reproductive older women at a disadvantage in the search for a life partner as they believed men their age would prefer to enter into relationships with younger women in order to put off decisions about fatherhood until later in the lifecourse. It thus appeared that some men's unwillingness to consider parenthood at an earlier age acted as a drag on the fertility of the women around them. Aware that they were coming towards the end of their fertility, and keen to avoid 'panic-partnering' and entering into a relationship with the 'wrong' person, the participants described drawing on egg freezing to lengthen the amount of time they had to find a partner who shared their parenting ambitions and with whom they could pursue motherhood. Furthermore, it appeared that some of the participants hoped that their frozen eggs would not only provide them more time to find a partner but could also be deployed as a reproductive 'asset' signalling their ongoing fertility and thus increasing their potential value in the dating market. Thus, these women's use of egg freezing, and delay in pursuing motherhood, was not the outcome out a uni-directional choice made by women as individuals but was significantly shaped by the relationships women had, or wanted to have, with men as well as men's attitudes towards commitment, fatherhood and the timing of parenthood.

Whilst the participants were often not yet ready to pursue motherhood they nevertheless appeared to have clear ideas about how they would, or should, go about performing the motherhood role. This included performing parenthood alongside a committed male partner. Indeed, as Daniluk (2015) has observed, women disproportionately experience a social responsibility to ensure that children are born into and are raised within the context of a secure, loving two-parent family. Thus, having the full commitment of their partner to parenthood

and for parenthood to be a mutual desire and joint endeavour was very important to all the participants as they believed that such a familial configuration would be best for their child. Furthermore, having the support of such a partner sharing in the burden of care and in providing for the child would also enable them to partake in practices of intensive motherhood which they saw as indicative of good parenting. In the absence of the 'right' partner, one who the participants believed would be a good father for their child, women considered other reproductive options such as single motherhood by choice or co-parenting. However, the participants rejected these alternatives, at least at the time of freezing their eggs, in favour of the pursuit of a traditional two-parent family. Indeed, some women perceived single motherhood by choice to be a potentially selfish decision, at odds with the values of 'good mothering', as it deprived their child of the two-parent family they believe they deserved. Ultimately, these women sought to be 'good mothers' and believed that good mothers were those who had their child at the 'right time' – when they were appropriately prepared for parenthood. This included being in a stable relationship, having a degree of financial and job security, renting or owning a home suitable for childbearing, feeling emotionally prepared for motherhood and having the financial resources required to provide for the child, including the ability to partake in practices of intensive motherhood. The absence of one or more of these preconditions for parenthood was seen as indicative that it might not be the right time to pursue motherhood. Indeed, some of the participants suggested it would be irresponsible and selfish to have a child before they were ready or as part of an insecure partnership. However, it appeared that in trying to live up to these, somewhat classed, values of good mothering, the 'right time' for motherhood had proved to be elusive for many of these women. Aware that their fertility was waning, these women drew on egg freezing to extend their reproductive timeline to accommodate the needs of potential or actual male partners as well as to accumulate the physical, financial and cultural resources they believed they would need to be a 'good mother'. Thus, contrary to the popular discourse that women who freeze their eggs or delay childbearing are selfish, the participants' use of this technology, and experience of reproductive delay, was more often shaped by the strong sense of responsibility these women felt towards committing to motherhood as well as their desire to live up to the values of 'good mothering'.

Thus, the women in this research appeared to deploy social egg freezing as a tool of fertility extension and genetic conservation to keep open the possibility of engaging in culturally valorised, and to a certain extent classed, practices of family building wherein the reproduction of genetic kinship relations was prioritised and maintained. By conserving their reproductive and genetic potential for possible future use, the participants hoped to keep open the possibility of parenting in their chosen configuration, which was with an intimate partner who wanted to become a parent and who would also share a genetic relationship with their offspring. By drawing on the technology these women were also hoping to stave off, what they perceived as, less than ideal futures of infertility and unwanted childlessness as well as to help resist making concessions or compromises on the way in which they would go about mothering. This included not

only avoiding the practice of 'panic-partnering' but also helping side-step, or at the very least, delay pursuing alternative routes to motherhood such as single motherhood via sperm donation, co-parenting, using donor eggs to conceive or becoming a mother via adoption, fostering or step-parenting. As such, it is possible to see how as a technology of genetic conservation social egg freezing has the potential to reinforce a social system which values certain family forms over and above others. In particular, by extending the period of time in which women can realise shared genetic parenting, this technology can be seen to valorise heteronormative ideals of the 'traditional' family to the exclusion of other 'non-traditional' family forms, such as single parenthood or co-parenting arrangements, which are often perceived as less desirable routes to motherhood.

In the time between freezing their eggs and taking part in the research six of the participants had entered into relationships and some had conceived, had started to try and conceive, and others anticipated doing so in the near future. One woman had become a mother via sperm donation and several more were considering such a route to motherhood. Whilst these women, in some instances with their partners, had decided they would like to try and conceive, this research found that their thoughts about the timing of parenthood continued to be shaped and, in many cases, constrained by specific structural and economic factors. Olivia and her partner had been considering trying to conceive; however, as she had only recently joined a new company, Olivia was still completing a mandatory six-month probationary period. She disclosed that in the informal interview for the job she had been asked about her intentions with regard to motherhood, and as a result she was concerned that if she became pregnant before her probationary period was over, her contract could be terminated with relative ease, leaving her and her partner without much needed income. She also explained how she felt she would be unable to do her job part-time, describing how she often worked 12-hour days which she saw as incompatible with motherhood, especially as her partner often spent large periods of time working overseas. These issues meant that Olivia was unsure whether it was the 'right time' for her to have a child. Another participant, Lacey, had been considering pursuing single motherhood via sperm donation for some time, but explained that she had recently been made redundant and had been working as a freelancer for several months with a highly precarious income. Whilst she had recently started a new job, she was aware that she would not qualify for enhanced maternity leave for some time, and as she would be raising the child alone she could not afford to not have an income. This meant that despite being 40 years old she felt unable to begin her childbearing plans until she became more economically secure. Other women who were considering single motherhood via sperm donation also commented that they did not believe they had the financial resources they would require to raise a child alone, especially as they would be the sole earner and would therefore need to return to work reasonably soon after the birth of their child. Therefore, whilst these women felt a desire to become a mother, and to a degree felt ready to have a child, their thoughts about the timing of motherhood were significantly shaped by the economic and structural realties of their lives.

Decisions about the timing of motherhood and women's use of social egg freezing technology are thus significantly shaped by relational, ideological, structural and economic forces which are often beyond women's control or manipulation as individuals. In order to pursue motherhood under the conditions they believed were best for childbearing, the women in this research drew on social egg freezing to extend their reproductive timeline and conserve their reproductive potential for the right time and often the right relationship in which to pursue parenthood. It is important to identify the social determinants shaping women's use of technologies such as egg freezing so not to not be tempted to understand or frame women's engagement with these new developments solely within a neoliberal discourse of choice. Furthermore, by recognising the nuanced ways women's reproductive decisions and use of egg freezing technology is shaped, we are better equipped to have important and more meaningful conversations about women's use of this technology going forwards. Indeed, these conversations can begin to support the creation of a useful dialogue about the complex problems and issues to which egg freezing is currently being applied as a temporary fix and may enable the consideration of more long-term and accessible alternatives.

8.2. New Opportunities, Choices and Responsibilities

The appeal of social egg freezing is perhaps one that is very easy to understand; after all, the technology enables the user to purchase an item not easily commoditised but one that is as a result highly valuable – this of course being the precious resource of time. If the technology is drawn upon by the user at the right stage in the reproductive lifecourse and if enough eggs are banked for potential future use by a clinic well versed in creating pregnancies from frozen eggs, then social egg freezing has the potential to provide a user a newly extended reproductive timeline from which they may be able pursue the particular configuration of motherhood that they most desire. By creating more 'fertile time' in which to contemplate or attempt motherhood, this technology is well recognised as providing users the opportunity to become more prepared, and thus ready, to pursue parenthood. This includes becoming ready as part of a heterosexual partnership for the demands of parenthood as well as allowing couples or women as individuals more time to accumulate the physical, economic and social resources they believe they will need to best pursue parenthood. The procurement of more time to help secure these preconditions for parenthood can be highly valuable given how preconditions for parenthood such as a stable intimate partnership, homeownership, a secure job and economic stability are increasingly difficult as well as time consuming to obtain in many Western societies. In addition to providing women more time to become prepared for parenthood, social egg freezing technology also has the potential to enable greater reproductive parity between men and women, potentially realigning their reproductive timelines which could address the power imbalances observed in the social world of dating and which currently works to disadvantage some women as they age.

However, the new opportunities and affordances provided by social egg freezing are not available to all due to the cost not only of freezing eggs but also of using them in IVF to conceive. The high upfront and ongoing cost of the procedure is likely to mean that technology will be the preserve of privileged women, with those from more insecure or precarious financial backgrounds excluded from this form of boutique medicine for some time to come. Indeed, by privileging the family-making projects of already privileged women this technology may further widen the gulf between women's experiences of mothering depending on their social class (Carbone & Cahn, 2012; Petropanagos, 2010). Nevertheless, it is important to remember that social egg freezing technology remains imperfect and offers the user no guarantee of future motherhood. Furthermore, the practice of social egg freezing relies upon its parent technology, IVF, to produce a pregnancy in the future, a technology which continues to have a 'failure rate' of around 79% per embryo transferred (HFEA, 2016). As a result, social egg freezing may be a costly reproductive burden for women with 'privileged access' (Sandelowski, 1991, p. 32) to this new technology.

The practice of freezing eggs for fertility extension and genetic conservation purposes has emerged following the medicalisation of age-related fertility decline and the advent of anticipated infertility as a new ontological category (Martin, 2010). The medicalisation of age-related fertility decline, as described in Chapter 2, has seen the process of ovarian ageing become pathologised and presented as a threat to the achievement of hegemonic goals of genetic motherhood but ultimately framed as a risk which can be monitored, managed and even ameliorated via biomedical intervention. Thus, social egg freezing can be seen as a contemporary tool of risk management which enables users to guard their reproductive ambitions and assets from the risks seemingly posed by their ageing bodies. This technology however also enables users to mitigate against a variety of other 'risks', including the risks associated with unwanted singledom, the possibility of engaging in panic-partnering, as well as the risk of future regret and blame. However, the use of social egg freezing technology to manage the risks posed to the achievement of heteronormative and hegemonic goals of marriage and motherhood betrays a deeply neoliberal orientation to the social world which prioritises and rewards individual agency and action over that of passivity.

Neoliberal rationality, which remains highly pervasive in contemporary culture, calls for social actors to take a responsible and active approach to the management of their own lives and encourages practices of risk management in the pursuit of self-optimisation. This includes not only being aware and able to manage risks when they arise but to anticipate risk through the practice of screening and testing. Neoliberal subjects are also encouraged to remain responsive to the recommendations of experts, which may include drawing on new technologies and treatments to mitigate against or manage the risks posed to the furtherance of one's biographical project. Indeed, as was discussed in Chapters 5 and 6, the accounts of the participants in this research reflected a strong subscription to neoliberal values of individual accountability, self-actualisation and self-determined action, and they talked frequently about a desire to 'do everything possible' to enable future motherhood as well as a desire to draw on social

egg freezing to avoid feelings of future regret and blame. As such, I have suggested that it is possible to understand female users of social egg freezing as reproductive entrepreneurs or 'repropreneurs' (Kroløkke & Pant, 2012, p. 233) whose privileged financial position means they can access and afford elective treatments and procedures and deploy them in their pursuit of their parenting goals.

The highly individualised neoliberal rationality which underpins social egg freezing also makes the technology decidedly compelling, because as a sign of responsible reproductive citizenship the 'good' neoliberal consumer is not only required to account for risk but is expected to take action to mitigate against this risk or bear the associated penalties. As was seen in Chapter 6, a significant factor shaping participants' decisions about whether to undergo egg freezing was not the risks they believed the technology posed to them physically but the risks they saw associated with not engaging with the technology. For these women egg freezing was highly compelling not only due to the way it offered them the opportunity to partake in heteronormative practices of family building but also because of the consequences of resisting its use and fears of being 'to blame' for their future infertility.

As the new ontological category of anticipated infertility positions greater numbers of women as 'at risk' of unwanted childlessness, I argue that a new pressure or expectation emerges for these women to consider technologies of social egg freezing as part of their reproductive life plan and biographical project. Thus, whilst this technology offers new opportunities, it also introduces new burdens and choices that women are required to make as part of their reproductive lives. Indeed, whilst social egg freezing is marketed, and often perceived, as an empowering technology offering users the opportunity to wrest greater control over their reproductive lives, the offer of social egg freezing may be experienced by some more as a burden and may create more anxiety and distress amongst users and potential users who feel the need to consider this technology to remain accountable for their reproductive goals and ambitions. Thus, whilst egg freezing offers some women new possibilities and avenues of pursuing motherhood at an advanced reproductive age, it nevertheless creates a highly gendered emotional burden to women as a whole by requiring them to bear even greater responsibility for the timing of motherhood and the management of their fertility in a way that is not expected of men. The discourse of individual responsibility underpinning social egg freezing not only reinforces the timing of motherhood as the concern and responsibility of women alone to the exclusion of men's involvement but also obfuscates the wider forces shaping the timing of motherhood. The medicalisation of age-related fertility decline engendered by this technology also works to situate the ageing body as the site of problems related to the timing of parenthood, and not the wider social context in which these decisions are made. As a result, women's bodies and bank accounts bear the brunt of reproductive technologies and the cost of individualising and medicalising social issues, such as delayed childbearing, potentially even before women consider trying to conceive (Martin, 2010; Waggoner, 2015). In doing so, it is possible to see how technologies of social egg freezing are extending backwards highly gendered messages of reproductive responsibility into the preconception stage, or what

Waggoner (2017) refers to as the 'zero' trimester. Furthermore, by requiring women to anticipate motherhood and risks to motherhood such as age-related infertility, this discourse of responsibility requires women to engage in practices of maternal sacrifice (Lowe, 2016) before conception is attempted or even seriously considered and can be seen as a further means by which women's bodies are regulated in the (non)reproductive realm.

8.3. Reflecting on Social Egg Freezing and Future Research Directions

It is clear, even to the casual observer, that egg freezing is currently being used as a 'simple' medical solution to the complex problems associated with the timing of motherhood. On its own, however, this technology is only able to act as a temporary sticky plaster, an inefficient, and in some cases ineffective, tool which is not accessible to all and which does little to nothing to address the social determinants affecting its use. Egg freezing is also highly exclusionary and may serve to commoditise the bodies of some women and at worst exploit the bodies of others. Underpinned by an inherently neoliberal logic, social egg freezing also no doubt serves to individualise wider social problems and places responsibility for the management of fertility risk squarely with women whilst overlooking the role of men as (non)reproductive partners. However, in a time where reproductive freedoms are under threat[1] a technology which enables women greater reproductive control, even if this control is only extended to a small number of comparatively privileged women, is perhaps nonetheless of supreme value. I have been privileged to meet and know women who have been able to create their much-wanted families through egg freezing, and the joy that parenthood brings to them and those around them is a credit to the scientific developments that made their children's lives a possibility. As a result, whilst social egg freezing should be regarded a technology which has significant flaws, I argue that it must nevertheless be recognised as one which offers much promise, hope and happiness to many of its users.

Egg freezing for fertility extension and genetic conservation purposes is likely to continue to attract greater number of users as the problems related to the timing of parenthood remain unresolved. As a result, going forwards it is important that future cohorts of users benefit from the insights and experiences of the pioneering women who first made use of this technology, including those involved in this research. This research and others have highlighted serious inadequacies in the quality and amount of information women are provided when they are considering freezing their eggs (Avraham et al., 2014; Barbey, 2017). Thus, going forwards it is of paramount importance that women considering the technology are provided clear information about the chances of a live birth with

[1]Such as challenges to abortion legislation in Argentina and Poland and threats to the provision of reproductive healthcare in the USA.

their frozen eggs based on their age at freezing and the numbers of eggs that are hoped to be retrieved. Ideally, this information would be specific to the clinic where the woman is undergoing the procedure, but where these data are not yet available other sources which provide similar information should be provided to women and the limitations of this evidence made clear. To prevent women from overestimating the benefits of the technology and underestimating the costs, potential users could work with clinicians to consider how many cycles of egg freezing may be needed to secure the number of eggs they require to attain a particular chance of motherhood in the future. Such discussions could prevent the many unknowns the women in this research encountered.

Whilst users of social egg freezing are often consumed with immediate concerns about storing eggs for potential future use, and whilst many of these women no doubt hope to never use their eggs to conceive, this does not obliviate the need for providers of egg freezing to begin a discussion about what might come next. Given the general lack of awareness about IVF outcomes, clinics need to open up silences around the potential future use of stored eggs and help women consider some of the longer-term implications of freezing their eggs. These discussions may include some of the decisions they may face in continued storage, disposal or donation of their eggs, as well as the costs and physical and emotional toll of IVF/ICSI in the future (Baldwin & Culley, 2018).

For many of the participants in this research, social egg freezing was a technology that they did not 'want' to engage with, and instead the women had hoped that they would be able to pursue motherhood naturally with an intimate partner. Indeed, even after freezing their eggs, 'in-bed fertilisation' (Barnes, 2014, p. 35) with a committed partner continued to be the preferred route to parenthood. However, many of the participants who were coming towards the end of their natural reproductive lifespan were still not yet ready to attempt motherhood due to the lack of a suitable partner and were uncertain about whether they would have the reproductive resources required if and when the time came to attempt motherhood with such a partner. As previously observed, these women occupied something of a liminal state between motherhood and age-related infertility, and whilst this state of being 'in between' was frustrating, it was more desirable than the perceived certainty of the alternative. Even for women who were ambivalent or unsure about their desire for motherhood, social egg freezing enabled the possibility to delay undesirable futures where the choice of genetic motherhood was no longer available and allowed women to keep one foot in the door of potential genetic motherhood. Thus, social egg freezing saw the maintenance of a liminal status which had the effect of producing new forms of uncertainty related to whether the eggs would provide a live birth in the future. Furthermore, by extending their reproductive timeline, the women who underwent the procedure in the United Kingdom also encountered a new 'clock' on their fertility, one which wasn't linked to the process of reproductive ageing but a new 'legal clock' linked to the mandatory 10-year storage period on their eggs.

Several of the UK-based women who took part in this research have since, or soon will, reached the end of their 10-year storage limit and will be required to

make a decision about their frozen material. In several cases, at the point of freezing their eggs almost a decade earlier, these women were confidently told by their clinicians that the 10-year storage period would likely be revised, allowing women to store their eggs for longer should they require; however, this has not yet transpired. As a result, women coming towards the end of their storage period could use their eggs in fertility treatment of their own, including creating embryos which could be stored for a further 10 years, could donate their eggs to other women undergoing fertility treatment or to research, or could allow their eggs to perish. These women could also consider moving their eggs overseas beyond the reach of UK law (Budhani & Middleton, 2019). However, whatever they resolve to do with their eggs the decision is unlikely to be easy and is made all the more challenging in a UK context by what are perceived as unfair regulations which allow women with premature infertility to keep eggs frozen for up to 55 years but which require women with normal fertility (even if they are also infertile) to have their eggs destroyed after 10. Numerous authors, myself included, have drawn attention to the inequitable situation posed by the current UK regulation (Bowen-Simpkins, Wang, & Ahuja, 2018; Harper et al., 2018; Jackson, 2016). This issue has also twice been raised in the UK House of Lords by Barnoness Deech, former Chair of the HFEA, noting how there is no scientific basis for such different rulings. Whilst it is widely believed that the 1990 HFE act regulating such time limits could be subject to an amendment enabling parity in the storage of eggs (Jackson, 2018), there is currently little political will to consider such a move. Instead, it has been suggested that any change to regulation would need to be dealt with in primary legislation and would first need to be subject to wider legal, policy and public consolation and scrutiny (Collins, 2019). However, the Secretary of State for Health has previously indicated that there is currently no intention to review the statutory time limit despite, as Baroness Deech has noted, the debilitating effect of the current regulation on women approaching the end of their storage period (Budhani, 2019; Howe, 2019).

One of the concerns which has been raised in relation to social egg freezing, and perhaps which may account for some of the reticence to extend storage time limits, is the capacity of the technology to enable women to pursue motherhood at an advanced reproductive age. However, it is worth noting that women have been able to access medicalised fertility treatment using donor eggs with relative ease up until their early 50s,[2] and as such, social egg freezing does not pose any new dilemmas in this regard. Nevertheless, concerns about the welfare of children born to 'much older mothers', including women who may be peri or postmenopausal, persist (Cutas, 2007). In 2017 2,357 women over the age of 45 gave birth (ONS, 2018); however, the capacity of social egg freezing to lead to marked fertility postponement has been questioned (Mertes & Pennings, 2011). Indeed, there remains a strong preference towards 'in-bed fertilisation', avoiding

[2]The United Kingdom has no legislated upper age limit on IVF treatment and instead allows clinics to set their own age restrictions.

the need for costly, painful and unreliable medicalised fertility treatment. It is thus improbable that large numbers of elderly or much older women will want to become first-time mothers enabled by social egg freezing. After all, strong cultural preferences for earlier motherhood remain, which are unlikely to be considerably shifted by a technology which currently only accounts for only 1.5% of all fertility treatment cycles carried out across the United Kingdom per year (HFEA, 2018a, 2018b). Nevertheless, future research may want to examine women's experiences of peri- and post-menopausal motherhood enabled by new technologies of egg freezing as well as more established technologies of egg donation.

As social egg freezing is such a new social practice and novel form of assisted reproduction, it is a highly fertile area for empirical research with many avenues and questions open for sociological investigation. Perhaps, the most pressing at this time is to examine the extent to which social egg freezing shapes the reproductive trajectories and subsequent intimate relationships of users in the medium to long term and to examine women's experience of (non)motherhood after egg freezing. Indeed, future research may want to examine women's experience of using their frozen eggs in a bid to conceive and to observe how this technology intersects with other recent developments in reproductive medicine, including the emergence and use of so-called fertility treatment 'add ons' and the potential for over-medicalisation or over-treatment of such fertility patients. Further questions also remain about the offer of company-sponsored egg freezing as well as the seemingly growing numbers of women engaging in cross-border reproductive travel to access the technology due to issues such as cost, to overcome restrictions on the procedure or to circumvent what are perceived as unhelpful regulations or rules in place in their home countries. The research presented in this book examined the experiences of some of the pioneering users of egg freezing who were predominantly white, middle-class, heterosexual women from the United Kingdom and America. However, it is important to consider how women's use and experience of social egg freezing, like any other reproductive technology, may be shaped by their particular social location. As such, future research may want to examine black minority ethnic or South Asian women's use of egg freezing, explore the experiences of non-heterosexual women or consider how religions such as Islam or Judaism shape women's attitudes towards the technology. Similarly, researchers may want to consider the emergence and use of egg freezing in new or emerging economies such as those in Latin America, India or Egypt and explore how social egg freezing and allied debates around delayed motherhood and reproductive timing are played out in these different social, political and economic contexts. Equally, however, I would argue that greater attention needs to be paid to partnered and unpartnered heterosexual men's reproductive contributions, particularly at the preconception stage, which has historically been overlooked in academic research. Indeed, I hope this book has provided a case for examining men's intentions, practices and behaviours as (non)reproductive partners, alongside women's reproductive intentions as a key unit of analysis in understanding contemporary shifts to later childbearing and the use of egg freezing as a tool of fertility extension and genetic conservation.