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# **STARTING LATE**

**Problems and coping strategies of  
women who delay parenting until after  
the age of 40 years.**

A thesis presented in partial fulfilment of the  
requirements for the degree of Master of Arts in Nursing  
at Massey University

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1998

# ABSTRACT

The purpose of this study was to explore the meaning of motherhood for women over 40 years of age at the birth of their first child. The research answers two questions, “What parenting related problems and coping strategies are identified by mothers who delay parenting until after the age of 40 years?”, and “How can nurses and midwives provide effective support for older mothers?” The descriptive exploratory method used in this research proved to be very effective in enabling the mothers to relate their experiences as they perceived them. Data was gathered from semi-structured interviews and the process of thematic analysis was used to identify the major themes.

The research highlighted the resourcefulness and the positive attitudes of the participants, who were able to draw on an abundance of resources from their previous roles as career women. Most of these women had expected to become mothers in their early to mid thirties if not before, but for some of them conception was a problem and for others the timing for motherhood was not right. The major stressors identified by the participants related to fertility issues and genetic screening. At these times they would have valued increased support from health professionals. One persistent theme was the concern “What if something happens”, either to the child or themselves. There was a need to know everything related to their own and their childrens’ experiences prior to making a decision. The teenage years were seen as a major problem, with most participants expressing their concern about the high incidence of mental health problems related to this group.

Implications for nurses and midwives are explored throughout the study, with a discussion of the health and social services that the participants found to be helpful.

# ACKNOWLEDGEMENTS

It is my pleasure to thank the many people who have assisted me with the completion of this thesis.

A special thanks to my research participants who gave their time to share their experiences with me. Your participation has given new insight into the phenomenon of older first time motherhood.

To my family for their unconditional love and support throughout. When the task seemed impossible their encouragement was always there. To Graeme, Karl and Steve: thank you for so much.

I am particularly grateful for the patience, support and understanding of Doctor Gillian White who has freely shared her knowledge, wisdom and guidance with me.

A special thanks to my colleagues at Manukau Institute of Technology who have been so supportive throughout this endeavour. Similarly, the support of all those friends who understood the constraints on my time and remembered to ask how I was progressing. To my eldest son Karl for his proof reading and computing skills.

To the memory of my late aunt who gave birth to her first child in 1948 at the age of 49 years. Her experiences have been the inspiration for this thesis.

# GLOSSARY

**Aetiology:** The medical study of the causation of disease.

**Alpha-fetoprotein:** The maternal alpha-feto-protein test is designed to screen open neural tube defects such as spina bifida and anencephaly.

**Anencephaly:** A congenital absence of all or part of the brain.

**Amniocentesis:** The insertion of a hollow needle into the uterus of a pregnant woman to withdraw a sample of the amniotic fluid to test for foetal abnormalities.

**Chorionic villi:** Tissue formed into projections which are part of placental tissue.

**Chorionic villi sampling:** A method of diagnosing abnormalities in a foetus by removing a tiny sample of chorionic tissues from the edge of the placenta for laboratory analysis.

**Clomiphene stimulation test:** An oral treatment of clomiphene which is used to stimulate ovulation in apparently infertile women.

**Donor gametes:** Reproductive sperm or ova, each with 23 chromosomes from another person.

**Eclampsia:** Toxaemia of pregnancy, in which convulsions occur.

**Gamete IntraFallopian Transfer of oocytes (GIFT):** An infertility treatment involving direct transfer of eggs and sperm into the woman's fallopian tubes, where conception may occur.

**In vitro fertilisation (IVF):** Fertilisation of an ovum by mixing with sperm in a culture medium, after which the fertilised egg is implanted in the uterus to continue normal development.

**La Leche League:** A support group which provides information and encouragement to all mothers who want to breast feed their babies.

**Leslie Centre:** A counselling and therapy facility for families of children having behavioural, social or emotional difficulties.

**Multipara:** A woman who has completed two or more pregnancies.

**Parent Centre:** A nationwide volunteer organisation run by parents, for parents and children. Concerned with preparing and supporting parents in their role.

**Primipara:** A woman who has carried one pregnancy to a viable stage.

**Primigravida:** A woman who is pregnant for the first time.

**Primary health care:** Essential health services based on practical and socially acceptable methods and technology made universally accessible to individuals and families in the community.

**Syndactyly:** a congenital abnormality in which the digits are fused, similar to birds and mammals.

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# PREFACE

When considering the present trend for women to postpone childbirth I often reflect upon the difficulties that my Aunt faced. In 1948 she gave birth to her first child at the age of 49 years old. Family and friends were reluctant to accept this new social condition with many considering her to be too old to become a mother. Furthermore, the physical demands of motherhood were compounded by mid-life changes and the inability to see her son without wearing her glasses. Strangers often mistook my Aunt for a grandmother.

These problems were compounded when my uncle died, leaving her alone to care for a three year old child. Fortunately she was a stoic woman and in her words, "I just got on with life and coped the best I could". Nevertheless, she related well to her son and his peers during the teenage years at a time in her life when she was well into her sixties. Both mother and son had an excellent sense of humour and enjoyed each other's company.

Her experiences prompted my personal interest in the meaning of first time motherhood for older women. How do they cope? What are their life experiences? Is there still a stigma attached to older mothers? As a nurse, midwife and an educator I was also keen to identify the need of women in this age group for professional support from nurses and midwives. Although extremely rewarding, motherhood places a considerable burden on older women who may also have to deal with menopause and the care of elderly parents.

# AIMS OF THE STUDY

- To explore the meaning of first time motherhood for older mothers.
- To identify the coping strategies that these mothers used.
- To identify the health and social services that these mothers would find helpful.
- To inform nurses and midwives of what motherhood means to older first time mothers.

## Research questions

- What parenting-related problems and coping strategies are identified by mothers who delay parenting until after the age of forty years?
- How can nurses and midwives provide effective support for older first time mothers?

## Rationale

Knowledge of problems and coping strategies is likely to assist women who are already older parents or who may be contemplating delayed parenting. Nurses and midwives are ideally placed to offer positive encouragement and informed advice to these women. As primary health care workers they are actively involved in health promotion which benefits women and their families. These women will need to know the answers to questions such as:

- What are the psychological and social implications of being an older mother?
- What are the biological risks of having children later in life?
- How do older mothers cope with children when they are over the age of 40 years?

# STRUCTURE OF THE THESIS

The thesis is presented in eight chapters:

**Chapter 1** introduces the trend towards delayed parenting both in New Zealand and overseas, reviews the ramifications of this development on women's fertility and discusses the primary health concept where this relates to older women.

**Chapter 2** identifies local and international literature relevant to the discussion of delayed parenting.

**Chapter 3** compares the positivist and interpretive paradigms and introduces the exploratory descriptive design used in this thesis.

**Chapter 4** provides an introduction and overview of the data analysis.

**Chapters 5 to 7** present the findings and the interpretation of each of the sub-themes as they relate to the meaning of motherhood. Implications of the findings are considered in relation to nursing and midwifery practice.

**Chapter 8** includes a general overview of the research, discusses limitations on implementation of the findings and offers recommendations for parents, nurses, midwives, other health professionals and for further research.