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The Economics and Politics of Delayed Birth Timing

This essay expands on my 2007 study of the causes and effects of the trend to “the new later motherhood” (first child by birth or adoption at or after 35), to explore the unfolding ripple effects of delay by a relatively small set of educated women, of diverse races, leading to transformations that affect the whole group. Birth control undoes the social systems designed for millennia around the assumption that women would be baby machines. But the process of developing new systems has happened incrementally to date. Birth timing and delay of or abstention from motherhood have served women as the first steps in that process, allowing them to trickle up into policy-making roles in business and government where they can begin to represent women’s interests. Women nationally have begun to advocate for a more robust family-support infrastructure, which could take some of the burden of the production of workers from women, and share it with those who benefit most from those well-educated citizen/workers: business and society. Paradoxically, in the current system a family-friendly world becomes possible on a major scale only when significant numbers of women delay children or don’t have them at all.

Motherhood in the contemporary world is basically different from motherhood in all millennia past. That’s because birth control makes it a choice instead of an inevitable fate for women who have sex. Women don’t have to have children anymore, let alone several.¹ This is a world-changer, and we’re only beginning to register its manifold social, economic, cultural and political effects. Among the economic effects are the gradual disentangling and revaluing of the two kinds of women’s work—the historically *unpaid* work of producing and training the citizenry at home and the *paid* (frequently *underpaid*) work outside it. Birth control allows women to challenge the nexus of interdependence between

reproductive labor and their consequent relegation to lives of service, as carers, sex providers, and cheap workers in all fields.

A key dynamic in the unfolding of these changes has been the trend among women around the globe to delay children and start their families later than their mothers did—some by a few years, some by decades—or to refrain from children altogether. In the U.S., the average age at first birth has risen from 21.4 in 1970 to 25.2 in 2009. The average U.S. female college graduate starts her family at 30 (for male graduates, the average is 32). And where 1 in 100 women had her first child at or after 35 in 1970, it is now 1 in 12 (CDC; Mathews and Hamilton). This essay expands on the work of my 2007 study of the causes and effects of the trend to what I call “the new later motherhood” (first child by birth or adoption at or after 35), to explore the unfolding ripple effects of delay by a relatively small set of educated women, of diverse races, leading to transformations that affect the group of women as a whole.

Historically, the fact that sex leads to children (and lots of them) has kept women busy, uneducated and out of decision-making circles for millennia. Not acknowledging the importance of women’s home labor to the functioning of business was a means for getting the childrearing work done cheaply. Mothers are arguably the biggest underwriters of “surplus” value, but there was no profit in admitting that since it might lead to demands for ... a social support network!

In days past women’s essential contribution to the business world could be ignored because they were stuck making it. You could assume that women would bear and rear society’s children for free because, if they had sex, they would procreate whether they wanted to or not. Those women who did work outside the home were hobbled by their lack of education (due to early child-bearing) and by their need for flexible schedules to care for kids in the absence of any national care system. Women operated in a discriminatory, artificially constrained labor pool (all of the jobs open to them were linked to what they were doing at home for free—teacher, nurse, cook, cleaner, sex worker) and faced lots of competition (all the other constrained women) within those few trades. So their wages were low. The fact that their jobs were done for free at home contributed to the general view that the work was not worth much.

Reliable and effective birth control transformed the scene that had kept women in political and economic bondage. Over the past two centuries, birth control (in the form of condoms, abortion, self-restraint, diaphragms, withdrawal, IUDs, and hormonal products like the Pill) lowered the number of children the average U.S. woman has, from seven in 1800, to 3.6 in 1900, to 1.9 today (and 1.6 in Canada) (Gordon 22; Hamilton; CIA). In the nineteenth century the voluntary motherhood movement played a role in the achievements of the suffrage movement. In the twentieth and twenty-first centuries,

hormonal and other forms of birth control have enabled women to participate more fully in civic life.

Fewer children overall means that families and society can increase their human capital investment in each individual child. Fewer pregnancies and fewer young ones at home also allows the expansion of the human capital and the workforce participation of mothers—affording them more time for education and more time to invest in paid employment overall. Educated women in good jobs, with money of their own to spend, can then become increasingly influential. For the first time in recorded history, women can be active citizens in their nations, with seats at the table when policy is made and a say in the shaping of a nation's rules and priorities.

But while some women have moved into policy-making roles in business and government, it's been a trickle up rather than a flood. Though 50.8 percent of the U.S. population is female and women make up 51.5 percent of middle managers and professionals, currently just 16 percent of Congress members are women (down from a high of 17 percent in 2008), 3.2 percent of Fortune 500 CEOs, and 15.7 percent of board members (Catalyst). The slow pace of progress is in large part due to the fact that progress hasn't already occurred. Circularly, the lack of a family-support infrastructure in the U.S. has held women back from advancing in sufficient numbers into positions where they could institute such an infrastructure. Instead they're held back with the familiar dirty laundry list of inequities (unfair pay, inadequate childcare and sick leave, job ghettos, old-boy networks, limited career tracks, and more [most of these negatively affect women without children as well due to the childbearing role of women as a group]). Similar dynamics operate in some other nations, though many offer more generous family support.

What progress has been made worldwide in moving women into better wages and expanded influence is in important part due to the decision by increasing numbers to delay the start of their families into their 30s and 40s, or to have no children. As we'll see, women have benefitted, both individually and as a group, when they've timed births to occur after they've completed their educations and established at work. Absent a national family support system, delay has supplied women with a shadow benefits system. More and more women have noticed this and many have followed suit, where possible.

The constant media warnings about the dangers of delay often imply that women who wait into their thirties and forties to start their families are selfish, foolish, or both. Such pieces frequently overstate the dangers of infertility (which are real enough for women in their late 30s and early 40s, so accurate data would be sufficient warning) and overlook the equally real economic pressures that push women to wait until they feel financially and professionally, as well as personally, ready for family. Such discussions also overlook the extent

to which the movement of women as a group into positions of active influence in all spheres has depended on delay.

Fertility Rate and Birth Timing Trends

The effects of hormonal birth control, in concert with expanded education and work opportunities, have included both a decline in the total number of births and a rise in the ages at which women begin their families. Figure 1 tracks shifts over the last century in the fertility rate (births per year to women aged 15 to 44). A decline was already underway at the turn of the twentieth century, and it was steepened by the depression. That was followed by a sharp rise after the war and through the fifties and a quick fall again after the introduction of the Pill in 1960.

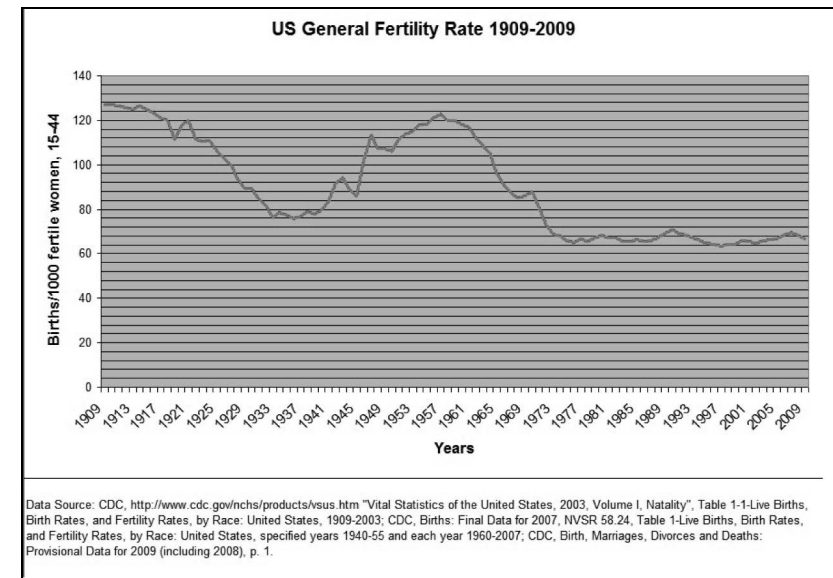


Figure 1: US General Fertility Rate 1909-2009

Though the U.S. fertility rate has been basically flat since the early 1970s, it has responded in small ways to the economic climate. The recent recession (2007-2010) has reduced both the number of births overall and the fertility rate. While the total number of births has declined, the average age at which U.S. women have their first child has risen—from 21.4 in 1970 to 25.2 in 2009 (CDC) (see Figure 2).

Figure 3 indicates the rise in the numbers of first births to women over 35, from 1971 to 2009. The fertility rate overall fell seven percent between 2007

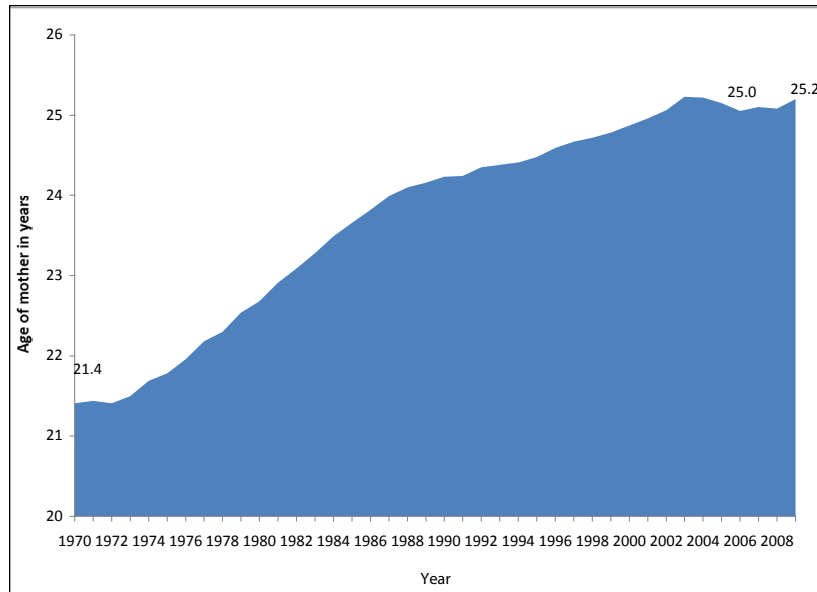


Figure 2. Average Age of Mother at First Birth: United States, 1970-2009. CDC Natality Statistics.

and 2010 (including a 17 percent decline in the teen rate), and while rates in all age sectors under 40 fell, including a 2.4 percent fall in the birth rate among women 35-39, the rate among women 40-44 rose eight percent while the rate for women 45+ held steady.² The fall in later births between 2006 and 2009 in Figure 3 reflects the recessionary fall in births to women 35 to 39.

The Effects of Delay

My 2007 study, based on birth and census data analysis and interviews with 113 women of diverse races from around the U.S. who had their first child at or after 35, by birth or adoption, found that most women delayed for one or more of four basic reasons: to complete their educations, to establish at work, to find the right partner for the long term, and to see something of the world and mature before settling down. These choices are made possible not just by birth control, but also by the public health gains of the past 100 years, which have added thirty years to the average life span. Clearly, women would not be able to delay childbearing into their mid-30s and later if their life expectancy were still 47, as it was in 1900.

The women I interviewed told me that delay enabled them to climb the ladders at work, to achieve higher wages than they would have been able to if they had not delayed, and to command flexible schedules when their children

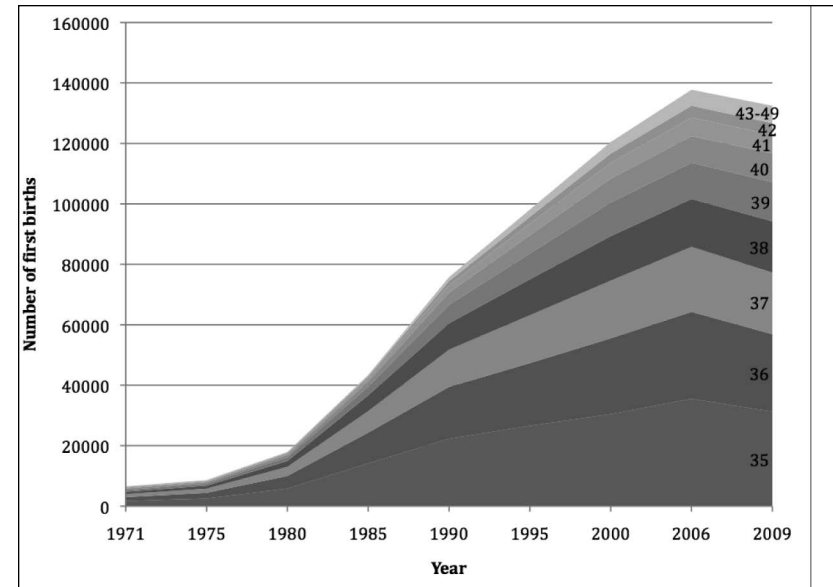


Figure 3: Number of U.S. Women Giving First Birth at 35 and Above, Cumulative by Age of Mother. CDC Natality Statistics, 1971 to 2009 (total number of first births in 2009 = 1,663,231)

did arrive that they could not otherwise have accessed. Because they had experience their employers wanted to hold onto and because they had proved themselves trustworthy over years, their employers were also more open than they would otherwise have been to allowing them to telecommute or to move to pro-rated part-time work. My analysis of 2000 census data confirmed the anecdotal evidence of the interviews, demonstrating that women who delayed made substantial long-term salary gains relative to women of the same education level who gave birth earlier (Gregory 2007).

The positive effect of delay on compensation has been further documented by Amalia Miller, who found (based on a pool of women who first gave birth between 20 and 34) that women who delay and get a college degree or more (the benefit accrues only to women who graduate from college) go on to gain five percent in wages per year of delay, and 12 percent or more in earnings per year of delay (see also Buckles).³ The increase in earnings is made possible by increased hours on the job (due first to delayers' lack of children in the early stages of their careers, and later to the ability their higher wages afford them to hire consistent good childcare).

Not only will the families of later mothers be better off financially on average and better educated, they are also more likely to have two parents at home to share the work of childrearing. The increase in births to single mothers is overwhelmingly a younger phenomenon, and when later mothers are single

mothers their higher average wages allow them to hire help that younger mothers cannot afford. New later mothers tend to be in peer marriages, with partners who have a similar education and a similar wage or earning capacity, which means that they tend also to share housework and childcare more equally than couples with differing education and wage levels. Perhaps as a result of all these factors, older mothers also report being substantially happier for the long term than mothers who start earlier (Myrskylä and Margolis).

Staying at Work and Equalizing Pay in Spite of Family-Unfriendly Policies

It is well known that women overall earn less for the same job than do men—the current figure is 77 cents on the dollar, with lower rates for women of color. Explanations have varied, from plain discrimination (women seen to be less deserving of full pay because, as the entirely inaccurate claim goes, “they don’t have to support a family”), to time lost in the job due to shorter hours worked in the years when children are young, to employers’ unwillingness to invest in female employees because they expect that they are likely to leave or reduce their hours (often a self-fulfilling prophecy when women are underpaid and cannot afford the childcare necessary to staying at work full time). All of these factors play roles in the lower pay outcome (AAUW).

The higher pay that later mothers enjoy is at least in part due to avoidance of the second of these dynamics. Census data reveals that later mothers are more likely to stay at work full time with young children than younger mothers (Gregory 2007, 110)—a situation that maintains their wage at the same time that it keeps them in the pipeline for advancement to positions of influence where they can shape policy. This does not resolve the issue of unequal pay, but it assists with lessening inequality for the group that behaves thus.

In our family-unfriendly nation, the lack of infrastructure to support families and caregivers—including lack of paid parental leave, lack of paid sick leave for all workers (so that caregivers don’t have to lose pay or their job when they or their kids get sick), lack of equal pay, and lack of a system of good, affordable childcare—means that women are punished for having children. Since the nation and employers have interests in convincing women to procreate (so that there will be a workforce in years to come) and in ensuring that their children are decently educated (so that that workforce will be sufficiently skilled), it might seem logical that they would want to make it attractive for women and their partners to choose to have children. In some industries that seems to be the case, but the business world as a whole has not embraced this logic to date.

In the U.S., the total fertility rate has stayed relatively high over the years (it’s currently slightly below replacement at 1.9 kids / woman [Hamilton]

compared to Italy’s 1.39, German’s 1.41 and Japan’s 1.21 [CIA]). In part this has been the case because women have felt that they do have some flexibility and support here (immigration also plays a role in keeping the rate up). But the recession is changing that: the birth rate is declining fast at the very time when the population of elders in need of a vibrant force of younger workers to supply them with services as they retire is expanding.

In good times, paying women less for out-of-home employment may have been expected to operate as a form of encouragement to stay home and have kids. But these days, failure to support families may well have a discouraging effect on the fertility rate, adding to the downward pressure already being exerted on the rate by the recession. Rejection of equity initiatives may turn out to be not just a continuation of the status quo; they may provide women with more evidence that mothers’ work is not respected and more reason not to do that work. As is the case in nations around the world, U.S. business and government will need to explore the relation between their interests in shoring up the fertility rate on the one hand and in keeping women’s wages low and limiting family services on the other.

Class

While later mothers tend to be financially better off when they have children, they do not all start out that way. Delay for purposes of education and work can be a class elevator. When working class women pursue education and establish themselves in jobs before they start their families, they may wind up rearing middle-class children. This was the case with a fair number of the women I interviewed—white, black and Hispanic.

But delay, and especially extended delay, is not always either desired or possible. Many people want to start their families while they are young, or at any rate not verging on middle age, or find themselves pregnant and choose to have the child. This reduces the likelihood that they will finish their degrees or, if they do, that they will be able to afford the childcare that would enable them to work consistently. Additionally, middle-class women as a group grow up with much more of an expectation that they will go to college than do working-class women. Their schooling, whether in private or public schools, tends to prepare them better for college, since public school quality varies widely by neighborhood and by the amount of added value in terms of time, money and human capital parents can contribute. As Kathryn Edin and Maria Kefalas demonstrated in their study of poor, single moms of diverse races—the lack of good job prospects for working-class women and their partners created by the decline in U.S. manufacturing fuels their trend to having children early and on their own. But some women are able

to use the combination of birth control, education and delay as a ladder out of poverty.

The 2007-2010 recessionary birth rate decline and the related increase in the numbers of young women going to college directly out of high school (up almost six percent between 2007 and 2010 [Bureau of Labour Statistics 2007, 2010]) has created a natural experiment on the effect of delay on the education and work opportunities of women, including working-class women. Over the next few years, we will be able to track the effect of delay and education on the earnings and experience of the cohort of women of various class positions and races who, absent the recession, would have been prone to early births. The availability of birth control, currently under attack in quite a few states, will be a factor in the outcome.

Race

Among biological mothers who started their families at or after age 35 in 2010, 63.14 percent were white, 9.12 percent black, 13.43 percent Hispanic, 13.08 percent Asian Pacific Islander, and 0.42 percent American Indian and Alaska Native (AIAN). Viewed comparatively, in 2010 9.05 percent of white first births were to new later moms, 5.21 percent of black first births, 5.37 percent of Hispanic first births, 15.39 percent of Asian and 3.27 percent of AIAN (Hamilton 2011, 24). These rates correlate roughly to the proportion of college graduates within each group (in 2000, when most of these women were 25-29, 34 percent of whites 25-29 had a BA, as did 17.8 percent of blacks in that age group, 9.7 percent of Hispanics and 54.3 percent of Asians [IES]). Apart from Hispanics, with a low level of college completion due to a variety of issues including language and immigration, the rate of later births within each group is between 25 and 30 percent of the number of college graduates (26.6 percent for whites, 29.2 percent for blacks, and 28.3 percent for Asians; with Hispanics at 55 percent). The consistency across the first three groups suggests that the race is less a factor than education level in determining who will delay.

But who has access to education is a class issue that often overlaps with race and culture. In 2009, 39 percent of Hispanic first time mothers 40-44 had a BA or higher, a low level compared to the 69 percent of whites, 52 percent of blacks and 68 percent of Asians in the same bracket. But that number has grown substantially from 2000, when 32 percent of Hispanic first time later mothers had a BA—an increase of 22 percent (compared to a 12 percent rise among whites in the same period, a 17 percent rise among blacks and a 24 percent rise among Asians). Higher education plays a markedly smaller part in the delay stories among Hispanic women at this point in history when the

group includes many immigrants, and a somewhat smaller part in the story of black women, but in both groups it is also an important part, as my interviews document, and one that is on the increase.

Intersections of gender, race, class and sexuality inform the opportunities open to all of us. Delaying motherhood has served as a workaround for many women seeking to combine work and family. But it does not serve all, at least not directly.

Policy and Politics

There is, however, at least the possibility that it could assist all, indirectly. While women who delay see individual benefits, they may also shift the environment for women overall. This may occur through the action of others; for instance, when administrators (male and female) introduce family-friendly work policies in order to retain good female workers in whom they have invested much training or who demonstrate skills or have experience the business wishes to retain. Such policies may also assist them in recruiting other good workers, and may be extended to the group of all employees within a company. Overall, however, the flex benefits extended in some companies to female workers have not consistently been extended to women who are not full-time, white-collar workers.

More change comes when women themselves make new policy. The group of women in policy-making roles includes those who had no children, those who delayed, and those who had children earlier and were able to move up. While there is no one route up the career ladder, women who have delayed are an important part of the expanding pool of female policy makers. In the Senate, for example, more than half of the current 17 female members either have no children or had their first in their mid-30s.

So far, due in important part to the still relatively small numbers of women in policy roles in both business and government, feminist policy change has been limited. But we have seen some efforts at change—and in some cases, some success. The most well-known recent example of feminist legislation is the *Lilly Ledbetter Fair Pay Act* of 2009, which passed through the efforts of female legislators. The *Ledbetter Act* was not an advance in itself, however, but a corrective to a 2008 Supreme Court ruling that had set back women's access to compensation for discrimination. Soon after the Ledbetter vote, the same female legislators and their supporters were able to introduce but not to pass the Paycheck Fairness Act, which attempted to give teeth to the unenforceable *Fair Pay Act* of 1963. It failed because it was perceived as bad for business, but it has been reintroduced in 2012.

Similarly, in 2008, U.S. Representative Jackie Speier (a new later mother

and the first woman to deliver a child while in office in the California Legislature) proposed a Presidential Commission on Women to explore the status of women in the nation, including issues like pay inequity and lack of female representation in public office. The proposal was supported by women's groups but did not get presidential endorsement (President Obama, himself a new later dad [at 36 and 39] whose working wife had her children at 34 and 37, had just inaugurated an interagency council focused on government policies toward women and girls). The commission's proposed inquiries into pay inequity were also perceived as threatening to business.

Of course such legislation does challenge a certain kind of business—the kind that depends on paying its workers unfairly. But higher wages in workers' pockets would lead to more demand for services (one service women workers would immediately spend their increased wages on would be good childcare). Thus the long run effect on business overall need not be negative, though there would of course be work to do to design the fairest and most efficient fair-wage system. And there would be dispute, based on interest group. Again, the initial factor for getting women's concerns addressed will lie in arriving at a point where women's voices are influential enough to be taken seriously.

Perhaps the more threatening aspect of such inquiries as Speier proposed is their initiation of an overt national dialogue about the way pay works in U.S. culture. Of course many are fiercely opposed to having such a dialogue, since it risks revealing inequities operative along class and gender lines that challenge the American Dream narrative of fairness and equal opportunity. The discussion has had a major opening, however, through the Occupy Wall Street movement. The dynamics of motherhood, gender, race and class are becoming part of that discussion increasingly. Much of the recent critique of national family policy is powered by research on the economics, sociology and politics of motherhood and inequity by scholars who are themselves later mothers (or the partners of later mothers), or who have no children as yet (some of those intending to have none, others planning to start their families later).

Along with pay equity, perhaps the most helpful policy change for families would be a good, affordable childcare system. Currently such care is available to relatively few children, but society as a whole suffers the consequences when the young children who will be the workforce of the future spend much of their formative years stationed in front of televisions, without stimulating games or engaged caregivers. Lack of good care connects to diminished resources for employers and to life-time poverty and diminished opportunities both for the children who do not receive good, consistent care and those mothers who against their own desires must cut short their own educations and reduce their lifetime earnings and retirement incomes. There are many ways that a national childcare system might be configured: the French model includes neighbor-

hood centers, staffed by trained and well-paid professionals, and provides good, affordable care to all the children in the area whose parents chose it. Such centers could also offer parenting classes and drop-in care linked to the health care system. Different kinds of centers could involve different costs to parents, who could choose among the available options. Payments could be on a sliding-scale, with underwriting from some combination of employers and the tax payers (in the big picture, the major beneficiaries).

Such centers would create hundreds of thousands of good jobs, many of which would go to women. They would differ from current childcare positions in levels of pay, training, and respect. The human capital of teachers would grow as well as that of kids. Such centers would change the current culture around childcare—countering the current guilt-inducing media coverage that misrepresents childcare's role. Good childcare has much to offer kids in terms of socialization, range of activities, structured environment, and skills development, especially if it's combined with flexible work arrangements that allow parents to cut back on work to be with kids as needed.

At the same time, such centers would lessen the pressure on women to delay childbearing, because they would not need to wait until their salary was high before they could afford the kind of childcare they desired (part of the reason many women wait) and, since they had access to good reliable care, they would not lose traction in their careers. Such policy would realign the operation and valuation of women's work in the United States on many levels. House Minority Leader Nancy Pelosi (not a later mother but the mother of several) stated in 2011 that the next legislative initiative on her agenda was comprehensive childcare. If she does indeed push it forward, she would be speaking for a big constituency.

Infertility

At the same time that delay creates opportunity for many women, it also creates a risk of infertility. This too has costs. The huge majority of women cannot become pregnant and give birth after 44 with their own genetic material. Roughly one third of women are infertile at 40, at 41 more than 50 percent cannot get pregnant on their own, and after that the numbers decline precipitously. (For more discussion, see Gregory.)

Some women who encounter infertility go on to adopt. Others try IVF, with their own eggs or those of a donor. IVF success rates with a woman's own eggs vary widely by her age.

With donor eggs from young women, on the other hand, the success rate for recipients of all ages is 55.1 percent with fresh embryos and 33.8 percent with donated eggs that were frozen and used later (all success rate data from

Age of Mother	<35	35-37	38-40	41-42	>42
Fresh	41.4%	31.7%	22.3%	12.6%	4.2%
Thawed	35.6%	30.9 %	26.1%	22.1%	13.9% ⁴

Figure 4: IVF Success Rates with Non-donor Eggs, 2009

2009 [SART]). All of these methods are expensive (at least \$15,000 and often higher).

Clearly there are both personal and economic consequences to infertility. Later births can involve increased rates of health problems for mother and child, which add an additional element of financial and emotional expense. There is also a societal loss when women and men who want children don't have them. On the other hand, some women who delay past the point of fertility remain childless with equanimity. Some who delay and use fertility treatments successfully are pleased.

In order to make informed choices about family and work, it's important for women to have full and accurate data on all the potential tradeoffs involved in their birth timing choices, from both the work and family sides.

Mandated fertility insurance is one way to lessen the cost of fertility treatment to women—not only for those who become infertile due to delay, but for those who encounter infertility due to endocrinal or other health or structural issues, or those whose partners are infertile. Currently fifteen states offer such insurance, which adds minimally to everyone's cost of insurance but substantially lowers the cost to individuals and cuts the price of treatments overall through economies of scale. Coverage also equalizes access to treatment. Treatment does not guarantee success however, so insurance is not a cure-all. Though women delay for many reasons, insofar as they delay in order to be able to afford good childcare and to ensure that their progress up the job ladder is not impeded by having to step out of the work stream, one of most effective ways to avoid infertility would be to institute a good, affordable national childcare system!

Conclusion

As a group, women have been working for ages to get our voices represented in the polity and our concerns heard. As the experience of millennia has dem-

onstrated, nobody is going to make the argument for women except women, along with a few men supported and pushed by female colleagues. Thus, the societal benefit of delay: only if sufficient numbers of women become policy-makers will they be able to create a family-friendly environment that does not require women who want a sustained career to wait to start a family if they prefer to do so earlier.

There are enormous issues in play here, and the next few decades will see major transformations. Birth control undoes the social systems designed for millennia around the assumption that women would be baby machines. But the process of developing new systems has taken time and happened incrementally to date. Birth timing and delay of or abstention from motherhood have served women as the first steps in that process, allowing them to trickle up into policy-making roles in business and government where they can begin to represent women's interests. Women nationally have begun to advocate for a more robust family-support infrastructure, which could take some of the burden of the production of workers from women, and share it with those who benefit most from those well-educated citizen/workers: business and society. The current politicization of birth control pushes back against women's increasing political weight. Paradoxically, in the current system a family-friendly world becomes possible on a major scale only when significant numbers of women delay children or don't have them at all.

¹Even when women don't have direct access to birth control or information about it, which is increasingly the case in some areas, someone is *choosing* not to provide that access. Efforts to restrict birth control and abortion access, some of which claim to be about existential and moral questions, often involve attempts to undercut the radical effects of birth control—both realized and potential—on the economies of the world and on our patriarchal work and reward system. No surprise that changes in the structure of maternity also affect the economics of patriarchy.

²From 2007 to 2010, the overall birth rates plunged 17 and 16 percent, respectively, among U.S. women ages 15-19 and 20-24. The declines shrink with each step up the age ladder: -9 percent among those 25-29, -4 percent among 30 to 34-year-olds, and -2.4 percent among women 35 to 39. The rate for women ages 40-44 *rose* eight percent in the same period. Rates for first births were similar, except among 30 to 34-year-olds, whose rate rose one percent in 2010. (All data from CDC Birth Data Reports for the years in question.) Census data for the first half of 2011 indicate that the overall decline continued (Frey).

³The overall wage gain to all women averages out to three percent but the gain is only realized by college graduates, at five percent, with earnings aver-

aging roughly 12 percent. The figures given here extrapolate from the study's conclusions about the wages of all women, and were confirmed in email correspondence with Miller.

"Thawed rates are higher for non-donor eggs for women 38+ because they were harvested when the mother was younger. Thawed rates are lower for donor eggs because freezing lessens viability somewhat.

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