

Second Opinions: Negotiating Agency in Online Mothering Forums

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Abstract

Study background: Online forums and other virtual communities are an increasing source of postpartum support and information for first-time mothers. However, there is little evidence about how new mothers in Canada access and use online resources.

Purpose: The purpose of this study was to examine how first-time mothers accessed information and support both online and off-line during the first six months postpartum and how their experiences were constructed through social and institutional discourses.

Methods: A qualitative feminist poststructuralist approach was used to analyze an online discussion board with first-time mothers in Nova Scotia.

Results: Mothers who used the online discussion board experienced a sense of community with other mothers where empathy and encouragement were integral to the ways in which information and support were shared. “Weak ties” (with strangers) were important and led to the following themes: (a) empathy, encouragement, and information; (b) socialization; (c) blurring the boundaries of online and off-line networks; and (d) Developing community.

Conclusions: These online forums offer insight for health professionals looking to improve mothers’ care postpartum and point to a need to foster spaces for new mothers to talk to each other.

Keywords

Online forums, mothers, agency, privacy community, networked individual

Introduction

Online forums and other virtual communities are an increasing source of support and information for mothers in the early postpartum period (Aston, Price, Monaghan, Sim, Hunter & Little 2016a; Bernhardt & Felter, 2004; Lagan et al., 2010, 2011; Zhao & Basnyat, 2018; Zhu et al., 2019). Formalized postpartum care delivery has been changing across Canada with a decrease in face-to-face meetings and reduced services in rural areas (Campbell, Mackinnon, Dobbins & Van Borek, & Jack, 2019). While the majority of mothers in Nova Scotia, Canada are initially contacted either in the hospital or by telephone by a public health nurse (PHN), only a minority receive in-person follow-up once the mother has returned home (K. Inkpen, personal communication, 2019). Parents rely on a multitude of face-to-face postpartum supports including family resource centers, home visits by PHNs, drop-in centers,

and in-person care and support provided by physicians, midwives, family, and friends (Hudson et al., 2008; Leahy Warren, 2005; Negron et al., 2013; Teeffelen et al., 2011). However, the current COVID-19 pandemic has significantly altered access to many of these resources. During the COVID-19 crisis, the public health agency of Canada has advised parents with a newborn to stay at home, not to have visitors and to reach out virtually to health-care professionals if needed. They also state that “postpartum women are at higher risk of

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mental health issues” (Government of Canada, 2020). In addition, anecdotally, it is reported that individuals are not accessing needed resources and services during COVID-19 for fear of acquiring the virus. This has created a highly problematic situation for parents and babies during this vulnerable time.

Over the past 10 years, there has been an increase in supports available online (Public Health Nova Scotia, 2020); however, while mothers’ social networks appear to be moving from face-to-face to “virtual” meeting spaces for both information and support, there is little evidence about why and how new mothers in Canada access and use various resources. In this paper, we will report findings from a research study conducted in Nova Scotia, Canada that examined how mothers used *Baby Centre*, an online public chat space for parents, during the first six months postpartum. We found that the forums within *Baby Centre* offered a sense of community to members where empathy and encouragement were integral to the ways in which information and support were shared. Personal stories were shared in a nonhierarchical environment in a way that was engaging, sensitive, and supportive. Although the women who participated in the online forums spoke about receiving information from health professionals, it was also evident that connecting with other mothers experiencing similar situations was important to them. These women used online forums because they either did not have face-to-face connections with other mothers or they wanted extra validation to supplement the support they received off-line. We examine how online community has been theorized as both a space of inclusion and exclusion for new mothers, and how networked individualism moves beyond the binary of online/off-line life, emphasizing the importance of interpersonal ties established through online communities.

Background and purpose

The debate about whether a community can form virtually has emerged since the mid-1990s, when people first started connecting with each other online. Some researchers suggest that for those who do not have close communities off-line, the online world offers a valuable place where people can connect with others who have similar interests (Hudson, Campbell-Grossman, Keating-Lefler, & Cline, 2008; Johnson, 2015; Rettberg, 2014). This can be particularly comforting for those who feel isolated and are looking for others who understand their particular experience (Hunter, 2015). The online world also overcomes obstacles of time and space, allowing people to connect regardless of geography and at asynchronous times (Barney, 2004; Wellman & Gulia, 1999). However, others have argued that true communities are made up of a diversity

of voices, and caution that online communities risk turning into “communities of interest” (Hassan, 2008) or “echo chambers” (Sunstein, 2007) where only like-minded people with similar values are welcome, and anyone else is shunned.

The ease with which people can go in and out of online communities, while seen as an advantage by some (Wilbur, 1997), is precisely what has worried some skeptics. Some scholars recognize that commitment and trust-building are the cornerstones of true community and caution that the anonymity the Internet affords, coupled with the ease with which people can step in and out of online spaces, runs counter to this (Barney, 2004; Putman, 2000). Due to the increasingly ingrained role of the Internet in our daily lives, recent theorizing has questioned whether a distinction exists between online and off-line life. Following this line of thinking, online communities are not separate and distinct from our off-line lives, but rather, contemporary society is comprised of “networked individuals” (Rainie & Wellman, 2012) who use the Internet and social media to connect with others beyond their immediate, close social circles. The connections made online are an integrated element of one’s life, rather than a separate sphere. Although we might not be strongly connected to the people we meet online, these “weak ties” can have strong social value. As Rainie and Wellman (2012) write, the Internet helps people “maintain contact with weaker ties: friends, relatives, neighbors, and workmates with whom people are not very close” (p. 13). While these may not be close connections, such as the strong ties we have with close friends and family, weak ties can be crucial. These weak ties provide us with important information through our navigation of support and social systems when looking for jobs, dealing with health issues, deciding what products to buy, or even struggling with navigating bureaucracies.

When mothers go online to seek information or support, there is a myriad of content available. There are many websites that provide information that is meant simply to be passively consumed. However, social media platforms—such as blogs and online forums, go beyond passive relay of information by offering the opportunity for engagement and support (Baker & Yang, 2018; Hunter 2015; Bridges, 2016; Denton et al., 2020; Hudson, 2008; Johnson, 2015; Lebron et al., 2020; Rettberg, 2014; Ruthven et al., 2018; Teaford et al., 2019; Zhao & Basnyat, 2018; Zhu et al., 2019). These are spaces through which mothers can share personal narratives and foster connections with other mothers. Many mothers have found “mommy blogs” to be important places to connect with others, overcome feelings of isolation, and form close bonds through shared stories of motherhood (Friedman, 2013; Morrison, 2011). Mommy blogging has even

been called a “radical act” (Lopez, 2009) in that women are using these spaces to construct authentic narratives of their lives that are dramatically different from the idealized version of motherhood often presented in mainstream media. Like mommy blogs, online forums also offer a space for connection, but they differ from blogs, in that they are not “owned” by one person. Rather, these are publicly accessible online gathering spaces where mothers can ask questions, share stories, and solicit responses from a wide circle of mothers who may relate to their experiences. While blogs are places where one mother shares her story and others react, forums are nonhierarchical places where many mothers congregate.

Previous research examining how mothers use online forums pre- and postpregnancy found that the interactions on these forums offer an important form of social support (Arnold, 2011; Chan, 2008; Denton et al., 2020; Hudson et al., 2008; Lebron et al., 2020; Pederson & Smithson, 2013; Ruthven et al., 2018; Teaford et al., 2019). Online discussion forums can be sources of information (both formal and informal) and emotional support throughout pregnancy as mothers navigate the challenges of parenting from the early postpartum days through to the toddler years (Drentea & Moren-Cross, 2011; Teaford et al., 2019). Drentea and Moren-Cross (2005) found that mothers use online forums to validate their experiences with their child as “normal.” For instance, they might go to forums to find out if their child’s feeding schedule is similar to others’. The discussion that ensues around these types of questions becomes an important form of “informal information sharing” (p. 50) that mothers use to help them decide whether they need to seek further consultation from professionals such as a primary health-care provider. Mothers also access online forums to discuss official recommendations made by pediatric boards, health professionals, or cited within books. Research has also found that some mothering sites are more than just about parenting. They can be places where mothers go for general “advice, entertainment, debate, and the opportunity to compare experiences with other women” (Pederson & Smithson, 2013, p. 97). For example, Lebron et al. (2020) found that mothers used the online forum Baby Centre to share experiences about breastfeeding and offer support to others. Teaford et al. (2019) found that new mothers on Baby Centre used the forums to share information, for entertainment and as a source of community.

While this previous research has discussed the importance of online forums for information and support, we examine the intertwined nature of these ideas and emphasize how empathy and personal story telling in a nonhierarchical environment is key to how information and support are offered. Through shared stories and empathy, women offer comfort, reassurance, and

advice. This paper also examines more closely the type of community that emerges through these forums, emphasizing how these forums blur the boundaries between online and off-line life. We argue that online mothering forums can provide women with crucial “weak ties.” These online communities provide them with valuable support that they may not have or supplements the support they do have from off-line friends and family and enables them to expand their reach as “networked individuals” (Rainie & Wellman, 2012).

Purpose of study

The purpose of this study was to conduct a comprehensive exploration and mapping of *how* first-time mothers chose to access or not access different postpartum supports through online and off-line social networking practices across Nova Scotia, Canada. Nova Scotia is a province in Eastern Canada with a population of about 1 million people. Just less than 50% live in or near the urban city of Halifax with the rest living in rural areas across the province. We sought to understand not only where mothers accessed information and support, but also how they experienced it through their own beliefs and values about mothering and how their experiences were constructed through social and institutional discourses. We collected data from three data sources: 2 focus groups, 10 online electronic interviews and Baby Centre, an online chat space for parents with a new baby. Our research question for the online chat space was “How do first-time mothers engage in online chat spaces while identifying and prioritizing their own postpartum needs to access information and support within the first six months postpartum?”

Methods and procedures

Feminist poststructuralism (FPS) was used as the guiding methodology along with discourse analysis (DA) (Aston, 2016b; Butler, 1992; Cheek, 2000; Foucault, 1983, 2005; Scott, 1992; Weedon, 1997) as a way to understand how experiences are personally, socially, and institutionally constructed through different subject positions that might include gender, race, ethnicity, sexual orientation, class, socioeconomic status, culture, and abilities. FPS enabled us to examine and deconstruct the values, beliefs, and practices of first-time mothers that then led to an understanding of how their experiences were constructed through social and institutional discourses. We did this by looking for moments of tension and conflict that were negotiated by mothers through relations of power. The concept of subjectivity was used to examine how the mothers positioned themselves as new mothers and how they felt in relation to others (health professionals, family, or peers). The

concept of agency also enabled us to understand how power was negotiated by the mothers and how they gained control in their lives to make change. We paid close attention to the language, meaning, and relationships between participants, others, and the health-care system.

Data collection and ethics

Ethics approval was obtained from the IWK Health Centre Ethics Board. The research team initially conducted an environmental scan of the blogosphere and online forums in Nova Scotia used by first-time mothers and identified Babycenter.ca. Permission to use posts in our research study from Baby Centre was not required by ethics as it was a public forum, where anyone from the general public could read or post comments (other research has used the forums on Baby Centre in a similar way to gather data; see Denton et al., 2020; Lebron et al., 2020). Participant recruitment was not required for this study; however, the posts used in our analysis had to be (1) written by a mother in Nova Scotia who was detailing life with a child during their first six months, (2) written in English, and (3) written between 2015 and 2016. We were able to identify first-time mothers who were living in Nova Scotia based on the content of their posts. We used quotations exactly as posted and just in case mothers posted their real names or webnames we changed all names to pseudonyms. We identified 21 mothers from Nova Scotia and collected a total of 724 individual posts from September 2015 to March 2016.

Data analysis

One team member organized the data from the online forum and developed initial themes. A full team meeting was then held to discuss the themes and apply FPS and DA using a guide developed by Aston 2016b. No software was used as the iterative process requires a fluid type of deconstructing and constructing. Word documents are more conducive to organizing this type of analysis. Our team had critical discussions that led to consensus about the findings. Trustworthiness was attained through field and process notes; credibility through regular discussion and consensus of the ongoing analysis; transferability through comprehensive descriptions, in-depth interviews and quotations; and dependability and auditability with record keeping of decisions (Creswell & Poth, 2018). We have also shared our results with two mothers' groups in Nova Scotia who agree with our findings including the need for more supportive online spaces for mothers to connect.

Results

Our analysis yielded four major themes: (1) personal narratives: empathy, encouragement, and information; (2) socialization; (3) blurring the boundaries of online and off-line networks; and (4) developing community. Mothers participating in the forums used the space as a means of *asking* for advice and/or support as well as to *offer* advice and/or support. Sometimes, mothers participated in both roles over an extended period of time. Of the 21 mothers in this study, 16 used the forums to both ask for and offer advice/emotional support, while 5 used the forums exclusively to offer advice/support. It was more common for mothers to respond to posts rather than initiate posts themselves. Of the total of 724 posts that were examined, 150 posts were categorized as "original posts" from mothers followed in this study, while 674 were responses to other mothers' posts. All posts are presented verbatim.

Personal narratives: Empathy, encouragement and information

What is "normal"? An online community helps reassure. Many women used the forums for feedback on whether their experiences as new mothers were "normal." Most of the questions revolved around infant feeding (e.g., breastfeeding, bottle feeding), sleep, baby development and milestones. Questions were usually accompanied (or preceded by) their own personal story and the underlying tone of many of these posts was that they were seeking reassurance that other mothers had experienced something similar. For example, in a post from Michelle (pseudonym) titled "Breast pain," written when her child was three weeks old, she asked whether the feeling she had in her breasts was something she should be concerned about, stating:

Hi ladies—just wondering about normal breast pains. My doctor put me on medication to increase my supply (my little one wasn't gaining breastfeeding alone so we were supplementing with formula and now I'm happy to say we're back to BF [breastfeeding] alone since he's three weeks and well back over birth weight!)

The last few days I've noticed I get a weird throbbing sensation in my breasts every few hours and only lasts for about 15 to 30 seconds but I'm just worried about what it is any ideas? I also get it when feeding but on both sides?

Two separate mothers responded that what she was experiencing was likely "let down," with one saying that she had experienced the same thing. This was a typical response on these boards—when a mother

asked for advice or help, others would respond with their thoughts and analysis, grounded in their own personal experience.

Participants also expressed concern as to whether their babies were developing “normally” in terms of weight and size. For example, Michelle posted:

Just had our one month appt—LO [meaning little one] is growing in length and head size, but has had no weight gain in two weeks. EBF [exclusively breast fed], filling diapers etc. Another appt next week but worried. Anyone in a similar spot? Barely over birth weight.

Many mothers replied with their own stories of their babies not gaining weight as fast as their doctors would have liked. One had practical advice—suggesting that Michelle pump breast milk to feed the baby in order to track how much the baby was eating. However, the overall response was reassurance not to panic, that in all likelihood her baby’s development was perfectly normal, although some did suggest that the mother continue to seek professional advice from a doctor or nurse. Providing reassurance was typical of the responses when mothers posted questions about how “normal” something was.

In another example, Miriam wondered whether it was normal to be worried about circumcising their son:

So DH [darling husband] really wants to have baby circumcised. I got the referral today and the Dr just called to let me know she can do it on sept 17. I was all for it and ok with leaving it as DH decision but now I’m worried. I just can’t imagine inflicting pain on him. My poor baby. DH had a rough day at work and is crashed out right now but I’ll have to talk to him when he gets up. I completely understand his reasons for wanting it done and I did agree but is it normal to be nervous about it now?

There was a range of responses to the post, with mothers on both sides of the issue—some saying it was medically unnecessary and others saying the pain was minimal. In the end, Miriam said that the responses on the board helped with reaching a decision:

Thank you ladies. This made me feel better. I won’t get into all the details but I have done my research and I do agree with DH for us it is the best option

Advice and second opinions. We found that if the participants in the online forum felt they were receiving conflicting information, they would turn to the forums for a second opinion. For example, many were interested in when to transition infants to solid foods (e.g., what

foods to introduce first) as well as whether to introduce formula. Some forum users indicated that they were navigating conflicting information; they had read online that infants should not have solid food until six months but had doctors or family tell them to start earlier. For example, Caitlin, who was thinking of transitioning to formula from breastfeeding, wrote:

Hi! I looked online but am finding conflicting answers. My nurse friend suggested I start LO [little one] on soy formula due to all the issues we are having breastfeeding [sic] and see if they go away but I have no idea how much to give her. I’ve read it depends on age and if she is getting solids but I see 2–2.5 oz per pound coming up a lot? I feel like there has to be a cap though, like if she weighed 25lbs she would be eating between 50–75oz!!! (she doesn’t, I think she is between 18–20) so please help so I don’t starve or overly plump my little peanut!:) (Picture just for cuteness)

Caitlin received many responses from mothers who also told their stories, and gave specifics about how much their babies ate, to which she responded with thanks.

The tone of many of the posts in which mothers were asking for advice or reassurance was often tinged with desperation; mothers were coming to these forums because they either had no one else to ask or they were not getting the type of support they felt they needed from friends, family, or health professionals. Often, they were experiencing points of stress related to baby care such as Elaine who wrote:

my lo sleeps pretty good at night but will not sleep during the day unless in the stroller/car or being held. Everytime I try and put him down he instantly wakes up. I’ve tried wearing him, etc. but nothing keeps him asleep. I don’t mind some days but others I’d love to take a nap, do some chores etc. I know he is only little once but I’m exhausted by the end of the day constantly holding him.

Elaine received many responses from mothers who empathized and offered suggestions based on their own experience. For example, one wrote:

I’m in exactly the same boat . . . he used to sleep a bit in his playpen, but now even that doesn’t happen. I know he’s a lot clinger because he’s going through a wonder week + has started teething, so I’m trying to stay patient.

One thing I think helps a little was that I lined the crib with a fluffy blanket for naps, just to make it cozier. He seems to wake up when he leaves the warmth of my arms, and at night we swaddle. I’m going to try swaddling for naps if it doesn’t improve. Let me know if you have any luck!

Some questions on the forums took a more measured tone. These questions came when mothers were anticipating running into issues, rather than being in the middle of a crisis. They were looking ahead and hoping to solicit advice from a broad community. For instance, Michelle had questions about how much milk she should be freezing in anticipation of an outing:

Hi ladies—just started pumping for an occasional outing—how much milk do you freeze per bag? My 6-week old is EBF [exclusively breastfed] so unsure what a serving is for him

Nine posters responded with a range of advice and stories about their own experience and Michelle responded positively to the advice, writing: “This was all great info thanks so much!” These types of responses were typical on the forum and what they suggest is that mothers who used these forums were not necessarily looking for “the right answer,” but rather for a community where they could get a range of responses and advice that would help them in their own decision-making.

Worry and anxiety: Infant advice as a relation of power

For most first-time mothers, the transition to motherhood can be a time of turbulent changes and steep learning curves, particularly during the first six months of the postpartum period. Many of the mothers on the forum posted in times of great panic, stress, and worry. They reached out to their online community to normalize their experience, seek out advice, or vent about their frustrations and concerns. Mothers using the forum expressed concerns about whether their babies were “doing what they are supposed to” in accordance to recommendations made by various health-related institutions. These institutions can produce a myriad of early parenting resources based on research and evidence-informed practice (Healthy Beginnings, 2020; Newman, 2020) and, from our interpretation, were perceived as accountable, trustworthy, and reputable by forum participants. However, this again raises the question about how and why mothers are seeking “normal” and from what discursive subject positions they are searching. For example, Gabrielle wrote a post expressing anxiety about her baby sleeping tummy-down, as it contravenes recommendations from the Public Health Agency of Canada for the prevention of sudden infant death syndrome:

It’s been weeks since I worried about sids. Dot is a super healthy babe and she’s slept on her side forever but never her tummy. Since she’s been able to roll onto her tummy she does it and tonight I put her on her side in her bassinet and she woke up, rolled to her tummy and is now

back to sleep. She has a tiny little binky in the bassinet with her one of those little blankets with stuffed heads (not even bug enough to be called a blanket more like a satiny face cloth with a stuffed head lol) and it isn’t next to her face it’s behind her head, and I felt her face so I know for a fact that her nose is free (I could feel the nostril opening lol) but here I am, I should be trying to sleep but all I can think is my girl is on her tummy omg what if something happens? I just want to sit next to her with my hand on her back making sure she’s breathing! I haven’t been this scared in a really long time! How do you mama’s with belly sleepers deal with the worry?

Michelle wrote a post about how nervous she was about her baby’s five-week appointment. She did not specifically ask for advice or help but made it clear that she was not sure why her baby was not gaining weight and wondered if she was doing something wrong. Mothers were quick to share their own stories of babies with slow weight gain. They reassured Michelle and told her not to worry, with one respondent saying her baby looked healthy and alert in response to a shared photo. Michelle thanked mothers for their responses and mentioned that the support on these boards helped her to deal with her worries:

Thank you so much for all your replies—he’s so happy and easy—it’s tough because I’m waking him to feed through the night and my doctor has me so worried about him getting all his feedings i doubt I even know his cues! I wish I could say he’s gained a pound since birth but hopefully we’ll be there soon.

Thanks again ladies—the support on these boards gets me through!!

To understand why mothers feel anxious and worried when searching for what is “normal” for their infant, we can gain some insight by examining the relations between mothers and their health-care professionals. While a health-care provider (HCP) is often cited as the first person a mother would go to for advice there can sometimes be tension in the interactions between mothers and HCPs. Many mothers have reported that they were spoken to condescendingly and felt judged by HCPs. This has been shown to be part of an institutional discourse where surveillance continues to be part of normal everyday practices in the health-care system (Peckover & Aston, 2017). In her research, Aston (2002) found that the first-time mothers she interviewed sometimes felt conflicted when they did not agree with the advice they received from their doctors. Many would try to follow the advice but when it did not feel right, they would search for more information and ultimately alternative supports for their own beliefs and values.

While advice from HCPs is expected to be based on evidence, mothers continue to question the reliability of information, especially when different advice is being presented by different HCPs. More recently in their research, Aston, et al. (2015, 2016a, 2018) and Price et al. (2017) found that mothers use their agency to question, challenge, and compare advice from multiple sources including HCPs. While Baby Centre was not a website or blog that posted information for new parents, we found that the mothers used it to share ideas, give support, and look for second opinions.

In particular, in Baby Centre, mothers talked openly about mental health, such as postpartum anxiety and depression. These health issues continue to be stigmatized in society which may limit their discussion by mothers in “public spaces” (Evans et al., 2012; Johnson, 2015). Sometimes, the posts led mothers to provide more than just emotional support, such as instrumental and informational support. For example, Alessia posted:

I don't know what's going on, I'm having anxiety feelings (I think) over my daughter turning seven months next week. Obviously I know she has to grow so what the hell is my problem. I feel like crying every time someone asks me how old she is. Am I the only one?

One mother responded that what Alessia was feeling could be a normal response to watching your child growing up; however, other respondents wondered if Alessia was experiencing postpartum depression and/or anxiety, including Cara who wrote:

It could just be a normal reaction to how fast they grow up, or it could be postpartum anxiety. This is discussed less often than pp depression, but is still common. Be patient with yourself, and if it persists, see your doctor.

Socializing

These forums were not only places where mothers went to share and discuss concerns about parenting, they were also used as a means for socializing with other mothers online. For instance, mothers participated in photo threads, which consisted of mothers sharing photos in a show-and-tell format and admiring each other's babies. These threads commonly focused on age milestones (such as when a baby turned one month, two months, three months, etc.) but could also pop up for no specific reason. For example, when a mother posted a photo of her smiling child with the caption “Gotta say, even when I'm exhausted from lack of proper sleep, she smiles at me and it just melts my heart and makes me feel better,” Miriam then responded with a picture of her

own child and this caption: “I hear you. This smile makes the sleepless nights totally worth it.”

Mothers also used the forums to talk about issues unrelated, or tangentially related to their babies, such as relationships with their partners or ideas for future business ventures. For example, one mother, Frances responded to a thread asking where everyone met their husband:

Great thread, Love hearing everyones stories! We met on eHarmony, with a first date at Tim Hortons as well! Little more than 2.5 years ago: D—lurved the ICQ [messenger chat platform] reference someone mentioned—man I loved ICQ!

Although these posts seem to come from a lighter and more playful aspect of mothering, this type of communication is essential, as it highlights the importance of socializing and comradeships among mothers. Through the focus group interviews that were conducted as part of the larger study, we also found that relationships and supportive conversations were extremely important to new mothers (Aston et al., 2016a, 2016b, 2018; Price, 2017). This is supported by many health-care professionals who practice family health nursing and relational inquiry, a strength-based focus on empowering clients (Hartrick Doane & Varcoe, 2015).

Blurring the boundaries of online and off-line networks

Mothers used the forums to meet others in their geographical area by organizing face-to-face “meet ups.” It was evident through the forums that although the online environment did provide information and support, there was still a desire to find friends with babies that they could meet up with off-line. For example, a post like this from Danielle was typical:

Hi there is anyone from Halifax? I moved here a few years ago from England but don't know many people locally with babies! Looking to meet up with a group for walks/chats. Let me know if you know of a group:) thanks

At times there was evidence that mothers did end up meeting off-line. For example, after making arrangements to meet others at a local park, Catherine wrote, “Had a wonderful time ladies! Look forward to next time!” However, in other cases, it was unclear whether the exchange on the forums actually led to anything off-line. Unless mothers specifically posted on the forums about having had met up in person, it was difficult to ascertain whether there was further contact, as mothers could also private message each other through the *Baby Centre* website.

Regardless of whether there was a “meetup” in person/off-line that amounted to anything meaningful, the evidence that this forum was being used in this way demonstrates that there was a desire for people to meet each other off-line and connect with others in their own geographical proximity. While the online forums may have fulfilled the information and support needs of participating first-time mothers, the desire for face-to-face socializing remained.

Developing community

As outlined earlier, some sociologists argue that online communities often turn into “communities of interest” where people share the same ideas and values, rather than reflect mainstream/off-line communities that include people with differing perspectives (Hassan, 2008; Putnam, 2000; Sunstein, 2007) and evolve into spaces where the only type of response that is acceptable must be positive and supportive (Drentea & Moren-Cross, 2005). To some degree, this same tendency did manifest on the forums we examined. We found limited controversy; most posts were comprised of similar and different opinions all expressed in a supportive manner. Mothers shared their own stories, points of view, and experiences and had back and forth discussions.

The posts by mothers through the forums demonstrate that they made important connections. Mothers offered each other empathy, encouragement and information, and some of the mothers used the forums to connect face-to-face with other mothers in their area. While the forums provided an important place for connection, there was still a desire to meet with people off-line. However, for new mothers who may not know other mothers in their own geographical area, have few friends available throughout the day or who have trouble making plans with friends or family because of their newborns’ immediate and unpredictable needs, being able to connect online with others at any time can be an advantage. A sense of being on “equal” footing with other mothers who had babies the same age was also important, as the mothers joined forums specifically for their babies’ birth month.

There was also an emphasis on using personal stories/narratives in a nonhierarchical manner. The type of conversations that occurred imitated face-to-face conversations. People tended to write as they talk, in half sentences without worrying about grammar or typos. It appeared that the main intent for the participants was to get thoughts out on the page, rather than assure what they were writing was carefully scripted. In this way, the “talk” on these pages seemed more akin to conversation, rather than prose. The tone of these conversations was at times serious and emotional,

but there was also laughter and fun such as when they shared photos of their newborns.

Discussion

Similar to many first-time mothers, the mothers we followed online were seeking answers to common questions about feeding, sleep, postpartum depression, and circumcision. However, as we read the posts, it became clear that these mothers wanted more than just information. The common thread through all of the examples above was that the mothers wanted to feel normal and have others validate their experiences of providing baby care and being a new mother. Overwhelmingly, the mothers shared advice through personal story telling, empathy, and encouragement. Using personal experiences and opinions is a strategic way of connecting with another person that may be less threatening than simply relaying facts and information. Personal sharing seemed to be a way to connect that was supportive and emotional. While most would agree that information and support are important to first-time mothers, there is still debate among HCPs as to how to deliver information and support. The mothers in our study clearly demonstrated the importance of encouragement and empathy. Aston, Price, Etowa, Vukic, Young, Hart, MacLeod & Randel, (2014, 2015) also found that PHNs supported mothers by building trusting relationships and conveying nonjudgmental attitudes during home visits, which led to positive maternal health outcomes such as confidence and increased self-esteem when caring for their babies. Barimani and Vikstrom (2015) conducted a qualitative study and found that while it did not happen consistently, parents appreciated support from health-care professionals. They recommended that someone in the health-care system should be appointed to foster parents’ feelings of trust and provide information that would empower them. Bick et al. (2020) stated in their commentary of perinatal care in the United Kingdom that while support by HCPs during birth has improved, more needs to be done to increase support and continuity of care during the postpartum period that focuses on the importance of mutual trust and respect.

The social construction of mothering and “subjective positioning” of mothers continues to perpetuate isolation for many. Partly because extended families do not live nearby or there may be minimal community supports. While many mothers have support from partners, family, friends, and HCPs others do not. “Becoming a mother” often entails searching, critiquing, comparing, and trying to make sense of conflicting information (Aston et al., 2014; 2015; 2016a; 2018; Price et al., 2017). Informational support has traditionally come from both formal sources, such as PHNs, and informal

sources, such as close social networks including family and friends. Information and support significantly contribute to first-time mothers' transition to their new role and confidence in newborn care (Aston et al., 2014, 2015, 2016a; Leahy Warren, 2005; Price, 2017). What we have found from the online forum is that mothers were going outside their "strong ties" for second opinions and advice and were tapping into the experiential knowledge of other mothers online. These online social networks of mothers constitute useful "weak ties," and by connecting with other mothers online, women are receiving broader ranges of opinions and advice than they may otherwise have received within their closer social networks (Granovetter, 1983; 1973; Rainie & Wellman, 2012). Receiving advice from other mothers online has benefits. For example, given mothers can navigate advice given to them without forum participants knowing their actions or decisions, this might allow them to feel empowered to make their own informed decisions without feeling pressure from others or having someone closely monitor what they are doing (Evans et al., 2012).

Historically, new mothers have been constructed as vulnerable and in need of information and support to transition successfully into their new role (Aston, 2002). However, mothers who participated in the forums demonstrate just how savvy and active they can be in searching for information and support, as they took nothing at "face value" and connected with larger social networks and "weak ties" for information and advice that fit with their beliefs and values (Granovetter, 1983; 1973; Rainie & Wellman, 2012). They also taught each other, challenging the dominant discourse that new mothers are docile bodies that only accept information and support from others.

Some mothers also used the forums for second opinions on the health-care advice they had been given. This online social network provided a space for mothers to challenge the dominant "expert" advice of HCPs and therefore offered the potential to empower one another. Mothers supported other mothers to question "expert" advice from HCPs, perhaps diminishing the fear of being labeled as a "bad mother" (Johnson, 2015). Although the mothers' posts indicated that they trusted one another's experiential advice as "tried and true" (Hunting, 2004, p. 65), they demonstrated a need to negotiate the information or advice they were receiving. They were subjectively positioning themselves as both learners and teachers in their new experience of becoming mothers. This alters the social construction and subject positioning of first-time mothers as docile learners and demonstrates the empowerment mothers generate through online forum participation.

Social support significantly and positively influences mothers' postpartum experiences, even preventing

serious mental health problems such as postpartum depression (Dennis, 2010). However, it remains unclear why mothers are turning to online communities to relay experiences of panic, anxiety, and worry to people who are strangers they likely have never met nor spoken to in their personal lives. Evans et al. (2012) found that online postpartum depression support groups offer mothers what these authors describe as a "sanctuary for honesty" (p. 407) where they can voice their negative mothering experiences not within the dominant social discourse of a "good mother." It is possible that mothers fear members of their closer social networks, such as friends or family or HCPs, to perceive their experiences, thoughts, and actions as poor mothering (Johnson, 2015). Mothers may turn to online communities not only for anonymity but also for access to a larger social network and more weak ties to mothers who have had similar experiences (Evans et al., 2012). Not all mothers feel comfortable having intimate and candid conversations face-to-face. Therefore, sharing personal narratives and stories about the less desirable side of mothering with weak ties on online forums may offer some women the understanding, empathy, and support in a way close friends and/or family are unable.

As mothers shared their experiences combating anxieties and worries about mothering or their newborn on the forums, they provided others with informational and instrumental support through practical tips and suggestions (Evans et al., 2012). However, information and support are often intertwined: their stories also provide emotional support through reassurance that the experience is "normal" or validation that concerns are warranted (Cohen & Raymond, 2011; Hunting, 2009). In society, new mothers can be made to feel "hysterical" or dramatic when bringing forth concerns or fears about the well-being of their baby or themselves; thus, resulting in the oppression of mothers' intuition. Therefore, information and support from online communities may empower mothers to enact their own agency to request health-care assistance when they feel it is warranted (Johnson, 2015). The experiences of first-time mothers in our study were complex, as demonstrated by the way they questioned, responded, offered critique, and made decisions for themselves and their babies. The style of communication and dialogue is important to deconstruct. They wanted more than didactic information; they had a desire to connect, converse, and share. This was evident in the way they talked online through empathy and encouragement. The need for human connection was apparent in the posts. These mothers found and connected with other mothers both online and off-line. They chose to reach out to feel normal, supported, empowered, and not judged in their decisions about mothering and taking care of

their babies and families. This was a type of online community for them.

Health-care professionals might assume that because they hold certain knowledge about maternal, newborn, and child health, they are the only ones that mothers should go to for evidence informed care and that mothers will heed their advice. Indeed, North America and Western society constructs health discourses to privilege expert knowledge. Eisenberg et al. (2015) conducted a stratified two-stage cluster design with 1031 mothers of infants aged two to six months in the United States and found that there were inconsistent or no messages about immunization, breastfeeding, sleep position, sleep location and pacifier use from doctors, birth hospital nurses, family, and the media. This highlights the potential concern that new parents may face when searching for information from multiple sources. What mothers have told us over our different research studies is that their decisions to accept information are partly based on how they are treated by others. Specifically, mothers say desire for support, trust, and respect factor into their decisions regarding choosing information (Aston, 2002; Aston et al., 2014, 2015, 2016a, 2018). Therefore, health-care professionals cannot assume mothers will always take their advice. Health-care professionals must do more than simply impart information. Paying attention to relationships, communication, and support is imperative to ensuring positive health outcomes for mothers.

Similarly, Lagan et al. (2011) found that women are motivated to search for information about pregnancy and birth on the Internet because they feel they are not getting enough information from their health professionals; appointments with health professionals are often rushed, and women turned to online information between appointments for “support and reassurance” (p. 339). This is a motivating factor for many of the mothers using the forums. Several of the posts we analyzed included statements about feeling rushed during doctor’s appointments and not being able to have all their questions answered or they felt that they were getting conflicting information from health professionals, family, and friends. Therefore, they turned to the boards for support and reassurance that they were doing the right thing and what they were experiencing with their baby was normal. Baby Centre is a chat space for parents to discuss and share experiences and ideas. This is different from blogs or websites that offer and post advice. We could see that the mothers’ postings on Baby Centre demonstrated how they were often conflicted as they searched for information, ultimately wanting to do what was best for themselves and their babies.

Research has shown that new mothers want and need relationships with other new mothers who have babies so

that they can support each other and these relationships have been shown to improve women’s experiences transitioning to motherhood (Aston et al, 2016a, Nelson, 2009 as cited in Aston et al., 2018; Price, 2017; Parry et al., 2013; Valtchaonv et al., 2014). However, contemporary society sees mothers increasingly turning to online social networks due to feelings of isolation while at home with their baby and limited access to other mothers in local communities, whether due to geographical distances or because fewer people are having children or delay child rearing (Drentea & Moren-Cross, 2005; Hall & Irvine, 2009; Valtchaonv et al., 2014). Canadian mothers using an online social networking site have explained that to them, their online community was like “...having the old school type neighborhood [they] had at [their] fingertips” (Valtchanov et al., 2014, p. 200). Therefore, these online communities may provide mothers with more than just information, validation, tips, and advice. Weak ties forged with other posters may actually mitigate some mothers’ social isolation by providing them with opportunities to have adult social interaction, develop friendships with other mothers, and have their social needs met anywhere and anytime through the use of technology (e.g., mobile phones, laptops, tablets) (Valtchanov et al., 2014).

Online communities can provide mothers with a safe space where they can participate in honest dialogue only among other mothers; empowering and encouraging discussions that challenge dominant social discourses about mothering (Lebron et al., 2020; Pudrovskia & Ferree, 2004 from Drentea & Moren-Cross, 2005; Johnson, 2015; Valtchanov et al., 2014; Zaslow, 2012). Although research shows that there are many benefits to online communities for new mothers, our analysis found that these virtual connections were not always enough. For example, some mothers wanted to meet “off-line” thus blurring the boundaries of online and off-line social networks.

Conclusion

Online discussion forums allow mothers access to a network of mothers to compare how their babies are developing to ask advice or simply share stories about parenting. These forums offer important sources of information, emotional support, empathy, and reassurance. This can be extremely valuable to mothers who do not have strong social networks in their off-line life. In this time of self-isolation and physical distancing due to COVID-19, where parents with new babies are directed to stay home, online forums for new parents may offer them much needed support as they navigate and search for answers to the multitude of questions and concerns

that arise during the early postpartum period. Online forums could prove helpful as an additional resource. While not a community of close ties as one might have with family or friends, the online forum can act as a community that provides valuable information and support. It is a community based on similar experience, where information exchange is enhanced by empathy.

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