Motherhood Online
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Edited by

Michelle Moravec
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Sometime late in the nineties, I was seized by baby fever. In many ways it was all too predictable, last ditch effort to save a bad marriage, rapidly approaching thirty, stuck in a seemingly endless graduate school career, take your pick for the true underlying motivation. All I knew was I wanted a baby now and my then-husband just as adamantly did not. Girlfriends surrounded me with loving partners who seemed anxious to become fathers. Switching from briefs to boxers, check. Taking zinc supplements, sure. Abstaining for two days, timing intercourse to peak fertility, checking cervical mucous, whatever it took, these guys lined up eagerly.

I felt alone, ashamed and abysmal. I can’t remember quite what internet-search query led me to BabyCenter.com, but there I found salvation in the form on an online bulletin board, as they were called back in the day, titled “ready to TTC, but my partner isn’t.” From the safety of my glassed-in sun porch I could vent my frustration, pour out my angst and in general spew in ways that my reticence and pride would never allow IRL.

Fast-forward some years. Ph.D. obtained, first husband lost, I found myself unexpectedly, but quite happily, pregnant. I quickly rejoined BabyCenter thinking ‘MY TURN FINALLY.” Sadly at six weeks that pregnancy ended in miscarriage, yet during that brief return to BabyCenter I became intrigued with the interaction of women online. When I again got that BFP, I joined yet another “pregnant for the first time” group within an hour of POAS.

Seven years have passed. I still post daily with some of the women I met during that first pregnancy. My children have worn their handmedowns. We exchange holiday cards and Secret Santa gifts. I cook their recipes and
rely on their advice. I have traveled to meet many of them. When I weaned my first child, one talked me down from the sobbing as I hid in the basement while my husband put him to bed. During my son’s difficulties in school, these women held my hand, virtually, as I anxiously awaited his daily behavior report.

The members of my online mommy group have become the single greatest influence on my parenting. I speak to my mother on a daily basis, and do not lack for IRL mommy friends, but still with these women online, I have shared intimate aspects of pregnancy, childbirth, and early motherhood that no other people are privy to. Along the way we have endured deployments, deaths, divorces, new jobs, houses and relationships. We have lost members and seen social networking supplement posting to the group, but still we continue.

Online I am a friend to people totally unlike my liberal, big-city, academic-feminist self. We have had our share of difficulties over politics, religion, economics, and parenting choices. Still I often liken the group to family, not to indicate the strength of the bonds, but rather the attitude we have towards one another. You know the saying, you can pick your friends but not your family? Actually, no, not in this case. My online mommy group shared an experience that will not be repeated, my first pregnancy and emerging motherhood. We may get on one another’s nerves, each prefer specific members over others, and probably roll our eyes while reading more than any of us care to admit. Still we stay together because we cannot make new friends who share that singular experience. Having a community, albeit virtual, of women who know me in that way, women who not only shaped, but also understand me intimately as a mother is too precious to discard over annoyances.

I would be remiss if I did not thank my village, both virtual and in real life, which provided support over the long course of completing this manuscript. For invaluable assistance in editing I owe Melanie McBride a huge debt of gratitude. Cindy Kopp, Esther Mas, and Katrinka Somdahl-Sands offered extra hands and encouraging hearts. Most of all to my family, which motivates my writing about modern motherhood, you have made me a better scholar and person. This book would not exist without you.

Motherhood Online explores the thousands of mommy groups that populate the web. Whether centered on region, religion, race, or some other aspect of identity, these groups are creating a new space for mommy and allowing many women to maintain a grasp, however tenuous, on sanity in this crazy-making world of modern motherhood.
Eight days into my life as mother, I found myself sobbing my eyes out. My midwives had sent a breastfeeding counselor to my house, and she’d delivered heartbreaking news: I wasn’t producing enough milk for my baby. While my husband drove across town to access a secret stash of pre-screened donor breast milk, I collapsed under the weight of exhaustion, guilt and disappointment. I had never felt so discouraged, nor so alone.

And then I logged in. BFAR – Breastfeeding After Reduction – was an online community I had discovered while preparing for my daughter’s birth. I had long known that the breast reduction I’d had at age 18 could impact my later desire to breastfeed, but as an older friend had said to me at the time, “breastfeeding is less important to being a mother than feeling good about yourself”. Now I was going to find out if she was right…and with all the expert advice on the medical and emotional benefits of nursing, I wasn’t so sure. I had only been a mom for a week, and I was already failing.

As soon as I’d finished giving my daughter her first donated milk – from another, better mother – I sent my tearful update to the list:

I thought I was prepared for this possibility but I had really hoped to have enough milk for the first few weeks…and while it is great to see my daughter finally satisfied after a feeding I feel so sad that our marathon feeding sessions of the past few days turn out to be a symptom of undersupply rather than just her bonding.

Minutes later, the responses started pouring in.

I know how hard it is to have to supplement… Even if you’re prepared for the possibility, and even think it’s a probability that you’ll have to supplement, it’s hard to accept it at first.
I know that feeling of total disappointment at having to supplement. But first of all, take heart in knowing that there have been many moms on this list who have had to supplement. And try not to feel like just because we've all gone through that heartbreaking feeling, we're used to it. With each new baby, many of us experience the same disappointment again when having to supplement -- believe me, I sympathize with you totally. It sounds like you're doing all the right things. Keep up the great work, and congratulations!

With both of my babies, this was the worst moment in the entire post partum period. Even when I was more prepared for it the second time, it was still devastating. You just have to put it behind you as a fact of life.

My baby was born in May and we started supplementing when he was almost a week old. I remember how much I cried that day. I know how disappointed you feel. Just hang in there. Pretty soon, supplementing will come easier.

And most important:

You're not alone.

This book is a journey inside the many online worlds that have given mother after mother that same essential message: You're not alone. From general interest online communities held together by the common thread of a baby’s birth month, to special interest online communities linked by the shared experience of in vitro fertilization, teen pregnancy or raising an autistic child, the Internet offers today’s mothers new ways to connect; new ways to discover that however isolated they may feel, they are not alone.

That message is more than a lifeline: it’s a revolution. As a friend of mine forewarned me when I was first expecting, “motherhood is both utterly overwhelming and completely under-stimulating”. But in a culture that deifies the self-sacrificing mother, and vilifies the self-interested one, do you want to tell the mom next door that you’re feeling overwhelmed and under-stimulated? Not when the price could be a permanent seat at the Bad Mommies’ table.

But on the Internet, nobody knows you’re a dog, which liberates you to be a bitch. Not a bitch to others – as many of these chapters recount, online mothers’ groups are quick to sanction hostility – but the impatient, imperfect bitch of a mom who uses jarred babyfood, disposable diapers and a TV-as-sitter. The mom who takes off the halo and admits to imperfection, as Arnold recounts:
I like that I can say things like things about sometimes disliking my kids, or being embarrassed by them, or whining about everyday minutiae, or even secrets about my marriage that I wouldn't want people in my social circles to know.

…or the mom who can pause to acknowledge the effort it requires to advocate for her autistic child, as quoted by Burgess:

I trust that god knows what he is doing. . . . I will be a bit scuffed up, bruised up, worn out and somewhat out of breath due to being mom and challenging everyone who says “He cant” or “She wont” In the end Ill show them how wrong they all were.

…or the mom admits to the truth that teen motherhood is not a catastrophe, as Vinson reports in the case of a young mother sharing:

…the joy I will feel thinking of that idiot social worker, how convinced he was I could not succeed in college, and how he almost convinced me as I fill out my law school application.

Online, as these stories show, you get to be the mother you actually are; the real mom you can’t be in “real” life.

The idea that the Internet can support us as the mothers we actually are, rather than the mothers we’re supposed to be, is doubly subversive. If we create spaces – even virtual ones -- where mothers can be accepted as they are, it breaks the paradigm that offers mothers a binary choice between self-sacrifice or self-recrimination. And if we acknowledge that the Internet can actually be a liberating and constructive part of parenting, rather than the demon that sees Mom texting her way through the family dinner, it breaks the paradigm that offers mothers a binary choice between unplugging and being a bad mom.

In challenging the increasingly popular narrative of the Internet as home-wrecker, this acknowledgement of mothering communities complicates the conversation about our online lives. For anyone grappling with the question of whether, how and how much the Internet transforms our social context, these chapters are a revelation. Forget the laundry lists that run through all the different ways the Internet has changed business, government or personal life. Instead, take a microscope to a single, foundational institution: motherhood.

Peer through this lens and your ability to make declarative statements about the Internet’s social impact will quickly fall away. You’ll meet mothers who use the Internet as an organizing tool, mothers who use it as a source of information, mothers who use it for social camaraderie. You’ll
encounter women who have come to see themselves as part of a community, and women who have been able to discover themselves as individuals. You’ll meet Chinese bloggers, and American Facebookers.

And far from feeling like you’ve traversed the full landscape of motherhood, you’ll simply awaken to its endless variety and find yourself hungry to discover even more of its online outposts.

In recognizing online motherhood in all its variety and complexity, this volume thoroughly breaks the narrative of The Internet vs. The Family. That is a tale that requires a monolithic Internet, and equally, a monolithic Motherhood. Break apart the mythology of a single mothering experience, and you lose the ability to make comprehensive claims about what the Internet is doing to that experience. The Internet is making mothers harried and distracted and amused and expressive and overwhelmed and nourished and victimized and empowered. In other words, it’s doing what motherhood has always done: pushed women to the limits of their capacity and creativity, and in so doing, uncovered new capacities and new creation.

These chapters break another paradigm, too. By liberating us to tell the truth about our experience as mothers – the horrifying, hysterical, scatological, miraculous truth – the Internet has opened the door, just a crack, to a new way of being a mom. If you can write a blog post today about how you don’t especially mind letting your baby cry herself to sleep, then maybe tomorrow you can tell your mother’s group – in a whispered aside – that sometimes you let your baby cry a little. If you can post a Facebook update in which you complain about the culture of overscheduling, then maybe you’ll find the strength to refuse the next extracurricular activity. If you can make a YouTube video in which you talk honestly about your fears for the world your daughter will one day inhabit, then maybe you can share those fears with her, too.

And when someone asks you where you learned to be that wide-open, courageous, real mom, you can say proudly: you learned it online.
THEORETICAL PERSPECTIVES
CHAPTER ONE

EXPECTANT MOTHERHOOD: HOW ONLINE COMMUNITIES SHAPE WOMEN’S EXPERIENCES OF PREGNANCY

BABYCENTER® is the leading global resource for parents, reaching 78 percent of new and expectant moms online in the United States, and 16 million parents monthly across 21 markets worldwide. … As the voice of modern motherhood, BABYCENTER is the go-to resource for 21st Century Mom™ insights. Through its unique combination of content and community, BABYCENTER delivers award-winning stage-based content to parents via personalized home pages, e-mail newsletters, useful online and mobile tools, two popular parenting blogs (MomFormation™ and FameBaby®) and the BABYCENTER Community, the fastest growing parenting community on the Web (Company overview 2010).

BabyCenter.com, started in 1997, positions itself as a primary shaper of “modern motherhood,” going so far as to trademark the phrase “21st Century Mom™.” The influence of BabyCenter has not gone unnoticed by scholars, particularly those interested in e-commerce. However, other academics, myself included, have turned a feminist lens on BabyCenter and the ways in which it attempts to shape modern motherhood.

In the summer of 2003 I presented research on the BabyCenter community at the National Women’s Studies Association. Shortly thereafter I became pregnant again, and the project languished as I went through a difficult pregnancy including twelve weeks of bed rest, and a move to a new tenure track job the week after my son’s birth. However, I remained interested in the topic of women’s online communication, mostly because of the importance of my own BabyCenter birth group.

It was with some surprise then that I read Lisa Hammond Rashley’s critique of BabyCenter in the Spring 2005 issue of NWSA Journal (Rashley 2005). While I found her analysis of the consumer forces at work on BabyCenter compelling, I had a profoundly different understanding of the BabyCenter community. As a long time participant on the BabyCenter bulletin boards, I believed that pregnant women online challenged in many way the expert-driven discourse about pregnancy, what one team of
researchers has termed "the doublespeak of advice literature" (Michie and Cahn 1997, 2). I felt, both as an academic and a participant, vaguely insulted by her analysis of “gendered expectations” which seemed to imply that women were blind readers of the site. While the owner-provided content of BabyCenter, the parent company is the baby product leviathan Johnson and Johnson, certainly relies on both marketing and experts who at times reaffirm gender roles, the community section often provides a fascinating counterpoint in women’s own voices.

In this chapter, I revisit the arguments I made in 2003 about the role online groups play in shaping the “expectant mother” on BabyCenter. In a highly influential essay “Pregnant Embodiment: Subjectivity and Alienation” in 1984, Iris Marion Young noted that “the specific experience of women has been absent ” from the discourse on pregnancy (Young 1984, 46). Since that time, academics have theorized about pregnancy in many ways, often from the perspective of their own pregnancies (Mullins 2005, Hogan 2006) however as Saeten points out, despite Young’s call some twenty five years ago for scholars to attend to the women themselves, relatively few scholars take this approach (Saeten 2000).

My study is intended as a small contribution to that effort. I first focus on one online group, which I will call Babies to Be, that formed on the Pregnant for the First Time bulletin board of BabyCenter.com during the summer of 2002 and then look another BabyCenter group of first time mothers in 2010 in order to explore how a redesign of the site in 2009 to incorporate aspects of social networking may have influenced how pregnant women use the site.

**Eavesdropping Online**

Over the past decade as I have chatted, and yes eavesdropped on the internet, I have heard echoes of earlier times in history when women controlled pregnancy and childbirth. Scholars have documented the precise shifts that moved female centered childbirth into the realm of medically controlled pregnancy and birth (Ginsburg and Rapp 1995, Rothman 2000, Inhorn 2007). This transformation has had a complex and mixed legacy for women. Judith Walzer Leavitt’s pioneering survey of reproductive practices in America reveals that nineteenth-century women often embraced new medical interventions in the hopes of a safer and less painful delivery (Leavitt 1986). By 1920, in large part due to women’s desire for a painless birth, the majority of women in the U.S. received care from obstetricians and gave birth in hospitals since only physicians had access to narcotics, although midwifery and home birth remained as part

The shift in who attended births came with a concomitant shift in who produced knowledge about pregnancy and childbirth, away from women’s experiences to the authoritative scientific knowledge of mostly male medical professionals (Jordan 1978, Oakley 1984, Martin 1987, Rothman 1991, Davis-Floyd 1992). The medical model views pregnancy and childbirth as aberrant conditions, as opposed to an older viewpoint that considers pregnancy and childbirth to be part of the functioning of women’s bodies. Furthermore, under a medicalized model, technology becomes positioned the best way to offset the perceived risks that accompany the processes of reproduction (Lupton 1999a, 1999b, Rothman 2006, Jones 2007). Through non-invasive procedures such as ultrasound (Mitchell 2001, Taylor 2008) to the far more invasive constellation of genetic screening methods (Petchesky 1987, Rothman 1986, Rapp 2000), technology now provides almost complete surveillance of women during pregnancy. The potential problems that occur in pregnancy are seen as medically controllable and women are expected to produce the “perfect” baby with the aid of technology (Rothschild 2005). It is not hyperbole therefore to conclude that a pervasive discourse of risk surrounds pregnancy for many women and that the riskiness is reinforce throughout pregnancy by interaction with the various diagnostic procedures considered the standard of care.

In order to explore how pregnant women online challenge, affirm and in other way interact with medically dominated notions of pregnancy, I chose to focus on the first trimester of pregnancy. During those first twelve to fourteen weeks, depending on how you count, pregnant women have the least contact with the medical establishment. Estimates of pregnancy loss vary widely, but the vast majority occur in the first trimester with only 1-2% occurring in the second trimester (Atik, Hepworth-Jones and Doyle, 9). Since physicians can do nothing to prevent miscarriage, most obstetricians wait until the viability of the pregnancy has been established, with the first prenatal visit occurring at an average of nine weeks (Romano 2007). Thus in the earliest period of pregnancy, women are left on their own to grapple with their fears. How women’s interaction shapes their reactions to the uncertainties inherent to early pregnancy is the major theme of my analysis.
Does Anybody Else Feel This Way?

Babies to Be formed in the summer of 2002 in a typical fashion for BabyCenter. One woman posts looking "to start a group to help us all share what's going on in our bodies." A member from another monthly due date group welcomes her to the “pregnant for the first time board” and encourages her to keep posting until other women who share her due date month begin to join. The involvement by members of an existing group is indicative of the supportive culture on the Pregnant for the First Time bulletin board, which is reinforced in two ways. First, women both respond to questions and pose questions to other groups’ discussions threads. This practice not only expands the sharing of information among women, but also creates a larger community in which each woman is implicitly responsible for helping other members. Secondly, because women often read the discussions of other groups, particularly those of the due dates a month or two before their own, they become acculturated to the practices of BabyCenter, particularly the style of and rules for discussion.

Eventually, about sixty women become regular participants in Babies to Be. Each day a member of the group would start a thread with that day’s date, and all members respond to that thread. Posts typically consist on extensive “personals” which are comments directed to specific individuals who have already posted. Individuals offer updates about themselves, pose questions, or converse about a variety of pregnancy related topics. My analysis is based on over eight hundred separate messages posted during the first trimester. I wanted to understand the complex ways women online both create and share information about pregnancy. I found that while they often began by seeking embodied knowledge, the information derived from direct experience of physical sensations, they quickly moved to offering support and providing solace to one another. The participants employ a sort of syllogistic logic; if what I am feeling is like what you are feeling and your pregnancy is fine, then mine must be too. Their logic based on their own bodily experiences provides these women with reassurance during a period defined by uncertainty.

Not surprisingly, during the first trimester, how pregnancy feels preoccupies the Babies to Be. Physical symptoms can be either a source of reassurance, as they provide tangible “proof” that a woman’s body is changing, or a source of anxiety, as they may be interpreted as indication that something is amiss. During these first weeks, the women attempt to prognosticate about the viability of their pregnancies by attending to the
minutest variations in their symptoms. Each woman has access to her own physical sensations, yet she is also surrounded by advice books, online sources, including the other sections of BabyCenter, and the omnipresent medical discourse of risk, which contextualize her understanding of the physical symptoms of pregnancy. Prior to the advent of highly sensitive home pregnancy tests, women were often unaware of their pregnancy during this waiting period. However, now that technology has advance to the point where women can determine pregnancy before her menstrual period is even late, the waiting stretches out for many women. The expectant woman is caught in a perpetual stage of uncertainty, during which time there is little she can do to influence the viability of her pregnancy or be certain of it.

During the first two months of Babies to Be, many women post to ask if cramping in the lower abdomen is "normal." These sensations are attributable to implantation cramping, uterine expansion, or round ligament pain. Cramping is such a common pregnancy phenomenon that posts regarding it became quite predictable, occurring on twenty-one days during the first two months of Babies to Be. On the second day of posting, before the group has even coalesced, the first symptom mentioned is a query about cramping. Very quickly, four women from other monthly due date groups, who are further along in their pregnancies, respond to confirm the normalcy of this symptom. These answers not only reassure the women who posted the original inquiry, but also another mom-to-be who had the same symptoms, but was “too frightened to ask anyone about it.” This pattern of fear then reassurance continues for the next two months as many of the newly pregnant women who feel cramping post to discover if these feelings are normal.

During the first trimester, the members of Babies to Be provide an important resource for one another, which becomes clear when closely examining the patterns in response to queries about cramping. Some members first sought information from other Babies to Be about individual physical sensations of cramping. They then sought confirmation from medical authorities. In other words, they asked pregnant women online if they felt the same thing, and then asked their doctor to confirm the normalcy of the sensation as well. Conversely, another women first refers to pregnancy advice literature before reading online that other women felt the same thing. In this case, she still expresses relief to find additional confirmation from other women online "I read in a book that [cramping] was normal" but "hearing that others have experience the same thing is great!" Still other members of the group seem to have skipped the doctors and books completely in favor of the group’s collective knowledge.
One woman responds to yet another query about cramping by writing "judging by the other posts I have read it is probably just the round ligaments stretching."

Many scholars have noted the supportive function of online pregnancy and mothering groups. However, this close reading of the Babies to Be reveals additional information about this support occurs. Information about what causes the cramping could be found online, in a book or from a medical professional, but the support offered along with and implied by the embodied knowledge can come only from other pregnant women. In no instance did a member of Babies to Be provide information without explicit emotional support in an attempt to assuage the fears of their group member.

During that expectant period, the combination of sharing information plus emotional support provided by the online group is central to its value. One woman thanks the group for the “encouragement” while noting the reassurance she derives from knowing “that others are feeling the same things.” Another woman explains "It really helps to ease your worries when you hear other people at your stage in pregnancy are also feeling." The worries to which this member refers derive from the fear that cramping is not only a symptom of normal pregnancy but also an indication of miscarriage. One woman complains that "Any time I have a minor cramp, I run to the bathroom to check for spotting. I've had a tiny bit, but probably not enough to worry about. Am I paranoid? I'm just so scared that something will happen." Sadly, she miscarries the following week.

This last example helps to explain why the participants of Babies to Be need the embodied knowledge of other pregnant women to provide reassurances beyond that available in pregnancy advice literature or even from medical professionals. As one woman notes “I have lots of questions and am reading books but sometimes the answers just aren't there.” For women to whom cramping is a frightening indicator that something is potentially amiss in her pregnancy, the knowledge and support of a community of women are invaluable. While a physician or a book may offer women an explanation of the physiological changes, the other pregnant women provide support in addition to information. As one member explains "It really helps to ease your worries when you hear other people at your stage in pregnancy are also feeling."

Additionally, I would argue that the responses they seek could not be found by any other means than access to another pregnant woman. The Babies to Be want to know what pregnancy is supposed to feel like. Even more, they want to know what it is not supposed to feel like. So they ask
what may seem like an incredibly insensitive series of questions to the woman who has just undergone a miscarriage. What did it feel like? How did it differ from other sensations during pregnancy? Did the woman have any other symptoms or clues that pregnancy loss was imminent? While these queries may seem intrusive to outsiders, the member is not offended. She understands the desire to hear from another woman with embodied knowledge and responds with both reassurances as well as the requested information about her symptoms and sensations.

However, not all aspects of pregnancy can be addressed through shared information and emotional support, which becomes quickly apparent for the Babies to Be. Discussion of human chorionic gonadotropin (hCG) levels provides a stark contrast to the conversations that occurred about cramping. hCG is produced by the placenta and is the substance detected by pregnancy tests. Some physicians routinely test for increasing hCG levels, while other practices only use this testing in cases of prior infertility or pregnancy loss.

The relationship between hCG levels and a successful pregnancy complicated. Increasing hCG levels are only indicative of a healthy pregnancy for the moment and cannot predict the future outcome of the pregnancy. Furthermore, levels of hCG are subject to medical interpretation. For example, extremely high levels of hCG early in pregnancy may indicate multiple fetuses or a molar pregnancy, two extremely different outcomes.

Most members of Babies to Be believe that higher levels of hCG cause increased morning sickness, which is interpreted as a positive symptom of a healthy pregnancy. As early as the first week of the group, a member of Babies to Be expresses concern about her lack of morning sickness. That fear resonates with other members of the group. One woman responds that she too has heard that morning sickness is a sign of healthy pregnancies, although she hastens to add that she is sure that you can have a healthy baby without being sick lest she alarm other members of the group. At this point a third group member chimes in to offer further evidence that she has gathered, not from medical authorities or from advice literature, but from other new mothers who have told her that they experienced no morning sickness and delivered healthy babies. As in the case of uterine cramping, hearing about first hand knowledge from actual pregnant women who have had successful pregnancy outcomes seems to provide some comfort.

However, this comfort is short lived as some women begin to share their hCG levels. About a week after the first discussion of the potential role of hCG in morning sickness, the issues arises again when a member’s physician orders a repeat hCG test. It appears her doctor has not
adequately explained the reason for the testing and she is concerned enough to share her fears with the group. While an initial hCG test is used to confirm pregnancy, hCG levels are only useful in pairs as it is the rate of increase that indicates a viable pregnancy. At this point, members of the group are able to provide the missing medical information. While one woman offers information based on medical authority, she is a lab technician; another woman provides information from her own pregnancy. This second woman also offers additional information in the form of a website that she has found that lists normal hCG values by duration of pregnancy.

This usage of the internet to provide medical knowledge occurs throughout the women’s pregnancies, with uneven results. One woman, whose hCG levels are on the low end of the normal range for her gestational period is upset when she sees the chart on the internet. The original poster also remains anxious. When her hCG levels increase, she is pleased, but then learns that some of here group members have higher levels, which causes her to become concerned again. A group member offers reassurance pointing out that at similar estimated due dates other group members had similar hCG levels. The original poster finds this comforting and thanks her group mate for her reassurances specifically noting the value of the first hand knowledge about hCG levels.

While the original poster may feel better, other women are now concerned. Not all physicians routinely perform hCG testing as there is no medical intervention for declining hCG levels. This lack of medical technology in their pregnancy becomes an issue for some woman. One group member wonders how she will know if something is wrong with her pregnancy if her hCG levels are not medically monitored. Ironically, the discussion on the board has increased her desire for medical confirmation of the health of her pregnancy and illustrates that at times participation in Babies to Be exacerbates anxiety for its members. In the case of hCG testing, shared information and emotional support falter in the face of a medical intervention over which the women have no control.

However, the combination of sharing and support does help dispel other sort of anxieties. What is particularly unexpected for the Babies to Be is the way that uncertainty in early pregnancy pervades all aspects of their life. For example, an anticipated happy moment in pregnancy, “the telling” to friends and family of the expected new arrival, becomes a hotly debated issue. Discussions about who to tell, when to tell and how to do it occur on twenty-three days in the first trimester. The participants in Babies to Be share their plans for surprise announcements, time the big news to coincide with happy occasions, such as birthdays or family events, or
concoct unique gifts that break the news, such as a sonogram image in a grandparents photo frame. The Babies to Be weigh carefully the possibility of having to inform people of a miscarriage should it occur against their pressing desire to share their excitement immediately. Some members feel that it is acceptable to communicate the news of the pregnancy with anyone on whom a woman would rely for emotional support during a miscarriage, while others prefer to avoid the possibility of having to reveal bad news after sharing the happy news. In fact one of the earliest reasons sited for finding the group was a desire to talk about pregnancy among women who have not shared the news with people in real life.

As the women begin to tell, the responses they receive to their revelations vary widely. While some of the women received the ideal response, described by one member as “priceless”, for other women, the reactions to their big news were far from the expected. One woman’s mother reacted by telling her it was “too early” to share the news, which caused the pregnant woman to feel "let down" by her reaction. To early, by which her mother meant still in that first trimester frame in which most pregnancy losses occur reinforces for all participants who read the post the idea of riskiness in early pregnancy.

This riskiness increasingly pervades the participants’ pregnancies and confounds their prior expectations. One woman finds herself inexplicably “nervous about something being wrong, but so far I have nothing to justify this” and wonders if she is “just being paranoid?” Other women chime in to confirm that they too feel that way, implicitly offering reassurance that she is not being paranoid. In this fashion, the group not only functions to reassure women that their physical sensations of pregnancy are normal, but their emotional reaction is as well. Over time, Babies to Be becomes a place to express ambivalent feelings that women may not feel comfortable sharing with people in their face-to-face life.

This function is made even more important by the lack of preparation among the women for their ambivalent feelings. For women who happily anticipated their first pregnancies, the negative aspects were quite unexpected. One woman laments "I didn't think pregnancy especially the first trimester would be so stressful.” In addition to the fears of pregnancy loss, changes wrought by pregnancy also create negative feelings. Another woman asks "is anyone else starting to really become afraid? Just afraid of the changes, the first weeks after the baby is born, etc? I'm trying not to let it get to me but sometimes it brings me down.” Interestingly for this woman, it is the preparation for becoming a mother, she watched a video
about infant care, that has caused her to develop self doubt. She becomes 
"sort of nervous about my abilities and what I've gotten myself in to."

The emotional impact of being pregnant also catches some women off 
guard. "Is anyone else experiencing significant mood swings?" queries one 
woman. While another responds "I feel very emotional too," she 
complains. "No one mentioned that but I feel like I could cry at the drop of 
a hat." For still other participants, it is their changed status as pregnant a 
woman that causes them difficulty. One woman complains of "feelings of 
being able to do nothing when I have always been independent." For some 
women the pregnancy seems to alter their self-perception. One woman 
apologizes for the depressing tone of her message on the prior day. 
"Before I got pregnant people use to view me as someone who is high on 
life. Now I'm sure everyone I work with probably thinks I'm hell on earth. 
It's just been really hard for me. Pregnancy and I haven’t got along very 
well."

The women react to these feelings in a variety of ways. Some women 
apologize for burdening the others with their complaints. Another woman, 
who has experienced extreme morning sickness starts "to get really angry 
about this. It certainly takes the joy out of pregnancy." Other women begin 
to experience “guilt about day care and I haven't even birthed yet!” She 
asks “is anyone else worrying about this issue. DH [Dear Husband, a 
common BBC abbreviation] told me last night I should have thought about 
this before I wanted a baby so badly (that was really helpful).” These 
changed relationships with family are unanticipated for most women. In 
particular, the women lament their partners’ inability to understand them. 
Sometimes the women blame perceived gendered differences, such as lack 
of men’s emotionality, for their partner’s inability to provide the support 
they need. For other women, it is the physical experience of pregnancy, 
that causes them to conclude, “he can’t understand what I’m going 
through.” Again, their responses to the perceived failures of their partners 
differ, ranging from “hurt” to “annoyed” and outright anger and frustration.

The perceived riskiness of pregnancy and the varying levels of support 
women receive during this crucial early phase of pregnancy help to 
explain yet another value that Babies to Be provides for members. For 
some of these women, their pregnancy has become the central concern of 
their life, and they want to talk about it extensively, or as one woman put it 
“to just dream” about the infinite details and decisions. These women 
worry that they are boring workmates or overwhelming their spouses. 
Thus, in addition to support, sharing and a normalizing framework for 
their emotional responses to pregnancy, the group of pregnant women 
online provides a space where the women can discuss their pregnancy as
much as they want with women who are not going to tell them that they should not be thinking so much about it, or should keep the news to themselves, or are going to react in judgmental ways.

Not surprisingly, given the multiple needs that the online group fulfills, despite the anxiety that participation may at times create, the participants overwhelmingly describe it in positive ways. Women find it “comforting” “helpful” “exciting” to participate in Babies to Be. Specifically they value the ability to “compare notes” “ease your worries” or “find someone who understands.” They seek “support” a place to “vent” and simply other women with whom to “share the experience with.” Yet clearly more than that occurs.

Over the course of nine months, a group of relative strangers forges a close-knit community and shares a complex and important life event. Careful reading of the posts reveals that the ties between the women move beyond simply posting to one another about details of their pregnancies. They share personal information about themselves, their careers, where they are located, and their partners. Some women who live in geographic proximity meet in person. The group also begins to coalesce and self-define. Presence on the board becomes so expected for habitual posters that other members note absences. Some members even post in advance if they will be gone, or post explanatory apologies for their absences. The group begins to take concrete form as one member compiles a roster of members that she updates and posts frequently. It includes the screen name of participants, estimated due date and in a separate section note upcoming doctor’s appointments. Despite the delineation of group members, the Babies to Be remain open to new members, welcome lurkers when they come out and happily respond to the women more advanced in their pregnancies that check in on the newly pregnant women. After childbirth some members continue on the “new mommies” board of BabyCenter. Eventually, the group becomes private, and eight years later, a subset of the original Babies to Be continues as a online group.

**Eight Years Later**

In 2007 BabyCenter bought Mayasmom, a social networking site, for its underlying technology. In early 2008 a beta site that integrated new capacities was opened to existing BabyCenter members, and thus the oldest boards on the current BabyCenter website date to March 2008. That summer the new site went live to the public. A press release touted the ways “BabyCenter’s new community enables parents to connect and share with each other using many new features and tools including:
• Create public and private groups around any topic
• Share photos and video among friends by uploading to Profiles and Journals
• Distribute a personal blog feed from other blogging platforms into a BabyCenter® Journal
• Pass Notes to other members, post Shout-Outs, comment on Journals
• Match with people who share common interests, locations, childrens’ ages and more
• Publish “kid-isms,” the hilarious things kids say
• Tag photos and profile

Thus, in addition to posting to specific groups as occurred in earlier incarnation of the BabyCenter site, BabyCenter 2.0 includes multiple ways for participants to share information and communicate with one another. A profile page exists for all users who may create unique avatars. Each profile page has suggested entries categorized under “milestones the moments that matter in your pregnancy and your baby’s development,” “tidbits - details about yourself” in the form of fill in responses to preset questions, and “kiddims” funny quotes from your kid. Ways to communicate between users have also proliferated including passing notes via an internal email system, sharing journals, via a blog hosted BabyCenter and Shoutouts, open messages from other members that appear on a user’s profile page. Aspects of social networking have also been incorporated, such as friending, and a Facebook-like status update that appears below the avatar and user name. Even posting to boards has changed with users now able to create elaborate signatures with embedded links such as fertility charts, or “tags” to popular topics.

The new site design of BabyCenter.com comes with vastly increased involvement by site administrators of the BabyCenter community. “Birth club” boards are created by BabyCenter employees called “hosts.” The involvement of host-created boards has transformed the function of the community groups. BabyCenter hosts start the monthly birth clubs far in advance of conception, so that an entire calendar year is present on the site. There are two immediate results of this change. The first is that women trying to conceive constitute the earliest posts in these hoped for due date months. This shift effectively combines what used to be a separate board with the birth club boards and pushes the conversations in the due date months from expectancy back to the period of conception.

On the positive side, women who do conceive are able to share the earliest aspect of pregnancy, that period of waiting between ovulation to conception. However, inevitably some women will not become pregnant that month, and leave the group, making for a far more fluid membership
in these earliest months and inflating the initial membership numbers. As a response to the huge number of women who join each monthly birth club, which can quickly rise to the thousands, participants within these monthly boards create their own subgroups. Typically there are three ten-day estimate due date groups, in addition to many thematic groups based on other aspects of identity, regional location, profession, or number of pregnancies.

BabyCenter 2.0 eliminated the “pregnant for the first time” board. However, sometimes groups for women who are pregnant for the first time, “first timers,” form, as offshoots of monthly due date boards. Babies to Be II formed much as its predecessor did. In a post titled “first time moms?” a woman hopes to find “other first timers” in order to compare “how everyone is feeling” and to discuss “how husbands are” reacting. She is aware of the practice of starting first time mom groups, but jokes that it is “too much responsibility for me- lol.” Her post attracts other first time moms, who chat away about the expected, comparing symptoms, complaining about spouses, deciding if grandparents to be should be let in on the big news yet. Five days later, another woman does start a group. However, rather than creating a sub-group on the larger monthly due date board, she chooses a new option, a user initiated group. She makes the group public so that anyone can join, but because the group is not linked to the much larger monthly due date board it gets lost in the literally thousands on groups on BabyCenter. When two days later another poster starts a thread for first pregnancy on the same board, unlike BabyCenter in 2003, there is no continual first time mom culture to direct her to the emerging first time mom group. Her post is not ignored. A woman much further along in her pregnancy does offer reassurance about her cramping, which motivated her post looking for other first time pregnant women, but the knowledge of other groups, that was present in the prior incarnation of BabyCenter is lost in the vastness of boards on the newer site.

Within ten days of starting Babies to Be II, sixty women have joined, presumably by following the link from the larger due date board. Eventually around one hundred women regularly participate in Babies to Be II during the first trimester, posting over four thousand messages to over five hundred threads over a period of ninety-three days. This dramatic increase over the original group (864 comments to sixty-one posts over ninety-one days) reflects several changes in BabyCenter culture. Rather than simply replying to a daily conversation, the participants start many daily conversations centered on specific topics. The average number of conversations started each day is five for Babies to Be II. While this approach makes it easier for participants to find exactly the
information sought, it lessens the communal interaction that one continual daily conversation created. 80% of posts received twelve or fewer responses and 50% received six or fewer as compared to the daily threads of the 2003 group, which routinely reached over a hundred per day.

Not surprisingly, the content of the messages, how pregnancy feels both emotionally and physically, preoccupies the Babies to Be II much as it had in 2003. Pregnancy is still pregnancy. Posts in fact could have come verbatim from the board eight years earlier. Conversations on the now predictable subjects of cramping, hCG level, emotional reactions to pregnancy and transformed relationship with friends and family all emerge. Again, sharing and support occurs, albeit in a more fragmented form dispersed across multiple conversations.

For the remainder of this chapter, I want to explore the ways that participants of Babies to Be II utilize the BabyCenter 2.0 social networking functions. Because members join a group and are listed as members, it is possible to quantify lurkers, since members can anonymously join the board without responding to threads or posting to the “roll call.” Despite the existence of an official group membership of over 300, only about 100 women actively participate. Still even fewer members respond to two “roll call” posts that request users provide specific information about themselves. The initial roll call occurred in the first month of the first trimester and the second in the last month of the first trimester. I combined those lists to garner thirty-two women who responded to both and examined their profiles in depth. Of that group eighteen, slightly over half have publically accessible profiles.

The most frequently utilized new function is the ability to share photos, with 83% posting at least one. Sixty-six percent have been friended with the average number of friends just under seven, although two members who have thirty-three and forty-four friends respectively heavily skew that number. Only three women write journals and only two, the group owners, have received a “shout out” from anyone other than BabyCenter staff who maintain the community. Thus despite the many new ways of interacting, other than sharing photos, it is seems that most Babies to Be II do not avail themselves of them. The participants seem to want, as the original group did, conversation with other pregnant women.

Because the groups to which a member belongs are listed on their open profiles, it is possible to assess in greater depth how users participate in the larger BabyCenter community. Seven women belong to the officially associated “photo club” although some confusion may exist as an “unofficial” user-initiated group titled Babies to Be II Photo group also exists. All of the women belong to more than one group in addition to
Babies to Be II. The highest number of groups is twelve groups with the average number just under five. It seems possible that this proliferation of participation in multiple groups, a practice that was uncommon on the original Pregnant for the First Time board, may attenuate the communal bonds that form. Indeed, while the initial Babies to Be held a virtual baby shower in which they exchanged gifts and met up with members who lived in close geographic proximity, I have found no such evidence of extended ties in Babies to Be II.

However, I have found more extensive interaction across boards, which points to new ways of utilizing BabyCenter. In BabyCenter 2003, women further along in pregnancy would check in on the neophytes, and members of the prior year’s monthly due date group popped in to wax nostalgic, but no formal relationships between women across groups existed. Ties across boards are far more common on the new BabyCenter. The members of Babies to Be II were offered the opportunity to participate in a user initiate project that began at least as far back as the fall of 2009 and has become part of BabyCenter culture. This “adopt a mommy” project paired women from the same monthly due date group in the prior year for advice-giving and friendship and involved 134 women. Further evidence for the cross board bonding appears in another aspect of board culture, “Find a BabyCenter Parent near you,” a practice that dates back at least as far as the summer of 2009, and reappears intermittently. Although the Babies To Be II have not yet participated on their board, their larger due date month has, so it may jump to their board or they may sign up there.

Conclusion

In my own online mommy group I have seen the impact of social networking sites such as Facebook and Twitter, which pull people’s attention away from the group, so the trends on BabyCenter do not come as a great surprise. I completely understand why BabyCenter site owners have attempted to incorporate as many aspects of internet communication into the site. Users equal dollars from advertising revenue. It seems from my admittedly small analysis, however, that BabyCenter members are not interested in using these functions. What they seek now, as in the past, is direct interaction with other pregnant women.

That these conversations are less sustained is puzzling. I am not sure why users shifted to multiple conversations as opposed to daily threads. From the inception of the new BabyCenter site, this practice has occurred on the more active boards. Searching the oldest groups for women