Speaking About Birth: Visible and Silenced Narratives in Online Discussions of Childbirth

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Abstract
In this article, I present an analysis of 1930 posts from 12 discussion threads from an online parenting forum, drawing upon a broader project on the mediation of childbirth. I present three themes in analysis: the multi-pronged functions of writing birth narratives, the discursive and perceived silencing of difficult stories, and the overt individualization and self-management evident in women’s accounts. I locate these as outcomes of the individualization of maternity in contemporary society and pendulum swings in cultural and policy-level conceptualizations of how births “should be.” I argue for greater attention to be paid to the mediation of parenting and networked maternal subjectivities.

Keywords
cchildbirth, motherhood, maternity, online forums, maternal

This thread has made me cry, which I think I haven’t done enough of.

Anonymous online poster

This article presents an analysis of 1930 posts from 12 discussion threads from an online parenting forum, drawing upon a broader project on the mediation of childbirth. The article explores three central themes: the multi-pronged functions of writing birth narratives, the discursive and perceived silencing of difficult stories, and the overt individualization and self-management evident in women’s accounts. These themes are located as outcomes of the individualization of maternity in contemporary society and pendulum swings in popular cultural and policy-level conceptualizations of how births “should be.” I argue, in general, for greater attention to be paid to the mediation of parenting and networked maternal subjectivities. The material this article reports from emerges out of a larger body of material analyzed in the project Birth Stories, funded by the British Academy to run from 2016 till 2018, developing an account of the mediation of childbirth in the United Kingdom (Das, 2017). The broader project investigates the meanings embedded into media texts that birthing women access and interpret. It analyses discourses about the birthing body, “natural” birth, medical interventions, pain, anxiety, and risk in television programs and online videos. This article draws on a small section of the data—12 online discussion threads—and looks specifically into the discourses that become apparent in online discussions of birth and birthing. Birth cultures and experiences deeply shape post-partum emotional well-being of new mothers, and this in turn shapes infant care to a great extent, making issues surrounding birth trauma and postnatal depression a key focus of intervention and investment in public health. An understanding of what shapes women’s expectations, the outcomes of their birth experiences, and the myriad ways in which the media shapes and is used by women in this process contributes to our understanding of maternal and child well-being, and indeed, our understanding of mothers as audiences/users in a 24/7 media-escape.

The Social Media Practices of Mothers
I turn first to the literature on the social media practices of mothers, for, although these are not specific to birth or birthing, they highlight critical themes in the scholarship on the digital mediation of motherhood in general, which helps to

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frame this project. The (often) anonymous, 24/7 format of online support groups offer the scope for freely expressed emotional responses to others’ stories, a heightened sense of immediacy, a wide spectrum of peer support and criticism, and a new site for debriefing outside of face-to-face, clinical contexts, after the intense experience of labor. Ley (2007) aptly captures the “architecture of commitment” afforded on certain online groups drawing upon foregoing conceptualizations of thick trust (Radin, 2006), social capital online (e.g., Haythornthwaite & Wellman, 2002), and techno-socialities (Escobar, 1994). Ley outlines how the very architecture of these groups, including their social and technical design, fosters a kind of commitment and participation that is unique to these digital platforms.

A large part of the literature on the social media practices of mothers and parents has focused on framing these as they relate to children’s online lives (e.g., Schaan & Melzer, 2015). Mothers’ social media habits, in particular, their blogging practices (see Orton-Johnson, 2017), and the sharing of information about their children online (cf. Chalklen & Anderson, 2017) also sit within this broader context of an interest in mediated parenting (see Blum-Ross, Alicia & Livingstone, 2017, on “sharenting”). Chen’s (2013) critique of the discourse about mothers blogging links to the wider public derision around women’s forums and women’s online talk. Chen’s techno-feminist critique develops Butler’s work on performativity to counter the very rhetoric of “mommy blogging” (which we can extend to all forms of social media activity that is specific to mothers/parents) to stress that the terminology itself reinforces women’s roles as nurturers alone and puts women in a box, so to speak. While Chen links this to ideal mother prototypes, I argue that the mommy terminology (instead of mother, for example) works also as a convenient, ready-to-employ device of light-hearted dismissal of these texts as anything to be seriously taken or analyzed. Part of this may well link to the commercialization of these spaces as Hunter (2016) in her recent study argues, but there is a broader debate to be had about the words we use to refer to women’s mothers’ textual practices on social media. Rogers (2015) offers “maternal essaysists” as a new category of mothers writing online. Her focus is on the narrative techniques, artistic self-expression, and negotiations of agency by mothers in online communication as they speak of their own lives and stories. Rogers is interested in “how digital representations reflect and help define or (re)shape the realities of women and families, and how mothering and being a mother are political, personal and creative narratives unfolding within the digital world” (p. 248). Her account is particularly poignant because it pays attention to the fine twists and turns of writing, reminding us to pay attention to the important details in such writing through which voice and identity is mediated, that we might often not notice, as we mine the web for vast volumes of data. She reminds us of the value of this writing as it depicts “the ways in which mothering and being a mother are political, personal and creative narratives unfolding within the digital world” (p. 259), something Lopez (2009) positions as a radical act and Morrison (2011) as the grounds for an “intimate public” to become visible. As Dahlen and Homer’s (2011) work has shown the texts collectively created online become a lens into broader societal discourses around parenting, birth, children, and indeed, the philosophies through and within which life experiences and aspirations are formed and framed. Pettigrew et al. found in 2016 that the maintenance of social ties and managing of stress related with parenting underlies the social media practices of mothers. These included for them—the “developing connections with others, experiencing heightened levels of mental stimulation, achieving self-validation, contributing to the welfare of others, and extending skills and abilities” (p. 510). These resonate closely also with Chen’s (2015) findings recently that engagement, information, and recreation play key roles in this process.

The Cyberparents project looked at mothers using online forums for advice on their children’s health and also transitioning into motherhood. The conclusions were clear there, that online support merges with and complements offline support in this regard (O’Connor & Madge, 2012, p. 351). The same scholars, found a few years earlier, that “the internet was both liberating and constraining: it played an important social role for some women while at the same time it encouraged restrictive and unequal gender stereotypes in this particular community of practice” (Madge & O’Connor, 2006, p. 199). Johnson (2015) terms these websites “intimate mothering publics” which she suggests “are particularly useful for thinking about the meaning-making practices and learning experiences that occur during intimate online and face-to-face interactions” (p. 237). Chen’s (2008) account of virtual space and motherhood in Hong Kong reinforces that these forums develop beyond their “technology-mediated nature into a community of face-to-face friendships and social and emotional support” (p. 169). And yet, these are also spaces, where discourses of “good motherhood” are constructed and performed, as Cheresheva (2015) discovers in her recent study on online narratives of infant feeding in Hungary and Bulgaria (see also Gray, 2013).

This article intervenes within this developed literature cited above, by focusing closely on discourses of birthing, to draw attention to the contradictions, tensions, and juxtaposition of contrasting discourses surrounding the birthing body, as they are framed within a neo-liberal preoccupation with individualized, intense maternity (cf. Douglas & Michaels, 2005; O’Brien Hallstein, 2011). Specifically, the article progresses the recent attention paid to broadcast media and its representation of pregnant bodies by placing the focus on women’s talk and cultural discourse itself and the ways in which the body, birthing, “good” birthing, and birth cultures are conceptualized, and to what end. The nature of pseudonymous (in this case) digital spaces and the tensions arising
within these spaces that are framed as “for parents, by parents” make the findings in this article progress the unfolding literature on mediated childbirth.

**Conceptualizing the Maternal**

As I have recently argued (Das, 2018), what makes childbirth particularly fascinating as a site of analysis in exploring its mediation on social media platforms is the juxtaposition of two discourses—the emancipatory, feminist revival of women asserting themselves against the white-coated, often male, medical community, harking back to the introduction of the natural birthing movement in the United States and United Kingdom (Gaskin, 2003; Kitzinger, 2012), for example, on one hand, and on the other hand, the neo-liberal, self-regulating, self-managing, highly individualized discourse of ideal births and ideal birthing modes which sit within the intensive motherhood discourse (Hays, 1998). Rather than seeing them as competing discourses, it is more productive to consider “natural” birth—and by extension, women’s talk on birthing on social media, as a coin of which these represent two sides. Following Mack (2016), it is important to note here, however, that the term “natural” birth itself is loaded, and that “the use of the term natural to describe home birth or unmedicated vaginal birth is highly contested. The term, some have argued, denotes that other forms of birth are unnatural, wrong, or inherently problematic” (p. 64).

As Sheila Kitzinger (2012) points out, the return of attention and energy to women’s agency in birthing was a rebuttal of the technocratic culture of medicalized birth. Ina May Gaskin (2003) and Kitzinger led what was to become a movement from individuals and institutions in some cases, although definitely not all, to recognize that in the “technocratic system, birth usually takes place in an alien environment among strangers, with routine use of invasive procedures that are promoted by multinational drug and equipment companies” (Kitzinger, 2012, p. 301). This indicates the critical role played by this work in recognizing the centrality of women’s agency, voice, and power in birthing, as (often male) obstetricians, private medical practice, and the nexus of international drug companies and medical practitioners continue to create these very anti-women, oppressive “technocratic systems” (Kitzinger, 2012). This is evidenced over the course of a long past, by now, in work that acknowledges the long, tense and sometimes violent history between female midwives and wise women and male obstetricians and health-care professionals seeking to enter the birthing room (cf. Leavitt, 1986; Sandelowski, 1984).

The other side of this metaphorical coin, which I develop to make sense of the rhetorical and discursive idealizing of natural birth, develops a conceptual picture of the maternal which draws on the theorization of intensive motherhood developed in the late 20th century (Hays, 1998) and theorizations of the maternal ideal, good and bad mothering, and performances of motherhood and mothering in neo-liberal societies, developed by scholars on both sides of the Atlantic. Throughout this article, I draw upon literature around “intensive mothering” (Hays, 1998) while noting that the phenomena behind some of these discourses and practices of course pre-date their labeling (see Smith-Rosenberg & Rosenberg’s (1973) historical account on the “female animal” in 19th century America). But in addition, recent historical shifts in the division of domestic labor, the perception and mediation of birthing bodies and the relationships between birthing, pregnancy, and consumer culture have undergone massive changes in relation to other political, economic and cultural logics, and some of these discourses have become more visible, pronounced, and mediated over the recent past (cf. Boch cantin et al., 2010; Douglas & Michaels, 2005; Moravec et al., 2011; O’Brien Hallstein, 2011; O’Donohoe, Hogg, Maclaran, Martens, & Stevens, 2013; Tyler, 2009). This includes work by Douglas and Michaels (2005) on “the new momism,” work by O’Brien Hallstein (2011) on “bikini-ready moms,” and feminist scholarship in Britain by McRobbie (2013), Littler (2013), Tyler (2009) on the political-economic and cultural contexts within which maternal subjectivities are produced and maintained and mother blame and guilt rationalized, as an individualized, idealized maternal subjectivity privileged within the intensive motherhood discourse (Hays, 1998).

Attention to maternal work as a coherent set of tasks and functions (Ruddick, 1995) drew attention to the unconscious intersubjective dynamics involved in motherhood (Hollway, 2001). Audio-visual imagery made possible, insights into fetal development which have been critiqued for their erasure of a focus on maternal development apart from her identity as a vessel for the fetus (Stabile, 1992), generating a “maternal ideal” premised upon the hailing of an emotional inability/unwillingness of the mother to ever separate from her baby. This links to conceptualizations of “good” mothering and “bad” mothering, which in turn link to “deviancy” debates on good and bad parenting as strongly classed discourses of neo-liberalism. Douglas and Michaels (2005) speak precisely of this in the American context as they define new momism as “a set of ideals, norms, and practices most frequently and powerfully represented in the media, that seem on the surface to celebrate motherhood, but which in reality promulgate standards of perfection that are beyond your reach” (p. 5). The juxtaposition of these two discourses—of women’s bodies caught between institutions and doctors, erasing maternal agency, on one hand (cf. Tyler & Baraitser, 2013, on how childbirth TV has rendered birth affectively visible yet silenced the woman), and the upholding and idealizing of a certain kind of birth (often requiring substantial, middle-class investment into what has become a wide selection of classes, scans, and courses), on the other hand (see Hanson, 2004, writing on the cultural history of pregnancy; also De Benedictis, 2017)—underlies the narratives this article explores.
Methodology

This article presents a thematic analysis, following Riessman (2008), of themes arising from 1930 posts in 12 discussion threads on a parenting website—Mumsnet. This is a website known for its tolerance of swearing, highly spirited and occasionally very heated arguments (see Pedersen & Smithson, 2013). Mumsnet, although it is an online forum that anyone can sign up to, and access, is predominantly British and most posters are resident in the United Kingdom. Mumsnet started in 2000 and has since then grown into more than an online forum with very many topics and sub-topics. It regularly supports and organizes campaigns, lobbies on issues around women and children’s well-being, frequently sees politicians, authors, journalists and other public figures make an appearance for scheduled web-chats, and its views are often sought in the print media. The forum is moderated around a system of Talk Guidelines, and through a system of community reporting and Mumsnet monitoring of reports, but individual posts are not vetted before they are posted.

As Hanson (2004) reminds us in her excellent account of the cultural history of pregnancy, pregnant bodies are always “viewed through constantly shifting interpretive frameworks” (p. 3), and as Longhurst remarks, “maternal bodies are socially, sexually, ethnically, class specific bodies that are mutable in terms of their cultural production” (p. 3). So, it is critical that we do not conceptualize pregnancy, birthing, motherhood, and maternity as monoliths, and keep in mind that the material analyzed here represents Western birthing and experiences of early motherhood in a Western country. A purposive sample of 12 threads (“threads” are the Mumsnet term for discrete topics of discussion) was selected after applying keywords such as “birth stories,” “positive birth,” “birth trauma,” “negative birth,” and “labour stories” when searching the database of threads. The threads had diverse titles, ranging from ones specifically created for birth trauma support to those making it verbally clear that they solely wish to hear positive stories of labor. They are similar in that nearly all of them were part of the “childbirth” discussion topic and sought either help or information, rather than simply posting to share one’s own story. They are different in their diverging degrees of openness to positive and traumatic accounts. Discussion threads ranged between high traffic ones with more than 300 posts, to low traffic ones with under 50 posts.

All data were collected non-reactively from a public forum with publicly available posts. Non-reactive data collection focuses on data online in the public domain and does not respond to, react, or engage with participants online and lets phenomena unfold. Riessman (2008) speaks of how “talk among speakers is interactively (dialogically) produced and performed as narrative” (p. 105). Riessmann’s (2013) account of the nature and purposes of storytelling is particularly relevant for this project, where she says, storytelling is a relational activity that encourages others to listen, to share and to empathize. It is a collaborative practice and assumes that tellers and listeners/questioners interact in particular cultural milieux and historical contexts. . . . We ask why was the story told that way? (p. 170)

Narratives for analysis are almost mainly, long, detailed, autobiographical ones—like a single person’s story or one single interview transcript. In an interesting essay, Georgakopoulou (2007) questions this and reminds us of the importance to pay equal attention to what she calls “small stories.” These, in her words, are a gamut of under-represented narrative activities, such as tellings of ongoing events, future or hypothetical events, shared (known) events, but also allusions to tellings, deferrals of tellings, and refusals to tell. These tellings are typically small when compared to the pages and pages of transcript of interview narratives. On a metaphorical level though, small stories is somewhat of an antidote formulation to a longstanding tradition of big stories . . . the term locates a level and even an aesthetic for the identification and analysis of narrative: the smallness of talk, where fleeting moments of narrative orientation to the world (Hymes, 1996) can be easily missed out on. (p. 146)

In paying attention to this online gamut of “small stories” which are “part of the fabric of the social world” (Lawler, 2002, p. 243), a discussion of ethics is imperative. Whiteman’s (2012) account of her work on publicly accessible bulletin boards discusses in detail the ethical considerations behind her decisions to not participate on the forums, to not seek informed consent, and to acknowledge that not seeking informed consent and conducting covert analyses of publicly available data that often invite looks of surprise (Whiteman, 2012). In keeping with her argument that “obtaining consent in online environments can be both difficult and disruptive” (p. 19) and her assessment that behavior in the public domain can be analyzed without consent, I too concluded that since the content posted on the forum analyzed here are publicly available, and as such content from these forums appear regularly in research papers, talks, and indeed, the popular press, I would not be seeking consent. The forum itself discusses these issues. The possibility that what people post on the forum can be, and often is, found to appear in the public domain on other platforms is something that posters recognize and work with. At the beginning of the project, I wrote to the administrators of the website seeking consent from them to use material from their discussion boards for analysis and I was informed I could freely do so—the posts are not protected from public viewing or use. All posters are pseudonymous on the forum and should one wish, one might retrace a poster’s posting history and begin to bring together a story that could potentially identify the person concerned (“outing” someone, in forum language), although the website allows a name-change function. Keeping this in mind, I
have allowed an additional layer of anonymity by not using even the forum names of posters.

In order to perform this analysis, each post was first assigned a number. A decision was made as to what the unit of analysis would be—each poster’s contribution on the forum presented itself as a distinct analytical unit ready to use. The units were read, over and again, being assigned codes/labels on NVivo as they were read. This generated a long list of first-level labels. These themes were then brought together, read through thoroughly, and grouped into second-level themes. It is at this level of analysis that the beginnings of some competing discourses first began to be evident, inductively. These second-level themes were then analyzed to lead to the final third-level themes that are discussed below. Of course, the scale of the study, the non-participant nature of observations, the lack of researcher involvement, and hence researcher positionality with regard to the women, and the fact that little, if at all, can be deciphered about these posters’ contexts from their posts, work as limitations, which could be overcome in work of a different nature and methodology.

Cathartic and Sense-Making Functions of Birth Narratives

The hearing, telling, recounting, and circulating of birth stories works within a critical circuit of interpretive devices which are simultaneously the products of interpretation (of others’ stories) and the devices/lenses through which one’s own births and others’ births are interpreted, contrasted, and even compared. One’s own story is a part of this hermeneutic circuit (Gadamer, 2002), an experience which has been pre-mediated by the readily available range of stories one has heard before and expectations which have been established through a very wide range resources.

Speaking about birth, after birth, outside of the clinical and time-limited contexts of debriefing, serves cathartic and therapeutic purposes for many women. One poster says, “This thread has made me cry, which I think I haven’t done enough of.” Another says, “I’ve never wrote it all down like that before and it’s actually upset me all over again. It obviously just doesn’t go away. This is kind of like therapy though.” The sense of community, camaraderie, and solidarity that comes through on childbirth forums is striking, although, as the next section will evidence, this camaraderie often has other less-convivial dimensions attached to it.

Responding to the stories that others tell becomes an act within this circuit which positions all interpretation and understanding as preceded and resourced by a background of pre-understanding that goes before these, including one’s own judgments, and hence suggests that there cannot be an understanding that stands truly on its own (Gadamer, 2002). This circularity, between the present and its past, suggests that “our truths are made possible by a shared background of life into which we are initiated, and into which we contribute, through our dialogues and interactions with others” (Martin & Sugarman, 2001, p. 197). One poster identifies this clearly as she says, “I may as well start with my story, it may help others to both open up and to be able to identify how their trauma will/may manifest itself.”

It is important here that we pay attention to the nature of online discussion groups—they afford an immediacy to the exchange of stories, the scope for a range of interpretations, prejudices and understandings to co-exist on the same visual unit (the full screen), the scope for messages to be removed and be replaced by deletion messages, and the very own language of emoticons, abbreviations, and terminology specific to a particular forum. Story-telling on childbirth forums is discursively recognized and analyzed by posters as useful for those who will lurk but not post, read but not share, or those not pregnant yet. As one poster reminds everyone, of the importance of not just reading and expressing, but also of supporting and reaching out:

There have been previous threads on which people have out poured their experiences but acknowledgement and discussion is more than each of us telling our own experiences, so I ask that not only do we tell our own stories but we acknowledge other’s and help them to discuss their past too.

Story-telling and listening to stories around childbirth becomes an important device through which women debate and disagree with institutions and structures, including medical systems, linguistic and discursive devices used socially in speaking about birth and of the systems within and against which women operate in birthing. One poster states categorically, “There are some problems I think in the language that is used around childbirth.” There is a sense of protest which cannot be boxed into the tick-boxes of complaint forms of medical institutions, which becomes evident in the critique of discourse and language. One poster remarks,

The language of midwifery is laden with unhelpful emotions I did not “give birth” as I had an emergency c section after I “failed to progress.” I previously have had a medical management of a miscarriage as I had “retained products” and the doctor told me he would prescribe “abortion pills.” Labels can be so unhelpful.

The emotional role played by storytelling is significant. These spaces become areas where discussions of one’s most private thoughts are (usually) acceptable, unless these thoughts venture into the ambivalent territories—such as the sharing of difficult or traumatic birth stories, which I move on to, in the next section. These online narratives also often show the breadth of maternal ambivalence (cf. Raphael-Leff, 2010). One mother who experiences a sense of disconnection with her own body presents her narrative as one of disconnection and a sense of not being with one’s own physical
self: “That’s the other thing; ordinarily your ‘bits’ are your private property, but after a birth ... I felt totally alienated from that end of my body, like it wasn’t mine any more, plus it was kind of rearranged.” Similarly, a poster who has felt detached from her baby since birth is able to speak of difficult and often socially unacceptable emotions:

My daughter doesn’t feel like mine. She feels like a child I’m babysitting for or something. That was why I couldn’t carry on breastfeeding—it felt wrong and it still feels wrong sometimes to change her bum.

This quote above makes sense when read against the ample literature in maternal ambivalence (Adams, 2014; Raphael-Leff, 2010), which grasps the complex, fluid and constantly morphing nature of motherhood, as thoughts such as the above may find little space and social acceptance. As Magde and O’Connor note, “the construction of mother as a category is not a pre-given, coherent and stable subject position,” and maternal ambivalence such as the poster’s above is an integral part of motherhood, “the ambivalent holding together of love and hate” (Adams, 2014, p. 10), and sometimes even a positive force (Raphael-Leff, 2010). As Leff identifies, not being able to speak about ambivalence freely works as an exclusion which “compels mothers to hide conflictual and shameful feelings from professionals—and from themselves” (p. 1). An enormously significant role of birth narratives is the sense of empowerment that is shared from one woman to another. The empowerment which is voiced through the sharing of positive experiences, short labors, drug-free labors, active births, and births at home is a clear way in which women encourage each other to reject medical interventions, and indeed medical actors and establishments, in line with the philosophies of natural birthing discussed previously. Women post periodically, seeking examples and instances of these stories, as these are the stories that are most often sought. One poster actively encourages others to share their concerns about birth: “I genuinely loved every minute of the labour and birth, and I’m not a lentil weaver! Don’t be scared, go with the flow. What’s worrying you?” These accounts display most frequently narratives of conviviality, camaraderie, and solidarity. One poster reassures another:

you’re designed to give birth just like any other animal—and no other animal screams in pain when they are giving birth, it doesn’t have to be like you see on TV. Being scared just makes you tense up then your muscles won’t work effectively. Most women don’t have a medicalised experience—you just tend to hear the horror stories and not the good ones.

Discursive and Perceived Silencing of “Horror Stories”

I draw upon the theorization of intensive mothering (Lee, 2008; see also Arendell’s, 2000) review of conceptualizations of motherhood, within the growing literature on parenting cultures and the identity work involved in mothering as I examine silencing discourses arising in online discussions of birthing. An enormous amount of emotional energy is invested into the mode, duration, and type of birth and the degrees of pain relief involved. This energy—which is invested into birth as a process—is played out in discussions of birth online, is similar to Lee’s (2008) account of infant feeding getting tied firmly into maternal identity work, and makes it inevitable that birthing itself sits at the center of intensive mothering. The mode of birth and the use or rejection of pain relief become moralized indicators of ideal and less-than-ideal births and therefore graded nuances emerge in terms of how “well” a mother is perceived, or perceives herself to have done, in giving birth.

Discussions online, especially when people seek “positive” birth stories, display an aversion to traumatic or difficult stories being shared. The sharing of “horror” stories is not something actively encouraged (there are separate threads created for trauma support) and a number of discursively apparent rhetorical strategies are evident in the silencing of difficult accounts. One of these is to paint the telling of a difficult story as a strategy, as one poster says, “When you are pregnant people always come out with the horror stories as they seem more interesting,” or that “people definitely love to tell a gruesome story (or 12) to pregnant ladies.” That a birth story needs to be interesting and that the sharing of difficult experiences is a strategy to make it so tie in also with a general aversion to these stories.

This is displayed often as an attempt to avoid and avert—what has not been heard will do no harm. A poster says, “I remember telling everyone ‘I don’t want to know’ before they started speaking if I knew where it was going.” This is evident also in countless threads asking for solely positive accounts and actively discouraging the sharing of horror stories. The fact that a general discussion board needs to have separate support threads, clearly titled with birth trauma for instance, shows that the space available to speak freely about childbirth difficulties, or feelings of disappointment, is limited. The rhetorical devices employed to close down convivial spaces for sharing difficult stories is sometimes more actively voiced. For example, one poster is told,

It is ok for you to decide to have a C-section but starting a thread to try and alarm people into agreeing with you is not really that helpful is it? Please for goodness sakes do talk to someone about this so you can weigh up the risks and get it in proportion.

Difficult experiences are as varied as they can be, and yet rhetorically, they are often grouped together, as though they were a homogeneous mass that can be eliminated and avoided in the run-up to a birth. This is a simplification of birthing experiences and accounts that becomes evident in comments which seek to enlist a very wide-ranging set of experiences into a single and often dismissive stream:
It just seems like everyone has horror stories! And not just the people who are overly keen to share horrific stories—for all my family and friends who have had babies over the past few years it's been a litany of forceps, 4-day labours, emcs, inductions with pain off the scale, filthy hospitals . . . !

Sharing “negative” stories is not simply a question of sharing experiences after birth. The voicing of fears and anxiety is often bounced back to the individual in a way that preserves fears and concerns as the individual’s responsibility alone:

The only thing that leaps out at me is that you seem to be unsure about your choice and trying to justify it—regardless of whether you feel able to admit this to yourself or not. Perhaps this is due to personal doubts or due to the reaction you have had from others, but I don’t think anyone but you can resolve this issue for yourself.

The sharing of horror’ stories as a strategy, the grouping together of “horror” stories into one homogeneous narrative, the verbal shutting down of difficult accounts, and the projection of fears as self-doubt or scaremongering are findings that align with the discursive silencing of negative accounts. It is noteworthy to mention that, if people post, seeking advice specifically for birth trauma, that is often found, from posters in the same boat. It is the more routine, everyday, even mundane discussions of birth and birthing that dominates online forums or even offline conversations as reported online, which involve this subtle silencing—a finding which links closely to the perceived silencing of difficult stories, which, in the absence of an overt, immediate rhetorical silencing as evident in the quotes above, nonetheless, lead women to feel judged or silenced—as the example below will demonstrate. This perceived judgment is something that speaks significantly of the wide cultural attributes associated with natural and “good” birthing, rather than something that can be read at face-value of an individual being over-sensitive. One poster writes about clinical evidence for natural birth thus:

absence of proof of harm is not proof of lack of harm . . . Infant formula is a commercial product. Surgical birth is a medical procedure. There is no harm in discussing the evidence underpinning the public debate about these things.

On the surface, this is an accurate statement, and one made, apparently, without judging the choices or experiences of another. It triggers a very strong response in someone: “You are exactly the kind of mother I was referring to. No wonder women feel judged.” The “kind of mother” interpreted here is because the poster interprets a statement of fact (“surgical birth is a medical procedure) as a loaded, meaningful statement of judgment, which then causes distress. Whether or not this statement of fact was intended to be loaded is impossible to decipher within the methodology of non-participant observation, but, more crucially, the heightened emotions that read this statement as loaded and meaningful must be contextualized within a broader, societal narratives with and within which women make sense of their births.

Feeling judged without being judged, and feeling judged while being judged, may well be separated in terms of the rhetorical devices behind them, but wider socio-cultural contexts and cultural attributes associated with motherhood and mothering form the backdrop to these interactions. Feelings of failure, self-doubt and a sense of not achieving goals that are set to be aspired toward form part of this picture. A poster mentions that a specific natural birthing technique did not work for her: “it made me feel much worse, postnatally, because I had this sense of feeling like a failure to deal with as well as the recovery from an episiotomy and forceps.” Or, as another poster remarks, dismissing any evidence for the benefits of natural birthing,

As for suggesting that mode of birth actually matters to babies—that’s your personal belief, and there’s a whole interweb full of people who claim the same, although there’s from what I can see not much sound scientific evidence around this, but a lot of philosophical theorising and romanticising.

One might then connect, at a broader level, whether the dismissal of the evidence behind natural birthing by some as above might be tied to the real, lived experiencing of a particular ideal, with very strong socio-cultural attributes linked to it, personal experiences of deviating from that ideal (through circumstance or choice) and then rejecting, discursively, any evidence behind what has become widely idealized. As one poster phrases this personal experience of deviating from an ideal, “I just feel like it could have been an amazing experience and I chickened out of it,” and another whose use of the word “artificial” is particular poignant: “The fact that I gave birth artificially annoys me.”

Individualization of Birthing Responsibilities and Management of the Self

Findings from this analysis point to a significant amount of individual responsibility and self-censure and management being taken on my mothers. Mothers expressing guilt at having an “easier” time than others, indicating a subtle sense of competition and comparisons in birthing, mothers with positive experiences discursively demonstrating a stepping-away from praise of any kind, mothers who have had difficult experiences positioning a positive experience as down to individual luck, and a clear sense that traumatic experiences are often down to individual failings in some way. Some of these discourses contradict each other, but that precisely is the nature of these discussions. At its clearest level, online discussions of birthing display the juxtaposition of two enormously value laden narratives which could even be
interpreted as two sides of a single coin: the one which emphasizes the necessity and even superiority of a drug-free vaginal birth and sits within the feminist rebuttal of obstetric domination of birthing and is an empowering discourse; and the other which seeks to silence those whose births did not fit within this model and presents them with the task of silencing the “horror-story” narrative.

Mothers often express a sense of guilt at having had an “easier” time and do the interpretive work of reading other narratives to make sense of whether their own, personal, highly individual narrative can be classed as “easy” or “difficult.” As one poster says, “I actually had it pretty easy compared to some of you,” or another, “I feel like a bit of a loon posting this on here because you ladies have all had it much worse than me.” This links also to the verbally apparent stepping-away from praise that is displayed by many posters who perceive themselves to have had an easier time. Both these posters and those who have had negative experiences class a “good” birth as a function of individual good luck. One says, “If you’re lucky enough to be able to cope with the pain with minimal pain relief, then good on you,” while another remarks, “I hear ‘you did really well’ as a comment on the woman’s incredibly good fortune, not a compliment on anything they actively achieved.” Under this umbrella, one might also include substantial amounts of self-regulation in speaking about something that has become so laden with cultural attributes that the sharing of stories is no longer as simple as it might look:

I think one of the reasons for the horror stories is that some people do have bad experiences so it can feel quite smug to be going on about your wonderful home births when you’re not sure if the person/people you’re speaking to has had a different birth.

As Lee (2008) notes,

It has been well established that mothering has, in modernity, been constructed as both the private responsibility of individual mothers, and also a matter of public scrutiny and intervention, with mothering practices defined as “good” and “bad” in expert and policy discourse (Lewis, 1980). (p. 468)

In reading women’s interpretations of their own births and of images surrounding them in the context of an increasing move toward placing responsibility on the self and on individuals in contemporary post-modern society, we can notice a shift away from the discourses of it taking an entire village to raise a child. A mother who has had a difficult and traumatic birth experience takes on full responsibility of the experience on her own shoulders:

My first birth was a horror story—but now I realise it was mainly because I tried to “avoid” the birth—pretending it wasn’t happening and then was too stoic when I should have been demanding. It meant I had all the wrong kind of intervention.

This individualization of responsibility is evident in pregnancy advice as has been studied by scholars (cf. Lee, 2008) and manifests itself not just in terms of women making sense of hard times but also in women’s preparations for an aspired-for positive birth experience. As one poster advises another, “Anyone can always try to treat you like a cretin, the difference is how you let it impact on you. Giving birth is a case of mindset—go in with a open one!”—words simultaneously empowering and individualizing the tasks and responsibilities of giving birth. What is at stake in this individualization of responsibility, risk perceptions and management, and of dealing with outcomes? A critique of individualization is needed here, in arguing for a more collaborative, connected and diffused approach to birthing responsibilities, as opposed to the more plastic (cf. Giddens, 2013 on plastic sexuality), deeply fragmented individually invested mode. As these accounts show, these two narratives are often overtly visible in discourse. This is not always so, however. Even when the mode of birth as an indicator is stripped, in discourse, of its moralized baggage, women with varied experiences of birthing show discursive strategies of still working around these indicators in their narratives and interactions. This happens through either distancing themselves from a sense of achievement (when they fit in with what is perceived to be more laudable birthing choices and experiences) or perceiving themselves to have failed even when there is nobody who has told them so. The former subtly recognizes that birthing naturally has medically and culturally ascribed authority and preference and therefore can alienate those who did not or could not fit in, thus displaying self-deprecating techniques including humor, to not claim praise. The second, aware of these same culturally heavy indicators of “good” births, displays a sense of having failed and going unrecognized even in cases where these attitudes have not been verbally, literally articulated to them.

Conclusion and Future Directions

This article has contributed to a developing body of empirical work on childbirth and the media, which has mostly, if not solely, focused on representations on legacy media, by listening to women’s talk online and how it frames discourses of birthing. The article has drawn attention to the contradictions, tensions, and juxtaposition of contrasting discourses surrounding the birthing body, locating these within a neoliberal preoccupation with individualized, intensive maternity (cf. Douglas & Michaels, 2005; O’Brien Hallstein, 2011). This article has complemented the empirical literature available around visual cultures of childbirth by exploring discursive cultures on these forums to show how they become a site where childbirth reveals itself as a baggage-laden subject of intensive motherhood, of two contrasting sets of voices—one empowering and the other disempowering, with both seeming to represent historical shifts in attitudes to
women, women’s bodies and childbirth as a biological, social, and cultural practice.

Crucially, these voices do not belong to two neatly divided camps, but are really best thought of as two sides of one coin, embedding one within the other. On one hand, these forums witness a welcome assertion of the knowledge that birth is not something to fear, that obstetricians and surgeons are not necessarily the best birth attendants, and that one should be confident about one’s own body to take care of a natural process in the safe environment of the United Kingdom. This is evidenced by many mothers sharing, enabling, empowering stories with first time mothers, and aligning closely with the feminist revival of women-led, midwife-supported care for birthing women, which made a real statement against the white-coated, clinical obstetrics–led model where many women even a few decades ago were asked (often by male doctors) to lie down and get on with it. The other side of this conversation, visible less frequently, and perhaps more dramatically, on these forums is the muting of “horror stories.” The first discourse has been historically monumental for women, women’s agency and bodily autonomy as indicated previously in this article. It has rescued women from being the passive recipients of a clinical and sometimes surgical process toward being active participants in birth. But the second discourse, as many mothers described, mothers whose “horror stories” had been muted collectively, online and offline, represents for them, the pendulum swinging the other way.

As Orgad (2005) remarks about the argument of scholars in feminist Internet studies and development,

for them the significance and impact of online communication can and must be evaluated only in light of its actual consequences for the material conditions and cultural practices within which it is embedded. The fact that women talk to each other online, and that in this process peripheral matters gain public recognition, is not sufficient on its own. (p. 144)

Flipping Orgad’s question about these sorts of online arenas in terms of whether they can “constitute more than anonymous therapeutic spaces” (p. 157) to inquire into their real, lived, positive potentials, one might ask the opposite question in the context of these sorts of parenting forums—can the hurt and guilt that one might walk away with from these discussions contribute to offline implications for women? Peer-to-peer support networks online are rapidly becoming popular, 24/7 avenues of wisdom sharing, virtual hand-holding and occasionally less positive platforms where those responsible for very young children, while feeling frayed, confused, and exhausted, seek help. These platforms are not to be dismissed as the general chatter of the networked world, not just for their potentials and possibilities in the face of public funding cuts but because of the ways in which these conversations mirror and even shape the ways in which we, as a society, think and speak about children, parents, and families. Indeed, as van Zoonen (2001) remarked about Nancy Baym’s work on soap opera fan groups, “it is the great merit of Baym’s work that she shows the virtual feminine culture of the soap discussion group to be constructed out of more factors than only the gender of most participants” (p. 71).

This article was limited in scope and scale, and, to conclude, I would like to locate this work within a promising trajectory of research beginning to open up in the context of social and digital media. My first set of reflections on future directions are focused on the mediation of childbirth itself, the subject matter of this article. Media images and texts resource the kind of expectations and emotions women carry to the laboring room. While the majority of births in the global North go well, there are many who leave the moment of birth with lasting trauma and look for support on social media. This is evidenced by pages upon pages of pseudonymous discussions on parenting websites. Birth is idealized, or conversely medicalized, and too often graded. Birth experiences shape the earliest phases of parenting—and the ways in which social media is or can be used at these times deserve critical attention. The time is ripe, perhaps, to look for a convergence between the portrayals of ideal and less than ideal births in media narratives and representations. The focus here lies on bridging the gap between what qualifies as a beautiful, fantastic birth, and what misses the mark. The implications for this are crucial for women to make sense of their birth experiences. The second convergence I propose is disciplinary—I suggest a stronger connection between (networked) communication studies and the physical, emotional, and social aspects of parenting (cf. Gong, 2016) which includes pregnancy, birthing, infant feeding, post-natal illnesses, in a broader context where parenting (of older children) has already been finding a lot of attention.

My second set of reflections on future directions is broader and addresses social media and motherhood, in general. Birth sits within the earliest days of one of possible entries into motherhood and maternity. It is critical that we continue to pay attention, using both big and small data, both quantitative and qualitative techniques of Internet research, to make sense, holistically, of what is essentially the networked maternal. Extrapolating from this project in particular, I argue that three critical areas for future work remain, if we are to make sense of networked maternal subjectivities. We need to understand the formation of new lines of maternal social capital, inclusion, and exclusion online in order to understand the implications of mothers’ digital participation. We need to develop a critique of the affective (Ouellette & Wilson, 2011) and immaterial labor (Fortunati, 2007; Jarrett, 2014; Wilson & Yochim, 2015); mothers perform as social actors online in order to identify how this maintains or counters existing gendered societal expectations of mothers. We need to examine in what ways seemingly mothers’ digital participation contribute to the formation of networked maternal publics in order to understand the public dimensions and civic potentials of mediated motherhoods. Such an approach to the networked
maternal demands a truly interdisciplinary framework, drawing on resources from sociology, Internet theory, feminist theory, political-economic theory, political science, and critical-cultural studies in communication.

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Note
1. I note that while the literature developed for generations on maternity and motherhood is useful, for it incorporates within itself discussions of the history of pregnancy and visual cultures of birthing, I am conscious that using the very term motherhood uncritically in relation to birth and birthing alone, risks associating motherhood just with birth, and excludes the myriad other experiences linked with mothering including fostering, adoption, fertility treatment, stillbirths, miscarriage, and abortion (cf. Bute & Vik 2010).

References


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