

# MUMs: Mapping and Understanding Mothers' Social Networks



*A Qualitative Research Study  
2015-2017*



**MUMS**  
Mapping and Understanding  
Mothers' Social-Networks

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## Executive Summary

This study has examined how first time mothers living in Nova Scotia (NS), Canada identified and prioritized their needs during their first six months postpartum and where they went for information and support, inclusive of informal or formal programs and services, websites, social media, family, and friends. We collected data through rich, in depth experiences shared by first time mothers via focus groups (n=19), electronic interviews (n=18) and a public online forum (n=21). These narratives were analyzed using discourse analysis informed by feminist poststructuralism. The findings and themes have been organized by data collection method: 1) Focus Groups, 2) Online Forum, and 3) Electronic Interview.

Across the data collection methods, findings highlighted the importance of first time mothers' desire to feel normal, validated and reassured in their experience of motherhood. Most mothers experienced tension as they searched for "what is normal" due to conflicting discourses about the practice of mothering, such as mothering is intuitive versus mothering is learned. Most mothers discussed how they navigated and negotiated advice and information from health professionals, family, friends, and online resources. They did not simply want to be told what to do, they wanted to critique advice and information to make the best decisions for themselves and their families. Most of the mothers also wanted opportunities to connect with other mothers who could understand their experiences and struggles of being a mother in today's modern world. This helped to build confidence and trust in their own maternal knowing that their decisions, choices and experiences were 'normal', thus they themselves were 'good mothers'. Support from others empowered some of the mothers to challenge instructions and/or guidelines based in dominant health care discourses that did not align with their own beliefs, values and practices.

The stories and experiences shared by first time mothers who participated in our study demonstrate the need for want more opportunities for mothers to build social networks of other mothers, family, peers, and health care professionals who will empower them to trust their own intuition and maternal knowing. However, more research is still needed to identify those who have *not* been able to access the information and support they need or want and better understand the barriers that impede their success and what impact this has on their and their families' health.

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# Introduction

This report was developed based on the findings from the research study, Mapping and Understanding Mothers' Social Networks (MUMs) which was conducted across Nova Scotia (NS), Canada from 2015 to 2017. The aim of this research was to understand how first time mothers access support and information during the postpartum period across NS. By learning the face-to-face and virtual practices of first time mothers, we hoped to produce an integrated understanding of how postpartum supports are socially and institutionally constructed and provide direction for health care providers to maximize maternal-newborn outcomes through accessible, effective and coordinated postpartum care.

The early postpartum period can be an exciting and positive time for mothers, newborns and their families. However, this time of transition can also be stressful and filled with complex psycho-social and physical changes (Darvill, Skirton, & Farrand, 2010; Teeffelen, Nieuwenhuijze, & Korstjens, 2011) that require specific support, information and intervention

Evidence suggests the majority of mothers search for information and support during the postpartum period from a variety of sources including formalized systems, such as Public Health or more informally through grass-roots drop-in centres, social media, family and friends (Leahy-Warren, McCarthy, & Corcoran, 2011; Negron, Martin, Almog, Balbierz, & Howell, 2013). However, it is difficult to determine the degree to which these programs and other supports effectively address the wide spectrum of urgent and ongoing needs of new mothers and their families. Our own recent research found new mothers have intense social support needs in the postpartum period, such as building the confidence needed to enable them to effectively care for their

newborn, as well as wanting to know when and where to seek help (Aston et al., 2014a; 2014b). We also found that some mothers did not access formalized postpartum services beyond a few visits to the doctor despite persistent needs, such as difficulties breastfeeding or lack of social support (Aston et al., 2014a; 2014b).

Outside of formalized postpartum services, mothers have historically sought out social connections to help cope with difficulties of becoming a mother, a pattern of behaviour that is reflective of social networking. Social networking refers to relations between people through a variety of media, both offline and online (Rainie, & Wellman, 2012). The emergence of technologically savvy mothers has catalyzed a changing landscape in which public policies, programs and services are shifting to the online world. However, considering these changes there has been little research about how resources are accessed and the degree in which mothers' needs for information and support are met.

## Purpose

To examine how first time mothers identify and prioritize their own postpartum needs and where they go for information and support. This involved a comprehensive exploration of how first time mothers chose to access or not access different postpartum supports inclusive of informal or formal groups, programs and services, social media, online services and family and friends. This in-depth exploration has provided insight into mothers' social networking practices across NS. We conducted this examination using the methodology of feminist poststructuralism.

## Research Questions

How do first time mothers identify and prioritize their own postpartum needs and where do they go to access information and support within the first six months postpartum?

Specific questions included:

1. How do first time mothers identify and prioritize postpartum needs?
2. Where do first time mothers go for postpartum information and support?
3. How do first time mothers experience postpartum information and support?
4. Who are the first time mothers that access postpartum information and support?
5. Who are the first time mothers who do not access postpartum information and support?
6. How are informal and formal postpartum supports and services personally, socially, and institutionally constructed to meet or not meet the diverse needs of first time mothers?
7. How do first time mothers experience, access and navigate information and support through social networks?



# Background

## Postpartum support as a priority

The World Health Organization has declared that maternal and child care are global health issues (2013). In Canada, this position is further supported as the government encourages provinces and territories to provide programs and services for all mothers and families, with emphasis on those facing difficult life circumstances (Public Health Agency of Canada [PHAC], 2016a). As such, NS guidelines *Healthy Babies, Healthy Families* were created to support the early postpartum transition of mothers and newborns (Nova Scotia, 2012). However, despite a variety of available government and community programs and services to support new mothers and families, not all mothers choose to use these services. Reasons for this lack of uptake remain under research and are unclear.

## Evolving postpartum programs, services and support

Across Canada, the federal, provincial and territorial governments have intensified their focus on the provision of care to vulnerable or at risk families (e.g. single parents, low socioeconomic status, racial/ethnic minorities, mental health issues, etc.) (Nova Scotia Public Health, 2010; PHAC, 2016b). This shift is based on a plethora of research conducted globally confirming that mothers identified as 'at risk' and who receive services from public health and other health care providers experience positive health outcomes, such as reduced hospital admissions, successful breastfeeding and increased self-esteem (Haroon, Das, Salam, Imdad, & Bhutta, 2013; Nievar, Van Egeren, & Pollard, 2010). However, fewer studies have addressed the impact of programs and services for low risk or universal mothers (Aston et al., 2014a; 2014b; King, 2016). In NS, we know that

mothers are encouraged to access resources available in the community, i.e. family resource centres, health care practitioners and grassroots programs, and some mothers are offered more formal programming, such as Enhanced Home Visiting. However, we have limited understanding of what, why and how mothers choose to access or not access these services.

## Mothers' postpartum needs

Studies on the health outcomes of new mothers primarily focus on measures such as breastfeeding rates, hospital admissions and the physical health of mother and baby (PHAC, 2013). While these outcomes are important, less tangible health outcomes, such as confidence in parenting abilities become overshadowed and missed in research and evaluations. This is concerning as, mothers and public health nurses (PHNs) in our 2014 research spoke about how increased confidence, feeling normal and reduced stress were felt to be just as important, if not more important than physical health outcomes (Aston et al., 2014a; 2014b). Therapeutic relationships were also identified as foundational to the experience of mothering (Aston et al., 2014a).

Despite the extant research on maternal postpartum needs, we currently lack a comprehensive understanding of the information and support seeking practices of first time mothers.

## Accessibility of postpartum support

Across Canada mothers experience barriers to adequate support and information, such as feeling judged and unwelcomed in community groups (Aston et al., 2014b) or lacking financial means for transportation to services and program (Heaman et al., 2015). In addition, as health care systems have shifted focus to mothers deemed at risk, there has been a discontinuation of universal services available to all mothers (Aston et al., 2014b; King, 2016).

Although it is important to ensure that services are delivered to those who need it, our own recent research demonstrated how public health home visiting programs targeted for those at risk continue to be understood through pervasive stereotypes and stigmas (Aston et al., 2014b).

We discovered that while mothers from both universal and targeted programs may share similar needs (e.g., breastfeeding support, mental health support), mothers from the targeted program expected to be judged due to their at 'risk' status (Aston et al., 2014b). Our research found that PHNs were aware of these tensions and stereotypes and aimed to reduce feelings of stigma and judgements every time they met with mothers (Aston et al., 2014b).

Therefore, it is imperative that we understand from the perspective of first time mothers of diverse backgrounds and situations what supports they need, want and believe are helpful. We need health care providers to pay attention to mothers' experiences of inclusion and exclusion related to issues of stigma and stereotypes and create spaces that are meaningful and accessible.



# Methodology

Feminist poststructuralism (FPS) was used as the guiding methodology for this study (Butler, 2005; Cheek, 2000; Foucault, 1983; Scott, 1992). FPS enabled an exploration and examination of how first time mothers' experiences searching for and accessing postpartum support were socially and institutionally constructed through different subject positions (e.g. gender, ethnicity, sexual orientation, class, socio-economic status, abilities, etc.). FPS also enabled us to examine and understand how relations of power influenced how first time mothers navigated their social networks to access postpartum support and information.

Discourse analysis (Butler, 2005; Cheek, 2000; Scott, 1992) as a feature of FPS, was used to deconstruct the meanings of mothers' personal experiences and how they were related to social and institutional beliefs, values and practices. This allowed us to explore and understand the relations of power which influenced how first time mothers chose to access or not access support groups, programs and services (both informal and formal). In FPS, power is understood as relational in that all people have the capacity to use their power, verses a more traditional understanding of power as unidirectional and oppressive. This methodology enabled us to look for moments of negotiation as mothers searched for and/or accessed information and support, as well as understand how certain beliefs, values, and practices were constructed through relations of power between mothers and other people.

## Participant Recruitment and Data Collection

The MUMs study was open to all self-identified first time mothers across NS who were within one year of birthing or adopting a baby. Mothers had to be able to speak, understand and write English. Participants were recruited and data collected through three separate sources:

- 1) Focus Groups
- 2) Electronic Interviews
- 3) Public online chat forums



## Focus groups

Study posters for focus groups were distributed at family resource centres, primary care offices, local libraries and the IWK Health Care Centre. As well as shared on our website ([www.mumsns.ca](http://www.mumsns.ca)) and Twitter and Facebook accounts. A snowball technique was also used as participants were asked to pass on information about the study to other first time mothers. Verbal and written consent were obtained at the time of the focus group.

Focus groups were held at local mommy-baby hubs (e.g. family resource centres, libraries, etc.) in various communities across NS (N = 19) and were completed using a semi-structured interview guide and a brief demographics survey. Each focus group lasted approximately 60 minutes and were audio-recorded and transcribed verbatim with identifying information removed.

## Electronic Interviews

Postcards with a link to an online electronic interview (e-interview) were distributed at family resource centres, primary care offices and local libraries throughout NS, as well as at the IWK Health Care Centre. Virtual postcards were also made available on the MUMs study website and social media accounts. Prior to accessing the e-interview, participants were required to read the online letter of consent form. Consent was considered obtained when the participant checked the consent box and again when the participant clicked the submit button after completing their e-interview. Demographic data were used to ensure participants met eligibility criteria. A total of 18 electronic interviews were analyzed for the current study.

## Online chat forums

Participant recruitment was not required for data collection via online chat forums. Environmental scans of online forums were conducted to identify posts by first-time mothers in NS. Data was captured from the website [www.BabyCentre.ca](http://www.BabyCentre.ca) using the open source web capture tool Zotero.

Our team identified 724 posts written by (N = 21) mothers in NS with a baby under one year. Although forum posts were public and freely accessible on the internet, to ensure confidentiality no names or identifying information were used in the study.



## Participants

All focus group participants identified as heterosexual, Caucasian women except one participant who identified as transfolk, bisexual and biracial (Black Canadian and Caucasian). Majority of participants lived with their significant other and were from rural Nova Scotian communities.

All e-interview participants identified as heterosexual, Caucasian women except one participant who identified as European. All participants lived with their significant other and the majority were from Halifax Regional Municipalities.

## Data Analysis

Discourse analysis was conducted simultaneously with data collection and entailed close attention to the language, meaning and the practices described by the participants through careful readings of the transcripts, e-interviews and forum posts. The principal investigator and research coordinator independently analysed data and then came together to discuss emerging themes, include concepts of beliefs, values, practices, subjectivity, agency and relations of power. Regular team meetings also supported critical discussions about emerging themes that eventually lead to consensus about the findings.

### *Focus Groups (n=19)*

	Average	Range
Age	28	17-36
Household Income	\$78,000	\$8,000-\$300,000

### *E-Interviews (n=18)*

	Average	Range
Age	31	26-34
Household Income	\$89,000	\$30,000-\$200,000

## Ethics

Ethical approval for study was obtained through the IWK Health Care Centre Research Ethics Board to ensure the rights and protection of study participants. Approval was received annually.



# Focus Group Findings

## Maternal Knowing:

### Normalization and Intuition

Most mothers in the focus groups emphasized the importance of knowing that their experiences were ‘normal’ and sought validation that they knew what was best for their babies.

*I found it was the opposite once she was born, I found every little thing was like, “Is this normal, is this normal?” So, I found that it was what information should I really be worried about and what information should... what things should I be worried about and what things shouldn’t I be worried about? (Participant 6, FG 5)*

Mothers searched for ‘normal’ through a variety of sources, such as talking to other mothers and health care providers and searching for information online. However, the mothers showed us that knowing what was ‘normal’ was a complicated process that included negotiation of competing discourses of maternal knowing as either intuitive or learned from expert health care providers or textbooks.

*...She was so dehydrated; her mouth was dry... We gave her a little bit of formula to help her not cry, and then I felt I was ‘the mom’ that calls the next day like ‘bring my baby back’... parents who are like ‘I can’t do it take my baby back’. It made me feel like such an idiot. She lost 12 percent of her birth weight, so it’s a really good thing we went back [to hospital]. (Participant 1, FG 1)*

For many mothers, discussing experiences of mothering with other mothers further validated and normalized the more difficult parts of mothering that are often silenced in mainstream society.

*“...everyone who has been through it knows it’s really hard but no one talks about that. So, no one tells you, “This is going to be really, really hard.” Oh, yeah, babies don’t sleep and they are hard to feed. (Participant 1, FG1)*

Learning from other mothers’ experiences helped some mothers realize that maternal knowing cannot always be learned from textbooks and required a lot of emotional peer support. This process of gathering and comparing information for normalization and validation was complicated by the fact that the mothers had to negotiate relations of power, such as the perception of first time mothers as unknowing.



## Navigating and Negotiating Normal

Mothers in our focus groups did not accept information or support about what was 'normal' without careful consideration. They wanted information to come from who they deemed trustworthy sources (e.g. friends with babies, doulas, midwives, nurses, physicians, online websites) and were active and savvy in their search for and acceptance of information and support.

*If I had questions, I would look it up myself first to see if I could find and just compare different answers on different sites and then I would ask different people and... to see what they said. ...I try to go to probably three or four different online, then I would go and ask a friend that I knew... I have a couple friends that are nurses and stuff too. ... I did find some conflicting information, but usually you would find a ...general answer [laughs]. (Participant 7, FG5)*

Most of the mothers critically analyzed information and advice to make well-informed decisions that resonated with their individual beliefs, values, and practices. They demonstrated agency in determining which decisions were right for them. However, competing discourses created tension for some mothers when trying to determine what was right for themselves and their babies.

*She [public health nurse] was really, really, good. And she also suggested bed sharing and co-sleeping. So, that was really good too, 'cause that was a big game changer for us, and ...I thought about it, but ...not very many of my friends do it and my mother is like- the 70s, you know... (Participant 3, FG3)*

This mothers' public health nurse validated her beliefs and contributed to her feeling empowered as she was able to challenge the more dominant health care discourse (which does not endorse co-bedding) and do what she believed was right for her.

Consensus among all the mothers was that they would only seek out information, advice or support from people they believed would respect and support their decisions.

*...there was a lot of like... "You know...we didn't have these kinds of car seats when you were a kid and you turned out fine." and "We didn't do that and you turned out just fine." ... my mom would actually take offense... to me saying "Well, I am not going to do it that way" and that's the way she did it with me, so we just got to the point where I wouldn't discuss it... I would just go ahead and do it... she's been really good now about respecting my wishes... but I didn't go to my mother because I guess (Participant 1, FG5)*

*And she was so great to be like any little trick that she had found, she would email and say "just an FYI..." without feeling like she is putting anything on. Just to kind of really help out. So, she was fantastic. (Participant 6, FG5)*

Navigating and negotiating information and support was also evident as the mothers discussed *what* needs they wanted addressed and *how* they wanted them addressed. Although most spoke about looking for information and support around baby cares, they also wanted their own health needs that accompanied their new role as mothers met, such as less tangible, softer health needs of emotional support and parenting confidence.

*...every time we leave she says "You're doing a great job, mom. Keep it up" And that just makes me feel so good leaving the office.... that you have a doctor who's really paying attention to you and your daughter, or your child, and then just confirms for you when you leave, like "Keep it up. You're doing awesome. She's healthy, she's happy." So, that is a huge deal. (Participant 6, FG5)*

Many of the mothers showed us moments of potential conflict, questioning and fear. For a few mothers, it was important for their doctors to recognize their abilities and reassure them that their mothering practices were good and their babies were fine.

*... It's not like she gave me any advice, but I felt like ...like "You're doing a good job." I didn't feel... she was like "No no, we always have time for little people to come in. I always have time for babies..." So, I felt not so silly as... like a paranoid mom.... like "What's wrong with my baby!" (Participant 1, FG5)*

The social and institutional construction of 'not knowing' could make some first time mothers question or doubt their own knowledge. The participants in our focus groups described that receiving reassurance from a trusted source, such as a family physician was extremely helpful in navigating these doubts and their new roles as mothers.

## *Barriers to Navigation and Negotiation*

Navigating and negotiating information and support was also a difficult task for a small group of four mothers who had their babies taken into care. They were required to access various resources to have their babies returned to their own care. However, the participants believed that the 'system' did not provide enough support, nor guidance to successfully navigate the system and access the necessary information and support.

*'Cause if you don't know what supports are available in your area, how on Earth are you ever gonna be able to get things done, because you can't If there's no one telling you, then how on Earth are you ever gonna figure it out...(Participant 2, FG2)*

This created tension, as these mothers recognized their subjectivity and need for enhanced support to mother successfully, but did not trust the 'system' to provide them with the support they so desperately needed.



## The Emergence of Personal Knowing and Social Networks

As mothers searched for answers to questions they had about mothering and baby care, they often felt conflicted between trusting their own personal knowing or choosing advice from experts or other mothers.

*.... I'd be upstairs pumping and reading books then I'd come downstairs in tears. She's going to develop an oral aversion. Just the crap that you read in blogs, right? It's totally not true, but you're susceptible to it because you're trying to figure out how to fix it. (Participant 1, FG 1)*

While several mothers believed that information from a health care discourse, such as books or websites with referenced research articles would inform and improve their mothering practices they also spoke about how they came to recognize and appreciate their own personal knowing and intuition. This required mothers to compare and choose different types of information that supported their own personal beliefs. They talked about trusting themselves and having inner wisdom and intuition.

*I guess I just feel like [KellyMom website] information makes sense and it just, you know, the same reason I guess I like [public health nurse] is because it, like, reiterates what think I just intuitively believe and so once I started trusting in, like, my inner wisdom or, you know, whatever I feel like I got a lot less stressed out and it's been a lot more pleasant because I was just like I know, I just need to trust that I know. (Participant 3, FG3)*

Many of these mothers also recognized that they did have knowledge about baby care that they could share with others, which is different from and challenges dominant social constructions about mothering that

perpetuate the belief that first-time mothers only seek out information.

*Yep, I read them [blogs]. I participate every once in a while. If I feel like I have something to share, like I have some experience that would add value to the online conversation. (Participant 1, FG5)*

*...teaching her [participants' mother]... actually makes me have more confidence in some areas. So, I am showing her how to do certain things and then I walk away feeling more confident in what I am doing because I am showing her how, breaking it down for her... (Participant 6, FG5)*

Many mothers also trusted and sought out the personal knowing of other mothers with babies of similar age.

*I have a number of friends who've already had their first child... so it was a lot of guesswork and just texting and messaging them, word of mouth stuff. Just little things that you don't know if you should contact a professional for... (Participant 3, FG3)*

Connecting with other mothers who had babies of similar age was important to many mothers as they described how family or friends with older children or no children did not always understand their experiences or struggles as mothers in today's society.

*Like you may have an outstanding awesome day, where everything's just on point and the baby naps and you get time and you had a really good night sleep that night... every day is different and something as small as a missed nap can really turn everything upside down. I think people forget that. (Participant 6, FG5)*

The practice of mothering has been predominantly socially constructed as an easy or 'natural' experience and difficulties such as sleep deprivation, being isolated or having postpartum depression are often not recognized or misunderstood, and ultimately deemed 'less important' than other physical health issues.

Therefore, the mothers in our study formed social networks with other mothers who understood and could validate and provide reassurance about their mothering experiences. Mommy-baby groups at community hubs were identified as excellent resources to make these connections.

*... I don't feel like I have many friends who have babies. I come here, you know, once a week or sometimes once a month depending on how busy I am, and I've tried to, like, do you want to get together and go for coffee, or talk, or have our babies hang out? (Participant 7, FG2)*

Social networks provided some of the mothers with a platform to critically analyze taken for granted beliefs, values and practices ingrained in Western society, such as discourses on breastfeeding duration.

*I guess the one thing [breastfeeding support group] did change was my initial goal with [Baby] was six months and then my stretch goal was a year, and now I'm like, well why can't it be two? Or why can't it be three years? So, I guess it's, you know, it changed my perception on [breastfeeding] (Participant 3, FG3)*

The mothers' stories indicated that they trusted other mothers and valued their non-hierarchical relationships, which can be difficult to develop with health care professionals.

*Talking to friends always helps because it's less daunting and it's current too, right? (Participant 2, FG3).*

### *Online Social Networks*

The majority of the mothers in our focus groups used online chat spaces to connect with other mothers to gather information and advice quickly and easily, as well as gain support in the form of normalization, reassurance, validation etc. However, the majority also told us that the anonymous nature of larger online chat spaces created a judgmental and unsupportive environment.

*.... On Facebook I now follow this parent life or something and the posts on it are ridiculous, and the women on it are hateful... I need to unfollow that because it's really awful. (Participant 4, FG4)*

The majority of these mothers quickly moved to using private Facebook groups with other mothers who they knew personally and had babies the same age.

*There's a group of us that have been chatting on Facebook... a big group and that's very helpful...[baby] does not want to take a bottle so me going what are your ideas? Help me. What's the best one? ...I mean you kind of just-again you weed through everyone has different ideas... But it's been helpful. (Participant 1, FG4)*

The purpose of these private social networks was to be able to quickly connect with other mothers in their community and in a more intimate and personal manner; however, they ideally wanted face-face interactions and arranged to meet for coffee, go for a walk or go to the park.

## Summary

Social norms around the institution of mothering can affect mothers negatively or positively depending on how they support or conflict with a mother's beliefs and values. The mothers experienced tension in their experiences searching for 'what was normal' due to competing discourses such as 'mothering is learned' versus 'mothering is intuitive'. Over time, some mothers discovered the 'mothering is intuitive, but hard' discourse. They realized that being a mother required a lot of emotional peer support, encouragement, validation, and normalization. As such, they were active participants in their search for information, support and social connection with other mothers and wanted more opportunities to build these supportive relationships.



## Online Forum Findings

### Personal Narratives: Empathy, Encouragement and Information

Similar to the focus groups, many mothers on the online forums were looking for feedback on whether their experiences were 'normal' and reassurance that other mothers had experienced something similar.

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

Many mothers replied with their own stories, as well as some practical advice. However, the overall response was reassurance not to panic, and in most cases, the concern was perfectly normal.

We also found that mothers were using the forums to look for second opinions about conflicting information and the tone of many of the posts was often tinged with desperation. They either had no one else to ask or were not getting the type of advice they felt they needed from friends, family or health professionals.

*my lo [little one] sleeps pretty good at night but will not sleep during the day unless in the stroller/car or being held. Everytime I try and put him down he instantly wakes up...I know he is only little once but I'm exhausted by the end of the day constantly holding him. (Elaine)*

Many mothers on the forum responded with empathy and offered suggestions based on their own experience.

*I'm in exactly the same boat...he used to sleep a bit in his playpen, but now even that doesn't*

*happen... One thing I think helps a little was that I lined the crib with a fluffy blanket for naps, just to make it cozier... Let me know if you have any luck! (Ally)*

Original posters would then typically respond with *“This was all great info thanks so much!” (Michelle).*

These types of responses indicated that mothers were not necessarily looking for ‘the right answer’, but rather for a range of responses and advice that would provide reassurance and help them in their own decision making.

Many of the mothers reached out to their online community in times of great panic, stress, and worry, often to normalize their experience and seek out advice about whether their babies were ‘doing what they were supposed to’. This was often in reference to recommendations made by various health providers or health related institutions, such as Public Health Agency of Canada’s campaign for babies to sleep on their back to prevent sudden infant death syndrome (SIDS).

*It's been weeks since I worried about sids. Since she's [baby] been able to roll onto her tummy she does it and tonight ...she woke up, rolled to her tummy ...all I can think is my girl is on her tummy omg what if something happens? ...How do mamas with belly sleepers deal with the worry? (Lauren)*

Another mother wrote about how nervous she was about her baby’s five-week appointment as she was not sure why her baby was not gaining weight. Mothers were quick to share their own stories of babies with slow weight gain and reassured her not to worry.

*Thank you so much for all your replies... it's tough because I'm waking him to feed through the night and my doctor has me so worried about him getting all his feedings I doubt I even*

*know his cues! ...Thanks again ladies - the support on these boards gets me through!! (Michelle)*

We can understand why mothers felt anxious about what was ‘normal’ and doing the ‘right thing’ as we focused on the hierarchical relations between mothers, their health care providers and institutions. The majority of mothers experienced tension when the ‘expert’ advice from health care professionals did not feel right; therefore, mothers sought information, validation and support from a wide range of mothers in their online social network.



## Socializing

These forums were not only places where mothers went to search for and offer advice, information or support, they were also used as a means for interacting on a social level with other mothers online. An example of this was when one mother would share a baby photo accompanied by a description such as,

*Gotta say, even when I'm exhausted from lack of proper sleep, she smiles at me and it just melts my heart and makes me feel better. (Lily)*

This then prompted other mothers to share their own babies' photos and related descriptions.

Mothers on the forums also discussed topics or concerns unrelated, or tangentially related to their babies, such as relationships with their partners or ideas for future business ventures.

*Great thread, Love hearing everyones stories! We met on eHarmony, with a first date at Tim Hortons as well! Little more than 2.5 years ago :D (Frances)*

The fact that mothers were using online forums to connect with other mothers on a social level was significant. This highlighted the importance of comraderies for first time mothers. Social interaction is something that is often overlooked and seemingly devalued within a health care discourse that perpetuates physical needs over emotional social needs.

## Blurring the Boundaries of Online and Offline Networks

It was evident from discussions among first time mothers on the forums that there was a desire to find other mothers whom they could connect with offline and in their local community.

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

At times, we could see that some first time mothers did end up meeting other mothers offline.

*Had a wonderful time ladies! Look forward to next time! (Catherine)*

However, unless mothers specifically posted on the forums about having had connected in person, it was not always clear whether there was face to face contact, as mothers could also private message each other through the Baby Center website. Regardless, the posts made on the online forum demonstrated that while first time mothers could share information, support and socialize through writing, they still wanted to meet offline, and develop in-person social networks with other mothers.

## Summary

In modern day society, new mothers do not have access to the 'village' they once had. Extended families do not always live nearby, mothers work outside the home, and there may be less community supports for families. The expansion of the online world has created opportunities for new mothers to broaden their 'village'. We discovered that the experiences of first time mothers using the online forum were complex, as they questioned, responded and critiqued information from friends, families and health care professionals to make decisions for themselves and their babies. They had a desire to connect with other mothers; however, our analysis found that these virtual connections were not always enough. It was clear that there was a need among these mothers to make face-to-face, offline social connections with other mothers in their community.



## E-Interview Findings

### Navigating and Negotiating: Information and Support

Most of the mothers in our e-interviews believed that information needed to come from a variety of sources (health care professionals, websites, friends, etc.) and critiqued and compared sources to feel as though they were making educated decisions; even if advice came from an ‘expert’ such as a physician.

*There is so much information out there, and every source seems to say something different. Eventually we just took the "average" of what we found online and combined it with the information from our doctor (Participant 4)*

Although there was little distinction between accessing support versus accessing information in most mothers’ experiences, almost all indicated that they preferred to access support in person whether from a health care provider or other mothers.

*It is just so much more better for you emotionally to make a personal connection when you are struggling. We are not alone in being mothers and to know that someone else was up nursing all night is reassuring. Or that smile and support from a person you get, it's*

*great, and it gets you out of the house most of the time. (Participant 3)*

Connecting with other mothers provided most of the mothers in our study with opportunities to gather information, advice, and support, as well as to make personal connections and learn from the ‘expertise’ of other mothers.

*“Talking to other moms allowed me to learn knowledge about caring for babies prior to needing the information...It is easier for me to learn through discussion rather than searching online. It also gives a more rounded and diverse set of answers and experiences to draw from.” (Participant 7).*

Additionally, in several mothers’ e-interviews, when care was placed primarily on their babies’ physical health and not their own emotional and psychological needs, it left them with distress self-questioning self-doubt, and lack of self-efficacy in caring for self and baby.

*“As a brand new mother I was so terrified to go home with a baby with sugars dropping that I was totally turned off breastfeeding... no staff could recognize my fear of her sugars dropping. I can honestly say not being able to breastfeed my baby made me feel like I wasn't doing my best and made me very upset.” (Participant 2)*

This experience reflects how institutional practices are shaped by a dominant health discourse that places greater value on more tangible health issues and because of this, the mothers who participated in our e-interviews were not always successful in finding the support and information they wanted or needed. The mothers were not simply looking for what was ‘normal’ or to be told what to do from a health care discourse, they were negotiating their own personal normal.

## Medium is the Message

Many of the mothers who participated in the e-interviews described that the way in which information and support were provided was impactful. Some of the mothers would reject information or support if they believed that it was delivered in an unsupportive or judgemental way.

*The support I did get was non-judgmental, and supportive of my goals... Having Public Health available to me and having a nurse who was willing to go the extra mile made me feel like I had someone who was knowledgeable to turn to for support and that I had someone who could help me make a plan to figure this problem out without forgetting about my goals of exclusively breastfeeding. (Participant 15)*

This was an important and unique finding similar to what we found in our focus group analysis. First time mothers are often predominantly socially constructed 'unknowing' or 'unexperienced'; however, they were not simply the receivers of information. They wanted their own knowledge to be recognized, respected and supported.

*It takes a little while to practice taking what works for you and leaving what doesn't... Other times, it was annoying to hear how I should do things, I got better at understanding people are just trying to help, and better at thanking them and then moving on, not all the advice and info applied to me and my son and worked for us and my parenting style." (Participant 3)*

This quote provides a description of how feeling judged and doubting personal practices was an ongoing struggle for many of the mothers in our study across all three data collection methods. Not only did mothers have to critically assess solicited and unsolicited advice, they also struggled with a lack of advice; all of which was emotionally difficult.

*I felt that the system has failed me. Failed to acknowledge that I was struggling and to provide me with educated help so that we didn't have to wait three months before we could have a positive breastfeeding relationship. I feel that having so many difficulties with breastfeeding led me to have more stress and difficulties caring for my son on a consistent basis... (Participant 5)*

*It's so hard to find good information on bottle feeding. I find there are tons of resources for breast feeding, but because "breast is best" there is a slight stigma to using formula, and it's therefore hard to learn about. (Participant 4)*

Societal norms and institutional practices aligned with a 'breast is best', natural or easy philosophy can create a culture where mothers are made to feel guilty about their difficulty in breastfeeding or their choice to formula feed.

*I was made to feel like I wasn't worthy of having help. (Participant 4)*

It is evident from these mothers' stories that they were ultimately searching for reassurance and validation that their practices as first time mothers were good or the 'right thing' and that they were supported in these experiences.



## Social Networks: Connecting Online and In Person

Creating and maintaining a social connection with other mothers was a dominant theme throughout the e-interviews. Most mothers believed that getting out of the house and connecting with mothers face-to-face provided them with information, advice, support, and social interaction.

*Other moms at groups would help with their experiences and provide advice and commiseration... (Participant 11)*

*... I also joined a mommy/baby group at my church which was a great way to socialize with other moms and make new friends. (Participant 16)*

However, a few mothers discussed how they had difficulties accessing programs, resources or groups that provided mom-to-mom support, which further added to their feelings of isolation.

*I found a lack of access to new mothers and new mother groups. It took about 5-6 months for me to find some good new mom groups or to make connections with other new moms... I knew it was something I needed. I found the days repetitive and long at times and needed to get out of the house and find other moms for my own happiness. (Participant 8)*

*There are a lot of Facebook groups and online resources, but nothing beats a face to face conversation. I felt this was lacking in my community .... I received little support for the isolation... (Participant 12)*

Accessing programs and resources opened doors to learning about *other* resources, and activities available for moms and babies in their communities. Several mothers recognized this was a great way to meet other mothers in

their communities and develop a social support network.

*By going to see the nurse, I also joined in with the mom and baby group, which helped me connect with other mothers in the area. Some of us who had babies the same age ended up creating a Facebook group, where we could make plans to get together to do things with our babies. This was a lifesaver for me, because I started getting out of the house regularly, which was a huge stress reliever. (Participant 15)*

These findings align with focus group findings in which mothers actively sought out social connections with other mothers to gain support of someone who could identify with their experience and validate and provide reassurance in an empathetic way.

Many of the mothers wrote about using online forums to connect with other mothers for support and advice. Again, it was not that the mothers were looking for the 'right' answer, rather they were looking for validation and reassurance in their own decision making.

*...I am part of a mom baby group that's online as well. It's good for a quick question but you have to realize the amount of different answers you get vary. In the end I would read all the different advice and then go with my gut feeling. (Participant 18)*

*Reading and looking for advice online was good in that it was on my own time, often in the middle of night while nursing and I could take what I wanted and leave what I didn't in terms of advice, I wasn't going to offend anyone.... (Participant 3)*

Due to the nature of the e-interviews, it was difficult to discern how actively or passively the mothers participated in online forums and how these forums contributed to their experience. However, unlike the focus group participants who unanimously stated they did not like anonymous online forums, only one mother's e-interview explicitly stated that she did *not* like online 'mommy groups'.

*Don't really like "Mommy groups" online, as discussion tends to be less personal and more heated. (Participant 11)*

It was clear that while online forums were one way for mothers to connect to share information and support, they did not replace face-to-face social networks and interaction with other mothers, health care providers, such as doulas, public health nurses, and lactation consultants, as well as family and friends.

## Summary

Most mothers who participated in our e-interviews had employed their agency and subjectivity as they challenged Western societal discourses that position mothers as in need of help positioned in a hierarchical 'top down' relationship with health care professionals. They negotiated what information and support they would accept from others, even if advice came from the more dominant health discourse. As well as recognized hegemonic discourses that institutionally and socially construct certain health needs as more important, i.e. breast feeding help versus information about formula feeding. Although the mothers who participated in the e-interview clearly access the internet, most mothers wanted face-face support and social interaction with other mothers. Online was not enough.



## Conclusion

Our research revealed just how critical the process of social networking was for the first-time mothers who participated in our study. The mothers discussed searching for and critically analyzing information and advice from multiple sources, including health care professionals, peers and online resources, and almost unanimously wanted face to face interactions and personal connections for support.

Our analysis revealed how power relations and competing discourses about mothering complicated how some of the mothers searched for information and support. For example, some mothers experienced moments of tension due to the social construction of mothering as 'natural' and 'intuitive', yet also a practice that requires expert instruction and information (Bobel, 2002; Caplan, 2000). Other mothers were impacted by the social discourses that inform stereotypes of early postpartum as a blissful and joyful period in which mothers and their families are bursting with love (Johnson & Swanson, 2003), which did not reflect most of their experiences.

Exposure to conflicting social and institutional messages about 'how to mother' may explain why the mothers who participated in our research struggled at times to trust in their own instincts, particularly when it conflicted with more dominant social and medical information. However, most mothers came to challenge these discourses and stereotypes by connecting with other mothers and sharing stories of similar hardships, i.e. what is real. These shared experiences provided validation that mothering was intuitive, but also hard and provided most mothers with reassurance their experiences were 'normal' and they were doing a good job. And through these non-hierarchical relationships many of the mothers

had their 'softer' health needs (e.g. parental self-confidence) met, which are often devalued and overlooked in health care systems.

Another important finding of this research was the understanding of how support and encouragement from trusted health care providers and other mothers impacted first time mothers' confidence. Although it is well known that confidence is an important health outcome, our research went deeper to reveal how enhancing new mothers' confidence in their maternal knowing assisted and empowered them in challenging dominant Western societal beliefs, such as when to stop breastfeeding. This enabled the mothers in our study to do what they felt was right for themselves and their families. Ultimately, social networking provided an important avenue for mothers to seek validation and reassurance for their choices and practices in mothering.

Lastly, we believe that our research provides crucial insight into how intricate the role of social networks are for first time mothers' during their early postpartum period.



## Future Directions

The findings of this research have provided insight into the social networking practices of first time mothers in Nova Scotia during their first six months postpartum. However, our findings also emphasize the need for further research in this area to fill the remaining knowledge gaps.

For instance, there is still little understanding of why some mothers are unable to access the information and support they need and want or why some mothers chose not to access programs or services. Similarly, more research is needed to understand how factors such as race/ethnicity, socioeconomic status, sexual orientation etc., impact or mothers' experiences.

Nonetheless, our research has provided a snapshot of postpartum experiences of mothers across Nova Scotia communities, both rural and urban and has provided a means for mothers' voices to be heard. Their stories provided rich and meaningful data which have informed the following future directions to be considered by health care professionals, policy makers, and health researchers. Some recommendations for future directions include:

- 1) First time mothers want and need opportunities to critique and analyze information and support to ensure they are making decisions that align with what is best for them and their families.
- 2) Health care professionals need to be supported within their institutions to holistically assess the complexities of individual situations and to support mothers based on their own beliefs and values.
- 3) Health care professionals need to be supported within their institutions to focus care on not only more tangible and physical health needs, but also attend to the softer health needs associated with becoming a mother, such as feeling normal, self-efficacy and improved social-emotional health.
- 4) Government, policy makers, health care institutions and community organizations need to collaborate to develop, plan, and create opportunities within existing resources for mothers to connect socially and gather information and support within their own communities.



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