Notes

INTRODUCTION

1. For additional discussion of the Cult of True Womanhood, see Welter (1996).

2. See also Roberts (2002) for an extension of Welter's arguments.

3. For academics, it will by now be clear that our study is birthed at the intersection of science and technology studies (STS) and critical health studies. As related by Deborah Lupton, critical digital health studies have pursued a variety of approaches: (1) "a focus on digital social inequalities, medical dominance and medicalisation, globalisation, the role played by commercial entities such as Big Pharma, the biotech industry and digital developers, and the implications for *social justice*"; (2) "Foucauldian perspective on the *discursive construction of knowledge* and matters relating to biopolitics and biopower, disciplinary power, governmentality and surveillance"; (3) "the sociomaterial approach that directs attention at the intersection of human and non-human actors in creating *digital assemblages*"; and (4) "the digital cultures or cybercultures literature, focusing on the *production and experience of selfhood and embodiment* via digital technologies" (2014, 1348; emphasis added). Our study involves cross-category concerns: how the discursive construction of maternal decision-making knowledge by digital assemblages (social media mothering groups and the techno-actants circulated within) produces the bodily and psychosocial identities of contemporary mothers as a matter of social justice.

4. Henwood and Marent (2019, 5–6) productively expand Lupton's list of critical digital health study approaches to address a new wave of concerns at the cusp of sociology, health, and STS: (1) "the configuration of discourses that enact contradictory virtues and imaginaries by which digital technologies and practices gain momentum within the provision of health"; (2) "how ambivalence is experienced when digital information and data is generated, negotiated, and shared within practices of care"; (3) "new digital networks and their often contradictory implications for relationships and collaboration between different actors in healthcare"; and (4) "algorithms . . . and new forms of authority within decision-making, diagnosis and treatment." "Contradictory," "ambivalence," "actors," and "algorithms" are all key terms in our study. That is, we explore and analyze the discourse in social media mothering groups

(digital assemblages that include algorithms and other techno-agents as actors who influence maternal decision-making), a public health context that, more so than many others, is dominated by uncertain and ambivalent approaches to contradictory "evidence" but otherwise fiercely trenchant binaristic thinking at the ready for "risk-averse" decisions regarding the mother's un/born child. We are not explicitly concerned with assessing the pros and cons of digital health interfaces as technologies per se; rather, we seek to "draw attention to the role played by digital technologies in configuring and enacting concepts and experiences of embodiment, selfhood, and social relations in the context of medicine and public health" (Lupton 2014, 1349).

5. An important note about our methodology: we established our methods in accordance with the Association of Internet Researchers' IRE 3.0 (franzke et al. 2019). Internet research has long been noted as a complex ethical gray area in academic inquiry. IRE 3.0 asks internet researchers to more specifically pay attention to two elements: (1) differentiating the ethical concerns of each *stage* of research and (2) contemplating the complexities of "informed consent" in big data research approaches; moreover, IRE 3.0 emphasizes the need for researchers to consult with IRBs and other stakeholders in individual research contexts because internet research is ultimately about judgment calls. IRE 3.0 provides guidelines rather than recipes.

CHAPTER 1

1. It is also worth noting that the CDC's party line on "Alcohol Use in Pregnancy" was last updated on December 14, 2021 but remains the same: "There is no known safe amount of alcohol use during pregnancy or while trying to get pregnant. There is also no safe time during pregnancy to drink. All types of alcohol are equally harmful, including all wines and beer. FASDs (Fetal Alcohol Spectrum Disorders) are preventable if a woman does not drink alcohol during pregnancy" (CDC 2018).
2. See chapter 2, "Take Back the Delivery Room: Narrative Control, Traumatic Discourse, and the #MeToo Labor Movement," for a brief discussion of the rhetorical impact of emojis in such discourse.
3. The defensive nature of binary-bound infant feeding discourse is further discussed in chapter 4, "Breast/Fed Is Best: Whose Algorithm Is Feeding My Baby?"
4. See, as one example, Clements 2013.

CHAPTER 2

1. List items taken from Emerald Doulas (2017); Martinelli (2019); and Hamilton (n.d.), respectively.
2. Interestingly, the Association of American Medical Colleges (2008) suggests that, in 2007, 57 percent of doctors practicing in obstetrics and gynecology were male and 43 percent were female, while in 2017, 43 percent were male and 57 percent were female. We wonder if this literal reversal speaks to a productively changing dynamic in the *ethos* of contemporary maternity advice from within the medical community itself.

3. As Kaufman (2007, 48) writes, "Doctors and nurses are human beings with their own opinions and experiences, which may not always match expectant parents' desires. Physicians and hospital staff may function on experiential evidence and find it hard to break their routines."
4. Anderson et al. (2017, 309) helpfully point out that medical practitioners are likely to believe that all of the recommendations they make are "medically necessary."
5. Some practitioners have standardized an "extended educational visit," scheduled at thirty-four to thirty-six weeks, with the specific goal of discussing realistic, available, and medically advised choices in concert with the pregnant woman's values and preferences for her unique birthing experience (DeBaets 2016, 32).
6. See Full Frontal with Samantha Bee (2019a, 2019b).

CHAPTER 3

1. Think Luvs NightLock Plus TV commercial. See Luvs (2013).
2. We use *ethos* here and throughout in a rhetorical sense—concerning persuasive contexts based in ethics, credibility, and authority—as explicated in our introduction.
3. Dr. Cohen is director of the Ammon-Pinizzotto Center and professor of psychiatry at Harvard Medical School.
4. Dr. Stewart is a university professor and inaugural chair of women's health at University Health Network and University of Toronto.
5. Note here the conflation of "postpartum" as a metonym for "postpartum depression." The interviewee subconsciously supports our sense that the postpartum period itself is nonnormative and not easily mapped onto already fraught normative binaries of ab/normality.
6. In the words of a health-care practitioner: literal word choice juxtaposition—"postpartum" and "blues," a mix of "postpartum depression" and "baby blues"—that rhetorically conflates the two real-world clinical conditions.

CHAPTER 4

1. See, as one example, Foss 2017.
2. "Breastfed children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes later in life. Women who breastfeed also have a reduced risk of breast and ovarian cancers" (World Health Organization, n.d.).
3. See also Safiya Umoja Noble's (2018) *Algorithms of Oppression*, in which she explicates data discrimination as a social problem and more specifically illustrates how search engines like Google do not offer an equal playing field for all forms of ideas, identities, and activities.
4. We want to remind readers that it is both human actors and technological actants that are responsible for composing and circulating discourse that qualifies the benefits of breastfeeding as unequivocal in the face of inconclusive scientific data. This harks back to our discussion

of the tyranny of evidence-based medicine and how it, ironically, holds maternal decision-makers in limbo as they try to ascertain which approach is more effectively evidence based. See chapter 1 or chapter 5.

5. See also Reneau 2019.

CHAPTER 5

1. We say this with great reverence for Black, Indigenous, and people of color (BIPOC) communities who—without the privileges of white, middle-class America—*do* create and sustain productive social networks that support expectant and new mothers through their complex maternal experiences. We acknowledge here and throughout that there is much to learn from these communities that is not directly addressed within the scope of this book.
2. For more about the problematic nature of predetermining how one will feel after a fundamentally transformative act like becoming a parent, see Carel, Kidd, and Pettigrew (2016).
3. Consider the confounders mentioned in chapter 1: How do we define "healthy"? Healthy for the mind? For the body? There are also measurement difficulties. How do we track overall health of the body (cortisol levels? weight gain? percentage of time spent smiling?), and how do we ensure that such correlational data is in fact related to sleep rather than a host of other factors?
4. "Collective Culture is a digital platform that inspires audiences through content created with data and technology. Our mission is to inspire audiences to raise awareness, invite action, and spark emotions through quality content" (Cultura Colectiva, n.d.).
5. For a refresher on how and why infant and pregnancy safety data is often so unclear, please see the discussion of fetal alcohol syndrome in chapter 1.
6. This can be seen, for instance, in the Interactive Safe Sleep Room, in which a recliner is marked as unsafe, and in McKenna (2012).
7. Other notable ones include AM Smiles Sleep Training, Blissful Baby Sleep Coaching, Family Sleep Institute, Dream Baby Sleep, and the Cradle Coach Academy.

CHAPTER 6

1. It should be noted that while some women in these communities were trying to conceive a second or third child, the focus within these spaces (as will be elaborated on in this chapter) was solely on new conception and on the desire for *new* motherhood. We felt that the space of pre-motherhood psychologically applied, therefore, even to second- or third-time moms, as their focus in this space was not on their extant motherhood roles but on future ones.
2. For additional discussion of Pregnancy Pro and its impact on TTC community groups, see Healey 2016.

CHAPTER 7

1. Consider the growing scholarship on mothering and motherhood, especially "Section 3: Bringing It to Light: Giving Voice to Motherhood's Challenges," in Young (2015).

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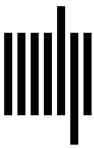
By: Jessica Clements, Kari Nixon

Citation:

Optimal Motherhood and Other Lies Facebook Told Us: Assembling the Networked Ethos of Contemporary Maternity Advice
By: Jessica Clements, Kari Nixon
DOI: 10.7551/mitpress/12246.001.0001
ISBN (electronic): 9780262369374
Publisher: The MIT Press
Published: 2022

The open access edition of this book was made possible by generous funding and support from MIT Press Direct to Open



The MIT Press

The MIT Press would like to thank the anonymous peer reviewers who provided comments on drafts of this book. The generous work of academic experts is essential for establishing the authority and quality of our publications. We acknowledge with gratitude the contributions of these otherwise uncredited readers.

This book was set in Adobe Garamond by Westchester Publishing Services.

Library of Congress Cataloging-in-Publication Data

Names: Clements, Jessica, author. | Nixon, Kari, author.
Title: Optimal motherhood and other lies Facebook told us : assembling the networked ethos of contemporary maternity advice / Jessica Clements and Kari Nixon.
Description: Cambridge, Massachusetts : The MIT Press, [2022] | Includes bibliographical references and index.
Identifiers: LCCN 2021057604 | ISBN 9780262543620 (paperback)
Subjects: LCSH: Motherhood—Social aspects. | Mothers—Psychology. | Social media and society.
Classification: LCC HQ759 .C618 2022 | DDC 306.874/3—dc23/eng/20220207
LC record available at https://lccn.loc.gov/2021057604