

## Misinformation in childbirth and online exchanges: support among generational peers

Desinformação no parto e trocas online: apoio entre pares geracionais

Desinformación en el parto e intercambios en línea: apoyo entre pares generacionales

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### Abstract

The objective of this study was to investigate the role of online exchanges and the support of generational peers in childbirth. Researchers conducted a qualitative study by way of a collective case study (Stake, 2016), in which researchers analyzed 30 childbirth accounts published on personal blogs about pregnancy, childbirth, and parenthood experiences, 15 of which were written by women and 15 by men. The results pointed to a scenario of misinformation about childbirth in Brazil and the power of online sharing among generational peers in terms of a support network during the transition to parenthood and the mobilization of civil society to change the childbirth assistance situation in Brazil. Share childbirth experiences is a powerful resource of psychological support for those who are about to give birth. Researchers highlight the importance of the appropriate health agencies promoting encounters at health centers that foster sharing between pregnant persons. Researchers emphasize that there were changes in support networks during the transition to parenthood, currently leading to a search for identity references predominantly in generational peers.

**Keywords:** Childbirth; Parenthood; Online social support; Misinformation; Online social networking.

### Resumo

O objetivo deste estudo foi investigar o papel das trocas online e o apoio dos pares geracionais no parto. As pesquisadoras realizaram um estudo qualitativo por meio de um estudo de caso coletivo (Stake, 2016), no qual analisaram 30 relatos de parto publicados em blogs pessoais sobre experiências de gravidez, parto e paternidade, sendo 15 escritos por mulheres e 15 por homens. Os resultados apontaram para um cenário de desinformação sobre o parto no Brasil, para o poder do compartilhamento online entre pares geracionais em termos de rede de apoio durante a transição para a parentalidade, e para a mobilização da sociedade civil para mudar a situação da assistência ao parto no Brasil. Compartilhar experiências de parto é um poderoso recurso de apoio psicológico para quem está prestes a dar à luz. As pesquisadoras destacam a importância de os órgãos de saúde promoverem encontros nos centros de saúde que promovam o compartilhamento entre as gestantes. Conclui-se que houve mudanças nas redes de apoio durante a transição para a parentalidade, levando atualmente a uma busca por referências identitárias predominantemente nos pares geracionais.

**Palavras-chave:** Parto; Parentalidade; Suporte social online; Desinformação; Redes sociais online.

### Resumen

El objetivo de este estudio fue investigar el papel de los intercambios en línea y el apoyo generacional entre pares en el parto. Los investigadores realizaron un estudio cualitativo a través de un estudio de caso colectivo (Stake, 2016), en el que analizaron 30 relatos de nacimiento publicados en blogs personales sobre experiencias de embarazo, parto y paternidad, 15 de los cuales fueron escritos por mujeres y 15 por hombres. Los resultados apuntaron a un escenario de desinformación sobre el parto en Brasil, al poder del compartir en línea entre pares generacionales en términos de una red de apoyo durante la transición a la paternidad, y a la movilización de la sociedad civil para cambiar la situación del cuidado del niño. salir en Brasil. Compartir experiencias de parto es un poderoso recurso de apoyo psicológico para quienes están a punto de dar a luz. Los investigadores destacan la importancia de que las agencias de salud promuevan encuentros en los centros de salud que promuevan el compartir entre las gestantes. Se concluye que hubo cambios en las redes de apoyo durante la transición a la paternidad, conduciendo actualmente a una búsqueda de referentes identitarios predominantemente en los pares generacionales.

**Palabras clave:** Parto; Parentalidad; Apoyo social en línea; Desinformación; Redes sociales en línea.

## 1. Introduction

The arrival of a child requires reorganization and the development of new strategies for receiving the new member and administrating the unique needs of the family system. Social support is fundamental for maintaining the mental health of the individuals, and healthy social networks are essential during periods of transition (Sluzki, 1997), especially those arising from the birth of children. Various individuals can make up the family's support group: the family members themselves; members of the extended family; friends; neighbors; professionals; and, last but not least, members of online social networks. The support group can offer emotional support, material or financial aid, help with household chores, care for the other children, and practical information that the parents may need. The composition of a family's support group changes according to the historical-cultural context and the development of the individuals and the family group.

In the 1970s and 1980s, significant changes occurred in family organizations. The intense process of urbanization and modernization stimulated in prior decades, led to the expansion of individualism. Values such as autonomy, liberty, choice, and desire were incorporated by the new generations, which began to seek to break away from the previous family patterns, which were considered traditional. Accordingly, there were changes in the conception of marriage and what is understood as maternity and paternity (Matos & Magalhães, 2019). The feminist movements contributed to the emergence of the ideal of egalitarian marriage and paternal involvement in childcare. In this context, childbirth became a part of the process of breaking away from tradition, and pregnant couples began to seek childbirth information from professionals in different areas, such as nurses, psychologists, physical therapists, and physicians, and no longer primarily from previous generations. There came to be a rejection of the traditional forms of advice based on the experience of other generations, and the gap generated by such rejection began to be filled by social groups outside of the family unit (Bonet et al., 2020; Cabral et al., 2020).

The feminist movements have also been significant in the fight for women's rights in the field of parturition. The humanization of childbirth was essential in the battle to guarantee women's sexual and reproductive rights, such as contraception and abortion. Along these lines, they have been fundamental in the formulation of public policies aimed at the humanization of childbirth in Brazil, seeking to deconstruct hierarchical gender relations fueled by biomedicine. Nonetheless, conservative and religious factions are growing in the congress and the government, resulting in political retrocession concerning this subject, which is considered more progressive, in favor of the fortification of so-called "maternal-infantilism" (treating women as if they were potential mothers). Aquino (2014) cites the strategy known as "Rede Cegonha" (Stork Network) as an example of the shrinking of the feminist agenda in the construction of the SUS (Brazilian public health system), since the name given to the program desexualizes reproduction, emphasizing the fetus. In this manner, the solutions for humanizing childbirth in Brazil are not only technical but essentially political. It is imperative to underscore the intersection between gender, social class, race/ethnicity, and sexuality in the production/reproduction of social inequalities in public health. In this sense, it is fundamental to assure the humanization of health care based not only on scientific evidence but also on women's rights (Aquino, 2014; Marques, 2020).

Currently, the technocratic model of assistance in Brazil is still hegemonic and is manifested in distinct ways in public aid and private assistance. In public systems, the discontinuity between prenatal care and birth assistance is standard, as well as a prevalence of vaginal births with routine interventions, such as episiotomies and the administration of oxytocin. In private systems, elective cesarean sections are the main form of childbirth. Nonetheless, in both public and private care, the right to information is frequently not respected, and women's autonomy is not encouraged (Rocha & Ferreira, 2020; Vieira et al., 2020). Furthermore, the system promotes a class issue, disseminating the ideal in which access to technology guarantees social prestige, leading many women who do not have access to private care to desire a cesarean section as a consumer good (Russo, 2019). In public assistance, the cases of illness and death for lack of appropriate technology are frequent, whereas, in private assistance, illness and death usually occur due to excessive use of inappropriate technology. Both, routine cesarean sections in private

assistance and medicalized vaginal births, disregard the scientific evidence and the needs of the population (Nicida et al., 2020; Rudey et al., 2020).

Although humanization policies and policies guaranteeing users' rights have been established, the SUS still faces the fragmentation of work processes in the assistance network, having precarious interaction between the various professionals, verticalization of the system, and low investment in their training. How the professionals are assisted directly impacts their attitude toward the user of the service, thus contributing to dehumanized actions (Oliveira et al., 2006). And professional attitude is precisely one of the main changes proposed by the humanization of childbirth. In a scenario in which the professionals are constantly disrespected, via structural instability and lack of investment in training, for example, it becomes harder to transmit respect, care, and autonomy to the users.

In such a context, information based on scientific evidence often is not passed on to the users, and even information without a scientific basis is transmitted, contributing to a scenario of generalized misinformation about childbirth (Rodrigues et al., 2019; Brasileiro & Pereira, 2021; Leal et al., 2021). The standardization of childbirth assistance is notorious in most maternity wards, and many of the routine procedures are carried out without scientific evidence. Giving birth in the lithotomy position is an excellent example of the prevalence of medical power to the detriment of the physiology of childbirth since it is employed due to the convenience and comfort it offers to the professional and not to the parturient. This position knowingly makes it difficult for labor to advance, but it is implemented nonetheless, because it is more convenient and because it gives the professional greater power (Davis-Floyd, 2001).

Authors like Fernandes et al. (2020) and Oliveira et al. (2020) have pointed out the importance of offering guidance to and guaranteeing information for the pregnant to promote autonomy and protagonism in the childbearing process so that the epidemic scenario of cesarean sections in Brazil be reversed. Currently, in most health centers, the practices range from the homogenization of the users to outright indifference; the professionals do not call the patients by their names, they do not look them in the eye, and, occasionally, they lack respect for them, yelling or ignoring their voices (Oliveira et al., 2006; Matos et al., 2021). In such scenarios, patients end up relinquishing responsibility for their treatment, transferring the commitment to the physician, and often abdicating that which they believe to be suitable for themselves in favor of medical recommendations (Davis-Floyd, 2001).

Oliveira and Mercês (2017) observed a lack of knowledge on the part of women they interviewed who had recently given birth concerning obstetric violence, concluding that, due to lack of knowledge and misinformation, the women were unaware of the violence they had suffered as if such practices were intrinsic to the parturition process. Along these lines, they stressed the importance of prenatal healthcare education.

The social, historical, and cultural structure is essential in the construction process of parenthood since it permeates family behaviors, influencing one's way of being a father or mother. Equally important are the effects of the individual's microsystem, which includes friends, neighbors, co-workers, and participants of online social networks.

During pregnancy and postpartum, it is expected for women to experience a sensation of solitude, marked by ambivalence and anxiety. Ever since the 1990s, online tools have served as support for women who experience this stage of the life cycle. Other mothers' blogs, websites on the subject, and more recently, social media and apps have been essential tools for mothers who seek information and support, especially for women who are pregnant for the first time. The mothers are active in the production of online content, contributing to creating an extensive database of maternity experiences (Lupton, 2016).

Several decades ago, it was common for a woman to receive support from other women in her extended family during pregnancy and puerperium. Presently, it is common for women in large urban centers to go through the experiences of pregnancy and puerperium without the support of other women, due to the intense process of restructuring the family unit to its nuclear form and to the fact that other women in the family network frequently work outside the home. For many of them, the place of

family transmission of knowledge is empty, which makes the experience of transition to motherhood even lonelier (Arteiro & Passos, 2016).

Women have been distancing themselves from the family as a place of transmitting knowledge, most probably also to assert themselves in public life, marking a difference between them and the women of previous generations. Along these lines, Arteiro (2017) pointed to the reinvention of maternity in a scenario where women fight against traditional patriarchal values. Being a part of such blog networks seems to provide accommodation for and legitimation of one's personal experience within the scenario of reinventing what it is to be a mother. Thus, the Internet is a new space for exercising a traditional female practice: sharing maternity experiences. The blogs enter this space, traditionally occupied by the family and by the community in which one constructs knowledge through sharing experiences (Arteiro, 2017).

As pointed out by Lupton (2016), Arteiro and Passos (2016), and Arteiro (2017), blogs have served as contemporary support networks for women going through this stage of the life cycle. This tool makes it possible to construct an enormous community in which knowledge is built from shared experiences. In a study with four focal groups of pregnant or postpartum women in Sydney, Lupton (2016) concluded that sharing information online served as support for the women, making it possible for them to seek information at any time they needed it. Arteiro and Passos (2016) also identified blogs as support networks that have supported many women to make it through the transition to motherhood in modern times. The authors believe that maternity blogs are not only an environment of interaction but also of creation. In addition to promoting belonging to the "maternal world," writing on blogs makes psychological work regarding the construction and (re)creation of maternity possible.

On the other hand, Lupton (2016) emphasizes that since any person can produce data online, the information becomes minimally accurate and, frequently, incorrect or confusing. Hence, each person needs to judge whether certain information can be trusted or not. One phenomenon that stems from sharing experiences on blogs is the transformation of bloggers into celebrities that begin to dictate ideal ways of being a mother. These are the instantaneous celebrities mentioned by Bauman (2001), who serve as momentary authorities that tend to cancel each other out and lead individuals to return from the public space with the promise of individualization nourished.

Arteiro (2017) contended that this aspect puts at risk the experience of spontaneous motherhood of other women. The quest for points of reference nowadays is substantial; and, depending on how the messages are incorporated by the receiver, they can gain the status of a recommendation that could end up nullifying a mother's spontaneity, leading her to feel lost in the face of so much contradictory information. Accordingly, researchers emphasize that blogs are powerful tools of experience sharing and emotional support, and not of access to information.

Concerning fatherhood, the situation is quite different. Blogs about this subject are only beginning to become more frequent, but not to the point of finding academic studies about the repercussions of this tool on the experiences of those who become fathers. Researchers may consider that blogs about motherhood are the consequence of a transformation women have been undergoing for several decades in the way of being a mother and that the transformations in fatherhood, due to being more recent, still have not reached the same level of expression in the online world. Nonetheless, the phenomenon of women working outside the home has led to a call for male participation, and the problematization of patriarchal ideals has permitted men to increasingly get in contact with their sentiments (Matos et al., 2017).

In this sense, it is undeniable that the practice of parenthood – both maternity and paternity – has transformed. At the same time that there are changes in parenthood due to the advance of individualism and technological transformations, the support network in the transition to parenthood has also been undergoing modifications. In Brazil, there is a social scenario in which disinvestment in the autonomy of the parental couple prevails to births planned through the current health system, which results in misinformation and experiences of abandonment. At the same time, the Internet permits sharing experiences among individuals throughout the world, which has both increased the existing scenario of misinformation and empowered women to

fight for their autonomy in childbearing, forming networks of emotional support. Along these lines, the objective of the present study was to investigate access to information about childbirth and examine the online support of generational peers during the transition to parenthood.

## 2. Methodology

Researchers conducted a qualitative research investigation through a collective case study approach (Stake, 2016), with data collection on the internet in personal blogs. Researchers choose this methodology aiming not to come to an intrinsic understanding of each case, but to achieve a more global comprehension of the object of study. Employing this method, researchers intended to comprehend the social context in the experiences of those who become parents in Brazil.

### Participants

Participants were not selected directly to participate in the study. Instead, researchers decided to select childbirth stories published by them on personal web blogs (15 written by men and 15 written by women). All the births occurred in Brazil, and the participants were from different parts of the country. On the blogs researchers analyzed, data such as age, participant's residence, and social class were not available. However, most of the selected accounts refer to private-hospital or home births in large cities, indicating the possibility that the fathers and mothers who wrote the reports mainly belong to the middle class. Researchers transcribed participants' names as they appeared on the blogs.

### Instrument and Procedures

Researchers employed "childbirth stories from personal blogs" as a research instrument. The selection criteria consisted of: being published on personal blogs and written by fathers and mothers who wished to share their experiences regarding pregnancy, childbirth, and parenthood online. Another stipulated criterion was that they should not be mere descriptions, that is, they should convey the perception and unique feel of each subject at the time of delivery. Researchers selected normal, natural, and cesarean delivery reports, intending to enhance learning about the childbirth experience. Nonetheless, researchers excluded births of babies with any syndrome and twins, for example. The objective of such selection was to ensure diversity without emphasizing particularities. Researchers selected the accounts between July 2016 and March 2017, and the search words used on Google were "childbirth account", "maternity blog", "father's childbirth account", and "paternity blog childbirth account". There were much fewer childbirth stories written by fathers than by mothers, leading us to need specific search engines to find them. Researchers only selected stories posted after 2010, aiming at collecting contemporary childbirth accounts, that occurred when most of the currently existing legislation was already in effect.

### Data Analysis Procedures

The material selected was submitted to categorical aggregation (Stake, 2016), which consists of gathering together recurrent circumstances until it becomes possible to form a category, and the categories of analysis were defined subsequently. From the selected accounts, eight categories of analysis emerged. To achieve the present article's objectives, the following category will be analyzed: *Misinformation and online support*.

## 3. Results

Misinformation and online support

In some of the accounts analyzed, the lack of information became evident, indicating the precariousness of healthcare education during pregnancy. *“I had such a deep conviction that normal childbirth is normal – i.e., nothing is needed, it should just occur naturally – that I didn’t get informed, I didn’t question the 5 obstetricians I visited, I didn’t prepare myself”* (Gisele). *“During the pregnancy (...) I didn’t get informed about childbirth ... I didn’t prepare myself for it because I thought that, since it’s a natural thing, all I had to do was to go to the hospital at the right time and my body and nature would do the rest”* (Gabriela A.).

Opting for a cesarean birth due to fear and lack of information was also observed: *“With little information ‘in my pocket’ and enormous fear ‘in my heart,’ I chose a cesarean birth. Voilà! All I had to do was to follow the tradition and look forward to a ‘tranquil birth.’”* (Mari)

On the other hand, the need for support for “choosing” a vaginal birth in the most diverse social circles of which the couple is a part became evident in the discourse of Michel, for example, who indicated the need to support the responsibility of disagreeing with a “multitude” opposed to vaginal birth, which made his experience extremely stressful. *“As if spotting the trap and discovering a safe path weren’t enough, I still had to convince family and friends that we were doing the right thing; and more than that, I had to deal with the responsibility of disagreeing with a multitude recommending an elective cesarean delivery”* (Michel).

In the accounts researchers analyzed, the need to seek information from sources other than health professionals became clear. *“I began to read various books about childbirth, pregnancy, and paternity and get increasingly informed about the empowerment of the mother, respect for the physiological, the various unnecessary interventions, and the myths about pregnancy”* (Guilherme). *“I was one of those dedicated fathers; I downloaded apps, read books, watched documentaries, sought information and even looked for meetings of ‘first-time fathers’ to help out as best I could”* (Fernando). *“(…) I discovered that a cesarean birth increases the risk of allergies. With this information alone, I already feel that I should’ve attempted a normal birth. But, I don’t blame myself, since I didn’t ‘study’ the types of births when I was pregnant”* (Mari).

Due to the difficulty, they faced to acquire information, men and women published their childbirth stories online intending to guarantee the dissemination of information about childbirth and contribute to the transformation of the birth assistance scenario in Brazil. Both those who had positive childbirth experiences and traumatic experiences demonstrated that they shared their stories with this aim. *“It hurts to tell this, but at the same time, it’s liberating because, through this account, I can tell other women so that they don’t suffer the same kind of violence I suffered”* (Ana D.).

During the study, it also became evident that writing the accounts made it possible to elaborate on the experience in the case of mothers who underwent traumatic childbearing experiences. *“Nobody knows how I felt because I chose to keep it all to myself. But now I’ve decided to share. I have no reason to be ashamed of anything that happened; I wasn’t wrong. Getting it off one’s chest does a lot of good, and that was what I needed so that I’d feel better”* (Gabriela A.).

In the childbirth accounts analyzed, researchers also perceived the phenomenon of addressing others, which is characteristic of writing on blogs. Fathers and mothers related their experiences to the readers, offering advice and sharing the perceptions they had in their childbirth experience. *“My only advice: Do what your heart tells you, get verrrry informed about the subject, have courage, trust in your potential...”* (Ana S.). *“(…) childbirth is probably one of the most sensational events that will occur in your life. Don’t refrain from participating. Don’t pass up giving birth together. There is no next child, no next birth. Each birth is unique and must be appreciated as such, whether at home, in the hospital or the wilderness”* (Thiago).

*So, women, (...) Don’t be afraid, because, yes, we can! Study a lot about childbirth during your pregnancy and grant your babies the right to be born at the moment they think is best, when they are ready to come into this world, as long as there are no significant problems during pregnancy. Think very carefully before choosing an elective cesarean section just “to get rid of the pain” and distrust the obstetrician that alleges insufficient dilation, little amniotic fluid, umbilical cord entanglement, an aged placenta, and other myths...* (Juliana)

*And here I want to leave my first advice: (...) don't compare yourself to the guys who dance with women, play the sitar, give neural-receptor massages, and converse for hours and hours with their partners' tummies and with their respective babies. All of that may be important, but what's essential is that you be there. Hold her hand and, in your way, show her that you bought into the idea and that everything's going to work out (even though you're scared shitless deep down). (Leandro)*

*To you who are in the final stretch of pregnancy, close to participating in the ultimate venture, I leave my sincere encouragement here: (...) even though this SYSTEM tries to corrupt you, be STRONG! After all, this is your moment... the moment of your family, a moment that your wife has idealized for so long... and, above all, the moment of your daughter! (Fernando)*

#### 4. Discussion

The number of childbirth accounts published on the web is increasing all the time. In the present study, it became evident that, in Brazil, maternal statements appear in a significantly greater number, yet sharing of paternal accounts has also been increasing. Many of them related having gone through difficult prenatal moments due to insufficient information to deal with the technocratic childbirth scenario. Fathers and mothers found themselves with information related to childbirth only when they became pregnant and, amid so many anxieties and transformations, the pursuit itself of a humanized birth has become another stressor.

In a study about pregnant women's choice as to the type of childbirth, Santana et al. (2015) emphasized that for some of the pregnant women interviewed by them, the medical guidance they had received favored the option of elective cesarean sections, while others related that they still did not know what type of childbirth they would want due to doubts stemming from lack of information. The results both of that study and a survey by Escobal et al. (2022) highlighted that the women often chose cesarean births due to a lack of information or even due to information lacking a scientific basis transmitted to them by health professionals, which increases the apprehension and insecurity related to childbearing. Consistent with those studies, a study by Zambrano et al. (2003) underscored pregnant women's fear of childbirth pain as well as misinformation and inadequate prenatal care as the main determining factors of elective C-sections. This finding is in line with the results of the present study, in which it became evident that many fathers and mothers did not seek childbirth information during pregnancy because they believed that childbirth is a physiological event and that, therefore, the baby would come out naturally.

Just as in the present study's findings, lack of information and the fear of asking about the procedures that will be implemented during the progression of labor were also indicated by Zanardo et al. (2017) and by Rodríguez-Almagro et al. (2019) as relevant factors in the experience of obstetric violence. According to the authors, it is not uncommon that women conform to exploring their bodies and accept uncomfortable and invasive situations without complaining.

The right to citizenship is highlighted in a document published by Brazil's Ministry of Health entitled "Charter of Rights of Health Service Users" (Brazil, 2007), which establishes the importance of respecting citizens' values and rights. The idea is that, based on the information furnished by health professionals, citizens may consent to or refuse any medical procedure unless their condition poses a risk to public health. The "choice" between a cesarean birth, normal birth, or natural hospital birth would thus be made based on the couple's knowledge about the subject and on the information provided by the health professionals that assist the couple during prenatal care (Oliveira & Penna, 2018; Rocha et al., 2020). However, since the information furnished by health professionals in Brazil is often permeated by economic interests (Zanardo et al., 2017; Russo, 2019), future parents must search for information on their own (Lourenço et al., 2020), which was evident in the accounts analyzed by the researchers.

In a study by Blainey and Slade (2015), in which they investigated the maternal experience of writing and sharing, on the web, stories of traumatic childbirths, the authors observed that writing provides empowerment since it enables women to be authors and protagonists in an experience in which they felt silenced. The authors also observed that helping other people through writing, guaranteeing them access to information so that they do not go through the same situation, is a way of giving positive meaning to the traumatic experience. Our findings align with what Blainey and Slade (2015) postulated.

As pointed out by Arteiro (2017) and Arteiro and Passos (2016), motherhood has undergone enormous changes ever since women entered the labor market. Not only did the mother's mother lose her place as the main companion during labor for the father, but she has also been losing her place as the primary source of transmission of knowledge for those who become mothers. As pointed out by Giddens (2012), tradition loses space in post-modernity, with subjective paths being guided by individual choices. In this sense, the social anchoring provided by tradition gives way to distress due to the loss of identity references. In the present research, researchers observed that the search for points of reference began to occur more horizontally, given that tradition and previous generations generally tend to be undervalued. Sharing with other women that are becoming mothers in the same cultural context guarantees, nowadays, a support alternative to the vertical transmission of knowledge from previous generations. As Castells (2018) pointed out, with the contestation of patriarchy, the new generations have needed to seek new forms of references through horizontal exchanges since the sequence of transmission of intergenerational cultural codes has been disrupted.

Blogs make possible a global network of transmission of experiences within the same historical context, making available a vast range of information from generational peers. Researchers can consider that the profusion of blogs about maternity is a consequence of the transformations undergone by women in the last decades. With women's entry into the public world, private family life suffered alterations, primarily allowing for reinventions in maternity and, some years later, transformations in paternity as well. In this sense, online sharing of maternity-related experiences can be a way of incorporating maternity, which was formerly restricted to the private sphere, into the public sphere. For men, online sharing of paternity-related experiences implies sharing feelings, which also is a consequence of the recent transformations in the place of the father. Accordingly, writing about parenthood on blogs indicates that, although in different ways, more and more men and women are transiting between the public and private spheres concerning manners of living familial experiences.

Researchers recognize that it is through the support of other persons that a pregnant woman can experience her relations of dependency so that, throughout the pregnancy, she can develop self-confidence and consciously perceive her childbearing needs – i.e., whether to give birth at home or in the hospital; in the tub, chair or shower; standing, squatting or lying down – in short, perceive the best way for her to give birth. But she needs support to be able to give birth – support to elaborate the symbolic deaths inherent in childbirth and be able to bid farewell to the pregnancy, to the mother-baby fusion via the umbilical cord, to the idealized child, to the woman who was not the mother of that baby.

## **5. Conclusion**

Researchers conclude that lack of information and fear of asking about the procedures contributes to the epidemic scenario of C-sections in Brazil. The Internet appeared in the analyzed accounts as a powerful tool in terms of both support during the transition to parenthood, especially to motherhood, and mobilization of civil society to change the childbirth assistance scenario in Brazil. The intensification of the medicalization of childbirth is very recent, and sharing among generational peers appears to strengthen women to fight for their protagonism in birth.

Although sharing childbirth-related experiences is more horizontal nowadays, it continues to be a powerful resource of psychological support for those who are about to give birth. By way of the accounts of other fathers and mothers, the pregnant couple can access the experiences of peers who went through the same process in the same historical-cultural context. The Internet becomes a means by which these exchanges occur, thus promoting social anchoring for such individuals. Researchers emphasize that it is the parental couple – and not just the mother – that needs social support to undergo the personal transformations involved in the birth of a child.

Since the childbirth accounts that researchers analyzed were extracted from the Internet, the researchers couldn't acquire much data about the participants, which proved to be a limitation of this study. Researchers point out the need for further studies



that address access to information about childbirth and online social networks as support in the transition to parenthood, given that this theme is still little explored in the literature. Studies that seek to give voice to maternal and paternal feelings regarding childbirth are fundamental for constructing new initiatives in the field of family emotional health.

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