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“Hang in There Mama!”: The role of Online Parenting Forums in Maternal Mental Health

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Abstract

The perinatal period can be challenging and yet reluctance to disclose wellbeing concerns to health professionals is well documented. The current study sought to explore how women use online parenting forums to seek advice and support for maternal mental health concerns. Forum threads (n = 153) from a popular UK parenting website were analysed to explore postpartum mothers' discussions about their maternal mental health. Through reflexive thematic analysis, four themes were generated: (1) Navigating the motherhood role: unprepared and overwhelmed; (2) 'I'm struggling, but looking on here I know I'm no way alone!'; (3) Challenging feelings of failure: 'it doesn't make you a bad mother'; and (4) Forums facilitate help seeking. There were two main findings; first, forums may act as a potential solution in offering a supportive, reassuring community and safe space for disclosure around maternal mental health concerns. Furthermore, forums are beneficial in providing women with an honest, realistic view and expectation of motherhood, thus supporting their transition to parenthood. Consequently, forums could be utilised to inform training for healthcare professionals to understand disclosure barriers.

Keywords: online forums, mental health, motherhood, perinatal, qualitative research

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“Hang in There Mama!”: The role of Online Parenting Forums in Maternal Mental Health

Women experience momentous life changes when becoming a mother, and the sense of joy and excitement can be mixed with fear, identity struggles, overwhelming responsibility, and emotional exhaustion (Nelson, 2003). Experiencing ‘baby blues’ in the first two weeks post birth is common (affecting around 75% of women) and can include feeling emotional and tearful (Fitelson et al., 2011). The perinatal period can also carry an increased risk of suffering from poor mental health. Approximately 20% of women experience mental health difficulties during pregnancy and/or up to 12 months post birth (Mind, 2020). The most common condition is postnatal depression (PND), affecting around 10-15% of new mothers. Prevalence rates however, are thought to be higher and PND is said to be underreported owing to barriers such as stigma, failure to identify symptoms, or fear of consequences (Heneghan et al., 2000; Moore et al., 2019; Slade et al., 2010). Women’s help seeking behaviour and sense of agency are also influenced by their fear of negative views from others (Newman et al., 2019); ranging from family and friends to employers.

Various healthcare professionals are involved in supporting women’s transition to motherhood, such as midwives, GPs, and health visitors. Health visitors (public health nurses who specialise in the 0-5 age range) play a key role in assessing maternal mental health and wellbeing (Slade et al., 2010). In the UK, every mother is entitled to a minimum of five visits, commencing at birth until the infant is two years of age (Institute of Health Visiting, 2018). However, surveys have found that continuity of care only occurs in 5% of cases, due to large caseloads and falling staff numbers. This arguably hinders the ability for new mothers to build trusting and open

relationships with their health visitor; a factor highlighted as crucial in women deciding whether to disclose mental health concerns or not (Slade et al., 2010). Another barrier to treatment for maternal mental health is that of a healthcare professional's knowledge. Previous studies have highlighted low levels of recognition of postnatal depression symptoms and a lack of specialist mental health knowledge in GPs and midwives (Philips & Thomas, 2015). This can have implications for the new mother, which can include long-lasting or severe symptoms, along with the potential for maternal mental health to adversely influence infant attachment and development (Fitelson et al., 2011). The need for women to be able to seek support regarding their mental health is therefore crucial in minimising these consequences.

The Changing Scope of Maternal Health Information

Traditionally, support for new mothers would come from healthcare professionals, family support systems or parenting books. The ubiquity of the Internet and instant access to online resources has led to a change in the scope of advice available for modern parents. Online parenting forums, web-based communities, and social media groups are now a much-used resource for support (Gleeson et al., 2019). Their accessibility and anonymity allow mothers to source health-related information quickly or gain responses from other users (Gleeson et al., 2019). A popular feature on parenting websites are the chat forums, in which members can create posts, contribute to threads and exchange messages. Popular online parenting communities such as Mumsnet and Netmums are visited by millions of UK users per month and are reported to be used by mothers to seek advice, reassurance and support, and exchange experiences (Lupton et al., 2016; Pederson & Smithson, 2010).

Studies have indicated that online parenting forums can reduce the sense of loneliness and isolation experienced by new mothers, by providing a place for mothers to bond and share experiences and information (Pederson & Smithson, 2013). Forums have also been found to

provide an alternative, anonymous outlet when mothers have felt discouraged about discussing mental health with healthcare providers (Gleeson et al., 2019). Reasons for this reluctance to confide in healthcare professionals included practical factors, such as lack of opportunity due to limited appointments and time constraints, but also concern over shame and stigma, with women not wanting to be judged as inadequate mothers. Newman et al. (2019) reviewed studies from the UK, Canada, and Australia. They found that women feared the consequences of social services' intervention if they disclosed mental health struggles to healthcare professionals; fears that were compounded by negative reactions from family and friends. Considering these barriers, some studies have found that online forums provide an anonymous, safe, and supportive alternative to seek mental health support. In an interview sample with 15 women, Moore and Ayers (2017) found that the majority of mothers found forums to be a supportive place to discuss postnatal mental health issues. A meta-synthesis by Moore et al. (2019) reviewed five studies that had analysed posts or interviews of forum users in regard to postnatal mental health. Of the five studies included, three defined perinatal mental illness as 'postnatal depression', one as 'postnatal depression and PTSD' and one as antenatal/postnatal depression and anxiety, PTSD, and adjustment disorders. The findings highlighted that forums were viewed as a safe place to talk; creating an environment where women could be open and honest with their feelings. The sharing of experiences also provided support and a sense of empowerment for mothers. The role of stigma around help seeking and fear of negative consequences were also common themes addressed on the forums. That said, a small number described the potential for reading posts about mental health to exacerbate feelings of low mood and depression (Moore & Ayers, 2017). Similarly, Moore et al. (2017) found that whilst increased length of forum use led to increased likelihood of disclosure to healthcare professionals, a number of forum members also described negative experiences of healthcare professionals. The findings of this meta-synthesis contribute to the understanding of women's

use of forums for supporting their postnatal mental health. However, only one of the studies included in the review used a broader definition of perinatal mental health than ‘postnatal depression and PTSD’. Consequently, the experiences of many new mothers with mental health or emotional wellbeing concerns (yet which do not meet this criteria) may have been overlooked. This suggests a need to further understand and explore the role of online forums as a mechanism for women to discuss perinatal mental health and wellbeing.

The desire for anonymity in disclosing mental health concerns in the perinatal period may stem from societal expectations about motherhood, whereby becoming a mother is viewed ideologically, as a time of joy, excitement, and happiness (Nicolson, 1990, 1998) and it is therefore anticipated that women will experience it as such. This pervasive view may consequently make it difficult for women to admit and articulate any struggles with motherhood and therefore may explain why some women choose to disclose any contrasting feelings anonymously (e.g., via forums). This highlights the importance of unobtrusively studying maternal mental health in a way that centres on women’s open and unprompted feelings about their experiences. Online forum analysis is considered a suitable context for this, given that women may feel more comfortable speaking freely and candidly about their experiences because of the anonymity offered by forums (Gleeson et al., 2019).

Although the anonymity of forum disclosure has been discussed here in a positive light, it highlights the discomfort that is still felt around more public displays of discontent with motherhood. Indeed, Mustosmäki and Sihto (2021) discuss the judgement, and even outrage, expressed by some mothers on an online discussion forum when Finnish celebrity Sini Ariell disclosed her struggles with new motherhood. In a blog post Ariell made several admissions, including feeling like she was ‘in prison’ and that she wanted to leave the baby. Although some mothers on the forum welcomed Ariell’s honesty and openness, others made negative judgements regarding her feelings, body, and behaviour. For example, some commenters

criticised her social life, her 'provocative' pictures on Instagram, and her apparent disregard for her child's feelings, should they access these admissions when they are older. The view was widely held that being in 'control' of these feelings (thinking carefully about how, and who, these feelings are shared with) was crucial. Many forum users regarded it as wholly inappropriate to share such feelings on such a public platform (Mustosmaki & Sihto, 2021). The authors of the paper conclude that there is a need for more public displays of motherhood struggles, in order to eliminate the ubiquitous stigma that is so pervasive around negative motherhood thoughts.

Furthermore, the demands and societal norms of motherhood have arguably increased rather than lessened over the last two decades, with the ideal of intensive mothering placing great emotional burden on new mothers (Hays, 1996; Pedersen & Lupton, 2018). Women 'learn' the emotions that they are supposed to feel as a new mother; joy, selflessness, an acceptance of prioritising the child's needs above all else, and that they should repress showing negative emotions (Pedersen & Lupton, 2018). Whilst many recent Westernised mum blogs propose to demolish these myths of 'good' motherhood and push the boundaries of what is acceptable to share; some researchers propose that they actually achieve the opposite. It has been argued that these representations of motherhood 'failures' and frustrations are only acceptable within certain acceptable cultural limits. Motherhood difficulties presented in blogs are often done so in a humorous way, presenting 'bad' motherhood in a way that still allows her to be seen positively by her audience (Mustomaski & Sihto, 2021). Rarely do bloggers present raw, 'inappropriate', negative maternal feelings that may be deemed unacceptable (Mustomaski & Sihto, 2021). Additionally, whilst many bloggers claim to dismiss societal expectations of the 'perfect mother', they continue to present motherhood as the central aspect of their identity (Gibson, 2019; Mustosmaski & Sihto, 2021). Blogs by minoritized, ethnic mothers for instance, are also lacking in both number and level of attention received; meaning that

women of colour do not have relatable representations of their motherhood experiences in the media (Gibson, 2019). The majority of mummy bloggers are also married, and from a middle-class background, thus continuing to reinforce and promote white, middle-class ideals of good parenting (Gibson, 2019; Mustosmaki & Sihto, 2021).

The Current Study: Aims and Research Questions

Previous studies examining the use of online parenting forums have often either looked at general usage, such as seeking advice about parenting/infant caring (Porter & Ispa, 2013) or examining how memberships are formed and information is exchanged on the forums (Pederson & Smithson, 2010). Some studies have also used interview-based methodology, and/or focused on specific mental health conditions (e.g., PND and post-traumatic stress disorder in Moore & Ayers, 2017). The current study aimed to conduct an analysis of forum posts to understand why and how new mothers are using forums to support maternal mental health and emotional wellbeing more broadly. As stated, previous studies have generally used narrow definitions of perinatal mental illness, meaning the scope of exploration has been limited. Furthermore, it is known that many new mothers do not seek professional support in order to gain an official mental health diagnosis (Slade et al., 2010), yet still may experience a range of wellbeing concerns in the perinatal period. These could include for example, issues such as low mood, anxiety, exhaustion, stress, and low self-esteem (Nelson, 2003). Whilst not necessarily defined as a specific psychological illness, these lower-level mental health and emotional wellbeing concerns arguably also need exploring in the context of online support seeking in the perinatal period. This study, therefore, was anticipated to be a crucial step in understanding the type of emotional and mental health support new mothers seek and examining the role of forums as a mechanism for discussing postnatal mental health concerns. The following research questions were formulated:

RQ1: What kind of mental health support and advice do new mothers seek when using online parenting forums?

RQ2: Why do new mothers use online forums in the postnatal period to discuss mental health and wellbeing?

RQ3: What role does the forum play in maternal mental health and wellbeing and the narration of new motherhood experiences?

Methods

Data Collection and Sampling Strategy

Forum threads were extracted which had already been posted on UK postnatal health boards. A suitable forum for sampling was identified by examining the content and accessibility of numerous message boards on Mumsnet and Netmums. Mumsnet is the most popular UK parenting website, with 100 million page views per month (Mumsnet, 2021). Netmums is also a highly popular UK parenting site, with millions of views per month (Netmums, 2021). Several potential chat forums were considered, such as ‘new mums’ and ‘maternal mental health’ on Netmums, and ‘postnatal health’ and ‘antenatal/postnatal depression’ on Mumsnet. The Netmums forum threads were discarded due to a mix of low posting levels, and evidence that health professionals were employed on the ‘Maternal mental health’ board to respond to mothers’ concerns. This meant that interactions among mothers were not as clearly observable or evidently distinct from professional discussions. The thread ‘Postnatal health’ was selected for analysis from Mumsnet, as it had high frequency of posts per day (as considered by Giles, 2016) and was not restricted to posts about one specific mental health condition.

The aim was to analyse *any* thread regarding mental or emotional wellbeing, as long as the thread was created by a mother who stated they had a child under 12 months of age; informed by UK NHS guidelines stating that postnatal mental health conditions such as PND can start

anytime up to 12 months post-birth (NHS, 2021). The sampling strategy was not restricted to women who self-reported a diagnosis (suspected or confirmed) of a specific condition (as in Moore & Ayers, 2017). This facilitated a more comprehensive picture of how women use forums to discuss general emotional wellbeing.

Posts that were solely about physical health concerns were discarded. Posts in which the original contributor did not state that their child was under 12 months of age were also excluded. Posts were also screened for quality, with posts that were only one sentence long excluded unless relevant to the research questions. Posts that met the above criteria were extracted from the site in date order.

A two-month time sampling period was employed, dated from 16th January-16th March 2020. A total of 105 mothers posted on the board during this sampling period. Opening posts and replies were included in the analysis, totalling 153 posts from 23 threads (23 original posts, with 130 posts comprised of replies). The range for the number of responses for opening posts was 1-18 ($M = 6.36$, $SD = 5.47$). The number of different people engaged in each conversation ranged from 2-14 ($M=4.96$, $SD = 3.51$). The shortest post included in the analysis was 8 words long, with the longest post being 598 words ($M=127.42$, $SD=99.57$). Due to the nature of forum posting, it was not possible to accurately collect any demographic details, as there is no requirement to disclose personal information when posting.

The decision was made to limit the sampling period to two months due to both practical and analytical considerations. Data saturation has been critiqued as an ineffectual concept, as it posits that the meaning (and point in which no new meaning is evident) resides in the data itself and therefore, the analysis could never be considered 'complete' (Braun & Clarke, 2021). However, for an analysis to be truly reflexive and for the researcher to be active in knowledge production (Braun & Clarke, 2019), they need to work iteratively through the stages of analysis,

making subjective, interpretative judgements about when to cease coding and start generating themes (Braun & Clarke, 2021). Therefore, the decision was reached by the first author reading through the data set several times to conclude that the data provided a sufficient richness, and depth of understanding, of the issues presented within the forum, as represented by the sample gathered. It was also noted that the forum experienced a relatively high, daily posting frequency, and the sample fit within the range used in previous, similar forum analysis studies (e.g., Porter & Ispa, 2013).

Ethics

The current study received ethical clearance from the first author's institutional ethics committee. The research design was guided by previous literature that has considered the issue of consent (e.g., Rodham & Gavin, 2006) and adhered to the Ethics Guidelines for Internet Mediated Research (BPS, 2017), which states that open access forums may be considered publicly available and therefore informed consent need not be obtained prior to sampling. That said, the authors took additional steps to protect participants by seeking permission from the site moderator of Mumsnet, prior to data extraction, to analyse the posts for research purposes and by creating ID codes to anonymise participants' posts. The code reflected whether contributors created the post ('OP' for original poster) or responded to it ('R' for respondent). A number was then assigned for a particular thread (e.g., OP7) or respondent number (e.g., R2). Any identifying features such as usernames were removed immediately and replaced with pseudonyms within the extract.

Analytic Procedure

An inductive-deductive approach was employed, consistent with a critical realist perspective. Themes were data-driven in that they represented the semantic thoughts and experiences of the forum contributors, whilst being contextualised in regards to latent, sociocultural

understandings around motherhood. Thus, considering not only the wider literature on perinatal mental health and wellbeing, but also salient theories around intensive mothering (Hays, 1996) and peer support (Borkman, 1990).

Employing the six-step approach outlined by Braun and Clarke (2006, 2019), the authors selected reflexive thematic analysis to meaningfully summarise a large dataset and for its flexibility to examine and narrate experiences, perspectives, and understandings of a phenomenon. As part of Step 1, the first author read through the dataset several times to ensure familiarisation and understanding of the material. Next, Step 2 was approached by systematically working through the entire dataset, giving due attention to each individual sentence or topic of discussion, making initial notes of interest, and creating codes. Following the coding process, the first author created a coding summary table which corresponded with relevant extracts. All authors met to discuss codes that had been generated, where some codes were revised further. At this point, 30 codes had been generated.

The first author began Step 3 of initial theme construction by grouping similar codes together to form thematic maps (Braun & Clarke 2006, 2019). This helped to move away from singular ideas to generate some initial broad theme ideas (Braun et al., 2016). Reflexive consideration was given as to how the codes and themes fit with the research questions for the study, and how they linked to form an analytic narrative. Braun and Clarke (2012) state that a theme should speak to the research question in terms of its relevance, rather than its repeated prevalence within the dataset. Seven initial themes were identified by the first author (each comprised of between 4-7 codes) which were subsequently discussed with all authors, in conjunction with coded extracts. Collaborative discussion led to some themes being discarded or merged. Themes were then named as part of Step 5 and the final four themes (collectively discussed among all authors) were deemed to accurately reflect patterns of meaning (both explicit and underlying) within the dataset. Whilst reflexive thematic analysis is not centred on

frequency of codes, but on relevance to the research question (Braun & Clarke, 2019), the number of codes assigned to each theme ranged from six to nine. A final report was produced as part of Step 6.

Results

Four themes were generated from the analysis to encapsulate women's thoughts and experiences of maternal mental health and wellbeing: (1) Navigating the motherhood role: unprepared and overwhelmed; (2) 'I'm struggling, but looking on here I know I'm no way alone!'; (3) Challenging feelings of failure: 'it doesn't make you a bad mother'; and (4) Facilitating help seeking.

Theme 1: Navigating the motherhood role: unprepared and overwhelmed

Many of the women who posted on the forum were unprepared for, and consequently overwhelmed by, the newfound responsibilities and lifestyle changes they experienced during the perinatal period. Mothers struggled to cope with the day to day demands of infant caring, describing it as '*totally overwhelming and exhausting*'-R7. One mother described her unpreparedness:

'I feel like I've lost myself and whilst there's changes for the best reason, nothing prepares you for them and I'm putting so much pressure on myself to just be 'normal' again'-OP7.

The way that this woman expresses that '*nothing prepares you*' for the changes involved in becoming a mother, indicates the unpreparedness some women face during this transition.

The description of herself as 'lost' indicates a sense of a struggle of coming to terms with the

new motherhood identity; which may be considered a 'loss' of the life and identity experienced before motherhood.

Women also experienced anxiety and fear at taking care of a new-born, worrying that they would not be competent in this role:

'My other half goes back to work in 3 days and I'm absolutely terrified I won't be any good at being a mum without his help and support...I'm really anxious and it's causing me to be quite tearful and feel like hiding from the whole world'-OP19.

The tearfulness, anxiety, and longing to 'hide' described here suggests that this mother is struggling to cope and overwhelmed with motherhood. The phrase 'absolutely terrified' emphasises the extent of these feelings of fear at being left alone with the infant, and highlights the issue of many women only receiving partner support (through paternity leave) for a short space of time before being left alone to care for the child.

Women indicated shock at the reality of parenting, which did not match with their expectations. *'Birth and having a new born is a horribly traumatic time. I really don't think enough is done to prepare parents for what is to come'-R15.* The comment here that 'enough' isn't done suggests that women are not necessarily given enough information from healthcare professionals antenatally to know how to manage the difficulties that can arise after birth. Indeed, several women articulated that in their view, certain aspects of parenting were not relayed to them accurately, *'Post birth is an absolute shit show that no one tells you about. Life changes completely'-R1.* Although typically seen as a time of joy and happiness, *'You know you should be happy but your (sic) not'-R3,* some mothers noted (as above) that reality differed, and that post birth was a traumatic time. It was implied that not only healthcare professionals, but other parents rarely disclose the negative feelings or difficulties experienced by new

mothers. One mother wrote *'It's difficult, demanding and relentless at times. I suspect a lot ppl just don't tell the truth about how flipping hard it is to have kids'*-R59.

One user also suggested that the reality of motherhood differing to expectations was not only applicable to first time mothers, describing how her anticipation of what second time motherhood would be like hadn't materialised, *'I had hoped that being a second time mummy, I'd be more laid back, an earth mum, sitting around with lo attached to boob while I played games on the floor with 4 year old ds, that has so far, has not happened'*-OP20. This suggests that whilst it may seem probable that first time mothers are less prepared for the lifestyle changes that occur after having a baby, second-time mothers may be equally unprepared for the unique challenges that come with parenting more than one child.

Theme 2: 'I'm struggling, but looking on here I know I'm no way alone!'

Theme 2 highlights the forum as a safe, supportive community where women could disclose their feelings without judgement. Being able to share experiences in a place where other users had faced similar concerns provided a sense of validation to new mothers' experiences, *'You'll find a lot of first time mums are going through very similar..'*-R17, along with hope and reassurance, *'I promise you it does get better. It feels at the time like it couldn't possibly, but it does.'*-R27. Women intimated their motivations for turning to the board, which included advice seeking, to 'vent', or to query whether anyone else had experienced similar issues. Several mothers also noted that they had attempted to discuss their mental health concerns with their partner, who had not been supportive or understanding, *'I've tried talking to my partner but I really don't think he understands how overwhelmed I am and just says I knew it would be like this'*-OP7. This suggests that the forum had then become an alternative way for the women to discuss and articulate the difficulties they were experiencing. The range of feelings articulated on the forum was vast; from feelings of anxiety and panic, guilt, and depression, to descriptions

of thoughts of self-harm and death. Descriptions were raw and moving, encapsulating the severe impact of these mental health concerns on the mother's wellbeing:

'my world had lost all colour and I was drowning. On the face of it I had my shit together, the babies were loved, cared for and reaching all milestones, but I was broken'-R9.

In response, women were constantly reassured that their feelings were normal, and they were not alone in their experiences. Mothers responded with their own experiences of mental health struggles and stories of recovery; inspiring hope for the original contributor.

'It felt like I would feel this way forever. But, I promise it gets better. What helped me, and I was VERY depressed, was medical help (go to your gp, consider antidepressants, therapy, take any help they offer) '-R26.

Within this dataset, there were no negative or judgemental remarks and statements of support were plentiful. The collective nature of the forum as one (e.g., saying 'we' will always be here) emphasises the constant nature of support provided; the forum will reliably be there night and day with people to respond. The use of informal language such as 'hun', 'hugs', and 'hang in there mama' also reinforced the friendly and welcoming nature of the forum. The importance of the support provided on the forum was evident in the posts, with numerous users stating that the replies had been supportive and helpful. It was evident that this form of peer support from other women was considered valuable and appreciated, due to the sharing of similar feelings and experiences which makes women feel that they are understood, '*People who haven't had PND can't know how truly awful it is*' – R26. One mother voiced her gratitude at receiving positive responses on the board, '*Wow I feel overwhelmed in such an amazing way with what the two mummies above have said and sounded so supportive. I thank you so much*'-OP19. Several other contributors expressed their gratitude for the responses they had received, stating

it was reassuring to know that other people were feeling the same, *'Thank you so much for replying to my post it's so nice to hear that someone else feels the same way.'*-OP9.

Theme 3: Challenging feelings of failure: 'it doesn't make you a bad mother'.

The forum acted as a mechanism for challenging the perceived view of motherhood failure which many contributors expressed. Several original contributors described feeling like a 'bad mother' for struggling to cope or experiencing mental health concerns in the postnatal period. Women who had turned to the forum for support discussed the sense of shame and failure they were feeling.

'over the past month or so I have been feeling generally crappy. I feel like I'm being a bad mum on a daily basis. I'm fed up of feeling like I'm failing him. I'm fed up of constantly feeling guilty'-OP16.

The contributor above follows on to describe the sleeping difficulties they are experiencing with their baby, and subsequent feelings of exhaustion. The mother states her worries that *'everything is slipping'*, namely her job, relationship with partner, and housework. This emphasises the high expectations placed on women to uphold multiple roles (employee, wife, mother, homemaker) successfully and the pressure that this can create.

This sense of failure had led some of the contributors to delay seeking help; instead opting to portray an image of coping. This however led to increased self-induced pressure to *'go through the motions'*-OP3 and *'act jolly'*-R43. Keeping up the façade also led to further feelings of guilt and failure in some cases, with one mother stating her worry about having 'lied' to everyone by saying she was 'fine', consequently believing it was too late to tell the truth and seek help:

*'I feel like a bad mum. I feel like I've lied to everyone as I've always said "I'm fine"
But I've had family and my MW (midwife) and HV (health visitor) say how well
I'm doing and I feel bad as I've "lied".. and it's going on and will be too late'*-OP5.

In response to posts such as these, replies emphasised that suffering from mental health conditions was nothing to be ashamed of and does not make you a 'bad mother'. Women were reassured by other contributors that they were doing well and reminded of the day-to-day things they had been doing to love and care for their baby. This challenge of bad mothering throughout the threads quashed some of the stigma and shame around mental health conditions and the perceived notion of failure, *'First and most importantly, you're not a bad mum... 'You're a great mum, you've cooked them, birthed them, loved and cared for them..' -R9.*

Some original contributors also replied at the end of the thread that after reading the responses, they had considered their situation in a new light. One woman who had initially displayed her sense of guilt and disappointment at not believing she had bonded with her infant, later returned to the board with what appeared to reflect a real appreciation for the mutual support she had received. She wrote:

'Your totally right about the caring and protecting and seeing to his needs, I was feeling it as relentless but it does mean I do really care and love him and I am doing everything I can for him right now' -OP10.

Some women expressed guilt and were ashamed to admit that they were not enjoying parts of the mothering role, stating their desire to be more 'mumsy' like other mothers. One contributor wrote:

'I just wish I enjoyed all parts of motherhood like my other mummy friends. Am I a bad mummy for feeling this way?' -OP20.

This quote was part of a post in which the mother described her difficulty in adapting to caring for an older child and a baby. The mother stated that the older child wanted to constantly chat and play, and the younger infant was struggling to be settled. She

subsequently described her guilt at not being able to always meet both child's' needs, and wishing for '5 minutes' quiet... *'Then kicks in the mummy guilt, ds just wants his mummy to play and bubba is just a baby, he needs me to cuddle and settle him'*-OP20.

This sense of guilt can also be linked to the first theme which incorporated a disconnect between the expectations of motherhood vs. reality. Many women who came to the board to 'admit' their negative feelings about motherhood were under the impression that they were the only ones who felt this way, reiterating early discussions around people potentially not disclosing how hard it is to have children. In response to these posts, women were reassured that experiencing and discussing negative views of motherhood (such as not always enjoying time with the infant or finding motherhood exhausting and demanding) is a natural, inevitable, and common part of parenting and should not be seen as a 'taboo' subject. The importance of the forum in challenging these beliefs around 'bad' motherhood provided a sense of confidence and reassurance for the original contributor.

Theme 4: Forums facilitate help seeking

As discussed in theme 3, many mothers felt shame and a sense of failure regarding their mental health struggles, leading in some cases to the desire to delay help seeking, *'I'm almost ashamed to admit I'm not coping as well as I'm being praised for'*-OP19. This current theme of facilitating help seeking describes how responses on the board helped dispel those feelings of fear or uncertainty around help seeking and encouraged the contributor that seeking professional help was appropriate and nothing to be ashamed of. This theme explores several facets including experiences of seeking health professional support, encouragement to seek health professional support, stories of diagnosis and recovery, and discussions of effectiveness and side effects of mental health medications.

In several cases, an original contributor displayed a message describing their concerns; frequently stating unease about help seeking or not discussing an intent to help seek. Responses to the original post were encouraging of seeking professional help, with many women advising the contributor to speak to a health professional: *'Please talk to your doctor or midwife you don't have to suffer alone they can help you'*-R58. Women were reminded that doctors *'see this everyday'*-R28, and that it was nothing to be ashamed of. This served to normalise experiences of difficulties with postnatal mental health and reduce stigma. Respondents also described their own experiences of help seeking, which were largely positive. One mother wrote:

'Please don't feel ashamed you are ill and that isn't your fault. Please go and see a doctor, that's what I did and it helped me massively'-R24.

This quote discourages the original contributor from blaming themselves; describing the feelings they are experiencing in 'medical' terms (*'you are ill'*), comparative to other physical illnesses and ailments. This language used here seeks to reassure the original poster and normalise help seeking behaviour.

Reading about other mothers who have sought help, and their stories of recovery is arguably crucially important to women who do not know to whom or where to turn. The overwhelmingly positive view of mental health medications on the forum also gave hope for recovery:

'Took a bit of time for us to get the dosage right, but the world became colourful, I felt bonded to my babies and that they actually loved and needed me. It was incredible, and I'm so grateful for all the help I received and still do. I only wish I'd sought help earlier so I could have enjoyed those early days'-R9.

Interestingly, much less discussion was focused on therapy or counselling for postnatal mental health issues, indicating the potential issue of service accessibility in some areas, along with long wait times for interventions, *'I couldn't access therapy as waiting lists were*

so long I was back at work by the time and then couldn't fit it around work and childcare but didn't really need it by then anyway'-R33.

The forum also facilitated help seeking through identification of symptoms. Some mothers who posted on the board requested clarification as to whether their concerns were, for example, a normal hormonal response following birth, or symptoms of a specific condition such as postnatal depression *'Everyone says it gets easier and I will feel normal again but I feel like that will never happen and I should be past these feelings by now, do I need to see my GP or stick it out another few weeks?'* - OP10. After reading responses, some mothers who had posted were able to identify symptoms in themselves and stated that they would make a GP appointment. The discussions on the board therefore, played a crucial role in instigating professional help seeking in a real and tangible way.

Discussion

This study sought to explore how and why online parenting forums are utilised by new mothers to support their wide ranging postnatal mental health and wellbeing concerns, and how women use forums to narrate their new motherhood experiences. Four themes were generated from the data. The first theme focused on how new mothers felt underprepared and overwhelmed by the realities of motherhood and used forums to express their experiences and concerns. This theme identified that for many, the realities of motherhood did not align with their pre-conceived expectations (RQ3). Moreover, the contributors suggested that the difficult realities of early motherhood were rarely shared – both by other mothers, but also by health professionals, raising questions around whether information received antenatally by healthcare professionals is adequate in preparing expectant mothers for the difficulties they may face post-birth.

The second theme identified the forum as a safe place where women could access peer support, understanding, and reassurance from other mothers facing similar difficulties and illuminates women's motives for using forums for support (RQ2). Women were apparently seeking a place to 'vent', to question if other people were experiencing the same, and to gain information from the experience of others (RQ1). Several women stated they had experienced a lack of support and understanding when disclosing concerns to their partner and the forum provided an alternative outlet. This suggests that not only do expectant mothers need to be provided with knowledge and understanding by healthcare professionals about perinatal mental health conditions, but partners also need preparing in how to recognise symptoms and best provide support for the mother and infant in these circumstances. This supports previous studies such as Mayers et al. (2020), which reported that male partners did not feel that they had been given adequate information or support in order to support their partner's mental health post-birth.

This process of seeking online support has arguably become more salient during the COVID-19 pandemic. Although the data collection in the current study took place immediately prior to the first UK COVID-19 lockdown (16th January 2020-16th March 2020), more recent research has highlighted the importance of forum use during the pandemic. Vasquez-Vasquez et al. (2020) investigated UK mothers' mental health, coping, support, and activities during the COVID restrictions in May-June 2020. From a sample of 1329 participants, only four women had received an in-person visit from a healthcare professional (rather than by phone) and 59% of mothers reported loneliness. Interestingly, the study found that healthcare professional contact did not significantly predict a reduction in mental health concerns, but mother and baby support group contact (even by phone or online) did. In conjunction with the present study's findings, this report highlights the value of receiving peer support from other mothers and sharing experiences online.

The third theme focused on the forum challenging feelings of motherhood failure. Similar to previous studies (such as Bilszta et al., 2010), some mothers on the forum did not wish to disclose mental health concerns offline due to a fear of being viewed as a failure, again highlighting why some women turned to the forum (RQ2). Many responses disputed concerns about failure, reaffirming the view that struggling to cope with new motherhood, or experiencing mental health concerns is nothing to be ashamed of, is common, and doesn't mean you are a 'bad' mother. Responses reassured posters that meeting the baby's basic needs was enough, *'First and most importantly, you're not a bad mum... 'You're a great mum, you've cooked them, birthed them, loved and cared for them..'-R9*. Consequently, the forum posts played an important role in challenging pervasive mothering expectations that women face in modern Western society (e.g., notions of 'successful' child rearing, prioritising the child's needs). These implicit or explicitly held ideologies of 'proper' parenting necessitate an immense expenditure of "physical, moral, mental, and emotional energy on the part of the individual mother" (Hays, 1996, p.5). Some women who were experiencing mental health difficulties on the forum experienced guilt, as they felt they were unable to meet all their babies' needs. The reassurance that they were doing a good job of parenting therefore provided comfort and encouragement.

Women also displayed guilt at not enjoying certain aspects of mothering. This links to previous studies which note that women are expected to react positively to becoming a mother, since having a baby is generally viewed as a positive life event (Slade et al., 2010). The current analysis suggested that this societal view created self-induced pressure to 'act' happy and present a positive façade with implications for women's willingness to seek help, but crucially, in addition, the ability for others to recognise that new mothers may be struggling with their mental health as women reported hiding their struggles from family and friends as well as health professionals.

Although the posts sought to challenge the beliefs around motherhood ‘failure’, there was also *some* sense of acceptance of the societal structures which still prevail around motherhood expectations. For example, it was rarely challenged that childrearing is chiefly the responsibility of the mother. Whilst some posts encouraged the original poster to ask their partner/husband to help more, many replies focused on providing practical advice for the mother to utilise herself in coping with the self-care, childcare, household demands, and in some cases, employment commitments. The pressure for women to maintain a successful career, whilst childrearing, arguably results in women being pulled between two contrasting domains; unable to give their full time or commitment to either role (Hays, 1996). In previous decades, the well-established principle of women staying at home, and men going to work, meant that more mothers were able to achieve the ‘middle class family ideal’ (Hays, 1996). However, now, mothers face ever increasing demands with little support. Moreover, many women juggle being a successful career woman, whilst experiencing the pressure to live up to mothering ‘perfection’ that is widely portrayed in the media (Brown, 2014).

Additionally, discussion featured heavily on normalising the difficulties and negative feelings involved in new motherhood. Although this provided validation for the original contributor, this raised the question of whether experiences of maternal suffering are being reinforced as expected and inevitable; something that the mother must accept and live through in order to meet the societal demands of intensive parenting (Hays, 1996; Kinloch & Jaworska, 2020). However, many post responses encouraged the mothers to lower their expectations of what being a ‘good mother’ involves; accepting that what they are doing is ‘good enough’. Thus again, challenging the intensive parenting expectations that many new mothers feel obligated to meet (Hays, 1996).

The final theme identified the forum as a place that facilitates help seeking. Advice and information about specific symptoms, and others’ experiences of medications was commonly

sought (RQ1). The sharing of experiences around help seeking and recovery, along with the encouragement to contact a health professional, helped to dispel feelings of anxiety or shame about receiving medical help. The informal and anonymous nature of the forum also likely contributed to the open and honest discussion of feelings. This has been supported in previous studies which have found that women are more likely to seek informal than formal professional help for perinatal mental health concerns (Fonseca & Canavarro, 2017).

Although the encouragement for help seeking on the forum is considered a positive feature in the current study, there are questions surrounding whether advice given from personal experience is appropriate for other individuals. For example, the largely dominant view of positivity surrounding mental health medications on the board somewhat advocates their usage, when it is thought that other approaches such as cognitive behaviour therapy (CBT) or counselling can be very effective for treating postnatal mental health conditions (Milgrom et al., 2005). Nonetheless, any women from reading those responses who subsequently booked a GP appointment, would still arguably be getting the appropriate assessment and treatment they require under guidance from the health professional. Moreover, the favourable view of medication as treatment for postnatal mental health issues aligns with and reflects a dominant biomedical view of mental health which locates the problem within the psyche of individual women rather than the context in which they are living (Nicholson, 1998). This results in a focus on medication as a means for women to adapt and cope, rather than addressing their circumstances. For example, there is good evidence to suggest that social support is protective of women's maternal mental health (Balaji et al., 2007). Indeed, as this research demonstrates, forums appear to be an important way of accessing social support for women in the postnatal period, particularly as mothers may be more likely to withdraw from in-person social support rather than utilise it if they are experiencing negative feelings around motherhood (Archer & Kao, 2018). Within this research, the forum provided a supportive

community where women were encouraged to openly discuss their mental health concerns. Theories of peer and social support suggest that this kind of experiential support is valued over the 'hierarchical' support that is received from healthcare professionals (Borkman, 1990). Additionally, Borkman (1990) suggested that peer support provides validation and a sense of empowerment and self-efficacy for the individual, thus promoting the knowledge and confidence necessary for them to achieve self-resolution. The importance of this type of support has been reflected in the recent increase in peer support workers working across numerous mental health organisations (Fortuna et al., 2019). Peer support workers can have previous lived experience of mental health conditions and thus, are trained to provide health support; arguably minimising some of the barriers existing in the traditional professional/patient dynamic (Fortuna et al., 2019). Many individuals experiencing mental or emotional difficulties long for a sense of connection, identity, and belonging. The perception of peer support workers by service users as credible and trustworthy increases the likelihood of a trusting bond being built (Fortuna et al., 2019). Furthermore, patients may receive a sense of hope or inspiration; thus, adopting similar behaviours used by the peer support worker to aid their own recovery (Fortuna et al., 2019). The high value placed on experiential peer support was undoubtedly evident in the current study, as evidenced in theme two. Women desired support and advice for their mental health concerns from those who were in the same position as them, or had previously been through similar experiences. This shared understanding led to empathy, open disclosure, and hope.

These findings support and extend previous studies such as Moore and Ayers (2017), which highlight the potential for forums to reduce stigma and facilitate disclosure around mental health conditions. Whilst Moore and Ayers (2017) focused on an interview sample of mothers who reported to be suffering from either PND or PTSD, the current study adds value to these findings by exploring the benefits of forums in supporting a wider range of emotional

and mental health concerns experienced in new motherhood. Furthermore, the present findings identified a noteworthy, previously overlooked role that forums play in supporting women through their transition to motherhood; navigating newfound responsibilities and life changes, affirming mothering competence, and helping women narrate their journey according to pervasive, societal definitions of “good mothering”. This peer support is a means by which new mothers can negotiate such unrealistic mothering expectations.

These findings could be of use to healthcare professionals working with new and expectant mothers. For example, regular reviews by professionals of the content on parenting forums would develop their awareness of the current issues women are experiencing and may help identify any potential barriers to disclosure of mental health problems. This knowledge could inform and shape the advice and support given to women in the antenatal period, and also inform training for healthcare professionals around the issues women face, e.g., societal stigma and managing expectations of motherhood. The findings may also suggest a role for forums to engage with health professionals in a more official capacity. Forums could be developed as part of a peer support system, with trained peer supporters helping not only new mothers, but expectant mothers in their preparation for parenthood. This would afford the anonymity that seems central to increased disclosure of mental health concerns for some women, yet also would be a way to offer women greater access to reliable and tailored information.

Limitations

Whilst the anonymous nature of the forum may have allowed for open and honest observation of women’s mental health concerns, this conversely had the limitation of being naïve to participant characteristics. This information would have been beneficial for understanding which groups of women are more likely to use the forum for mental health concerns, e.g.,

younger mothers, first-time mothers, single mothers. This method also only allowed access to the views and experiences of individuals who created posts within the forum. It is estimated that over half of forum visitors are 'lurkers' - users who read through threads on forums without creating any posts (Moore et al, 2017; Pederson & Smithson, 2010). Studies such as Pederson and Smithson (2010) have suggested that some users may read but not post due to membership dynamics of popular users dominating the boards. Understanding the forum experiences of lurkers may allow for further exploration of why some people do not wish to post; for example, do they receive enough reassurance or information from simply reading similar posts? Do lurkers represent a particular group of women that do not feel comfortable sharing their experiences on the forum? This avenue of study may be beneficial in understanding how online forums can be more inclusive and supportive for all new mothers.

Conclusion

This study highlighted the important role of online parenting forums in providing support for maternal mental health and wellbeing. These findings are important for both healthcare professionals working with women in the perinatal period, and forum providers in considering how to best provide support and information for new mothers experiencing mental health concerns. Future research could potentially examine women's experiences of forum use on a larger scale, looking at which groups of women are more likely to seek this kind of support and why (e.g., young mothers, first-time mothers, single mothers). Those findings may have important practical implications for healthcare providers to create a better picture of which group of mothers may benefit from more tailored support in terms of their postnatal wellbeing.

Conflict of Interest

The authors do not have any conflicts of interest to report.

Authors' Contribution

Lauren McSorley: conceptualization, methodology, formal analysis, project administration, writing—original draft. **Nova Deighton-Smith:** conceptualization, formal analysis, supervision, writing—original draft, writing—review & editing. **Kirsty Budds:** supervision, writing—review and editing. **Xu Wang:** supervision, visualization, writing—review and editing.

Data availability statement

Due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data is not available.

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