

Performing Pregnancy: An Ethnography of American and Finnish Pregnant Women on  
Social Media

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## ABSTRACT

### Performing Pregnancy: An Ethnography of American and Finnish Pregnant Women on Social Media

Carrie Jeskanen

For too long, the voices of pregnant women have been neglected by anthropologists and other scholars. Academic research has focused instead on the relatively brief moment of childbirth rather than the preceding nine months of gestation or pregnancy. This largely unexplored area of women's lived experience is examined in this thesis. From June 2014 to the end of October 2014, I conducted online participant observation fieldwork following Twitter, YouTube, blogs, Instagram and Pinterest, to study the uses of social media by women in the United States and Finland during their pregnancies. Specifically, I compare women's experiences of pregnancy in the United States and Finland through an ethnographic analysis of their pregnancy vlogs and blogs. These are spaces where women can make visible the *work* of pregnancy. Furthermore, they provide valuable ethnographic data on how women use these forums as places to share common experiences and build a sense of community. In this thesis, I contradict much of the academic literature that focuses on how women are controlled during pregnancy and childbirth. Instead, I argue that vlogs and blogs can be seen as spaces where women assert agency and seek to develop a sense of control over their pregnancies.

## **Dedication**

*For my husband Sami, thank you for your constant love, support and humor as we navigate this adventure together.*

*To my children Tristan and Selena, you have given me the best gift of all- motherhood.*

**Performing Pregnancy: An Ethnography of American and Finnish Pregnant  
Women on Social Media**

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## **Introduction**

For too long the voices of pregnant women have been neglected by anthropologists and other scholars. Academic research has focused on the relatively brief moment of childbirth rather than the preceding nine months of gestation or pregnancy. In this thesis, I compare women's experiences of pregnancy in the United States and Finland through an ethnographic analysis of their pregnancy vlogs and blogs. These are spaces where women can make visible the *work* of pregnancy. Furthermore, they provide valuable ethnographic data on how women use these forums as places to share common experiences and build a sense of community. In this thesis, I contradict much of the academic literature that focuses on how women are controlled during pregnancy and childbirth. Instead, I argue that vlogs and blogs can be seen as spaces where women assert agency and seek to develop a sense of control over their pregnancies.

I first became interested in conducting research on social media in 2011 during my undergraduate studies. A Senior Capstone Research Project was required and I wanted to incorporate ethnographic data. However, I wanted to be creative in my research methodology, and do something different than classic ethnography. At that time, I had been reading various blogs and news articles and noticed the use of Twitter mentioned every so often. Specifically, I took note of articles discussing how it was used by social activists in various places throughout the world (e.g. the Middle East and the resulting Arab Spring). My undergraduate research paper ended up examining how specific human rights organizations, such as Amnesty International and the United Nations use Twitter. I also examined three individual social justice movements- the Chilean student movement, the Troy Davis campaign, and the Occupy Wall Street

movement- revealing brief "snapshots" of my time within these online communities. Fast forward a few years later and I was again faced with the decision of how I would conduct anthropological research. I decided that I wanted to revisit online social media ethnography because I knew it was innovative and original. Furthermore, I realized that there was even greater potential for my data collection by doing online ethnographic research for an extended period of time (several months).

I discuss my field sites and methodology in more detail in Chapter 1, but, in this section, I would like to briefly explain why I chose to do an ethnographic comparison of American and Finnish pregnant women on social media. I have connections with Finland due to the fact that my husband was born and raised there and is now a dual citizen of the United States (as are my two children). We have spent most of our married life in the United States but, during that time, we lived in Finland on a few different occasions for a total of almost four years. In 2001, I became pregnant with my daughter while we were living in Finland and began my prenatal care there. However, after a few months we decided to move back to the United States where I continued my prenatal care and gave birth to my daughter in 2002. As a result, I was able to experience my pregnancy in both countries which have fascinating cultural similarities and differences. Therefore, during my field research, when I realized that my intended population of study was changing towards pregnant women, it was a natural choice for me to want to compare the experiences of pregnant women using social media in the United States and Finland. That healthcare in the U.S. is a private commodity and in Finland it is a basic public social security right of citizens made the comparison even more worthwhile to pursue.

In this thesis, I follow the organizational and analytical approach that Tsipy Ivry (2010) developed in her comparison of pregnancy cultures in Israel and Japan. Ivry's work comes from the perspective that birth is only one small part of the larger process of gestation which should also be examined. In her research, she found that the Japanese model sees the pregnant women and baby as interdependent. There is a cooperative relationship between obstetricians and pregnant women. However, the Israeli model sees the fetus and mother as separate and the approach is more interventionist. Furthermore, Israeli doctors require frequent testing resulting in more anxious pregnancies for Israeli women. Ivry's work is discussed in more detail in Chapter 1. Chapter 1 ("Theoretical Framework, Field Sites and Methods") discusses key themes and concepts that guided my research: the politics of health; cultural discourses on women and pregnancy and online ethnography. I also outline relevant research from particular scholars whose work helped to inform and shape the writing of my thesis. At the end of the chapter, I detail the various field sites where I conducted research as well as explain my methodology. Chapter 2 ("Being Pregnant on Social Media") continues with an examination of my research field sites on social media. Particularly, it gives a more in-depth look at how women in the United States and Finland use social media during pregnancy. I highlight stories from different women in both countries to illustrate their use of vlogs and blogs to document their pregnancies, express their experience and build community.

In Chapter 3 ("Health, Wealth and Babies") I give the reader a brief review of the healthcare systems in the United States and Finland in order to provide context and a better understanding of the stories from the pregnant women that I provide throughout the chapter. At the close of the chapter, I provide a comparative analysis of similarities and



differences between pregnant women in the United States and Finland. Chapter 4 ("Cultural Discourses on Women and Pregnancy") builds on the discussion from the previous chapter by investigating cultural discourses on individualism and weight gain (the body) during pregnancy. I demonstrate that while there are differences between the American and Finnish women, there are also places where their discussions converge.

# Chapter 1

## Theoretical Framework, Fieldsites and Methods

The key themes and concepts guiding my research and framing the writing of my thesis are: 1) the politics of health focusing specifically on critiques of market-based medicine and the arguments for healthcare as a human right; 2) cultural discourses on women and pregnancy including the medicalization of pregnancy and ideas about weight gain and the body during pregnancy; and 3) online ethnography. In this section, I highlight the work of scholars in each of these fields who I consider of particular importance and relevance for my research. Later in the chapter, my discussion of the literature regarding online ethnography segues into a closer look at the fieldsites where I conducted my online fieldwork and an explanation of my research methods.

### Theoretical Framework

#### *The Politics of Health*

During my fieldwork it became apparent that American women's experiences of pregnancy in the context of *market-based medicine* in the United States differed from Finnish women's experiences of pregnancy in a state-run health care system. In the U.S., access to health care is driven by health insurance plans that Americans can purchase in a variety of ways (e.g. through employers or private insurance). In Finland, access to healthcare is universal. The comparison is drawn in more detail in Chapter 3. In this section, I focus on healthcare issues regarding the United States (that are absent in Finland) and discuss the anthropological literature on health as a human right and critiques of market-driven health care.

In their article, *Managed Care or Managed Inequality? A Call for Critiques of Market-Based Medicine*, Rylko-Bauer and Farmer (2002) point out the "near absence of an anthropological voice in the analyses and critiques of managed care and market-based medicine" (489). Over ten years later, a review of the anthropological literature reveals little change. In their paper, Rylko-Bauer and Farmer state that "corporatization and commodification of medicine are continuing to shape the financing and delivery of healthcare in the United States. The orientation increasingly is one of selling 'product' rather than providing care, to 'consumers' and 'clients rather than to patients" (2002:479). This for-profit model illustrates "the stark contradictions that arise around the question of who can access services and what limits their ability to do so" (Smith-Nonini 2006:239).

My fieldwork reveals that the trend Rylko-Bauer and Farmer discuss regarding structuring healthcare using a business framework has only intensified in recent years in the U.S. For example, in Chapter three, my discussion of the Affordable Care Act (ACA) illustrates that describing healthcare in business terms is now the norm (e.g. *shopping* for health insurance at the online *Marketplace*). The ACA is an attempt at healthcare reform, but Horton et al. (2014) question its market-based approach and analyze it through a critical lens similar to Rylko-Bauer and Farmer (2002). Horton et al. (2014) provide specific steps that anthropologists should take and summarize their research by stating that "as market-based medicine spreads across the globe, anthropologists may use new critical approaches to the ACA as a springboard from which to denaturalize assumptions of cost and profit and reveal the inner workings of the health care market" (16). Complementary to this discussion is the concept of *healthcare as a human right*.

Amnesty International defines human rights as "basic rights and freedoms that all people are entitled to regardless of nationality, sex, national or ethnic origin, race, religion, language, or other status" (Amnesty International 2014). When scholars (Farmer 2003, 2005; Mann et al. 1999; Ryan 2008) discuss the concept of health as a human right they are often deriving this idea from the United Nations and their Universal Declaration of Human Rights. Specifically, Article 25 of this document states: "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services ... Motherhood and childhood are entitled to special care and assistance" (UN 2013). The Universal Declaration of Human Rights has been a guiding force in developing the field of human rights since its inception in 1948 (Mann et al. 1999). Furthermore, the HIV/AIDS pandemic played a large part in forcing scholars to make more clear-cut connections between health and human rights (Ryan 2008).

Jonathan Mann was a pioneering scholar in the field of health and human rights. In fact, Mann et al. (1999) published one of the first books, *Health and Human Rights*, which compiled articles from leading scholars of the time, and discussed the overarching theme of health as a human right. The book covers topics ranging from health policy discussions to practical advice regarding action through interventions. The authors summarize the importance of the work detailed in the book by stating that, "the mutually enriching combination of research, education, and field experience will advance understanding and catalyze further action around human rights and health" (Mann et al. 1999:18). Mann's ground-breaking work paved the way for another scholar who has

been one of the most influential for me in my development as an anthropologist- Paul Farmer.

Paul Farmer (2003, 2005) is a physician and anthropologist whose work is at the forefront of linking health with human rights. While most, if not all, of his writings operate under the umbrella of health and human rights, one of his most influential works is his book, *Pathologies of Power: Health, Human Rights and The New War on the Poor* (2003). He specifically analyzes the issue of health as a human right and calls for a paradigm shift in the way we think about health. Specifically, he demands that health be taken out of the "periphery" in human rights work (2003:213). Throughout the book, Farmer is critical of the way that governments often privilege civil and political rights over social and economic rights and points out how such a human rights-based approach can create havoc on a country's healthcare system (Farmer 2003). It is also important to note that Farmer highlights crucial problems within the human rights field itself. He points out the challenges to human rights legislation because these documents are non-binding and therefore often disregarded (Farmer 2003:235). Yes, he admits, in the U.S. and globally we have failed to meet the goals of the Universal Declaration, but that

does not imply that the next step is to lower our sights, although this has been the default logic in many instances. Rather, the next step is to try new approaches and to hedge our bets with indisputable effective interventions [Farmer 2003:227].

Therefore, we cannot and should not put all of our eggs "in the international-law basket" (2003:235). A key theme in the book relates to issues of power and the need to understand that human rights abuses are not random acts. Those living in poverty are facing the toughest battles and scholars/practitioners like Farmer are constantly working

to reveal the realities of power and social inequality and provide practical interventions to create change.

Another scholar whose work helps frame my research is Ryan (2008). In her article, *Health and Human Rights*, she complements Farmer (2003) in her discussion of the difficulties of enforcing international human rights laws-especially when some nations refuse to recognize them. For example, she illustrates how the U.S. refuses to recognize health care as a right (Ryan 2008:160). Despite this difficulty, she argues that the matter cannot be ignored. For Ryan, "human rights play a critical role in the movement for social justice precisely because they are one of the principal forms in which perceptions of existing injustice become political claims" (Ryan 2008:160).

Ryan also specifically addresses issues of women's health which includes maternal health. Within the context of HIV infection, she identifies seven factors "that explain how gender and poverty intersect to create situations of disproportionate risk for poor women" (Ryan 2008:153). These factors include the following: lack of or poor access to comprehensive reproductive health services and information for women; lack of basic education; economic disempowerment; social-relational status (i.e. power/status within the relationship such as marriage and whether or not they can refuse dangerous or unwanted sex); ignorance or stigma around HIV/AIDS; child marriage and violence (2008:153-155). HIV/AIDS is just one aspect of maternal health. However, Ryan's work is useful because it allows us to make connections "between a commitment to human dignity and strategic action on behalf of those who are socially, economically, and culturally marginalized" (2008:163).

Healthcare systems are complex and, in countries like the U.S., there are clear connections between these systems and the influences of political, economic and social factors. This section has illustrated how some anthropologists and other scholars have noted how the market-based model of medicine is especially prone to other forces that can have detrimental consequences. However, more research needs to be done and my hope is that my discussion in Chapter 3 contributes to the research in a small but meaningful way. At the very least, I believe that the voices of the American women cannot be ignored and the concerns they express regarding the costs, risks and labor of pregnancy and childbirth are valid.

### ***Cultural Discourses on Women and Pregnancy***

In her article titled "Situating Women's Reproductive Activities" (2000), Carole Browner, writing on pregnancy reminds us that "social structural factors are both experienced directly by individuals and interpreted and made meaningful by cultural processes, discourse, worldviews, values and identities that exist within specific contexts that are both social and historical" (774). A key cultural discourse on pregnancy found in a review of the academic literature is the idea of *control* -- of women, of women's bodies and of women's reproductive activities - through the *medicalization of childbirth*. Furthermore, a closer examination reveals a frequent thread of discussion focused on pregnant women as subjected to the power of medical institutions. Robbie Davis-Floyd's book, *Birth as an American Rite of Passage* (1992) is a classic work that many scholars cite when discussing the medicalization of childbirth. David-Floyd examines childbirth as a ritual that has transformed into one where "women all over the United States are

subjected to a series of obstetrical interventions so standard that they are difficult to avoid in most hospitals, under the care of obstetricians" (1992:3). She makes the significant point that "a key cultural arena for the enactment and transmission of cultural values, birth in the United States today reflects this battle of the paradigms and has itself become a political battleground in myriad ways" (1992:284). Another commonly cited work in the literature is Lazarus' article, *What do Women Want?: Issues of Choice, Control, and Class in Pregnancy and Childbirth* (1994). Lazarus takes the stance that "childbirth is inextricably related to medical hegemony and social class" (1994:26). She concludes her work by saying that the pregnant women she studied "were aware that they did not control the circumstances of their babies' birth" (39). Overall, these scholars place women in the role of victims of the medical system.

Elizabeth Armstrong's (2000) research on prenatal education classes ("Baby & Me") is also from the perspective of medicalized childbirth, but begins to examine the issue in a way that does not just view women as helpless victims. She states that her fieldwork reveals issues "about the power of medical institutions to define human experience- what birth ought to be like- and to absorb challenges to medical authority- in this case, hegemony over the process of birth" (599). However, Armstrong's work reveals another side to the issue of medicalized childbirth. The pregnant women she observed in the field were able to "extract meaning from the processes of medicalization perpetuated upon them" (601). Women who participated in the Baby & Me prenatal sessions found "camaraderie and fellowship with other women who gave them reason to return" to the sessions (601). Pregnant women may create a comparable sense of camaraderie and fellowship online by creating or assuming an audience for their blogs and vlogs.



An important scholar who helped guide my work is Tsipy Ivry and her book, *Embodying Culture: Pregnancy in Japan and Israel* (2010). Ivry finds that women in both Japan and Israel must navigate their pregnancies within a medicalized context. However, unlike most scholars, who have focused exclusively on the medicalization of childbirth, Ivry argues that anthropologists should examine more than just the process and rituals of birth. Birth is only a very small aspect of pregnancy and too many anthropologists have focused on that moment rather than the entire period of pregnancy-*gestation*- which is often discounted in research (Ivry 2010:4). From the perspectives of pregnant women and healthcare professionals, Ivry finds it useful to juxtapose the Japanese and Israeli ideas of pregnancy in order to make meaningful comparisons of similar practices (2010:16). In Japan, Ivry finds that pregnancy "is all about the interdependence of mother and baby and their ongoing relationships" (233). However, the Israeli model "defines pregnancy as a state 'in limbo' that involves two separate individuals" (233). Furthermore, Japanese medical and folk theories "emphasize the pregnant body as a primary determinant of fetal health" (233). Japanese doctors show excitement about the "baby" and talk to the pregnant woman about nutrition for herself and the baby. There is a relation of cooperation between doctor and pregnant woman. When juxtaposed with the Japanese model, it becomes obvious that the Israeli theory of pregnancy views the pregnant body and "the woman in the body" (Martin 1992) very differently. The Israeli "theory of gestation is inclined to fatalism: there is not much one can do to influence fetal health" (Ivry 2010:234). In other words, the belief is that "fetuses are abnormal, they do not *become* abnormal" (234). In Israel, pregnancy is highly-supervised and is marked by a set of standardized "tests" at pre-established times

or moments over the nine months; the medical emphasis is on diagnosing the fetus and the emotional climate is one of fear and anxiety. Many Israeli women pursue additional testing which is not reimbursed by health insurance. Ivry concluded that the differences between the Japanese and Israeli realms of pregnancy (both are pro-natal states with socialized health care) was that medicalization, supervision, monitoring and disciplining developed in keeping with different theories about pregnant bodies and the women who are “in” them (2010:4).

Ivry focuses on pregnancy, the period of gestation, as a "meaningful cultural category" and this is also the perspective that I take in my research. I recognize that pregnancy and childbirth are medicalized, but, like Ivry, the vlogs and blogs of the pregnant women I studied reveal the significance of listening to what women have to say throughout the nine months of pregnancy. In Chapter 4, I discuss the common cultural discourses that came out of my field research, highlighting American and Finnish women's agency rather than a focus on how they are controlled.

A final common cultural discourse during pregnancy concerns body image and weight gain. Markens et al. point out that women sometimes exert self-control over their dietary habits during pregnancy because they are "already immersed in issues of weight control and health" (1997:353). Additionally, Davies and Wardle explain that Western cultures put a high value on being slim and there is a stigma for those who are overweight (1994:787). They go on to say that "pregnancy represents an important change in a women's role and their shape...sometimes the stigmatization of being overweight is relaxed during pregnancy, a period when the reproductive role is valued" (788). Yet, the women they studied revealed that there is "confusion and ambivalence" towards

pregnancy weight gain (798). A study by Fox and Yamaguchi shows that "body image change is common, although not universal in pregnancy" and that "a women's weight before pregnancy is strongly associated with whether her body image change is positive or negative (1997:38). In Chapter 4 I further discuss the issue of weight gain as a preoccupation of women in the U.S. and Finland throughout their pregnancies.

Taking the context of my research into consideration, in this section I have focused on the key cultural discourses that specifically guide my work. Issues such as weight control and the medicalization of childbirth are important topics that scholars have addressed. However, like Ivry (2010), my research places the focus on the lived experiences of women during the nine months of gestation rather than just the brief time of childbirth. This thesis outlines the importance of women's narratives and the agency they are able to assert despite usually giving birth in a medicalized environment.

### ***Online Ethnography***

The last concept that I will discuss relates to my methodology of online ethnography which, in earlier academic literature, is referred to as virtual ethnography. Regarding the usage of terms, I prefer the term *online ethnography* or even *social media ethnography* rather than virtual ethnography because using the word virtual alongside ethnography can imply that online research is not as real as classical ethnography. A review of the literature about this methodology is rather interesting since technology relating to the Internet is constantly changing and expanding making it difficult for academics to keep up with these changes (due to the nature of publishing and the length

of time involved with that process). Nonetheless, there are a few key scholars who I find of particular assistance in framing my research.

When discussing virtual ethnography, one of the scholars most often cited is Hine (2000,2008). Hine is a sociologist who has long been a proponent of online ethnography which she says "transfers the ethnographic tradition of the researcher as an embodied research instrument to the social spaces of the Internet" (2008:257). Hine goes on to state, "ethnography has become embedded in academic culture as an appropriate way to explore how people make sense of the possibilities that the Internet offers them" (2008:260). In her chapter, in the Sage Handbook of Online Research Methods, she addresses important dilemmas that online ethnographers face, but points out that these are often the same dilemmas faced by those doing classic ethnography. For example, she demonstrates that many ethnographers, online or off-line, face the dilemma of "deciding how to be an effective participant observer in a particular culture" (2008:261). Further, many online ethnographers are participants and researchers conducting fieldwork in familiar settings.

A key concern that Hine discusses relates to issues of authenticity. She highlights this as a common topic arising with online ethnography. This offers an opportunity to assess what is meant by "authentic" and questions why "face-to-face interaction is often taken as a 'gold standard' for rich and truthful interaction, despite all of our experiences to the contrary" (2008:264). Despite these doubts, Hine finds that, "by and large, however, virtual ethnography has remained in dialogue with more conventional versions of the methodology, and there is much for virtual ethnographers to learn from ethnographic techniques and other settings" (2008:267).

Online ethnographers have also examined virtual 3-D worlds such as Second Life (Boellstorff 2008) as well as virtual gaming worlds (Ducheneaut, et al. 2010). Boellstorff's (2008) ethnography, *Coming of Age in Second Life*, is different from many other ethnographies about online life because he conducted his research entirely within the virtual 3-D world of Second Life. Boellstorff states that the goal of his book "is to demonstrate the existence of a relatively enduring cultural logic shared in some way by those who participate in Second Life" (2008:64). In other words, he takes a descriptive approach in order to illuminate a world that has meaning to him and many others. This is what many ethnographers are trying to do and was certainly one of the objectives for my research.

Ducheneaut, et al. make the argument that "virtual worlds need ethnographers, much like the earlier unexplored societies that led to the founding of the methodology" (2010:137). Within the context of virtual gaming worlds, these scholars point out that it is not necessarily a straightforward transfer of ethnographic methods to the virtual world (Ducheneaut, et al. 2010). This appears to be a result of people playing and taking part in activities in a virtual world that have no direct correlation to the offline world. Therefore, they find difficulties in collecting data in this type of environment (2010). They promote the utilization of quantitative methods alongside the qualitative in order to address this problem. This is useful information for some online researchers, but I think it depends on the type of online research you are doing and the goals for the research overall (e.g. sociological vs. anthropological approach).

Online ethnographic methods are used by academics in many different fields and, in the case of Driscoll and Gregg (2010), we see how they have been applied by those in

the field of cultural studies. They discuss general methodological issues relating to their past work with various online communities and state that their "objective is to create an ethnography of online intimacy and community (Driscoll & Gregg:2010:17). This is possible, they claim, due to the intimate nature of online life and how people often discuss personal details such as what they are eating, watching on television or even details about personal relationships. They make the important point that "whether or not real-life contact is involved does not determine the degree of intimacy available or enjoyed" (2010:19).

There are also anthropologists who have combined online and offline ethnographic methods. Constable (2003) examined the topic of mail-order brides in this way. By chance, through a key informant, Constable found out about an online community of American men participating in global correspondence relationships with women in China and the Philippines. She found that conducting online ethnography allowed her to apply Anderson's (1983) concept of imagined communities. Specifically she states that, "the clusters of people who interact by way of the Internet, I argue, constitute new global communities, virtual communities...these communities are global and transnational in scope, yet remain imagined communities in the same sense as the nations that Anderson described" (2003:33). This is especially relevant to my research, since pregnant vloggers on YouTube sometimes describe themselves as a community despite the fact that they do not see each other face to face.

Over the past several years, online ethnography has changed due to the creation of social media and the potential that anthropologists have found in conducting research in the new fieldsites it produces. This specific form of online ethnography is called *social*

*media ethnography* (Postill & Pink 2012). According to Merriam-Webster's online dictionary, social media is defined as "forms of electronic communication (as websites for social networking and micro-blogging) through which users create online communities to share information, ideas, personal messages, and other content (as videos)" (April 2014). Social media ethnography is how I characterize my research and it is discussed below in further detail in the field site and methodology section.

There are many different ways that researchers can conduct online ethnography. The scholars I have discussed reveal the value of an ethnographic method that is sometimes contested and dismissed by other researchers who do not see it as a legitimate or authentic experience. However, research by online ethnographers has proven that this point of view is unfounded and misinformed. The possibility for rich, ethnographic detail is possible and the opportunities with the constantly expanding field of social media prove that there are endless possibilities for interactive participation by online ethnographers.

### ***Fieldsites and Methodology***

Postill and Pink explain that utilizing conventional ethnographic methods such as participant observation "allow[s] us to refigure social media as a fieldwork environment that is social, experiential and mobile" (2012:125). My research can be characterized in this way and from June 2013 to the end of October 2013 I conducted online fieldwork utilizing participant observation as my main method to research the uses of social media by pregnant women in the United States and Finland. My fieldwork involved navigating a few different social media forums of which I am a member and participant. These

forums, or fieldsites, included Twitter, YouTube, blogs, Instagram and Pinterest. In order to better understand my specific methodology it is helpful to further explain the social media sites where I conducted my online fieldwork.

The first type of social media I will describe is Twitter. Twitter is a micro-blogging site that allowed me to "follow" (cf. Marcus 1992) different women who I felt was relevant to my research. To "follow" someone on Twitter (or YouTube, Instagram, or Pinterest) means, I would see all of their posts on my Twitter feed and if they chose to follow me they would see my posts on their feed. You can have synchronous and asynchronous conversations depending on whether or not the person is online. During the beginning part of my fieldwork I spent quite a bit of time cultivating my Twitter follow list as, initially, I was looking for supporters of the two non-profits- Every Mother Counts (EMC) and Midwives for Haiti (MFH)- that served as the jumping off point for my fieldwork. By following the supporters of these two organizations, I came in contact with other women who were not necessarily their supporters, but were part of the maternal health community- pregnant women. As a result, opportunities opened up for considering the ethnographic usefulness in observing how pregnant women utilized social media. Through what Postill and Pink (2012:129) call "explorations" of Twitter, I had seen different links from pregnant women's blogs, vlogs, Pinterest and Instagram images provided in their tweets and became fascinated with the way they used social media. These "excursions" (Postill and Pink 2012:129) eventually led me to begin looking for more pregnancy vlogs on YouTube.

YouTube is a website where users can upload videos and share them with whoever has access to the website. On YouTube, I followed a few different accounts of



American women who posted pregnancy vlogs. There were quite a number of pregnancy vlogs when I first began sifting through YouTube's search engine results of "pregnancy vlogs." However, I would say that, based on general observations, more women in the U.S. probably still blog more than vlog. Regardless, I benefited from doing my online fieldwork on YouTube because it allowed for more of a conventional participant observation experience. Meaning that I could see the different facial cues, surroundings, etc. as I followed three different women in the U.S. (they will be introduced in greater detail in Chapter 2). I followed Ivry's example of a comparative framework (in my case, between American and Finnish pregnant women) and agree with her when she states that "noticing differences in *how* the same medicalizing practices are carried out reminds one that different ways of using them can convey a diversity of meanings, construct different forms of agency, and make possible various systems of relationships, while retaining their medicalizing effect" (2010:17-18). It is important to note that I was not able to find any pregnancy vlogs of Finnish women. This does not mean that Finnish women do not vlog it is just that I was unable to find any current Finnish pregnancy vlogs on YouTube. When I realized that Finnish women were not vlogging, I decided to see in what ways they were using social media.

When searching for Finnish women on social media, I found that I was most successful in locating pregnancy blogs. The blogs were located on individual websites and could be accessed by anyone with an Internet connection. I followed two Finnish women who wrote pregnancy blogs. They were written in Finnish, but I used translation software that translated their blogs into English. Sometimes the translations were awkward and confusing (due to the complexity of Finnish language sentence structure).

In those instances, I tried to see if I could understand the original Finnish (with my limited ability to read it) or I asked my husband, a native Finnish speaker, to translate.

Lastly, I sporadically participated on and had accounts with Instagram and Pinterest which are image-based social media websites where people can create accounts and share pictures by posting them to their accounts. Similar to Twitter, people can choose to "follow" certain people on Instagram and Pinterest in order to have the pictures of the people they are following show up on their feeds (in fact, people can share their Instagram and Pinterest pictures on Twitter by inserting a website link that connects you to that person's account). All of the American vloggers I followed used Instagram to post pregnancy update pictures. None of them used Pinterest, but I still conducted a few general participant observations on that social media site as many American women use it and it was a valuable place to conduct research on how pregnant women use social media.

Regarding ethics, it is important to point out and establish that I conducted online research in open access social media forums that are part of the public domain and whose explicit purpose is to provide a space for people to interact in public and open ways. Furthermore, within these sites, people come and go at will participating in synchronous and asynchronous communication. My participant observations did not violate the privacy of the people I studied as the sites were public spaces intended for social communication. In order for my interactions to be clearly deemed within the public domain, I only interacted with Twitter and other social media members who agreed to open access of their information. Lastly, all of the women featured in this thesis are identified by pseudonyms in order to protect their real identity.

To be even more specific in regards to my methodology I will summarize what went into an average day of doing online fieldwork. Postill and Pink explain that "the everyday life of the social media ethnographer involves living part of one's life on the internet, keeping up to date with and participating and collaborating in social media discussions" (2012:128). For example, I followed Juliet, a pregnant American vlogger. If my goal of that day was to conduct observations of her, I first visited her YouTube account to see if she had posted any new vlogs. If there were any new ones, I would carefully watch her vlog(s) and take detailed notes describing what I saw and what she said-just as if I were observing her in real life. This type of online observation could be misconstrued as lurking, but that is an idea that scholars such as, Kate Crawford, have proven to be outdated and inappropriate considering the environment of social media. For example, an important part of my daily fieldwork routine involved using a method that Crawford calls "practices of listening" (2009:525). In her research, Crawford, specifically applies the concept to social media (e.g. blogs and Twitter) and makes the important point that "listening has not been given sufficient consideration as a significant practice of intimacy, connection, obligation and participation online" (527). During my fieldwork I found the concept of listening useful and necessary in order to be able to truly engage with and seek to understand the cultural meanings of what the women were saying on their vlogs and blogs.

Similar to the social media ethnographic work done by Postill and Pink I found that "the routine practices of the social media ethnographer work towards the making of an ethnographic place" (2012:130). The American women's pregnancy vlogs and the Finnish women's pregnancy blogs became the ethnographic places where I conducted my

online research. These fieldsites were surprisingly rich in opportunities and I was able to examine pregnancy in a candid way that provided an ethnographic look into an area of women's lives that anthropology has generally neglected. In the next chapter, I illustrate and provide detailed ethnographic examples of the wonderful world of *bumps, belly shots, vlogs and blogs*.

## Chapter 2

### Being Pregnant on Social Media

Social media forums provide pregnant women with places they can go to share their pregnancy experiences. One of the most striking aspects that comes through my reading of social media conversations and discussions is the range of *emotion* that pregnant women are feeling and expressing. These women are able to express themselves through words, pictures or videos in ways that at first seem surprising because notions of public and private are still very much present in late capitalist cultures. A lot of what pregnant women are discussing online is conventionally (at least in middle-class North America) thought of as “private” and not expected to be shared with thousands of people. And yet, as a woman who has gone through a pregnancy, I can relate to the need and desire to want to share the ups and downs that accompany such an amazing experience. When I was pregnant, I wanted to see if there were other woman out there who were experiencing similar physical issues and the computer was the medium that I could turn to in order to find others who could understand what I was going through. Social media did not exist at that time, thus I relied on Internet question and answer boards. And, in many ways, pregnant women’s communications online can be seen as continuous with women’s age-old sharing of bodily knowledge and experience that, in former times and other places would have taken place in menstrual huts or while doing laundry together at the river or when filling water jugs at the communal village fountain. Therefore, sharing the pregnancy experience and exchanging information through social media is not a complete surprise to me. As numerous anthropologists have argued, online behaviors are

extensions of existing cultural practices and behaviors; they have historical antecedents; they did not spring up *sui generis*. As an online ethnographer, then, my task is both to document online behaviors and to situate these within the broader social, cultural and political contexts where they take place. Nonetheless, it is *how* some women in the United States and Finland detail their pregnancy “journeys” (Beauvoir 1949) that surprises me. In this chapter, I try to bring some of these women's experiences to life by highlighting stories from their vlogs and blogs.

#### List of Women Featured in the Thesis<sup>1</sup>:

- Emma: An American pregnant woman, approximately in her early 30's, with (self-identified) South-Asian heritage. She is a stay-at-home mom who lives with her husband (whom she met through an arranged marriage) and two sons in the southern region of the U.S.

- Juliet: An American pregnant women, approximately in her early 30's, living in the southern region of the U.S. with her husband. She works full-time and is the self-described breadwinner of the family. This is her first successful pregnancy after years of infertility and miscarriages.

- Mia: An African-American pregnant women, approximately in her late 20's, who lives with her husband in the U.S. Midwest. She works full-time and this is her first pregnancy.

- Satu- A Finnish pregnant women, 27 years old, who lives in the western region of Finland with her husband. She works full-time and this is her first pregnancy.

- Sanna- A Finnish pregnant women, 29 years old, who lives in the southern region of Finland. She is single and the father of the baby is not part of her life. She works full-time and this is her first pregnancy.

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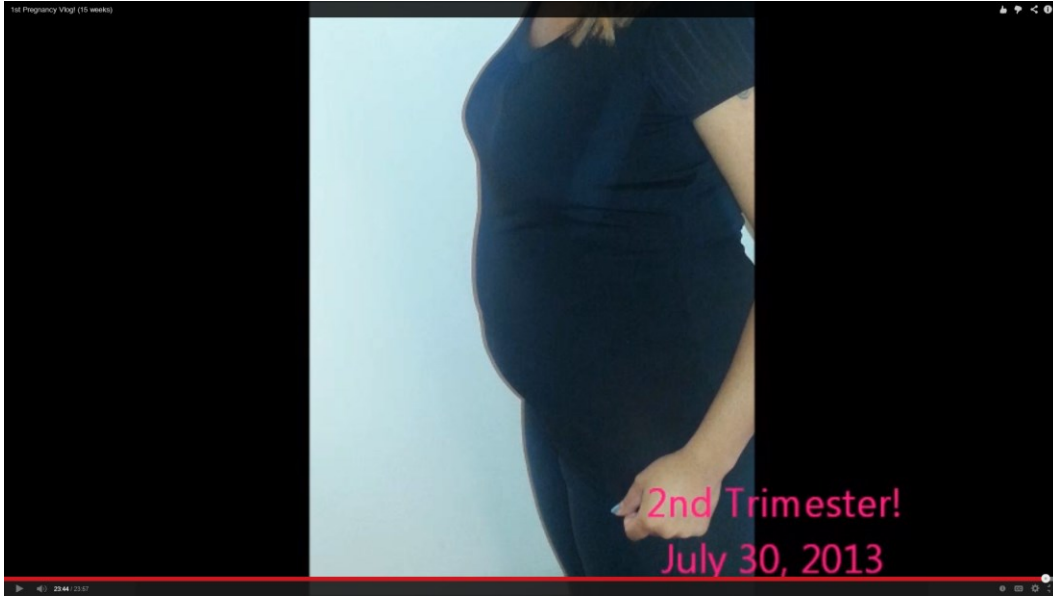
<sup>1</sup> None of the women revealed what kind of jobs they have. Regarding age, only the Finnish women identified their exact ages.

### *Here's My Belly Shot: American Pregnancy Vlogs*

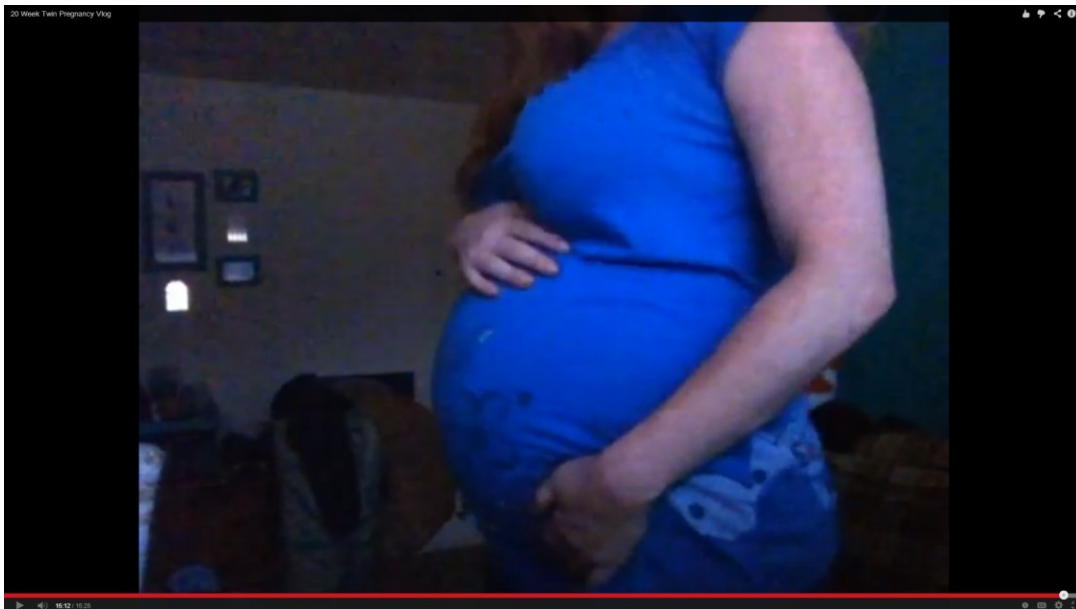
Conducting field research on social media forums provided a fascinating glimpse into the ways that American women participate in and mold the cultural event of pregnancy. Based on my participant observations, it is the cultural norm for pregnant women in the U.S. to share every aspect of their pregnancies. From the time they first find out that they are pregnant, they provide incredibly detailed information tracking what many call their “pregnancy journey.” Topics are wide-ranging and cover everything from pregnancy symptoms to family drama. It is these fascinating experiences that I share in this section because I find them full of rich ethnographic data. Additionally, I find the discourse of pregnant women intriguing. The pregnant women use many different terms and phrases that I was not initially familiar with, but which came to exemplify for me acts of performing the work of pregnancy.

A term that epitomizes the pregnancy vlog experience is *belly shot*. This is a key term in the online community of pregnant women that I observed. It refers to showing and getting a specific exterior look at a woman's pregnant stomach. It can be a still or video image. For example, at the end of Mia's first pregnancy vlog, she says, "I will have belly shots at the end of this video so stayed tuned, watch those. I know this got kind of long, but I wanted it to be detailed and cover everything that I've been going through...and again I'll post belly shots at the end of this video so watch". At the end of the vlog, the camera cuts away from Mia and shows still images (pictures) of her belly at the end of her first trimester and then the end of her second trimester. Both pictures are from the neck down and the first one shows her with just pants and a sports bra on so you can see her bare belly. The second picture features her in a tight top with her hands

pulling her shirt taut to show her growing belly. All three American women (Mia, Emma, and Juliet) feature belly shots at the end of each vlog as a way to visually document their changing body and the physical stage of pregnancy.



**Mia's Belly Shot**



**Juliet's Belly Shot**



One of the most important aspects of the pregnancy vlogs is their use as a platform to share the women's pregnancy experiences. Discussing symptoms and feelings is an essential element of most vlogs. In particular, Juliet's vlogs stand out because her *storytelling* ability comes across in a way that draws me in and makes me want to know more. The best way to demonstrate this is in Juliet's own words. The passage below is from one of Juliet's vlogs at the beginning of her pregnancy. She doesn't officially call it a "pregnancy vlog" because she is only a few weeks along and doesn't know if the pregnancy is going to result in miscarriage as her 2011 pregnancy had.

Right now I feel like I'm in a really awkward place- mentally. Just because, I am pregnant now, and [pauses and seems to be contemplating what she wants to say next] as excited as I feel, I still have anxiousness in the back of my head when I wake up in the mornings. Um, I still feel very nervous even though I'm happy and when I talk about it I'm excited [nods her head and smiles as she says this]. I just have this thing, you know, in the back of my head that says anything could happen, anything could happen, anything could happen!! So I'm dealing with trying to keep those emotions suppressed and not letting my brain obsess over them. You know [sighs a little], for a lot of women, just achieving pregnancy is the goal. And, for me, just achieving pregnancy is *part* of the goal. Keeping the pregnancy is the other half. So [looks off to the side in serious thought for a second and then faces forward again with a smile], like I said, I feel eternally grateful and I'm so excited and my husband and I have little moments where we talk about it and get excited [her face lights up in a smile]. I feel most comfortable talking to him about it, but not really anybody else, if that makes sense. You know, this wait right now is almost as bad as the two week wait. The waiting to find out if your pregnancy is going to progress the right way or not. So, I feel a little overwhelmed with those types of feelings [she leans back and sighs]. I wish I didn't. I don't want people to think I'm acting selfish and that I should just be grateful. Yes, I'm very grateful, but for those of you who have never experienced miscarriage [gets a serious look on her face]...um...you think about this. It weighs heavily on your mind. Like I said, I'm not obsessing about it. I don't wake up and get depressed and go, Oh my god this isn't going to work. I just, in the back of my head, I feel nervous about it. Some people at work know that I am pregnant and so, if they ask me questions, I get shy [raises her tone to accentuate this]. I guess that's the word. I'm *shy* about talking about it right now because I don't...I just feel...nervous! I feel nervous! So, if anybody out there who is pregnant and is watching my video or who has been pregnant before, has had a miscarriage and is now pregnant or whatever! If you felt the way I feel please [says with emphasis] let me know that I'm not going crazy! [Sighs]

I know that I'm not going crazy. I just [pauses for a beat]...I'm glad I'm working a lot because it's really helping me [laughs a little] from thinking about what is going on in my body. You know, I am feeling things that tell me the pregnancy hormone is in full effect. So, you know, that makes me feel better. And, I feel really excited when I talk about it with my husband and when I'm at home by myself, but when I'm around other people...I just get extra nervous about it. I don't want to talk about it. I don't want to get super excited. I just want to not think about it until I have a sonogram. And so, yeah, that's how I'm feeling [smiles broadly]. I hate to say that, but this is my vlog and this is where I'm the most honest about this whole journey, this whole experience. I wouldn't want people to think I'm just sitting here and am like, nothing is going to happen [says in a higher pitch carefree tone]! You know, I've been through that before and I just want to be semi-prepared if something were to happen. *Although*, even though I have this nervousness, I have this extreme sense of confidence and sense that everything is going to be fine. So, it's just weird. It's like my brain is teetering [holds up her hands on each side of her head and in front of her to demonstrate her point] on the edge of this world. And I also feel, I told my husband last night, that I feel a little bit of guilt. I'm pregnant now, but I've been in this community of infertile people for so long. Not everybody trying to conceive online, on YouTube, is infertile. Some of you are not, but some of you are. So, then I feel that I don't want to rub it in anyone's face. I don't want anyone to feel that sting of, oh she's pregnant. I mean, I have all these feelings running through my head [she rubs the temples of her face as she closes her eyes for a second] and things that I'm feeling, fears that I have. I don't want to make anybody feel sad [lets out a big sigh and slightly shakes her head in frustration]. It's just a lot to think about. But overall I'm feeling kind of great. I'm still feeling a little bit of nausea. I feel nauseated sometimes, but I have not thrown up. But, like I said, I'm eating a lot. Well, not an *extensive* amount. I'm eating when I need to eat. I'm drinking a lot of water. I just constantly drink water. I don't drink any soda [talks with her hands to accentuate this point], caffeine, or anything like that. Well...at work, sometimes in the evening time, I'll get a half glass [holds up her fingers to show the amount] of the unsweetened iced tea. So, that's the extent of caffeine I have in my system at any given time (smiles a little). So, I'm eating a lot of eggs still and yesterday was the first time that I felt any sort of craving. And I wouldn't necessarily call it a craving. It's just, yesterday, I was really needing salt and so I made a package of Ramen Noodles because I needed that salty favor. And then I ate a pickle. You know I like pickles generally. So, to me, that's not a craving. But, I ate one of those yesterday and then I wound up eating another last night because I just wanted that [smacks her lips together as she says this] taste. I have not wanted *anything* sweet, at all. And I do remember feeling this way last time, in 2011, when I was pregnant. I didn't want anything sweet at all- the thought of it just made me go yuck [scrunches up her face]! So, I still feel that way- which I think is a great thing because I'm not chowing down on things like cookies or candy. So that's a plus. My breasts are still tender. I noticed the past couple days that they are even more tender- especially my nipples. So, that's a good sign. See, all of these things are really good signs about my

pregnancy being good and viable. But, like I said, until I see a healthy heartbeat, I am just going to feel this little bit of anxiousness. I just have to take it day by day. Every single day I feel differently about it. So, um, yeah. I'm not scared, it's just...[sighs and shakes her head a little]. Like I said, I know some of you out there can relate to how I'm feeling. And I hope no one thinks that I'm being ungrateful about where I am or what I have. I'm extremely grateful for it. So my sonogram is going to be on June 7th and it's a Friday and I'm really, really excited [laughs a little]. I mean, I'm ready to go now, but I want to go when we will see a heartbeat. And I know that, the time when we do it, we should see the heartbeat *or* heartbeats. Like I said, if any one is pregnant, newly pregnant from IVF, let me know if you're feeling some of these same things before you had your sonogram. Cause I feel...I don't know...I just want to hibernate and stay at my house until I have that sonogram and *then* go see people [smiles and laughs]. So that's it everybody. I'm sorry this video was a little rambled. This video is kind of a representation of how my brain feels right now. You know, that excitement of getting the positive and finding out the betas- that excitement is still there [smiles]. I still always feel like I'm on cloud nine- I can't believe it. It feels unreal that I'm pregnant. But, like I said, I will feel *so* much better when I have that sonogram. Cause, last time in 2011, you know, we went and had the sonogram. We saw the baby, we saw the little heartbeat beating away and then we heard the heartbeat and it was only 65 beats, so it was devastating. Uhhhh [groans in frustration as she remembers this], I don't want to feel that again. So, I guess, part of my brain, is preparing me for something like that. Not that I think it's going to happen, but you just never know. I mean, I was depressed, severely depressed, for three months after that miscarriage. And, when I think back to that, I just can't imagine feeling like that again- so devastated. Yeah, so that's it everybody. I'm just rambling. I hope that this isn't a Debbie-Downer video. I don't want anyone to think that I'm unhappy about my pregnancy because I really am very excited. I just have those nervous feelings and I know that they will go away...they will lessen...I know that they won't *fully* go away until I have a healthy baby in my arms [smiles broadly at this]. But, I know that those feelings of scared and anxiousness and uncertainty are going to lessen when we have the sonogram and see that everything is okay. So I feel good about that. So, that's it. I'm really sorry [closes her eyes and laughs] again- I'm really sorry this video is rambling all over the place. But I hope you all have a good day and I hope Monday back to work isn't horrible for everyone. And, I will update soon. I will try to update before our sonogram if anything changes. Probably not. I'm just going to be the same way- nervous and anxious- a ball of nervousness. But, I'm definitely going to update when we have our sonogram on June 7th. Everyone have a fantastic day, bye!

Juliet's vlog is an excellent example of how pregnancy vlogs are performative. She uses constant hand gestures and facial expressions that convey every emotion. I can

feel her frustrations, anxiousness and excitement as she tells her story which creates an atmosphere of intensity and sincerity. In addition to giving her vlog audience demonstrative emotional and physical cues, she also displays a strong narrative voice as a storyteller. She constructs her pregnancy as a journey. She is a traveler following “signs” along the way: watching her growing belly; noting that her breasts are becoming sensitive; finding or adopting specific food “cravings” that for centuries has been recognized as culturally-appropriate pregnant behavior; anticipating the sonogram appointment to “see a healthy heartbeat”; and, moving forward to the ultimate sign that will end the months of nervousness when “I have a healthy baby in my arms.” Although Juliet documents her emotions through the 21<sup>st</sup> century technology of social media and although she conceived through the state-of-the-art medical technology of IVF, it is hard not to see that she is also tapping into ancient cultural practices and narratives of and about women and pregnancy in Western cultures.

Not all pregnancy vlogs are as visceral as Juliet's. As a point of contrast, Emma's vlogs have a much lighter feeling to them. She also shares pregnancy symptoms, but her performative aspects come out in other ways. Before Emma became pregnant she did beauty and fashion vlogs called "lifestyle" vlogs. The format for this often consists of a woman making videos or vlogs of herself discussing various beauty products (e.g. makeup), clothes and handbags (often designer) that she has bought. When I first began my observations of Emma, I realized that she had a whole back catalog of lifestyle vlogs which I decided not to watch as I limited myself to her pregnancy vlogs. Still, there were a few times when Emma incorporated lifestyle segments into her pregnancy vlogs. During these times, it is apparent that Emma closely links her material possessions to her

sense of self. I observed this in her vlog that she titled, "Pregnancy Vlog and OOTD: 14 Weeks" (OOTD stands for "Outfit of the Day"). Emma best conveys what I am saying with her own words. First, a little context for her quote. This is her first pregnancy vlog and this dialogue comes right after she finishes talking about her pregnancy symptoms. She decides to do an "Outfit for the Day" segment in the vlog, and she says the following:

Let me do an outfit of the day. A quick one (camera cuts away and then segues back to Emma who is now standing full-length in front of the camera). This is my outfit of the day. It pretty much represents what I've been wearing now. I've been either in skinny jeans or maxi skirts and I've been *loving* maxi skirts because they're stretchy and you can pair them with different tops. So, I'll just start with my shoes. My shoes are just- you guys remember I had the Tory Burch sandals in the metallic gold color. So, I bought another pair in the tan and I've just been wearing flats. In the first trimester and the last trimester I try to stick with flats. I will, in the second trimester, wear boots just with a small heel (holds up her fingers to demonstrate a low heel height) and things like that. But, it just obviously depends on the weather (she continues to stroke and play with her hair as she talks). For some reason, um, boots just feel more secure than other high-heeled shoes, so I tend to wear boots when I can. Weather permitting of course. These jeans are actually (points to the jeans she is wearing) from Forever 21. I had actually retired them because they were a size too big pre-pregnancy, but now they've been fitting great because I have gained four pounds and I don't button them I do the rubber band loop trick but I won't show you guys because it does not look pretty. But you can cover it up with a top and it just works. So, so far I haven't needed to go to maternity clothes or anything like that. This is a top I got from Macy's and pretty much all the tops I showed you in my recent haul are kind of loosey goosey like this so they work and hide my rubber band loopy thing going on (as she is talking about her outfit she turns at various angles to show the top). And then I just have my Michael Kors watch and just this bracelet from Charming Charlie. And, I am wearing my Coach bag (she shows the handbag that she has over shoulder) and I've really been liking this Coach bag over my Louis Vuittons right now because I don't want to attract that much attention and this is such a lightweight bag that is so small and the color just goes with everything. It doesn't have the logos on there- it's just non-fussy and I've just been really enjoying it honestly. So, (continues to move around almost as if she is on a catwalk preening and posing for the crowd) that is my outfit of the day. As far as my hair- blow-drying your hair in the summer in Houston is pretty much not worth it. And, I've been so lazy because I get fatigued in the first trimester, so, I've been kind of letting it air dry and then taking my straightener and just doing the front (demonstrates with her hands as if she is holding a hair straightener and shows the sections of hair she is referring to) and then the top of the back. So, in the front it looks decent and then when I have my hair back it looks like a hot

mess, but that is what you are going to get right now (lets out a little laugh) in summer, in July, in Houston. While I am expecting it is the best I can do. So, that's it guys. I will see you guys later, bye (smiles and waves goodbye to the camera)".

I confess that I was hesitant to continue to observe Emma after watching her first pregnancy vlog, but I realized it would be important to study the vlogging practice of a woman who was so unlike Juliet, someone from a different social class and with different interests and experience. Unlike Juliet, Emma had not experienced a miscarriage previously and had not conceived through IVF. She already had an on-line fan base following her vlogging on fashion and beauty where she shared her consumer knowledge, gave advice and tips while she herself performed as model. Because I do not have an interest in the fashion and beauty industries and reject the consumer behaviors they cultivate in women, it was certainly a new experience for me to watch Emma do the "OOTD" segment because I had never even heard of such a thing before she explained it. "Lifestyle vlogs" – vlogs that discuss a person's (often a woman's) daily life and interests (usually consumer-focused)- are the furthest thing from something I would ever watch on my own personal time which made observing this one a fascinating ethnographic research experience. I did feel that I was indeed an anthropologist on “exotic” terrain. Personally, I am not concerned with material items in the same way as Emma, and I do not even know half of the name brands she refers to. So, it was a little confusing at times. Yet, it was an important opportunity to learn more about the ways that pregnant women use social media and pregnancy vlogs. There were similarities and differences in the way that Finnish women write pregnancy blogs that I outline below.

### ***Blogs and Bellies: Finnish Women on Social Media***

Similar to the American women's pregnancy vlogs, the Finnish women's blogs are also a way for them to talk about their pregnancies. However, unlike the American women's detailed vlogs, the Finnish women's blogs tend to have shorter monologues. Based on my personal experience living in Finland, I do not find this difference unusual because, in general, Finnish people tend to be less effusive and more to the point than Americans. Nevertheless, Satu's and Sanna's blogs provide an intriguing look into how Finnish women talk about their pregnancies.

Like the American women, the Finnish women also refer to their exterior pregnant womb as their *belly*. The term for stomach in Finnish is *vatsa* or *maha*, but the colloquial term that is used by pregnant women is *masu* (belly) or *masukuva* (belly picture). Just like the pregnancy vlogs, I observed Satu and Sanna capturing and sharing pictures of their bellies on their blogs on a weekly basis.



Sanna's Belly Picture





Both women use their blogs to talk about their pregnancy symptoms and experiences. In a few of her blog posts, Sanna talks about the fetal stage of development and some of her pregnancy symptoms. She shares the following at week 26:

[Sanna starts off the blog giving information she knows about the fetal development at week 26 of pregnancy]. Eyelashes will appear this week. The child reacts to light and the mother's stress level. If the child was born it could probably be saved. Now you can feel the fetus moving every day. It's true. Last week, I felt movements on four days, in particular, in the evening or after a meal. Eating has made me feel sick, especially yesterday, I was having dinner with my family and I felt absolutely terrible for the rest of the evening. My body feels heavy and my internal organs feel jam-packed and it's hard to breathe. Despite the medication, my heartburn is at its peak. On Thursday, I carried the groceries alone to my apartment and there is no elevator. After I made nine laps up, the pain began. It felt like all my tendons were stretched and torn. The whole evening I was in pain. In the morning, I felt better. Yesterday, I was in Porvoo for a family dinner and the heartburn was just awful from the very beginning, but it only got worse. The rest of the night I was lying on the living room sofa holding back tears. I get tired, nothing seems interesting, and everything seems difficult. It's hard to go to work, my back hurts and my feet feel numb.

A few weeks later she writes the following:

Yesterday, the little one was 28 weeks! I'm at work- I slept poorly for 6 hours. My wake up call was at 6am today. This weekend was nice, but somehow I'm still tired. I still live with my parents [she is waiting for the renovations to be completed on her new apartment]. On Saturday, I woke up again after a restless night and had a brisk jog, ate a big breakfast and played computer games. I baked a chocolate cake. I fell asleep around 1pm and woke up after 3pm. I went out with the dog, took a shower and went to a movie with a friend. We went to see "It's About Time" and we felt that the movie was sweet, sentimental and adorable. During this week of my pregnancy- the child opens her eyes. The child's body is rounded as she is now able to develop insulin. The child responds better to sound. If you press the stomach gently you might get a kick back. The mother's body starts to increase the amount of blood so you're out of breath and sweating more. Nine out of ten children survive after being born in these weeks. Happy new week everyone!

Later in the same week she continues to outline her bodily sensations:

I am fatigued. Yesterday, I was trying to sleep in the evening after work, but I just could not fall asleep. Now that I've slept less than 6 hours for four nights in a row, I really start to feel the fatigue and restlessness in the marrow of my bones. New pregnancy symptoms this week:

- Sweating has become an everyday nuisance
- My belly presses down while walking and puts painful pressure on my hip- especially on the left side
- No heartburn
- Craving for sugar has diminished
- Frequent urination

After work, I went to lay down and my friend advised me to put a pillow between my legs. I did not move today- the plan is to move tomorrow night.

At 28 weeks pregnant, Satu writes a blog post where she opens up about her bodily changes and emotions:

This morning I was looking at my little belly. This wonderful stomach and its "inmate" have brought a lot of changes in my body. My pelvis has spread and my breasts have grown. Now my new best friend is HEARTBURN! I have heartburn everyday even if I drink a lot of water. I do not want to take heartburn medication yet because I can live with the problem. During the night, I get cramps. Fortunately, so far, I have only had one bad cramp. At night it is also difficult to find a good sleeping position. I alternate sleeping on different sides in the night. My stomach has already increased to the extent that bending is no longer easy. I cannot sit on the floor and tie my shoes. Pregnancy has also brought flatulence to my life. Yes, flatulence. During the early part of the pregnancy, I had to go to the toilet frequently and it seems now that same dance is starting again- I have to

think about where I'm going in advance and if there's a toilet nearby. I've also got a new friend- forgetfulness. I forget the things I need to do or how I am supposed to do them. Yesterday I forgot to put the leftover food in the fridge. During the night, I woke up at 2:00 to get a drink and I was wondering why the food was still on the stove. Luckily the stove was turned off. In addition, the other "problems" are that I worry all the time whether or not my belly area is alright. Is it normal that the stomach gets hard? Or is it normal when the baby is not kicking as much as yesterday for example? It is so difficult when you do not know what is normal and what is not and what comes with the territory. It would be lovely to be without these concerns, but all of this is worth it and it could be worse. It's better to be on the safe side. I hope that in December we have a lovely, healthy boy.

These blog posts document in often intimate detail what women go through during pregnancy. They give an honest look at the sometimes uncomfortable physical symptoms women experience throughout pregnancy.

The Finnish women's pregnancy blogs differed from the Americans' pregnancy vlogs in that they also used them to discuss family, friends, dogs and home life more than the American women.

In one blog post, Satu happily talks about her baby shower:

I have really great friends. On Saturday, my friends started coming over for dinner at 1:00pm. The party was very successful and everyone got along well with each other. We all exchanged greetings and talked at the dinner table. At the same time, we were able to enjoy wonderful delicacies- cheese bread, tarts, blueberry pie, candy, and cucumbers and carrots with dip. It all tasted delicious and we all over-ate. Daisy [her dog] was very comfortable in her position under the table- watching to see if someone would drop her some treats. [Satu then inserted pictures of some of the gifts she received- diapers, baby clothing outfits and toys, and cocoa butter-to help with stretch marks].

Towards the end of my field research, Satu writes the following blog post about "guests":

Today my two goddaughters, 10 years old, and her sister, 9 years old, came to visit us for a few days. My husband gets to sleep on the couch and we girls stole the bed. Tomorrow we will go shopping in the city. The girls thought that Helsinki is more fun to shop at than Mikkeli [another city in Finland that isn't as large as Helsinki]. On Wednesday night the girls wanted to watch the children's movie, Legend. The movie was surprisingly good and entertaining. After the film, my husband made the bed on the couch and then took the dog outside. The girls slept with me in my big bed. We do not have sofa beds so we had to come up with

a solution. The night with the girls went very well. In fact, I slept easily. The girls' mother warned me that the younger one moves around a lot in her sleep. I thought that she can't move around more than my husband. In the morning, my husband went to work without any of us having woken up- not even the dog was moving. In fact, I woke up before the girls and I went on an early morning walk with the dog. The girls woke up at 8am and then went to sit down on the couch. For breakfast we ate porridge [similar to oatmeal] and bread. It was difficult to get the girls to focus on eating at the dinner table because they were lost in watching their children's TV programs. After breakfast the girls showered. Morning activities done, we then headed by bus to town for shopping which was the girls' biggest wish.

Sanna also posts about her family, friends and home life on her pregnancy blog. At the end of her 26th week she briefly talks about a baby shower:

Yesterday was a great day because I went with a friend to flea markets. I did clothes shopping again, but- believe it or not- I left without buying a lot. I came home, made soup and had a piece of left-over cake. I spoke with a friend who told that she intends to organize a baby shower for me!!! Yippee I get one!! The baby is doing well- growing fast and kicking often on a daily basis.

A few weeks later, Sanna shares an update regarding her new apartment:

Yesterday, with the help of a friend, I worked on my apartment. She focused on cleaning the kitchen floor and vacuuming. She also cleaned my fridge- what a luxury! The kitchen was shiny! I put my books and albums inside my television entertainment center. I also dug out all of my knick knacks and frames and put them on display. Cardboard boxes from the hallway were transferred into the master bedroom. The walk-in closet was vacuumed and washed. In principle, the apartment is almost ready- I just need a little more cleaning done in the kitchen and master bedroom. [Sanna inserted several pictures of the rooms/areas in her new apartment and closed the post out with two pictures of her belly].

### ***Analysis and Discussion***

It is clear that an important part of pregnancy vlogs and blogs is that they are used as a place for an individual woman to record the physical changes of pregnancy much in the way women would have done through classical daily journal- or diary-keeping practices before social media. However, there was variance in how women in the two

countries did this. The American pregnancy vlogs also added a visual element that allows for more of a performative aspect that some of the women (e.g. Emma) elaborated more than others. However, in both the American women's vlogs and the blogs, the belly shot is expressive and prevalent.

Juliet's performance of her pregnancy online demonstrates how vlogs and blogs are also a forum to share knowledge, information, and anxieties and to "build community." Following Constable (2003), I argue that Anderson's (1983) idea of imagined communities can be applied. For example, it can be seen in the way that Juliet envisions her position in the vlog "community". She doesn't hold back what she is thinking and feeling and conveys a powerful emotional intensity online speaking to and with both the pregnancy and the infertility "communities" that she knows exists and considers herself to be part of.

Satu's and Sanna's blogs are characteristic of Finnish communication in that they are more straightforward and succinct than American women's pregnancy vlogs; they focused on technical details about pregnancy and fetal development as well as the larger context of the pregnancy in relation to family, friends and pets. Both Finnish women's blogs can also be characterized as performative in the sense of making pregnancy public (due to their weekly belly pictures), with a focus on internal and external changes. For example, Satu and Sanna both discuss personal bodily pregnancy symptoms and sometimes in a humorous way as Satu did when she discusses her new "friends": heartburn, flatulence, and forgetfulness. Their blogs present micro bodily change (e.g. Sanna's sweating) in more detail than the American's vlogs suggesting perhaps that they are more comfortable and matter-of-fact about their bodies than American women like

Emma who feel the need to dress it up – as they seek to emulate an ideal -- through fashion and cosmetics.

As mentioned, exercise- jogging and dog-walking for example- features in the Finnish blogs and not in the American women’s vlogs. Finnish women include more information on family, friends and their home life. American women sometimes included these elements as well, but not to the same extent as the Finnish women. This can perhaps be attributed to cultural differences as, in popular discourse, Americans are often characterized as more individualistic and Finns as valuing time to focus on things besides themselves such as enjoying nature, exercising for pleasure and spending time with family. Comparisons of Finnish and American women’s blogs and vlogs are explored further in Chapter 4. In the next chapter, I continue to examine and compare and contrast the experiences that American and Finnish pregnant women encounter by focusing on their interactions with the market-based health care system of the United States and the system of socialized health care in Finland.

## Chapter 3

### Health, Wealth and Babies

#### *The Price of Healthcare*

If there is one word to summarize the healthcare system in the United States it is *complex*. In fact, it could take a book to be able to explain its intricacies, but, for the purposes of this thesis, I will keep my summary brief with enough context to understand Juliet's, Mia's and Emma's pregnancy experiences. The federal government does not offer universal healthcare or have a national healthcare policy. Access to and regulation of healthcare varies from state to state and there are sometimes regional differences within a state. However, a common theme that defines it is that it is a market-based system driven by health insurance plans. Individuals can purchase either group health insurance through their employers, private health insurance directly from health insurance companies, or Health Insurance Marketplace plans that are part of a federal program administered by the states. Regarding pregnancy and childbirth, individuals pay the costs of a hospital birth and the price may vary depending on fees by physicians and the hospitals. Additionally, there is no national paid maternity leave allowance, but some companies do offer it as a benefit.

According to the U.S. Department of Health and Human Services (HHS), their mission is "to enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services" (Department of Health and Human Services 2014). The Department oversees healthcare programs that help those who are low-income, the elderly and people who are eligible to purchase insurance

through the Health Insurance Marketplace (e.g. people who do not have health insurance through their employers). The HHS website states that the Department, "provides health care coverage to more than 100 million people through Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplace" (Department of Health and Human Services 2014). It is important to note that while HHS regulates these programs, they are administered by each individual state. Each program is different and provides varying coverage that can change on a yearly basis based on the federal budget. To better understand how someone might enroll in a health insurance plan in the U.S., it is useful to examine the situation at the state level. I provide an example below of how to access health care in the state where I live- New York.

The New York State of Health is the official administrator of the federal government's Health Plan Marketplace. The Health Plan (or Insurance) Marketplace is the name of the federal program created as a result of the *Patient Protection and Affordable Care Act* (PPACA) also known as the Affordable Care Act (ACA) which was passed into law on March 23, 2010 (Department of Health and Human Services 2014). The online Marketplace is the first place that New Yorkers can go to when looking to purchase a health insurance plan if they do not already have one through their employer. The website states that, "New York State of Health, the Official Health Plan Marketplace, is a new way for people to shop for, compare and enroll in health coverage. It is also the only place to get a new kind of financial assistance provided by the federal government to lower the cost of your health coverage" (NY State of Health 2014). Therefore, individuals can go online, call a phone number or meet with a *navigator* (a person who is authorized to enroll individuals on plans in the Marketplace) to determine what plans are available to



them and sign up accordingly. The choices include *standard* plans labeled *bronze*, *silver*, *gold* and *platinum*. There are also *insurance affordability programs*, based on income, that include Medicaid, Child Health Plus, Advance-Premium Tax Credits, and Cost-Sharing Reductions (NY State of Health 2014).

Returning to the federal perspective, there are few protections for the healthcare and childbirth needs of pregnant women. The Affordable Care Act (ACA), according to the Health Resources and Services Administration (a branch of the U.S. Department of Health and Human Services), has expanded coverage for women's health. For example, as of August 1, 2012, the ACA made sure that "women's preventive health care- such as mammograms, screenings for cervical cancer, *prenatal care*, and other services- generally must be covered by health plans with no cost sharing (Health Resources and Services Administration 2014, emphasis added). If a pregnant woman cannot afford a health plan, they can get "low-cost" prenatal care at a community health center where the amount you pay depends on your income (HealthCare.gov 2014).

Therefore, at the minimum, pregnant women in the U.S. should be able to access prenatal care. However, there is no set system for how pregnant women access prenatal care. Specific health insurance plans often dictate which doctors are covered under that plan and that is how a pregnant woman learns where she can go for prenatal care. Moreover, some health insurance plans do not cover midwife's services or out-of-hospital care. These questions of choice and control will be discussed in more detail in Chapter 4.

Health care programs in the United States do not include maternity leave policies or paid benefits available for expecting and new mothers (e.g. as Finland does which is outlined below). The only legal protection women have is the Family and Medical Leave

Act (FMLA) that is regulated by the U.S. Department of Labor. According to the Department of Labor, the FMLA, "entitles eligible employees of covered employers to take *unpaid* [emphasis mine], job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave" (Department of Labor 2014). Furthermore, regarding pregnancy, "eligible employees are entitled to twelve workweeks of leave in a 12-month period for the birth of a child and to care for the newborn child within one year of birth" (Department of Labor 2014). Also, if medically necessary, pregnant women or new mothers may also be eligible to use the FMLA if their healthcare provider deems that they have a "serious health condition that makes the employee unable to perform the essential functions" of her job (Department of Labor 2014). An example of a serious health condition could be gestational diabetes that requires bed rest. Yet, it is important to take note that most worksites are not covered by the FMLA because the law applies only to public agencies and private sector employers with 50 or more employees. According to the Department of Labor's 2012 survey, "only about one in six worksites reports that it is covered by the FMLA (17%); another 30% are unsure". Furthermore, only 59% of employees of covered worksites are "eligible for the protections of the FMLA" (Department of Labor 2012).

It is apparent that a lack of universal healthcare and a maternity leave policy can have detrimental effects for some women, especially low-income women. Those who are fortunate to have a higher income, which can provide access to a good health insurance plan, do not have to face the same problems. The stories of the women I feature below illustrate the diverse experiences pregnant women face in the United States.

### ***Pregnancy in the U.S. Market-Based System***

Juliet has a rough beginning to her pregnancy. She describes the high cost of delivering a baby in the United States and her discovery of the shortcomings or absence of maternity leave policies. In addition to the stress of paying for childbirth, she navigates the complicated task of choosing a healthcare provider for her prenatal and birthing care.

As discussed above, there is not a national, paid maternity leave plan. So, around the seventh week of her pregnancy, on her vlog, Juliet starts discussing her concerns surrounding maternity leave.

There are some things that make me feel a little nervous. One of the things is- for some reason- if my body doesn't handle pregnancy very well- how is that going to affect my work? What if I have to go on bed rest? What if bed rest and then the maternity leave is longer than the 12 weeks? What if I lose my job? I keep thinking about all these things that could happen and Josh basically just told me not to stress about those things and don't worry about it- we'll take it one day at a time. So, I've been trying not to think about stuff like that.

A few weeks later, Juliet brings up the issue again and, this time, discusses her concerns at length. I include the entire conversation from her vlog here as it helps us understand the material conditions of American women's experience of pregnancy.

One last thing that I want to say is finding out about maternity leave [puts her hand on her forehead in exasperation and lets out a big sigh]. I feel kind of silly that I never really thought about it before. I just had this silly assumption that companies paid for your maternity leave [throws her hands up in the air and let out a sarcastic laugh]. Imagine that! Imagine businesses being able to support women [says with great sarcasm]. But no, it doesn't work that way. Part of me feels really silly for not even looking into it. Um, *but*, it's fine. It's not the end of the world and I'm glad I found out now rather than, like, two months before they were born. So, yeah, basically my company offers- and I work for a small company so- I mean, I'm not bashing my company by any means. I'm really grateful for my job and the people that I work with, but it's just unfortunate that it's so expensive- you know my company is not able to get that because it's so expensive. Um, and you know, whatever. So, but they do have a Family Leave Act which basically would secure my job up to 12 weeks, if I were out for 12 weeks. Which, I mean hopefully [holds up her fingers crossed for good luck] nothing like that happens. But, at the same time, as much as it sucks that I'm not

going to get paid for maternity leave, but I can save my vacation time, my sick time and my comp time all for the rest of the year and use all of that whenever I do go on maternity leave-I can get paid that way. So that's not bad at all- really it's not 'cause I am a salaried person- because I'm a manager, I have a salary. My vacation time and comp time, it's all going to be at the same pay rate. So, right now I have about 78 hours of vacation already because I didn't take vacation at the end of last year and I didn't take any in the summer time because we were just so busy that particular summer. And so, I've only used a day or so here and there And so I have about 70 hours of vacation time right now, and then I will get comp days for, like, Labor Day, Thanksgiving, Christmas and New Years. And so, [looks down and is counting on her hand as she repeats, to herself, the days she just said] that's like three or four comp days that I'll have added on top of the vacation time I already have. And, I will still continue accruing vacation time for the next six months or until I have the babies. So that makes me feel really good. We're not going to be *completely* broke when that time comes. Now, the only thing that would be a little difficult to deal with would be if I did have to go on bed rest for any length of time [sighs] outside of the regular six weeks that I would normally take. But it also makes me feel good because if I did have to go on bed rest, you know, like three weeks before I give birth and then need my six weeks of maternity leave, the Family Leave Act covers you up to twelve weeks. So, it's not like I would lose my job. So that makes me feel really good. Um, cause that's kind of a nerve-wracking thing. I can't believe I never thought of maternity leave and how [gives a small laugh] it worked. A lot of people told me online that I could sign up for AFLAC and stuff like that- some sort of supplemental insurance, but I would have already had to have done that not being pregnant. So now that I am pregnant no one is going to cover me- which kind of sucks, *but* at least I would say for the next time, but we really don't plan on having any other kids after this- unless it just magically happened on its own- we're not going to try. So, that was interesting. I'm glad I found out. I was a little bummed at the beginning- just 'cause I was, like, what am I going to do? Because Gabe is doing the school-thing and part-time work and I am the main breadwinner. So, me being out, it's like, that's our main income, that's our mortgage payment there.

During her 11th week pregnancy vlog, Juliet momentarily talks about her first, official doctor's appointment and her disappointment in the care she receives.

I had my first appointment with my new obstetrician today. It went okay. My doctor also had IVF fail three times and I feel like I can share more with her because she can relate to infertility issues. So, I like her but I felt a little odd throughout the appointment because she didn't really talk to me, but instead spoke to the nurse and talked around me.

In another vlog, Juliet continues her conversation about the visit to the obstetrician and provides new information regarding how much it is going to cost for her delivery.

I have another appointment in August with my obstetrician and I'm going to give her another chance to see if it goes better than it did the last time. I realize they were busy because it was the day that they do sonograms, but I want to feel comfortable with my doctor and we'll see what happens on this next appointment. I also received a letter stating how much a regular, vaginal delivery will cost my husband and I. [Juliet holds up the bill so that you can see the amount highlighted-\$4284]. This is just from my doctor's office and not even from the hospital! We have to pay \$1171 by November! It could be worse, but this is a lot of money. It really irks me that I have to pay over \$4000 for an office that has treated me very impersonally! This is unacceptable!

A little while later, Juliet experiences a turning point in her pregnancy when she goes to an appointment at the midwife's clinic to see if she would like their obstetric care better.

My appointment with the midwife was awesome! I feel so much better about the rest of my pregnancy and the care that I will get because I feel so relieved after today's appointment. The midwife I met was very nice and she had a great personality and listened to everything I had to say. It was totally different from the OB/GYN visit that I had. It was a different world. The midwife told me that I'll be visiting with a high risk doctor once a month. I was happy to find out that the midwife clinic also offers birthing classes that are part of my checkup appointments. Basically, I have these classes with other women who are due the same month as me and the classes provide the opportunity to share experiences with other women going through the same thing. I feel better about going to the appointment with the midwife and empowered by my decision to change over to the midwife's clinic. Their fee is only about \$824 which is a lot less than the obstetrician's office. And, I will not receive a bill from them until about two months after the twins have arrived! I want to have a natural childbirth if possible and spoke with the midwife about this who said it shouldn't be a problem as long as everything goes well.

Juliet tries to put a positive spin on what must be a very scary situation for pregnant women throughout the United States: the exorbitant expense of prenatal care and childbirth. The Affordable Care Act (ACA) requires health insurance plans to cover prenatal care visits at no extra charge, but only for basic services such as an examination. It doesn't cover services that may be deemed necessary above and beyond a routine visit such as additional testing or sonograms. For someone having twins, like Juliet, the prenatal care is much more intensive and requires extra monitoring. These services are not covered under the prenatal care obligation that the ACA requires. Additionally, the

weaknesses of the Family Medical Leave Act are all too evident. It is helpful that some American women can take 12 weeks off work during and/or after childbirth, but that law is not inclusive to all pregnant women. And, most importantly, it is not a paid benefit, which means that many women cannot use it because they cannot afford to be out of work without an income. However, not all American women face the same concerns as Juliet. Mia and Emma have very different experiences with their pregnancies and healthcare encounters. Their discussions reveal a tone that is upbeat and not as stressed as Juliet's.

Unlike Juliet, Mia discusses her healthcare experiences minimally, but she does provide a helpful glimpse into her situation during her 27 week pregnancy vlog.

This is week 27. Time is flying. I have less than 13 weeks until I get to meet my little princess, Marie, [smiles broadly], and I'm getting more excited by the day. This has been a pretty good week. I've still been feeling good. I started my third trimester on Thursday so that was exciting. I had a doctor's appointment last Friday and that went really well. Her heartbeat was very strong and she is just doing well [Mia continues to smile throughout as she speaks- you can see her joy]. She is flipping and moving all around now like crazy so I'm really happy about that. You can also now feel her from the outside so that's really exciting. We had a hospital tour today so that was really exciting as well. We got to tour the labor and delivery rooms at the hospital where I will be delivering her. I've barely been in the hospital except for checkups so I'm having a little anxiety about the labor and delivery process. It helped me prep for what I'm going to be seeing and I got all my questions answered. They were really nice and, I mean, I'm just getting really excited [smiles broadly again]. I think it's just nervous energy that I have now.

Emma also shares her positive experiences that she has with her doctor. At her 19th week of pregnancy, she happily starts to talk about her latest doctor's visit.

I also had my doctor's appointment yesterday and we had the big ultrasound. It was my husband's birthday and we had the appointment first thing in the morning. And, the good news is that everything looks really good with the baby and it measured right on point. Doctor was very pleased with how much weight I've gained and everything- I've gained a total of nine pounds right now and I'm 19 weeks. So, I'm at 122 lbs. which my doctor thought was fantastic. The only glitch

[does air quotes as she says this] we had was that the baby's cord was right between the legs and, unfortunately they tried for a good 15 minutes and they could not tell the gender. And the nurse did say that typically when they are not able to tell the gender that it's usually a girl but she did not want to get my hopes high yet because she can't confirm. So, my doctor was nice enough and said he would do a quick five minute scan on my next appointment which is September 26th- free of cost. We do have to pay out of pocket for extra ultra sounds-which isn't a problem- but he said that he felt so bad that we weren't able to know the gender so they will do re-do the scan in four weeks. So, hopefully on September 26th [smiles broadly] I will know if I'm having a boy or a girl, but I'm so glad that the baby is healthy and everything looks good.

These are just two examples of the way that Mia and Emma experience their pregnancies from a healthcare perspective. Mia is from the northern, mid-west region of the U.S. and her location probably plays a factor into the better prenatal care that she is able to receive because, in general, in these states, the quality of health care is slightly better (Goldman and McGlynn 2005). However, Juliet lives in the southern part of the U.S., where healthcare insurance options are not as comprehensive and not as high quality (2005). Also, Emma is a stay-at-home mom whose husband has a job that provides them an upper-class status and the ability to afford high-quality healthcare. Their higher household incomes give Mia and Emma the opportunity to have more worry-free pregnancies than Juliet who, as she tells us, is both the main income earner in her household and works for a small company that provides no maternity health benefits.

Despite recent health care reform under the Affordable Care Act, access to healthcare in the United States is complicated and unevenly administered. The ACA has tried to streamline and allow more Americans to be able to purchase a health plan, but the ability to enroll is still difficult for those Americans who lack knowledge of what they may be eligible for- especially those in rural areas. Additionally, while it is a positive aspect that all women in the U.S. should be able to access prenatal care, options are still

limited due to a lack of a national, paid maternity leave policy. This means some pregnant women in the U.S. (those with lower socioeconomic statuses), like Juliet, have to worry about difficult issues such as how they are going to afford childbirth and life after the baby is born- all when they are already experiencing the vulnerability and uncertainty of pregnancy.

### ***Baby Boxes and Prenatal Care: Pregnancy in the Finnish Healthcare System***

Unlike the American approach to healthcare, the Finnish healthcare system provides universal coverage to all permanent residents (citizens and non-citizens). This includes prenatal and childbirth care. And yet, guaranteed healthcare is just one benefit that the small Nordic welfare state offers. It also provides extensive paid maternity, paternity and parental leave allowances that can be used right before and after childbirth. Satu's and Sanna's experiences illustrate what it is like to be pregnant under such a system. First, some background on the Finnish healthcare system and parental leave policies offers a better understanding of their experiences.

The Finnish Ministry of Social Affairs and Health states that,

according to the Constitution of Finland, public authorities must guarantee for everyone adequate social, medical and health services and promote the health of the population. Finland's social welfare and health care system is founded on government-subsidized municipal social welfare and health care services (Ministry of Social Affairs and Health 2014).

Therefore, the Finnish healthcare system is decentralized, but has oversight from national-level institutions. Primary health care services are provided at municipal health centers. There are also child health clinics, *neuvola*, that are for families expecting a child



as well as those with children under school age. The Ministry of Social Affairs and Health says that

almost all pregnant women and families use the services of child health clinics. The goal is to promote healthy foetal and child development and well-being and to support parents' well-being and the experience of parenthood itself. Services include: appointments with nurses, midwives and doctors; home visits by nurses and midwives; and, family coaching and other group events for parents" (Ministry of Social Affairs and Health 2014).

Part of the Finnish concept of health and well-being includes providing various maternity benefits, such as paid leave and allowances which are provided to all regardless of income.

The Social Insurance Institution of Finland, Kela, has offices in every municipality and provides a variety of social services including benefits for pregnant women (and their partners) as well as for the parent(s) and child after the child is born. One of the benefits that every expectant mother receives is a choice of a maternity package (also known as the baby box or maternity box), *äitiysavustus*, or a small lump sum of money, *äitiyspakkaus*. Based on my own, informal observations when I was pregnant in Finland in 2001, I would say that most women choose the maternity package as it is worth more than the lump sum of money. The package comes in a cardboard box that can be used as an infant cot. Its contents include items such as an infant snowsuit, various bodysuits for different times of the year, a baby mattress and blanket, bath towel, infant hairbrush, bib, cloth diapers, baby picture book in Finnish and Swedish (with the possibility of a translation in Sami) and a small toy.



[www.kela.fi/web/en/maternitypackage](http://www.kela.fi/web/en/maternitypackage)

Kela also administers paid family leave benefits that include maternal, paternal and parental leave. Pregnant women can start their maternity leave, *äitiysvapaat*, at least 30 working days before their due date, but can start as early as 50 days if they wish. Maternity leave is paid and Kela provides this allowance, *äitiysrahaa*, for four months. Paternity leave, *isän vapaat*, can be taken by the father for 54 working days with Kela providing an allowance during this time. Furthermore, Kela also provides a parental leave benefit, *vanhempainvapaa*, for both the mother and the father after maternity leave is over. This paid benefit lasts just over six months. When the child is about nine months old, parental leave ends and the child home care allowance can be used. This allowance (also provided by the state), *kotihoidon tuki* gives the mother or father the opportunity to stay home to take care of the child for the first three years. It can also be used to pay another person to take care of the child (e.g. a babysitter or nanny). Finally, parents can opt for a daycare allowance, *lasten hoidon tukiin*, if they decide that best fits their needs (Kela 2014).

It is evident that, in Finland, numerous social service provisions are in place to help ensure the health and well-being of pregnant women and their children. Taken together, universal healthcare and the various paid benefits produce a more holistic approach to health in contrast to the American approach. Financial security and guaranteed healthcare are just part of the experience, but they give families a chance to encounter pregnancy and childbirth in a much different way than the American pregnant women discussed at the beginning of this chapter. One of the key differences I observed is that the Finnish women have confidence to talk more of their experiences of their pregnancies in the context of their daily lives- their exercise routines and socializing with family and friends- rather than their experiences with the healthcare system which seems to be routine and dependable. Sanna and Satu illustrate these differences well.

As a single woman, Sanna does not have a partner to support her during this pregnancy, but it is important to note that she receives alternative support from family and the Finnish government. There is an extensive support network provided by the social and economic benefits as well as the healthcare system. Sanna demonstrates this in her daily blog entries as she discusses the various benefits she will receive shortly before and after the baby is born.

I have sent in all of my applications to Kela for my maternity leave and other allowances. I ordered my maternity package and I am excited to see what it will have. As far as maternity leave, my employer will pay for the first three months and the rest will be paid by Kela. My other applications were for the housing and child allowance.

A week later, Sanna enthusiastically provides a breakdown of the various maternity benefits she will receive from Kela.

Now to get to the good part of today's blog. Here are the single-parent subsidies I will be getting from Kela:

-Maternity allowance= €55 per day after taxes

-Housing Benefit= €370/month

-Child Allowance= €152.74/month

It isn't a lot of money, but it will help me while I stay home with the baby. It isn't easy going it alone but at least I have support.

Sanna's discussion underlies an important element of support that the Finnish welfare system provides. As a single parent, Sanna is able to stay home with her baby which is something many women in the U.S. cannot do. However, if she chooses, she can also go back to work and the government will pay her daycare fees. She can even do a combination of the two. Therefore, Sanna has choices in how she will be able to take care of her newborn and she clearly values the opportunities and feeling of control this provides.

Sanna also offers some insight regarding what it is like for a pregnant woman using Finnish healthcare. One of the first times she talks about her prenatal visits is when she mentions her appointment to the clinic for her glucose tolerance test (to check for gestational diabetes).

Starting yesterday evening, I had to fast and fell asleep at midnight and woke up at 6am. I brought the dog out in the night and again in the morning. I arrived at the clinic at 7:15am and I was given two cups of sweet, raspberry flavored juice. I do not know how to describe it. At first it tasted okay, but after awhile I had a really bad aftertaste. I lay on a bed in an examination room for an hour, after blood was taken. Then I had to lay on the bed again for another hour. The second hour was better, but during the first I had to focus on trying to sleep so I wouldn't vomit. I wouldn't recommend it to anyone- it was really awful. I was allowed to go as soon as I felt better.

She gets a call from the clinic a few days later with her test results.

To start with, I called the clinic yesterday and they told me that the glucose test was negative- I do not have gestational diabetes. What a relief! I asked if it was a bad thing that the baby only weighed 750g. So, they told me that my genes (from the East) tend to have small babies. I told them about how bad my heartburn has been and the nurse midwife recommended that I start walking more. My belly and the baby are growing at a rapid pace- the baby is doubling her weight these

weeks. So I can only imagine that the rest of the pregnancy will not be a piece of cake!

One of the last times Sanna discusses her prenatal visits is toward the end of October.

The baby's size is now a mystery. Yesterday, I was told that the baby would be average size. At least we're not talking about a small baby, but they estimate that the baby is about 1500g. My next doctor's visit will be on week 36 but we weren't able to schedule a time. It should be some time in December. My next clinic appointment with the midwife is at the end of November- November 20, 2013. For some time I've been feeling kicks really low- around the belly button. Yesterday the midwife was feeling my stomach for quite some time in order to figure out which way the baby was. Last time, during the clinic visit, he had been sideways, but yesterday it felt like the head was really low. Could he be punching my belly button with his hands? That seems funny to think about. My blood pressure was 120 which is slightly high for me, but still okay.

Overall, Sanna seems pleased with both the maternity benefits and her prenatal healthcare. The tone of her discussions is positive and relaxed. Compared with Juliet's U.S. healthcare experiences (discussed at the beginning of this chapter), Sanna does not have to stress about issues as finding a doctor/midwife, paying for the child birth or for child care arrangements for the baby once it is born. For the most part, the same sense of security is found in Satu's pregnancy experiences outlined below.

Satu also welcomes the benefits she is able to receive from the Finnish state and on a few different occasions during her pregnancy, shares her excitement about the maternity package.

I am counting down the days until I start my maternity leave on October 19. During that time, I am looking forward to the opportunity to get something done around the house- maybe sewing some cloth diapers. Last night I sewed a pad for the crib and I noticed my sewing skills are a little rusty. Hopefully all the paperwork is set for Kela. I submitted his request for paternity leave with his employer since he was required to notify them two months in advance. He will have almost all of December off from work because of the holidays in that month.

A few weeks later she gets a notification that the maternity package is at the post office, and she and her husband go pick it up.

Today my husband and I finally picked up the maternity package at the post office. We had time to open it before going to the hockey game and the whole family participated in opening it. The clothes were lovely and soft. I was disappointed, however, that the clothes were awfully big. Only some of the clothes will be small enough for the newborn baby, and a few items will probably be good for next winter. Here are some of the items included in the layette: diapers, wonderfully bright-colored clothing, a warm body suit for fall, blankets, socks and a sleeping bag.

Satu's family  
examining  
the goodies  
in the layette.



During my research, Satu only mentions brief encounters with the Finnish healthcare system on a few occasions. She gives accounts of both expected and unexpected visits to her health clinic. At one point in September, around week 25 of her pregnancy, she mentions how this is her first pregnancy and she is unsure of what to expect. That is, she is unsure what are considered normal and abnormal pregnancy symptoms. This leads into her discussion of a slight pregnancy scare that requires an unexpected visit to her clinic.

Sunday morning started with a sore throat and a temperature. On Monday, however, I still went to work completely tired. During the weekend, I had a slight concern because the baby didn't kick at all. On Saturday, at 10:00 pm I went to a store close by to pick up some chocolate and soda. The sweets were able to get some movement going but not much. On Monday, I called the clinic because I was worried about the lack of movements. Otherwise I was feeling pretty lethargic because I had the cold. I told the clinic about that on the phone as well and they informed me to make an appointment for a doctor's visit the next day. Tuesday morning I went to the clinic and the doctor. This was my first time seeing this doctor due to the last minute nature of my appointment. I usually only

see my nurse midwife at my prenatal visits. This doctor took me out of work for the rest of the week because of contractions. The doctor was very nice and understanding. I told the doctor because this will be my first born everything is new to me and that is why I got worried so easily. The doctor smiled and replied that by the time I'm having my next one I won't be worried about those things. The baby's heartbeat sounded normal and by Monday the baby had started kicking and moving around actively again. I don't know if it was because my husband returned from his work trip and his voice could be heard at home again, but it was just wonderful that the baby was kicking again. From the kicking, I knew that everything was okay.

The other medical visits she mentions are normal prenatal appointments and are free of concern. Almost three weeks after her scare, Satu goes for a regular prenatal clinic visit and describes the comfort and ease she feels with the healthcare professionals at her clinic.

I went for a regular prenatal visit to the clinic today. This time I was scheduled to be seen by the doctor and not the nurse midwife. When the doctor came in the examination room he asked if he had seen me before and I said that the last time we saw each other was when he removed my IUD. I told him that I became pregnant in the same week as the removal of the IUD. The doctor laughed a little bit and told me that I am not the only one to whom this has happened. The doctor did a standard checkup and everything was fine. I'm wondering if we are going to have a big boy. The heart sounds were +145. The movements were good. We also talked about my work and I explained how it has been rough- especially now that the back pains have returned. The doctor ordered me to stay out of work on October 6. Overall it was a good visit and I was happy with how understanding my doctor was about my back pain.

### ***Analysis and Discussion***

When looking at the situation from the perspective of access to healthcare, it is apparent that women in the United States experience pregnancy very differently from women in Finland. A useful lens to analyze this difference is the concept of healthcare as a human right. One of the biggest differences between the way that the United States approaches healthcare compared with Finland is that access to health care is considered a right in Finland, but it is seen as a privilege in the United States. In the U.S., the burden to access health insurance is placed on the individual. Horton et al. (2014) further point

out that the Affordable Care Act transforms beneficiaries (of health insurance) "from customer to part-time employee" (8). This is because patients are left "to take over the work of enrolling themselves in an insurance plan and navigating a complex bureaucracy" (8). An additional issue that people in the United States must face is that public and private health insurance plans can vary a great deal depending on funding, where one lives and the job one has (and whether it even provides health insurance). These variances help us to understand why Emma's and Mia's healthcare experiences (and vlogs as reflections of those experiences) were so different from Juliet's. It also demonstrates the political nature of healthcare in the United States. In contrast, in Finland, everyone is provided access to universal healthcare from birth (or through gaining permanent residency or citizenship) and the healthcare system is not vulnerable to outside political factors as it is in the United States.

An important point is that, influenced by the market-based approach to healthcare in the United States, the experiences of pregnancy and childbirth are highly commoditized. Armstrong (2000) discusses how hospitals fiercely compete with each other "through lavish advertising, luxurious birthing suites, and up-to-date neonatal intensive care units for the lucrative baby business, which they also see as building a loyal customer base" (584). Therefore, the focus is no longer on women's healthcare during pregnancy, but is instead on making money and selling a product. Yet, clearly not all pregnant women have access to these luxurious birthing suites or the health insurance to pay for them. The for-profit model encourages discrepancies between who can and cannot access certain prenatal services. Trying to choose a healthcare provider during pregnancy can be a complicated and stressful task. Juliet's experiences illustrate this point



well. Juliet's story also demonstrates the negative aspects of not having a national, paid maternity leave policy. Pregnant women in the United States are left to struggle with the difficulties of balancing pregnancy, childbirth and work. It is apparent that for many pregnant women in the United States their time and energy is spent dealing with issues that bring additional worries, which may be disadvantageous to their health during pregnancy. In contrast, Satu's and Sanna's blog posts reveal that women in Finland do not have similar struggles. Rather, they are able to focus more on their actual pregnancy experiences as well as other healthy physical and social activities. This will be discussed in more detail in the next chapter.

## Chapter 4

### Cultural Discourses on Women and Pregnancy

This chapter builds on the discussion from chapter 3 which examined the ways that healthcare regimes affect Finnish and American pregnant women differently. In this section, I expand my analysis and illustrate various cultural discourses regarding women and pregnancy in the United States and Finland. Specifically, I investigate cultural and social factors such as control, individualism and agency during American pregnancy; lifestyles of Finnish women; and the ways in which women view the pregnant body.

#### *Individualism and Agency in American Pregnancy: Ultrasound Exams and Social Media*

A common cultural discourse that surrounds pregnancy and childbirth in the United States is the medicalization of childbirth. Specifically, in her classic book on childbirth, *Birth as an American Rite of Passage*, Robbie Davis-Floyd (1992) argues that the field of American obstetrics does not view pregnancy as natural. Therefore, during pregnancy, women's bodies are seen as more likely to break down and in need of obstetric care and interventions (1992 57). American women are expected to conduct their pregnancies within a set of cultural healthcare norms that include regular prenatal visits to a (private) healthcare provider in preparation for childbirth. Many scholars have argued and analyzed the ways that the excessive use of interventions (e.g. cesarean sections) during pregnancy is a way for doctors to *control* women.<sup>2</sup> I do not deny that

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<sup>2</sup> For more on this see Bergeron (2007), Brubaker & Dillaway (2009), Cheyney (2011), Davis-Floyd (1992), and Lazarus (1994).

American women are expected to participate and give birth in some form of a medical milieu. However, like Ivry (2010), my research focuses on the period of "gestation" -- that is, of pregnancy --rather than childbirth. In her book, *Embodying Culture: Pregnancy in Japan and Israel*, Ivry (2010), points out that most of the research anthropologists have done about pregnant women has been on the birthing process which lasts only a brief time (often hours) compared to the actual pregnancy that lasts for nine months. My research highlights the importance of listening to what women have to say *throughout pregnancy*. Over a time period of several months, I witnessed pregnant women display an incredible range of emotions and share intimate details -- that is, details that are culturally constructed as "private" -- of their pregnancy experiences. Clearly, pregnant women's narratives in their blogs and vlogs have cultural meaning and value and women exert greater agency than previous research has recognized.

In mainstream American culture, the conventional idea of pregnancy is that it is a special time for each woman: it is "their personal journey." The idea of American individualism counters controlling factors that women face within the medical contexts in which they experience pregnancy and give birth. Individualism is a common stereotype that is sometimes used to describe Americans. However, there is some truth to that description, and it can be found in the ways in which American women display their pregnancies on social media. An example of this is the prolific use of ultrasound scans throughout American women's pregnancies. Of course their excessive use partially falls under the category of the medicalization of pregnancy. However, the practice of having ultrasound exams has become much more<sup>3</sup>.

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<sup>3</sup> See Rapp (1997) for more anthropological research on ultrasounds/sonograms.

The American College of Obstetricians and Gynecologists provides the following definition for ultrasound (also known as sonograms and both terms are used interchangeably) on their website:

Ultrasound is energy in the form of sound waves. The most common type of ultrasound exam is called two-dimensional (2D) ultrasound. In this type of ultrasound, a *transducer* sends sound waves through the body or the sound waves hit tissues, body fluids and bones. The waves then bounce back, like echoes. The transducer receives these echoes, which are converted into images of the internal organs and-during the pregnancy-the *fetus*.

Getz and Kirkengen (2003) state that "ultrasound screening is widely offered to all pregnant women in pregnancy weeks 17-20, and obstetricians express great enthusiasm for ultrasound as a tool for enhancing individual reproductive choice (2046). However, Siddique et al. (2009) point out that "there is no professional consensus on the appropriate use of ultrasounds during pregnancies considered low risk, and little is known about national trends of prenatal ultrasound use" (1). Ultrasound screening began in the 1980's with the original goal of reducing "obstetric risk" (Getz & Kirkengen 2003:2046). However, since that time, the purposes of ultrasound screening have greatly changed due to improvements in technology as well as changing "societal expectations" (2046). Now, prenatal ultrasounds can be done for a number of reasons including: determining the "age of the fetus; location of the placenta; fetal position, movement, breathing, and heart rate; amount of amniotic fluid in the uterus; and the number of fetuses" (American College of Obstetricians and Gynecologists 2014).

Discussions of ultrasounds/sonograms are a frequent topic on the American women's vlogs. Based on Juliet's, Emma's and Mia's conversations on their vlogs throughout their pregnancies, it is clear that having ultrasounds is standard procedure for

most American women during pregnancy. Two of the women -- Juliet and Mia- whose vlogs I followed, talk about having sonograms at the beginning of their pregnancies. Juliet is so excited about her first sonogram appointment that she has her husband, Gabe, record the event and she posts it online to her YouTube account as one of her pregnancy vlogs. She is six weeks and one day pregnant. The video begins with a text explaining that the doctor has a hard time finding her uterus due to the fact that it's tilted and her ovaries are enlarged. As a result, Juliet writes that she cut a section out in the middle where the doctor is still trying to find her uterus. On her vlog, the scene opens with a darkened room, and a monitor with the ultrasound image of Juliet's womb being the first image visible to the viewer. The camera quickly pans over to Juliet who is reclining on an examination bed and is covered by a sheet from the waist down. The doctor is performing the ultrasound exam and explaining what she sees to Juliet and Gabe. Gabe's voice can be heard in the background throughout the video.

Juliet: There's two aren't there?

Doctor: There are.

Gabe: Is that two different....?

Doctor: Yes, that's two different sexes. There's the line right there.

Gabe: I just couldn't tell because I wasn't seeing them at the same time.

Doctor: Well, it's just hard to keep them on the same plane.

Gabe: At least they're keeping to themselves.

Juliet: Yeah [laughs a little at Gabe's joke]

Doctor: Do you guys see that heartbeat in there- deep in there? Yeah, it's there, but we might not be able to get a rate on that today because it is so deep.

Gabe: Yeah.

Doctor: There is nothing wrong with your pregnancy your uterus is just special.

Juliet: Yeah [gives a little knowing laugh at this statement].

Doctor: In case you didn't know [says in a joking way].

Gabe: Everything about you is special.

[Camera cuts out for a second and then comes back. The section cut out is the part where the doctor was taking awhile to find Juliet's uterus].

Doctor: Okay, so that's your ovary to the left. Alright....boy, okay....you can't make anything easy on me can you [jokes with Juliet]?

Juliet: No [giggles as she says this].

Doctor: Everything is just pushed together in there. Definitely that is what is causing your skin to be so hard.

Juliet: Cause everything is just kind of squished in there?

Doctor: Yeah, it's squished up in there and I've been scanning a long time and, initially I was like...uh...I don't really know what to tell you.

[All three laugh a little at this.]

Doctor: Okay, there's your uterus. That's where we're trying to be. Let's do this side [can see the doctor taking still images of each side of Juliet's uterus as she does the exam].

[For awhile there is no talking, but the silence is punctuated by the clicking and beeping sounds the machine makes as the doctor examines Juliet's uterus from many different angles].

Doctor: Okay, let's get to the good part here.

Juliet: [smiles and laughs a little in anticipation]

Doctor: Six weeks and one day.

Juliet: That's good [smiles].

Doctor: Okay, so they are so, so small, but can you see it?

Juliet: Ohhh, I can see it.

Gabe: [laughs happily]

Doctor: I'm trying not to overestimate it, but it looks like it's right on.

Juliet: Yayyyy [she says quietly]

Doctor: Try not to move. Okay, are you ready. Let's try to do this.

[The doctor turns on the sound and you can instantly hear a heartbeat]

Juliet: [Smiles but you can tell she is trying to hold in the emotion so she doesn't move]

Doctor: On to baby B. B is on the screen here [takes a still image]. Yes, you're right. It's a slightly smaller home.

Gabe: [Laughs a little bit]

Doctor: There it is [takes a still shot of a tiny figure inside the womb].

Juliet: I see it [slowly lets out a breath in relief and smiles].

Gabe: Ohhhh [says in a whisper]

Doctor: Oh little peanut. That one can be seen even better. Here we go [the machine beeps as she takes a still image].

Gabe: Little peanut.

Juliet: [Giggles in delight at this and smiles over at the camera].

Doctor: Despite the smaller space, this one is a little bigger [the sound comes on again and you can hear baby B's heartbeat for a few seconds and then the sound is turned off]. Okay, the visibility is a little suboptimal because of the way you are shaped, but in two weeks they'll be a little bigger and I think I'll be able to do 3D.

Juliet: Oh okay [looks surprised but happy about this].

Doctor: That way you'll be able to get some 3D photos.

Juliet: Wow.

Doctor: Okay, looks good. That's two of them on the same screen [points to the still image on the screen of two separate spaces inside Juliet's womb].

Juliet: [Smiles and puts her hands on her face in relief as seen below]



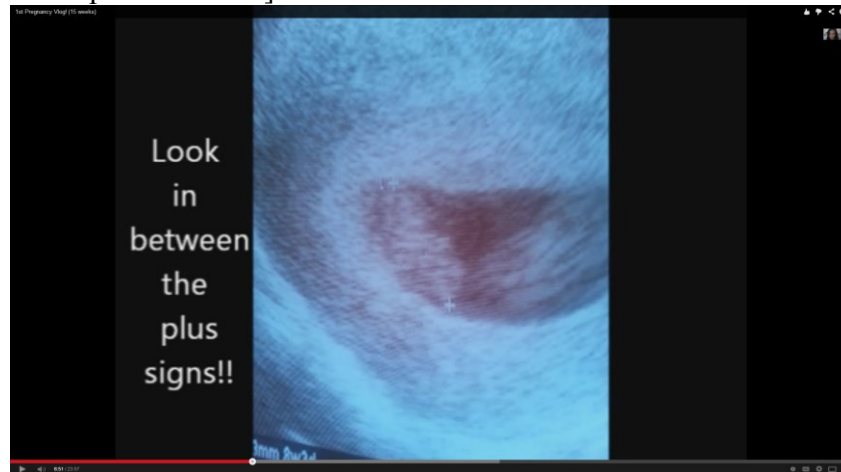
Juliet: Yayyyy [smiles broadly as she says this. The camera cuts away].

Juliet's vlog of her first ultrasound demonstrates the importance the exam holds for her and her husband. It is incredible to witness such a personal moment in a couple's life and it provides a visual element to something that is usually unseen during pregnancy.

Like Juliet, Mia is also happy to share details about her first sonogram in her initial pregnancy vlog outlined below.

I'm in my second trimester now, but I want to go back and talk about my first trimester. Now I've had a miscarriage before, so I was really nervous. This is my first baby by the way. It is only my second pregnancy because, like I said, I had a miscarriage before. And so I've been really nervous this entire time. Even up until now I'm still a bit nervous and sometimes I have to stop myself from going to the store and getting a pregnancy test. And I know that sounds crazy because my stomach is starting to develop and I was sick the whole first trimester- which I'll get into. I know that sounds nuts, but I'm just really nervous. So, that whole time- I mean I was only four or five weeks in- when I tell you I probably took about 25 pregnancy tests over the course of maybe a four or five week period because I couldn't go see the doctor until I was nine weeks [makes an exasperated face as she says this]. Anyway, that whole time I took about 25 pregnancy tests...so...my husband was just furious because I kept taking pregnancy tests [giggles a little] and I kept spending money on them but I couldn't help it because I just knew something was going to go wrong. I was just really nervous and really scared. But, obviously everything went fine and I went to the doctor and he told me everything was fine. We did an ultrasound and I got to see my little baby for the first time [smiles broadly]. I teared up. It was just...it was so beautiful to

know that you have something little growing inside of you. It was just amazing! And I'll put a picture of the ultrasound here [camera cuts away from Mia and she inserts the picture below].



[Camera cuts back to Mia]. But yeah you guys- that is my little baby. That's my little baby right now [is smiling throughout]. I'm just so excited about this whole thing.

Later, during her fourth pregnancy vlog, Mia expresses her awe at the ultrasound experience and finding out the gender of her baby- a girl.

I didn't know what I expected when I walked into the ultrasound [takes a breath as if to compose herself and perhaps hold back tears]. I don't know...it was the most beautiful thing. The entire ultrasound experience is something that you really can't describe. I mean we hadn't seen pictures of her since I was about ten weeks- June 19th and we went in on August 17th. So it was really nice to see her and know that everything is okay. I mean, when you go into your other appointments, I mean, basically, they get your blood pressure, your weight- all your vitals and then they let you hear the baby's heartbeat and they hear the baby's heartbeat to determine if it's strong or not- tell you how many beats per minute, ask you if you have any questions and then send you on your way. It's like a 15 minute appointment. So, to be able to have an ultrasound- we were in there for about 35 minutes or so- to be able to have an ultrasound and see the baby and actually determine how healthy she is...I mean we got to see her spinal cord- just like a picture of it- and the doctor said everything is fine. We got to see how good her heart is beating, we got to see her stomach, her lungs that are forming. We got to see basically every aspect of her body- her fingers, toes, even her private parts [giggles a little bit when she says this]. We got to see all of that just to determine how healthy she is. It was the most amazing experience to be able to view that. Basically you are laying back on a hospital bed and you are looking at a TV screen mounted in front of you on the wall and that is what you are looking at as far as the ultrasound goes. She actually turned her head toward the screen- which I'm guessing- because the doctor had the transmitter on the outside of my belly-



her face was toward the outside of my belly and she looked right toward the screen and opened her mouth. And I didn't know what it was at first- I just kind of saw it and was like- did she just open her mouth?! And the doctor was like-yeah, she just yawned. And [shakes her head in amazement], I can't get that image out of my head because that was probably the best thing out of the whole ultrasound. So that was really, really cool to see her yawn on screen. It's like you are watching into her world and what she's doing at this time.

Back in Chapter 2, there was a brief mention by Emma of her first sonogram. She spoke about her disappointment in not being able to find out the gender. Now, during her 24th week of pregnancy she talks about her second ultrasound exam.

I just wanted to check in. I guess this is going to be like a pregnancy vlog, but not really because I'm kind of in a rush. I'm 24 weeks pregnant today and a lot of you have been asking about the gender reveal. We did go back on September 26 and they did another ultrasound to see if they could tell me the gender. Unfortunately, it was the same situation- they couldn't see anything because the cord was right between the baby's legs. So, the doctor said that they could not confirm that it was a girl. Also, they just had an incident where they told a woman she was having a girl and she spent a lot of money on clothes for a girl and painted the room for a baby girl and she had a baby boy. So, I guess they are playing it safe and I still don't know the gender. I don't have another ultrasound scheduled until the end of November- which I didn't even know about. So apparently they do one closer to the baby's due date to see the baby's position and all of that. So, if I'm going to find out it will be by the end of November, but it looks like this baby wants it to be a surprise. They did find out that the baby is breech, but the doctor said we still have plenty of time for the baby to turn around- so I'm not really too concerned about it.

Juliet's, Mia's and Emma's vlogs discussing their ultrasounds reiterate the sense of individualism that they try to achieve during their pregnancies. Ultrasound technology provides a glimpse into what is often a somewhat mysterious experience for women. It gives a sense of reassurance as is noticeably apparent in Juliet's and Mia's vlogs. Gender is also an important issue and Mia and Emma talk about their anxiousness to find out the sex of their babies. Overall, despite the controlling factors that exist for American women during pregnancy, they are still able to assert agency. And one way to do this is through the use of social media as a forum to discuss the individualized experience of ultrasound

exams. By comparison, the Finnish experience is more practical and not nearly as centered on individualism.

### ***The Finnish Way***

The cultural dialogues discussed by Finnish pregnant women are in sharp contrast to the American experience. One of the largest differences I observed between women in the two countries is the fact that Finnish women are not trying to emphasize individualism in their pregnancy experiences- at least not to the extent that American women are. For example, doing a direct comparison with the previous section, ultrasound exams are only done for medical purposes in Finland. Based on personal experience of being pregnant in Finland, I learned that ultrasounds are performed toward the end of pregnancy to ascertain the general health of the baby (e.g. to ensure that the baby is in the proper position for childbirth).

One of the main reasons the cultural experience of pregnancy in Finland is so different from the U.S. is because, as was demonstrated in Chapter 3, Finnish pregnant women do not have to deal with the same healthcare uncertainties and financial stress that some American women do. Instead, women in Finland can relax more and enjoy their pregnancies. In my research, a common theme the Finnish women discussed is exercise and being outside enjoying nature. For example, both Satu and Sanna have dogs and blogged often about going on walks with them (Satu's golden retriever was pictured in Chapter 3 with her husband looking at their baby box). Satu especially discusses her love of exercise and the outdoors and this is evident in the blog posts below.

Today I was supposed to go swimming, but it was closed and apparently it is closed on Monday as well. Instead of water running, I decided to go on a walk

with a friend and her boyfriend. We arrived there around 6:00 and did about a seven kilometer walk. With my stomach we weren't able to walk very fast and, therefore, our trek took about two hours. My company was probably really delighted to go the speed of a snail [says with sarcasm]. The trail however was quite hilly. If it had been flatter I probably could have walked easier and faster. My stomach is really making me slower somehow. Before my pregnancy I was walking often with a lot more speed. Nowadays, I am walking like a snail with this stomach. Especially the up hills are very hard (excuses, excuses?). During our trip, my dog immediately found a pond with a really muddy bottom. When he got out of the water he was completely covered with black mud! The car's owner was not quite as delighted about it as I was because I could not hold back my laughter and was giggling like a little girl. Thankfully, a little later, we came upon a cleaner pond where my dog could go and clean off all the mud. I should have taken some pictures of his paws because he kind of looked like an albino fox.

At the conclusion of the same blog post Satu talks about the end of her adventurous day and outgrowing her exercise clothes.

I can still just about zip up my exercise jacket. However, I think that by the end of this week it might not be able to go over my belly anymore. I guess I'll just have to start borrowing some of my husband's jackets. For my evening snack I had some yogurt and bread. In the fridge I did have some salmon, but, at this time, I wasn't up to making a real meal. So I will have the salmon for tomorrow's dinner with some salad. Now, I am going to get on the couch and rest my legs and belly.



Satu displaying her growing belly and exercise gear.

The importance of fresh air and exercise is also unmistakable when she talks about getting a baby carrier.

Our family likes the outdoor life and we are outdoors a lot and sometimes we will go places where strollers are not suitable. Especially now, it would be difficult to move a stroller around in the winter forest paths. So I decided I need a baby carrier. I Googled the options and was surprised at the number of features. My criterion was ease of use, durability and maybe also the appearance matters a little bit. I studied the forums of people's experiences with various baby carriers. I also should explain that I received a gift card for a store that sells baby items. Without the gift card I would have bought a used baby carrier, but we decided to buy a new one. Manduca [the baby carrier brand] was quite pricey and I hope that it is worth the cost and will not be a wasted acquisition but it seemed to be the best option. You can use it as soon as the baby is born, and later, when the baby weighs more you can transfer the baby's position to the side or rear. My husband said that when my nine months of carrying the baby is over he will take turns being the baby carrier.



One of Satu's more elaborate blog posts came towards the end of my fieldwork when she continues to express the value that she and her husband place on outdoor life. It is a

quirky story that is a little different than others- which caught my attention and I took special note of it.

Yesterday afternoon, between meals, became a getaway to Pori. My husband sent me a text message and then called me to tell me about an extremely rare bird we were going to see. We had to leave quickly to get there by mid-morning. We picked up my husband's father and the journey continued towards Repo Island. The journey took a little less than three hours. When we got there, there were some 100 bird enthusiasts- if not more. The bird had not been seen for a few hours. The enthusiasts tried to look for the bird, but to no avail. Birding involves a little bit of luck. You're going to drive a long distance and you do not even know if you will see the birds or not. I traveled around a bit and watched the scenery and enjoyed the sun on my new jacket. We eventually left to go back home without finding the bird. Some of the tougher bird watchers were going to stay the night so that they could look for the bird early the next morning. I could have stayed home, but I wanted to get involved and see what bird it was this time. In fact, I do not understand much about birds, but naturally I like it. Through my husband's hobby I have learned to some extent about birds and it is pretty interesting. Quite often my way of being involved with his hobby is by being there with the dog; I do not stand there and stare through the binoculars. Trips are fun because I can enjoy the scenery. This year we did quite a bit of camping. Bird watchers are eco-conscious. That is, they are not allowed to use motor vehicles. I can say that these men have left their cars and gone 70 km in one direction. On their back is a backpack (weighing about 8kg) which is a long tube with a camera and tripod. This morning there have been some sightings of the bird, and people were getting ready to move on again. My husband couldn't go first thing in the morning because he had a floor ball match. After the game, I got a phone call asking if I could make him a picnic lunch so he could leave right away. This time he went with his father to go look for the bird in Pori. Men are crazy! They are planning to stay the night if they can't spot the bird in the evening. Thankfully we got some updates that the bird is still there. I really hope that they will see the bird either tonight or in the morning. I, myself, I am staying home this time around. Yesterday's car trip didn't feel so good. Especially sitting in the same position in the backseat the whole time. This bird that all the bird watchers are going to look for is *samettipääkerttu*, the Sardinian Warbler. It has only been seen in Finland three times and the last time was in 1996.



The "enthusiasts" waiting to catch sight of the elusive *samettipääkerttu*, the Sardinian Warbler.

Sanna's blog posts share similar themes with Satu's. During one post, while discussing the difficult symptoms of pregnancy, Sanna also talks about exercising with her dog.

I slept well last night for seven hours. The whole evening was a pain- my butt hurt, I felt like crying and I was tired and exhausted. Sometimes I think I'll never survive the symptoms of this pregnancy. I went with the dog this morning for a really long walk. He apparently wanted revenge for yesterday's ten hour work day! I did feel better after though.

She even dog sits for a friend and endures quite an experience.

I am dog sitting for a friend and it took four and a half hours before the dog stopped whining and she was able to go to bed. The dog is quite large compared to mine and I am having a hard time trying to handle him. I decided not to take him on the nightly walk with my dog. I have no idea how I am going to handle trying to walk them together tomorrow because it is uncomfortable for me when the big dog pulls on me. I don't want to hurt myself or endanger the baby.

The next day she continues talking about her dog-sitting venture.

My friend's dog calmed down overnight and was better than the previous day. I woke up today at 6:00 and was out the door with the dogs by 6:45. The walk went very well, but I was a little scared when the dog pulled on me. But he was more cooperative today and I should be able to walk him again later.

Sanna's and Satu's blog posts reveal a very different tone to their pregnancy experiences compared with the American women's vlogs. In general, they seem more relaxed and able to enjoy their pregnancies. My personal experiences and knowledge of living in Finland concur with these women's blogs, which emphasize the importance of exercise and outdoor life, an aspect that is scarcely mentioned by the American women in their vlogs. I do not mean to oversimplify, but there is a clear cultural difference between the two countries with respect to ideas about pregnant women and physical health and exertion. Nevertheless, while there are differences between the cultural discourses among women in the U.S. and Finland during pregnancy, they also share certain concerns. Women in both countries display a preoccupation with weight gain throughout their pregnancies.

### ***Weight and See***

Davies and Wardle (1994), present research documenting that, in Western societies, most women and girls have learned to be dissatisfied with their body shape even before pregnancy. Further, "the most common explanation for body shape dissatisfaction is the discrepancy from the cultural ideal for body shape, which in Western countries is represented by extreme slimness" (1994 797). Fox and Yamaguchi (1997) point out that "body weight is a central aspect of body image in Western cultures" and there is a clear social stigma to being overweight (35). Pregnancy is a time when women's bodies significantly change shape and their body weight increases. Considering the cultural ideals in place both in the United States and Finland, it is not surprising that pregnant women might want to, in part, control the amount of weight they gain.

Regarding weight gain during pregnancy, Davies and Wardle (1994) found that many women "reported feeling both pleased and upset, indicating the confusion and ambivalence of feelings toward their weight gain in pregnancy" (798). My research supports this idea and it is a frequent topic that comes up in the American women's pregnancy vlogs and the Finnish women's blogs.

Not long into my fieldwork, it was apparent that women in the United States and Finland were faced with the contradiction of celebrating their "bump" and the cultural idea of "watching what they eat" in order not to gain too much weight and be considered "fat" after giving birth. Emma, Juliet, Mia, Satu and Sanna all discuss issues of weight gain during pregnancy in their vlogs and blogs. Their conversations bring to light the importance that this issue has not only in the social discourse on pregnancy in Western cultures, but also in cultural prescriptions about women's bodies in general – pregnant or not. Women's concerns about weight gain during pregnancy can be understood as continuous with concerns about their bodies and appearance that they began learning in puberty if not before. To highlight their preoccupation with food and weight gain, I feature excerpts from each of the women's vlogs and blogs. First, Emma talks at length about weight gain and food issues in her very first pregnancy vlog.

I've been really trying to control my weight this time. I've mentioned this before if you guys have been following me- with baby number one I gained 60-70lbs. With baby number 2 I had about 60lbs. So, yes I lose it in the end, but it's hard work and I definitely don't want to go that route again because it's not healthy and I did develop gestational diabetes and all that. So, with this one, really being gluten-free has helped...it's been a curse and a blessing [smiles a little to herself as she says this]. It's been a curse because I was doing so good- I've been gluten-free for a year and a half, but, for some reason, for this pregnancy it has been kind of hard being gluten-free because all I want to eat is stuff I can't have- that is what I've been craving [holds up her hands which are balled in fists to accentuate her frustration]! And, I know what you guys are going to say- well, have the gluten-free version. But, I can't actually have a lot of the gluten-free version either. A lot



of gluten-free [does air quotes as she says this] breads and pastas still contain a lot of ingredients that, if you are a gluten-insensitive, your body mistakes that for gluten. So, I'm basically gluten-free, corn-free, I can't have soy beans anymore, potato-free. Basically anything that is heavy in GMO's [Genetically Modified Organisms] and gluten I can't have [laughs a little in frustration]. Yeast is also something your body mistakes for gluten as well. It's craziness. I actually get more sick from having corn than gluten products. So, anyways, when I had these strong cravings, I started cheating here and there. When my husband wasn't at home, I would sneak some of my kids' food and eat it and, um, I would have symptoms but they weren't as strong So, when my husband found out he was like- oh my god, how can you be doing this? This is so dangerous- why don't you talk to the doctor? So, I had this imaginary conversation with my doctor all planned out in my head and when I went to my last appointment and actually talked to my doctor, we had a very different conversation in real life. My version was like he was going to say- oh you're pregnant, go for it, cheat here and there and it's no big deal. But in real life he said- no, you have to be even more careful when your pregnant being gluten-free than when you're not. He said that I should not risk it at all and he said he would go so far to say not to bring anything in the house that could be dangerous to me. And, of course, I can't do that. I can't deprive my kids and family of everything they love to eat. But, I was just like, no, I'll be more careful. And it is hard eating out because foods are contaminated and the restaurants don't even know it and they serve it to you and you get sick afterwards. So, [sighs a little], on a positive note, it is keeping my weight down. So, I started off at about 113lbs. and I am now 117lbs. So I'm doing really good [gives two thumbs up]. In the middle, I started eating out a lot- a few weeks ago- because I love Indian food, but, for some reason, Indian food was making me really nauseous- just cooking it and being around it- the spices were making me sick. So, we started eating out more. We eat out once or twice a week typically and we started eating out like five or six times a week and I put on 5lbs., my husband put on 4lbs. and our older son put on weight. So we were like- what the hell? We need to stop. So, once we stopped for a week and started eating back at home and drinking a lot of water...because it was probably water weight...and I went back down 4lbs. so I knew that it was just from eating out. So I am being more careful and we're back to just eating out once or twice a week and then eating at home the rest of the time. I'm just going to have to be careful. So, I went from 113 to 117- what is that- 4lbs? So I'm still doing good- I'm trying. My goal is... according to my doctor I should only gain about 25-30 lbs. which I've gained almost double in my previous pregnancies. So I'm going to try to keep it in that range and obviously it is going to be easier to lose it on the other end. We'll wait and see what happens.

During her first official pregnancy vlog, Juliet also broaches the topic of weight gain similar to Emma.

For the first 6 1/2 weeks of this pregnancy, so far, all I have wanted to eat are eggs....eggs, eggs, eggs [giggles]. It was hardboiled eggs at first, but then it moved into scrambled eggs with hot sauce. I haven't been eating the eggs as much this past week- I've been trying to eat other things...I have been wanting to eat lemon-type things, salty things, things that have vinegar in them. I bought a bag- I know that it's totally unhealthy- I needed a snack, something that I could eat a few of and then put away. So, I bought a bag of flaming, hot Cheetos with lime. I never eat those- ever! But they were soooo good, really, really good. I have a feeling that that's going to be a little treat that I allow myself to have. I haven't really been going crazy and eating tons of food. Although the other night I did kind of eat heavy. But, for the most part, I don't have a craving or a sweet tooth at all. I did buy some candy the other day- it was a bag of lemon heads, but it was the mixture of flavors. I think it's the tartness that I'm wanting. I'm really glad that I don't really crave much sweet stuff. I'm glad that I'm not pigging out on cookies and sweets and ice cream and gaining a ton of weight that's unnecessary. So, yeah, I feel good about my eating habits right now. I do still drink my juices. On the way to work I get the Naked Green juices- the Green Machine or I get the Berry Boost. And so I drink one of those and I buy a banana. So that's my morning breakfast right there and I have my little granola bars that I eat. So I'm eating healthy for the most part- I mean I'm not eating fantastically healthy but I'm eating what I can eat.

Halfway through her pregnancy, Juliet revisits her concern with weight gain.

I don't have any cravings but obviously I'm hungry all the time. I've still been trying to eat healthy. I think that my portion sizes are kind of big [makes a noise of frustration]. And so, I don't know, I'm not gaining weight too fast. I'm doing fine- it's just [makes another strange noise of exasperation]-I don't know! It's just again- at the end, how much weight am I going to gain? How big am I going to be [throws her head back and smiles]? How many stretch marks am I going to have? It's just all of these things that run through your head. And I know it's like that with any pregnancy but I feel like normally I wouldn't have to think about that type of thing until I was closer to, like, 30 weeks. But I'm only 19 weeks and I feel like I'm huge so, yeah, I feel like I have so much more time to think about it.

In her fourth pregnancy vlog, Mia also raises the issue of weight gain, but with a different attitude than Emma and Juliet.

My appetite has picked up so that's a good thing....Oh! I gained three pounds! I was down one pound from when I got pregnant on August 12 and then I went to the ultrasound on the 27th and found out that I gained three pounds [says all of this with a proud smile on her face]. So that was cool to finally gain some weight- those are the first pounds that I've gained. And, I was like, it is about time that I'm

finally gaining some weight. I feel like it's because my appetite has been picking up- so that was really good.

Later, at 27 weeks, Mia briefly mentions weight gain again, but still with a positive perspective.

I've been enjoying pregnancy [smiles broadly]. But I'm starting to get bigger, starting to get a little slower. I've gained about 10 pounds so far. At 27 weeks the doctor said that's great because most people at this point gain between 17-24 pounds. So I'm still doing well in that area.

Like Juliet and Emma, the women in Finland- Satu and Sanna- are also concerned about weight gain although not nearly to the obsessive extent; they only mention it a few times. Amusingly, they both begin to talk about the issue during their 26th week of pregnancy. Perhaps this is because this is a typical part of pregnancy where women begin to notice the extra weight. Satu comments:

This pregnancy has really changed my body a lot. The weight has come and clothes do not look good. I'm relying on a healthy diet after childbirth and lactation to get back to my normal weight.

Sanna also comments on her body shape and says:

My body feels heavy and my internal organs feel jam-packed and it is hard to breathe. Despite the medication, my heartburn is at its peak. I get tired easily and everything seems difficult. It is hard to go to work, my back hurts, and my feet feel numb.

A month later, Satu briefly brings up weight during her 30 weeks blog.

Wow, no more than ten weeks left. Where has time gone? My stomach has grown and I have 13kg of extra weight. My walking is now slowed down. Will stretch marks appear in the last month? Tomorrow I have a morning appointment at the clinic. Then I will find out if my weight has increased.

Over a month after her initial mention of weight gain, Sanna momentarily talks about it again.

I gained 800g/wk. in the past four weeks. That is 3.2kg in a month and I'm really scared. Therefore, my total weight gain is less than 6kg and I need to stop with the sugar overload.

The topic of gaining weight during pregnancy is complex. Among the women I studied, there is a concern about gaining too much. Research has shown that this is due to a cultural expectation that is common in Western countries. Juliet, Emma, Satu and Sanna all discussed their concerns, while Mia saw the weight gain as a positive part of pregnancy. Mia's perspective is supported by research done by Groth, et al. (2012) which found that African-American women "recognized that gestational weight gain was important to ensure a healthy baby" (804). Further, the "participants indicated in general their culture was accepting of women being 'thicker'" (804). Overall, research suggests that African-American women are more comfortable about their body shape from the beginning and with the idea of gaining weight for a healthy pregnancy. It appears that Juliet, Emma, Satu and Sanna understand they need to gain weight during pregnancy, but their focus is on the idea of limiting how much they gain and making sure it is not too much. Juliet and Emma are also extremely preoccupied with what they eat (although in Emma's case, she states that this is because she is sensitive to gluten). The idea of "cheating" or eating unhealthy is a common theme in their vlogs. Satu and Sanna also share feelings about weight gain similar to Juliet's and Emma's, but, as discussed at the beginning of this chapter, this is tempered by the fact that exercise and outdoor life are an integral part of their lives during pregnancy. In fact, Satu explicitly mentions how she plans to lose the weight naturally after giving birth by breastfeeding and eating healthy.

My research does not dispute the fact that American women must navigate pregnancy through a more medicalized setting. Rather, my work offers clear examples of how American women achieve agency by trying to individualize their pregnancy experiences through making visible the emotional and social labor of pregnancy by

performing pregnancy through vlogging. Showcasing ultrasound exams on social media allows them to do this. In comparison, the lifestyle of Finnish women during pregnancy is more relaxed with their attention shifted towards exercise and being outdoors. Finally, the cultural discourse of weight gain during pregnancy is a shared concern for women in both countries. While obesity, before and during pregnancy is a legitimate concern for women in the United States (Walker 2007), my research indicates that there needs to be a more positive message put forth regarding weight gain for pregnant women. Changing the cultural discourse of women and body image is an important first step to address this issue. The prevailing preoccupation with food and weight by the American women in my research is cause for concern. Further research needs to be done to ascertain how widespread these preoccupations are among pregnant women in the U.S. and Finland.

## Conclusion

Over the past several years, there has been a change in the ways that pregnant women use the Internet to document their pregnancies as seen in their uses of social media. They are using forums, such as vlogs and blogs to provide common ground where women can talk to women and build a sense of community. As a result, shared experiences are going “public” like never before. American and Finnish women use vlogs and blogs as a way to talk about their pregnancy stories characterized by the performative ways they discuss their symptoms and feelings. There are differences in how women in the U.S. and Finland approach this. In the U.S., some vlogs focus on beauty and fashion while others highlight the stress and difficulties of finding a doctor and figuring out maternity leave options during and after pregnancy. Finnish pregnancy blogs are also performative, but the women's conversations are shorter and more direct. Moreover, Finnish women discuss bodily symptoms in further detail than the American women which suggests that they are more matter-of-fact about their bodies.

Despite the confusion, constraints and complexities that are part of the U.S. market-based health care system (and absent from the Finnish healthcare system), women in the United States continue to find ways to assert agency in creative ways. Sharing ultrasound exams is just one way that American women can affirm a sense of individuality and take control of their pregnancies. In contrast, Finnish women are not trying to emphasize individualism in their pregnancy experiences, and their blogs reveal a more relaxed tone. This is apparent in how they spend more time exercising and enjoying nature.

For women in both the United States and Finland, social media creates a space where they can reclaim their pregnancies, make visible the “work” of pregnancy and share knowledge. In this way, the women featured in my thesis contradict much of the academic literature that has focused on how women are controlled during childbirth. Instead, they demonstrated their power to make decisions and to frame their experience for themselves and on their own terms.

Throughout this thesis, certain issues have been raised that could benefit from further investigation and research. For example, more ethnographic studies can be done regarding the way that the Affordable Care Act continues to change the way that Americans and, in particular, pregnant women are able to access healthcare. This legislation is still in its infancy and there are many undetermined aspects that researchers could pursue. Additionally, it would be valuable to further investigate the preoccupation with weight gain during pregnancy and the effects it has on pregnant women. I also think that, in general, it would be beneficial to undertake more ethnographic research with pregnant women in the United States and Finland and elsewhere. Listening to what women have to say during pregnancy offers a window not only onto this important time in an individual woman's life, but also onto the diverse and changing conditions under which this necessary work of social reproduction takes place.

The fact that social media is a relatively new forum to share pregnancy experiences, implies that it is still evolving and the future is uncertain. In what ways will women continue to engage and contribute to a shared conversation, for example, as Juliet did on her pregnancy vlog? It's an exciting time that we, as anthropologists, can learn from as we witness the emerging innovative and dynamic social interactions happening

around the world. There is a wealth of information to tap into and more innovative anthropological research is needed among online communities of women to see how social, cultural, economic and political contexts define the conditions under which women experience biological processes such as pregnancy that through history and across cultures have been said to define them.



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