

methods and identified themselves as both patients and technical experts. One directed: “as a nurse we fold gauze (or a napkin if you don’t have gauze) and pinch the glass with the gauze over it and snap it at the line. This allowed any broken pieces to end up in the gauze and not everywhere else. Hope that made sense (blushing smiley face emoji).” The nurse cancellare gave detailed expertise but then ends with an emotive tone, symbolizing friendliness and perhaps even humility – almost an apology for her expertise – with the emoji.

One IG poster bemoaned the “revenge of teenage acne/IVF problem spots” and shared her journey from great skin to acne as a result of IVF treatment. In the image, she displayed *before* and *after* pictures, but showing regression, with what appeared to be flawless skin to skin with obvious blemishes. The user linked 20 hashtags in her post, among them: *ivfsupport*, *ivfmeds*, *etc.*, *ivfwith-icsi* and *shareyourstory*. The poster uses the term IVF SKIN in all capital letters twice in the caption, suggesting that this may be a common experience with others who have received treatment. The number of hashtags used at the bottom also implies the user is trying to draw people to her post, potentially to engage in dialogue, invite the stories of others, commiserate or find expertise on battling hormonal acne. The other hypertext in this is the user’s location, which is marked as her REI practice, so it is also possible *IVF skin* is a term she discussed with her medical team, though she does not intimate there is a cure. There are four follower comments, but all remarked on the strength of IVF patients. While the poster did not explicitly ask for support, the use of a series of selfies illustrating a treatment side effect such as acne, which can foster pubescent angst, embarrassment, anxiety and shame, represented an intertextual attempt to situate personal experience and boost confidence while seeking affirmation.

Pregnant diagnosis/confirmation

In our previous qualitative research on infertility treatment support participants disclosed practices REI practitioners advised them on what to avoid.^{15,16} These include but are not limited to: sharing medications and taking pregnancy tests before the beta test (*e.g.*, a blood test at an office). REI practitioners we interviewed realize patients often take pregnancy tests anyway, but they continue to discourage the practice, which can cause anxiety and emotional upset from false negatives or excitement and then devastation from false positives. There are posts discussing when to start home pregnancy tests after embryo implantation, all communicating that patients *know better* but then providing detailed images of test results, asking for feedback on symptoms, and querying other IG users for positive stories and experiences. All of the discourse around pregnancy testing reflects resistance to medical expertise on testing early. While testing is emotionally wrought, it reflects the individual desire to reinstate some control over the process, to *know* what is

happening in the body after treatment and before the beta.

Some pregnancy-related posts showed pictures of pregnancy tests with results or discussed if positive lines were growing darker and more apparent, while others discussed *testing out* or monitoring the drop of synthetic HCG from the *trigger shot* (*e.g.*, Ovidrel®), which prompts ovulation before egg retrieval. Once that level disappears, some continue testing to see if their body produces its own HCG and thus a positive pregnancy test, indicating the IVF cycle was successful. However, using pregnancy tests from the drugstore, with dye-based lines instead of digital readings can produce confusing results, so some turn to IG for feedback. There is also an economic constraint here – low-cost pregnancy tests are accessible (*e.g.*, at the Dollar Tree, where tests are \$1 if you buy 4 or more) and attractive for patients struggling to cover treatment costs, but these tests are notoriously unreliable. This tension is well understood in the #ttc community, especially among those on self-pay for meds and treatment, so, IG users present visual and textual supports when posts seek clarification on test results.

User 3 posted an image of three pregnancy tests, each from successive days with a positive line becoming slightly more noticeable across the three days. In the picture the tests are labeled as 5DP5DT, 6DP6DT, 7DP7DT, meaning 5, 6, or 7 days post-five-day transfer, *etc.* The text says, “Last Ivf cycle, I didn’t get a line UNTIL day 7 (and it was a squinter to say the least)...However, each day the line continues to get darker and my confidence grows...[little plant emoji; #ivfsuccess].” Commenters were encouraging: “Looking good!!” and “You’ve got a sticky one in there! Keep testing for as long as it makes you feel good” Post viewers understood both the explicit and implicit question the image posed, and responded by confirming the tests became *more* positive over time. There is no contextual information about the picture, including the lighting for the image, the filter used or other information addressing the impact of setting on the appearance of the result lines. Some users asked the question directly through their posts: “I KNOW everyone is different...I just wanted to hear from you guys when your trigger was gone if you tested it out? How many days after the shot were your tests negative?” The user goes on to discuss the progression in the comments and is second-guessing her results. User 3 concluded: “If it’s still there I’ll ask when we have our WTF appointment next Friday” (Figure 3).

Perhaps the most visually provocative image we encountered showed the user’s cervical mucus. The poster realized their post was unusual, though the hashtagging within the post made the image discoverable to hundreds of thousands of IG users. The caption read: “This is very TMI, ladies!!! Can you tell me what kind of cm [cervical mucus] this is? I’m having a hard time understanding this cm. [Anxious face with sweat]...Sticky? School glue? Btw, my breasts are still sore. [Face with medical mask emoji] P.S. I’m so sorry if this picture is disturbing you. I

might be deleting this pic after I know the answer.” The commenters did not seem deterred by this and instead responded very positively: “I’d call it somewhere between sticky and creamy” and “Not to get your hopes up or anything but my body produced stuff like that when I was pregnant,” or “Creamy/school glue I think!” This image is certainly explicit in its signaling – this is clearly a body fluid. Yet the apologetic tone and use of TMI (which means *too much information* and flags information some users might find too personal) with the image are intertextual, asking for forgiveness with a parallel demand for confirmation. The responses were effusive and mimic the intimacy of the image by pairing adjectives common in pregnancy manuals and doctor’s pamphlets with encouraging words, positive emoji and assurances based on an image in an unknown setting. Again affordances matter here – we wondered where the picture was taken (context), in what lighting, at what time of day, and posted with what IG filter? All of these contextual elements could change the appearance of the opacity and viscosity of the material on the poster’s fingers and as a result, the actual answer to her question.

Research implications

Based on our findings, patients before, during and after IVF treatments are using IG to give and exchange medical expertise, but also to build community and support one another (*e.g.*, sharing words of encouragement, donating surplus drugs to each other). The intertextual and hypertextual nature of these posts (*i.e.*, the use of image-text to communicate) makes them accessible to potentially

millions of IG users and creates a time-specific record of a dialogue between members of this hashtag public. Given the public nature of this discourse and the personal information and data that is often shared, there are legal issues to consider. Legally, problems may arise from medicine exchanges, particularly if sending donated drugs is considered mail fraud. Is there liability in situations where IG users make personal health decisions based on IG discourse, and if so, who would be responsible? Ethical guidelines and legal frameworks are far behind the potentialities of social media interactions, and so much of what we observed reflects this gap. On the other hand, the lack of oversight and regulation create meaningful spaces where individuals can build community and impact each other in tangible ways, which is vital given the isolation commonly experienced by fertility patients.^{11,13,14,17}

Considerations of legality also intersect with privacy issues. In our data set, posters included images that revealed their full names, birthdates and social security numbers, as well as screenshots of private emails received from their REI practices, with the first and last names of their practitioners publicized. Interestingly, many of these were posted through accounts in which the individual’s IVF-specific account is obscured or hidden so strangers were potentially more likely to view this information than close friends or family. In the email instance, the nurse in question was clarifying a treatment error and commenters revealed the particular medical system and location of the practice. We are unaware if anyone from the practice was aware of this post, and the nurse may or may not have had anything to do with the clinical error in the message.

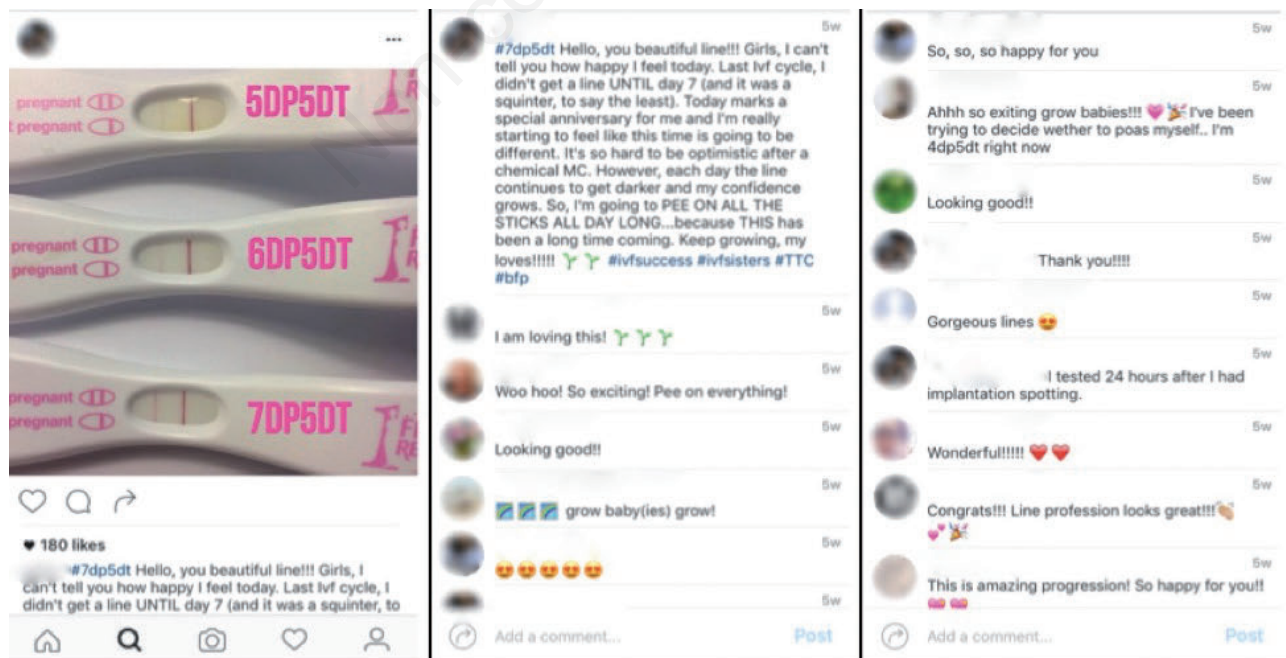


Figure 3. Blur of pregnancy tests, 5DP5DT.

Furthermore, it is unclear if IG users understand the searchability of their images based on their use of hash-tags; do users realize that anyone that uses the same hash-tag or searches that hashtag can view their information and potentially use it in ways the poster did not envision or would not approve (e.g., identity theft)? One protection available to users is to set their account to *private* but in the #ttc community, accounts are often public so users can follow the hypertextual trail to find and support each other.⁶⁹ And if you have a private profile but leave a comment on a public account, your profile is visible and other users can click on your username.⁶⁹ Because IG delineates the privacy policy in their user agreement,⁶⁹ it is unclear whether or how Instagram supports users who claim invasion of privacy or identity theft; hypertext is an affordance, so it leaves a trail by design. Lastly, for some IG users, IG represents a safe space to share their fertility journey *because* they are not discussing it openly with friends and family. The popularity of hypertext in these posts complicates the idea that simply obscuring one's identity with a username provides the sort of anonymity expected or desired.

For REI practices, it may be valuable for doctors and nurses to understand where patients are seeking and receiving information to better prepare patients to ascertain what is accurate advice. As we have seen from our previous research, telling patients *don't Google* is not effective,¹⁵ and during IVF cycles, treatments (such as injections) happen in the home and generally not during business hours. Patients understandably have questions or concerns but due to long wait times and/or lack of availability, talking to a practitioner immediately might not be possible. Given how quickly some posters turned to IG to gather information or share their frustration with medical experts (4 minutes in the case discussed), it is likely some users will find expertise and support on IG prior to making contact with a practitioner. On social media platforms, the contingent nature of information is visible – the way expertise is framed, consumed, and resemiotized through inter- and hypertextual discourse continues to confound the expertise binary of *lay* or *technical*.¹² In this setting, users validate expertise through the nature of the discourse, by what is posted and what is *liked* rather than by clear standards and structures external to this discourse. For example, when patients receive support for activities against the recommendation of medical personnel (e.g., pregnancy testing during the *two-week wait*, or the time between embryo implantation and the beta test).

Regarding medicine exchanges, is it possible that medicine received from another IG user is no longer viable, was accidentally contaminated or damaged during shipping? As these medicines are posted, they become parts of hypertextual discourse, but they also lead to offline communication and interaction, including mailing packages and thank you notes. Furthermore, these posts can be removed at any time, making the success of medicine exchanges challenging to

gauge and track. Practitioners might consider that patients' resistance to or questions about protocols can result from expertise gleaned on IG (e.g., information on multiple embryo transfers). All of these practicalities highlight the power and complexity of imagetext on social media platforms, showing the richness of these spaces for semiotic discourse, as well as the complications introduced by hypertextuality.

Conclusions

Given the availability of social media-based data, there are countless entry points for other scholars to analyze multidimensional discourse on social media platforms. In terms of health issues, other studies could examine hormonal therapy, surgery, intrauterine insemination and other procedures or treatments distinct from the conversations we studied. Future research could query the impact of alternative REI treatments (e.g., meditation, yoga, dietary changes). A multimodal analysis that seeks out the perspectives of women of color, queer women, trans women, women with lower socioeconomic status and other individuals in treatment would provide more information about the impact of IG's affordances such as hashtag use, tagging, emoticon/emoji use and help interrogate the analytics of silencing alternative voices and perspectives. This silencing is a practice Rachel Cargyle (@rachel.cargyle) and others refer to as being *shadow banned*, wherein IG blocks an individual's hashtag from appearing in searches without their knowledge (most users find out from their followers). Reviewing a range of these discourses can also provide information on the varying experiences of communities at potential crisis points in the life-cycle of early motherhood.¹²

Another call for future research is to broaden the system of data collection. There is no efficient tool to perform textual and visual analysis of IG imagetext, unless posts are individually collected, compiled and coded. Netlytics and other programs focus on likes and other metrics, but do not have tools available for rhetorical analysis. Radian6, which collects social media data, gathers text from IG, Twitter, blogs and Facebook but does not collect images. To analyze the imagetext in context we had to pair screenshots with comments in a linear progression, a tedious effort that worked but could be cumbersome to analyze. Despite the challenges of data collection, IG is a social media platform with rich and wide-ranging research opportunities. Future scholars might also conduct multi-discourse analysis on other stigmatized diseases (e.g., STIs, diabetes). What types of health information and medical expertise are sought and exchanged in these communities on IG? Future studies could analyze discourses available through Facebook or IG live or stories functions and analyze users' direct messaging to poster content. Finally, researchers could closely examine emoji use within the #ttc community,

and in other hashtag publics. Emoji are a semiotic, inter-textual form unique to the social media age, and their role offers complex, fascinating material for study.

Today, we engage in a mediated world, where most discourses allow for multifaceted analysis (e.g. of inter-text, hypertext, etc.). Social media is just one level of our mediated realities. On Instagram, users in the #ttc community act as informal patient advocates for themselves and others experiencing IVF treatments, while creating a multimodal, digital extension of the formal, textual medical record. For users, the unique nature of the IG platform, the power of hypertext and the utility of images, offers a unique refuge from the biomedical gaze. As one user commented: “I’ve learned one thing, gotta advocate for yourself and pay attention to every detail.”

The lack of acknowledgment by individual health practitioners, practices or systems regarding the impact of multimodal discourses on social media platforms actively denies the lived reality of many patients. This denial refuses to grasp the dynamic nature of multimodal communication in which expertise is negotiated, recontextualized, and even disseminated in new forms (e.g., through hypertext such as #ivfmeds).^{12,70} With cautious optimism we urge healthcare practitioners and administrators to consider these dynamic, intertextual and interconnected discourses to keep practitioner-patient dialogue open and evolving in tandem with social media platforms available today and in the future.

References

1. Bigelow HR. The moral significance of sterility. *Obstetric Gazette* 1883;16:1-24.
2. Gregg RS. Sterility versus fecundity, and the divorce evil. *Milwaukee Med J* 1905;13:60-2.
3. Meaker S. Human sterility: causation, diagnosis, and treatment. a practical manual of clinical procedure. Baltimore: Williams and Wilkin; 1934.
4. Centers for Disease Control and Prevention. Infertility FAQs. Available from: <https://www.cdc.gov/reproductive-health/infertility/index.htm>. Accessed: September 2018.
5. Eunice Kennedy Shriver National Institute of Child Health and Human Development of the National Institutes of Health. Infertility and fertility. Available from: <https://www.nichd.nih.gov/health/topics/infertility>. Accessed: September 2018.
6. World Health Organization (WHO). Infertility is a global public health issue. Available from: <http://www.who.int/reproductivehealth/topics/infertility/perspective/en/> Accessed: September 2018.
7. Sandelowski M. With child in mind: studies of the personal encounter with infertility. Philadelphia: University of Pennsylvania Press; 1993.
8. Marsh M, Ronner W. The empty cradle: infertility in America from colonial times to the present. Baltimore: Johns Hopkins University Press; 1996.
9. Mayo Clinic. In vitro fertilization (IVF). 2019. Available from: <https://www.mayoclinic.org/tests-procedures/in-vitro-fertilization/about/pac-20384716>.
10. Bell AV. Beyond (financial) accessibility: Inequalities within the medicalization of infertility. *Social Health Illn* 2010;32: 631-46.
11. Johnson B. Personal, interpersonal, biomedical, textual: Vignettes on infertility and fertility privilege. *Depart Crit Qual Res* 2016;5:76-100.
12. Johnson B, Margaret M. You’re doing it wrong! Mothering, media and medical expertise. Rutgers: Rutgers University Press; 2019.
13. Bute JJ. “Nobody thinks twice about asking”: Women with a fertility problem and requests for information. *Health Commun* 2009;24:752-63.
14. Bute JJ, Vik TA. Privacy management as unfinished business: Shifting boundaries in the context of infertility. *Commun Stud* 2010;61:1-20.
15. Johnson B, Quinlan M, Marsh JS. Telenursing and nurse-patient communication within Fertility, Inc. *J Holist Nurs* 2018;36:38-53.
16. Johnson B, Quinlan M, Myers J. Commerce, industry, and security: Biomedicalization theory and the use of metaphor to describe practitioner-patient communication within Fertility, Inc. *Womens Reprod Health* 2017;4:89-105.
17. Willer EK. Health-care provider compassionate love and women’s infertility stressors. *Commun Monographs* 2014;81:407-38.
18. Breitkopf E, Rubin L. (Re)productive disorders: The expanding marketplace for infertility medicine. In: McHugh MC, Chrisler JC, eds. *The wrong prescription for women: How medicine and media create a “need” for treatments, drugs, and surgery*. Santa Barbara: Praeger; 2015. pp 37-59.
19. Pew Research Center. Millennials: A portrait of generation next. Available from: <http://www.pewsocialtrends.org/files/2010/10/millennials-confident-connected-open-to-change.pdf> Accessed: September 2018.
20. Press G. A very short history of the internet and the web. *Forbes* 2015. Available from: <https://www.forbes.com/sites/gilpress/2015/01/02/a-very-short-history-of-the-internet-and-the-web-2/#7f0d5bad7a4e> Accessed: September 2018.
21. Zimmermann KA, Emspak J. Internet history timeline: ARPANET to the world wide web. *Live Science* 2017. Available from: <https://www.livescience.com/20727-internet-history.html> Accessed: September 2018.
22. Eastin MS. Credibility assessments of online health information: The effects of source expertise and knowledge of content. *J Comput Mediat Commun* 2001;6.
23. Kata A. A postmodern Pandora’s box: Anti-vaccination misinformation on the Internet. *Vaccine* 2010;28:1709-16.
24. Silence E, Briggs P, Harris P, Fishwick L. Going online for health advice: Changes in usage and trust practices over the last five years. *Interact Comput* 2006;19:397-406.
25. Pew Research Center. Social media update. Available from: http://www.pewinternet.org/2016/11/11/social-media-update-2016/pi_2016-11-11_social-media-update_0-03/ Accessed September 2018.
26. Johnson SA. “Maternal devices,” social media and the self-management of pregnancy, mothering and child health. *Societies* 2014;4:330-50.
27. Lupton D. Caring dataveillance: Women’s use of apps to monitor pregnancy and children. In: Green L, Holloway D, Stevenson K, et al. (eds.) *The Routledge Companion to Digital Media and Children*. Abingdon-on-Thames: Routledge; 2019.
28. Riley-Smith B. How Instagram took over the world in just

- three years. Telegraph 2013. Available from: <https://www.telegraph.co.uk/technology/10355980/How-Instagram-took-over-the-world-in-just-three-years.html> Accessed: September 2018.
29. Escoffery C, Miner KR, Adame DD, et al. Internet use for health information among college students. *H Am Coll Health* 2005;53:183-88.
 30. Morahan-Martin JM. How internet users find, evaluate, and use online health information: A cross-cultural review. *CyberPsychol Behav* 2004;7:497-510.
 31. Feiler B. App time for nap time: The Parenials are here. *The New York Times* 2017; Available from: <https://nyti.ms/2hDJK7y> Accessed: September 2018.
 32. Edison Research. Moms and media. 2013. Available from: <http://www.edisonresearch.com/wp-content/uploads/2013/05/Moms-and-Media-2013-by-Edison-Research.pdf> Accessed: September 2018.
 33. Khouri JS, McCheyne MJ, Morrison CS. #Cleft: The use of social media amongst parents of infants with clefts. *Cleft Palate Craniofac J* 2017;55:974-6.
 34. Landry T. How social media has changed us: The good and the bad. *Business 2 Community*. Weblog. 2018. Available from: <https://www.business2community.com/social-media/social-media-changed-us-good-bad-01000104#8k65A08r0MVI4XyD.97> Accessed: September 2018.
 35. Ridgway JL, Clayton RB. Instagram unfiltered: Exploring association of body image satisfaction, Instagram #Selfie posting, and negative romantic relationship outcomes. *Cyberpsychol Behav Soc Net* 2016;19:2-7.
 36. Olszanowski M. Feminist self-imaging and Instagram: Tactics of circumventing censorship. *Vis Commun Q* 2014; 21:83-95.
 37. Olszanowski M. The 1x1 common: The role of Instagram's hashtag in the development and maintenance of feminist exchange. In: Rambukkana N, ed. *Hashtag Publics*. New York: Peter Lang Publishing; 2015. pp 229-242.
 38. Zappavigna M. Searchable talk: the linguistic functions of hashtags. *Soc Semiotics* 2015;25:274-91.
 39. Adami E. What's in a click? A social semiotic framework for the multimodal analysis of website interactivity. *Vis Commun* 2014;14:133-53.
 40. Hiscott R. The beginner's guide to the hashtag. *Mashable* [online curated blog] 2013 Available from: <https://mashable.com/2013/10/08/what-is-hashtag/#6XoZi1AZpPqO>. Accessed: 2019 Jan 25.
 41. Tiidenberg K. Odes to heteronormativity: Presentations of femininity in Russian-speaking pregnant women's Instagram accounts. *Int J Commun* 2015;9.
 42. Ahmed W. Public health implications of #ShoutYourAbortion. *Public Health*. 2018;163:35-41.
 43. Dorfman RG, Vaca EE, Mahmood E, et al. Plastic surgery-related hashtag utilization on Instagram: implications for education and marketing. *Aesth Surg J* 2017;38:332-38.
 44. Ucar T, Culpam M, Caskurlu T, et al. The activity and discussion points of #Circumcision through Twitter; a microblogging platform. *Int J Impot Res* 2018;30:249-52.
 45. Doctor V. Hashtag history: When and what started it? *Hashtags.org* [online curated blog]. 2013 Available from: <https://www.hashtags.org/featured/hashtag-history-when-and-what-started-it/>. Accessed: 2019 Jan 25.
 46. Barthes R. *Elements of semiology*. London: Jonathan Cape; 1967.
 47. Miller AF. *Redneckaissance: Honey Boo Boo, Tumblr, and the stereotype of poor white trash* [dissertation]. Columbia, South Carolina: University of South Carolina; 2015.
 48. de Saussure F. *Course in general linguistics*. London: Fontana; 1974.
 49. Van Leeuwen TV, Kress G. *Multimodal discourse: the modes and media of contemporary communication*. London: Hodder Arnold Publishers; 2001.
 50. Plastina, AF. Patient (mis)understanding of prescription drug ads in social media: Multimodal discourse analysis of eDTCA. In: Maci S, Sala M, eds. *Insights into medical communication*. Bern, Switzerland: Peter Lang Publishers; 2015. pp. 189-212.
 51. Berger J. *Ways of Seeing*. London: British Broadcasting Corporation; 1972.
 52. Mitchell WT. *Iconology: image, text, ideology*. Chicago: University of Chicago Press; 1986.
 53. Mitchell WT. *Picture theory: essays on verbal and visual representation*. Chicago: University of Chicago Press; 1994.
 54. Jensen RE. The eating disordered lifestyle: Imagetexts and the performance of similitude. *J Am Forensic Assoc* 2005;42:1-18.
 55. Bucher T, Helmond A. The affordances of social media platforms. In: Burgess J, Poell T, Marwick A, eds. *The Sage handbook of social media*. London: Sage; 2017. pp. 223-253.
 56. Fallon K. Streams of the self: The Instagram feed as narrative autobiography. In: *Proceedings of the interactive narratives, new media & social engagement international conference*. Toronto: University of Toronto Press; 2014. pp. 4-60.
 57. Borzekowski DL, Schenk S, Wilson JL, Peebles R. e-Ana and e-Mia: A content analysis of pro-eating disorder web sites. *Am J Public Health* 2010;100:209-38.
 58. Dylko IB, Beam MA, Landreville KD, Geidner N. Filtering 2008 presidential election news on YouTube by elites and novelties: An examination of the democratizing potential of the internet. *New Media Soc* 2012;14:832-49.
 59. Hwang KO, Fahren K, Johnson CW, et al. Quality of weight loss advice on internet forums. *Am J Med* 2007;120:604-9.
 60. Hwang KO, Ottenbacher AJ, Green AP, et al. Social support in an internet weight loss community. *Int J Med Inform* 2010;79:5-13.
 61. Van Hoof W, Provoost V, Pennings G. Reflections of Dutch patients on IVF treatment in Belgium: A qualitative analysis of internet forums. *Hum Rep* 2013;28:1013-22.
 62. Saldaña J. *The Coding Manual for Qualitative Researchers*. Thousand Oaks, CA: Sage Publishing; 2009.
 63. Rambukkana N. FCJ-194 From #racefail to #Ferguson: The digital intimacies of race-activist hashtag publics. *Fibreculture J* 2015;26:159-88.
 64. Potter J, Wetherell M. *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. Thousand Oaks, CA: Sage Publishing; 1987.
 65. Jungheim ES, Meyer M, Broughton DE. Best practices for controlled ovarian stimulation in IVF. *Sem in Rep Med* 2015;33:77.
 66. CBSNEWS.com. Buyer beware: Fertility drugs online. *CBS News Online* [online news source] 2000. Available from: <https://www.cbsnews.com/news/buyer-beware-fertility-drugs-online/> Accessed: 2019 Jan 25.
 67. Levy L. What this "army of infertility warriors" did for complete strangers going through IVF. *PopSugar* [online curated blog] 2017. Available from: <https://www.popsugar.com/family/Strangers-Donating-IVF-Medicine>. Accessed: 2019 Jan 25.

68. Mamo L. Fertility, Inc.: Consumption and subjectification of lesbian reproductive practices. In: Clarke AE, Mamo L, Focskiet JR, et al., eds. Biomedicalization: Technoscience, health and illness in the US. Durham, NC: Duke University Press; 2010. pp 173-196.
69. Instagram. Controlling your visibility. Available from: [https://help.instagram.com/116024195217477/?helpref=hc_](https://help.instagram.com/116024195217477/?helpref=hc_fnav&bc[0]=Instagram%20Help&bc[1]=Privacy%20and%20Safety%20Center)
70. Quinlan M, Johnson B. #motherhoodishard: Narrating our research and mothering in the postpartum stage through texting and social media. *Health Commun* 2019; available from: <https://www.tandfonline.com/doi/full/10.1080/10410236.2019.1587694>

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