
Vlogging Pregnancy and Laboring During the Pandemic on YouTube

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ABSTRACT

Since early 2020, the world has been dealing with the COVID-19 pandemic. The rapid changing situation led to unforeseeable challenges and questions for many people, including pregnant women. Through a textual analysis of personal narratives told via pregnancy and/or laboring vlogs during COVID-19, this present study aims to understand how women from China who live in another country during pregnancy have utilized YouTube vlogs to share their experiences. Through this analysis, we identify various challenges that these women experienced during their pregnancy. The COVID-19 pandemic exaggerated the normal difficulties of these issues and also created additional problems for these women, including regular pregnancy tests, choice of birthing locations, and the support and caring that were normal during this time period.

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INTRODUCTION

In early 2020, COVID-19 spread nationwide in China and later became a global pandemic. The rapid changing context of the situation led to unforeseeable challenges and questions for pregnant women. Pregnant women are often among the most vulnerable groups during public health outbreaks because of “their compromised immunological functions, altered physiology, and susceptibility in infections” (Dashraath et al., 2020). In addition to the physical health implications for pregnant women, pregnancy may also lead to a decline in women’s mental health (Mourady et al., 2017; Salehi et al., 2020). There are many research projects on pregnancy-related obstacles driven by the pandemic (see Yaliwal et al., 2020), but there remains a need for more inquiries.

Since COVID-19 was first reported in China, Chinese people living outside China had to

deal with the consequences of the pandemic, which included being stigmatized for “looking Chinese,” facing incidences of COVID-related racial discrimination, and experiencing physical assaults and/or violent hate crimes (Koller et al., 2021). The intersection of two factors, living outside China and experiencing pregnancy and/or laboring during an unprecedented global pandemic, reinforced the uncertainties and increased the challenges that this group of Chinese women might encounter. This project, therefore, draws attention specifically to the experiences of pregnant women from China who lived in another country during the pandemic.

VLOGGING AND NARRATION

YouTube and Vlogging

Scholars have framed YouTube in a number of ways, including seeing the site as a biographical

platform, a platform that has changed how the public consumes media, and as a digital literacy tool in the classroom (Arthurs et al., 2018). Furthermore, YouTube users are able to engage in nonwritten forms of storytelling, with vlogging (a combination of video and blogging) being the most popular form. Raun (2015) defines vlogs as “a site for autobiographic storytelling” in his research on persons who are transgender (p. 366). In fact, vlogs provide open accessible platforms for individuals to engage, both nationally and transnationally, with the audience and create digital communities on various topics through personal narratives (Barrett, 2019; Eisenlauer & Hoffmann, 2010). A number of vloggers connect with health-related issues, and a growing number of scholars have investigated the use of vlogs in health management (Holtgrave, 2015; Schuman et al., 2019). Jindal and Liao (2018) discovered that vlogging has become a growing source of health information for individuals who have HIV/AIDS. In their research on vlogs dealing with severe mental illness, Sangeorzan et al., 2019 found vlogging helped vloggers to develop self-empowerment as well as a positive self-outlook.

Moreover, some scholars have already looked at the connection between COVID-19 and vlogging. Zhang and Zhao (2020) studied Chinese vloggers living outside China during the pandemic. By examining different vlogs, they found these vloggers shared culturally specific feelings and unique observations (fears, mask-wearing) aimed at a particular audience: the transnational, Mandarin-speaking diaspora. Inspired by Zhang and Zhao’s work, the current project aims to understand how women from China who lived in another country during pregnancy have been affected during the pandemic by looking at what these women share via YouTube vlogs.

Narration

Fisher (1984) defines narration as “symbolic actions—words and/or deeds—that have sequence and meaning for those who live, create, or interpret them” (p. 3). Fisher (1995) also points out that public and social knowledge are essential in the narration, which can be found in different stories. In the digital age, the narration has received increasing attention (see Bylund, 2005; Duan, 2020; Sanders, 2019).

Women from China who live in another country during pregnancy experience double challenges.

For one thing, by experiencing pregnancy and/or laboring outside their native country (i.e., China), they encounter a different maternal healthcare culture. This would be hard enough for any person; however, these women also faced this situation during the COVID-19 pandemic. This project uses narration as its theoretical concept to examine these women’s pregnancy and/or laboring experiences, as shown through their YouTube vlogs. Our analysis of their narratives reveals both differences and commonalities at the individual and collective levels. This information is important to the delivery of maternal health information for women in a global health crisis time. This project centers on the following research questions:

RQ1: How do women from China living in another country during pregnancy narrate their pregnancy and/or laboring stories on vlogs during the COVID-19 pandemic?

RQ2: What commonalities and differences exist across these vlogs?

METHODS

To address the research questions, the current project employs textual analysis as the main method to examine the vlogs that were created by women from China who lived outside of China during the pandemic. McKee (2003) defined textual analysis as a method to “understand the ways in which members of various cultures and subcultures make sense of who they are, and of how they fit into the world in which they live ” (p. 8). Meanwhile, textual analysis has also been widely used to study YouTube content on health-related topics (see Duan, 2020; Lanza, 2020; Yoo & Kim, 2012; Zhang & Zhao, 2020).

Inspired by Zhang and Zhao’s (2020) work, using a keyword search (in both Chinese and English) for “pandemic pregnancy” and “labor in pandemic” on YouTube, as well as looking at recommended videos by YouTube’s algorithm, we identified eight vloggers who created at least one video dealing with pregnancy and/or laboring during the pandemic. We selected 25 vlog entries created by 8 different vloggers located in the United States, Germany, France, Canada, Japan, and Australia. All vlogs were posted between March 2020 and December 2020, inclusive. We examined these videos in terms of spoken material, using textual analysis and visual elements, including general environmental settings and some nonverbal communication practices (e.g., wearing masks, disinfecting, etc.). Although all vlogs

are available to the public, we still use pseudonyms here to maintain as much anonymity as possible. (Please see detailed information in Table 1).

All vlogs were narrated in Chinese. We transcribed all the videos into English by using YouTube automatic captioning and DeepL Translator. One of the authors is a native Chinese speaker, and this author reviewed the vlogs' transcripts and made sure the main content was accurately translated. All dialogue is presented in English in this analysis. We coded all information in the vlogs and analyzed the vlog content in line with the procedure of thematic analysis (Charmaz, 2014; Lawless & Chen, 2019). We read each vlog transcript line by line, identified data into main themes, and organized the emerged themes from the analysis to offer a systematic elaboration. In the analyzing procedures, we paid close attention to those moments that centered on experiences related to pregnancy and/or laboring.

FINDINGS

The majority of the vloggers created at least two vlogs to share their pregnancy and laboring experiences. The length of their vlogs ranged from 5 to 30 minutes, and the number of views ranged from 41 to 161,299. We identified four main themes that emerged from the vlogs: prenatal testing, hospital bags, choice of birth location, and support (or lack thereof).

Prenatal Testing: How Do We Do Prenatal Testing During the Pandemic?

Most vloggers created a vlog on the experiences of prenatal testing (e.g., 20-week anatomy). Given the situation of the pandemic, many vloggers encountered various challenges in their pregnancy tests. For example, Sophie lives in New York and is pregnant with her second child. She documented her 20-week anatomy scan in a vlog that she posted in August 2020. The ultrasound was not able to show her baby (fetus) very clearly, although her obstetrician tried a couple of times. Sophie was quite nervous at that time, and she was a bit worried about the baby's situation. If Sophie's obstetrician asked her to visit the office for another ultrasound, she had to go to a hospital. Given the situation of COVID-19 in New York City, Sophie said:

I am nervous. I hope I can reduce the contact with the others and avoid presenting myself in a people-dense place during the pandemic; in particular, for the place like the hospital. Fortunately, my OB

TABLE 1.
Detailed Information of Vloggers

| Vloggers' names | Location | Length on vlogging | Number of the vlog on the topic of pregnancy/laboring experiences during COVID-19 |
|------------------------|-------------------|---------------------------|--|
| Yuri | Japan | 3 years | 2 |
| Wenwen | The United States | 6 years | 2 |
| Sophie | The United States | 1 year | 3 |
| JQ | Germany | 2 years | 9 |
| Cici | France | 1 year | 3 |
| Luyu | Canada | 8 months | 1 |
| Shelley | Canada | 4 years | 2 |
| Grace | Australia | 3 years | 3 |
| Total | | | 25 |

[obstetrician] was able to see the baby clearly for the third-time attempt.

In Paris, Sisi had to visit the hospital twice for the nuchal translucency test and alpha-fetoprotein screening. Sisi said in a vlog that she posted in April 2020, "I went to the hospital with my partner, but our doctor was not there that day. Hence, my husband and I visited there twice for the tests. There were some potential risks for doing it." She also wrote one sentence as a description for the vlog content, "The hospital is quite scary in the pandemic, but our story [having a new baby] is very sweet. We would like to share the joy and happiness with you." In Austin, Wenwen and her husband went together for the 20-week anatomy screening. In her vlog, she said, "Wei [my husband] and I would like to try if we can go inside together. Due to the pandemic, they might not allow the husband to go inside, but let's try." During the sonogram, Wenwen stated that she had "to record videos of the baby for my husband since he cannot be here with me."

These were risky trips for the women, and they took precautions, as seen in their vlogs. They all wore masks when they met their obstetrician for the examinations. From the scenes they described in their vlogs, most clinics and hospitals had a sign that indicated face coverings were required for all visitors. Some vloggers used their cameras to capture the almost-empty hallways in the hospitals. One narrated, "The hospital is semiclosed due to the COVID-19. There is a special path for COVID-19 patients."

Hospital Bags: What Do I Need to Prepare?

Most vloggers normally started their video with a generic opening sentence along the lines of the following: “Some of my subscribers messaged me and asked me, ‘What’s in my hospital bag?’ since I labor in [names of the country]. Therefore, I would like to share my hospital bag with you today.” We found that most vloggers would initially prepare the hospital bag based on the checklist they received from their obstetricians. They would then customize the carrier based on their personal preferences, as well as concerns about COVID-19. In Germany, JQ followed this pattern; she prepared the bag based on her obstetrician’s suggestions and then added some extras. JQ said, “I have prepared a package of masks. This is a package of disinfecting tissue.” She then went on to explain, “Although I know the hospital should be super disinfected, I would like to have my own disinfecting tissues.”

Similarly, Grace in Melbourne, Australia, mentioned that she stocked the hospital bag with many items, many of which went beyond the basic checklist. Grace said, “I also put some items that I think are necessary or I think I may use it after laboring, although they are not on the checklist.” Grace then shared she added “Yuezi hat” to her hospital bag. She explained:

This is a Yuezi (e.g., confinement, sitting the month, the 1-month period after childbirth) hat, and I can wear it after taking shower. An old Chinese saying says, “Don’t wash or take shower after birthing.” But the midwives and nurses in Australia suggested that I take a shower after birthing, which would make me feel refreshed. I will take a shower and clean up, and I think as long as I dry my hair, I will be fine. Wearing the Yuezi hat, it will warm my head and prevent me from catching a cold.

In Grace’s case, she is finding a balanced practice between traditional Chinese maternal health care and the western approach. Yuezi, the 1-month period following childbirth, is important for women to recover from laboring. During this time, many Chinese people believe it is essential to keep the body warm by drinking warm water and eating well-cooked food. In some women’s vlogs, they eat the food provided by the hospital, including salads, ice cream, and cold water.

Birth Location: Where Will I Have My Baby?

By the end of our analysis, seven vloggers had given birth. Subsequently, they created a vlog on laboring. Interestingly, half of them chose to labor in a birth center or a private maternal hospital. Yulu, living in Montreal, Canada, explained her reasons for laboring in a private practice.

I am not the only one who has been impacted by the pandemic; everyone has. I visited my OB [obstetrician] when I was pregnant for 3 months. It was a private practice, and it was not open for the public because of the pandemic. The public hospitals admit COVID-19 patients, and I am worried about infections. I am living in Montreal, and it is a COVID-19 hotspot in Canada. Although we have to pay more here, it is much safer and more convenient.

Wenwen, living in Austin, Texas, also created a vlog to share the birth location she visited. Wenwen said:

I feel the birthing center is safer than the hospital. Because of the pandemic, the hospital is risky in terms of virus infections. The birthing center makes me feel at home, and it is a place between laboring at home and laboring in the hospital. There are many professional midwives work here, but it does not have the advanced medical equipment. The entire birthing process will be monitored. Also, this birthing center will evaluate pregnant women’s situation before they accept new expectant mothers. They will say no to the pregnant women with health issues or those who are labeled as “high risk.”

Regardless of the birth locations, these women’s main concern was the potential infectious condition of the hospital or birthing center. Although they wore masks and had disinfectant tissues in their hospital bags, they were still worried about the conditions in the hospital or being in contact with other patients there. In their vlogs, we observed that all of them chose a single-person birth room initially or switched to a single room after birth. They took precautions when they were in the hospital, and they aimed to avoid any unnecessary contact with others.

Support and Lack Thereof

In the analysis of the vlogs, we also discovered a theme revolving around the feeling of loneliness and

a strong desire for family support. On the one hand, most of the vloggers mentioned their husbands were supportive during their pregnancy and/or laboring. For instance, their husbands accompanied them during the prenatal testing. Although most hospitals would not allow their husband to go in due to the pandemic, they drove the vloggers to the hospital and waited for them patiently. On the other hand, some of their husbands worked from home or still went to the office for work during the pandemic, which made some vloggers need to carry lots of the burden by themselves.

Women from China who lived in another country during pregnancy are a unique cohort. It is important to note that Chinese parents usually help their daughters (and/or daughters-in-law) during their pregnancy and the first postpartum month. During this time after the pregnancy, it is considered an inheritance in Chinese family culture for new parents to observe their own parents and learn how to take care of new babies. However, because the parents of many of the vloggers lived in China, they were not able to come to visit them during the pandemic. LJ said:

Unfortunately, my parents will not be able to come to take care of me this year. It's not [only] due to flights or visa issues, our concern is [also] about their safety. First, the pandemic situation is still not very stable in Europe. The flight from Shanghai to Germany is at least 12 hours. It is not very safe to take the long-distance flight. So due to the consideration of safety, I don't want them to take any risk to come to Germany.

Besides the lack of their parents' support during the pandemic, many vloggers might have also encountered some challenges stemming from the transnational situation. Yuri is living in Japan with her husband, and she discussed her birthing situation in her vlog titled "Birthing a baby in Japan during the pandemic." She said:

The city of Wuhan started to lock down on January 23, 2020, and I was 27 weeks pregnant. Japan restricted foreigners' entry since March 20, and I was 33 weeks pregnant. Hence, my parents canceled their flight ticket. My expected delivery date was April 21, which was right after Japan declared its national emergency. Hospitals in Japan did not allow any visitors, and I had to labor

myself without my parents and my husband. It was challenging.

Beyond not having her parents around, Yuri also encountered some language barriers in the birthing process. Her obstetrician suggested inducing labor in Week 39, and the obstetrician used the medical term "balloon oxytocic birth process" when she explained the process to Yuri. Reflecting on this, Yuri commented, "I did not even know how to say it in Japanese. I did not prepare for it." The language barriers and birth process in an unfamiliar environment reinforced the sense of loneliness and depression. In both Yuri and LJ's postpartum vlogs, they expressed their emotions as new mothers in this unique situation. They admitted to "feeling depressed after laboring" and one even said, "No one can help me. It is very challenging."

DISCUSSION

This study contributes to the scholarship of narrative studies on pregnant women by analyzing vloggers' narratives during the pandemic. This project identified various challenges that women from China living in another country experienced during pregnancy and/or laboring. The COVID-19 pandemic exaggerated the normal difficulties of these issues and created additional problems for women, including receiving routine tests, choice of birthing locations, and the support and care that are normal during this time period. Similar to Brigham and Women's Hospital's project (2020), we agree that the COVID-19 pandemic deepened depression, anxiety, and feelings of uncertainty among pregnant women, in particular, women from China who lived in another country during their pregnancy.

The findings resonate with Cosma et al.'s study (2021) on pregnant women's emotional reactions to the pandemic, which included being scared and afraid. During the first trimester of pregnancy, in particular, pregnant women are in "a unique immunological state of pregnancy and have risk of respiratory infections" (Cosma et al., 2021, p. 537). Women from China living in another country during their pregnancy are a unique group of women because of their close cultural ties with Chinese society. Because the COVID-19 virus was first identified in Wuhan, these women were able to access COVID-19-related information from Chinese media and their families in China, which

helped them to treat COVID-19 seriously and take precautions against it (see Ding & Zhang, 2022; Sun et al., 2021).

Moreover, the fear of infections and the fear of the pandemic made half of the vloggers in this study choose private hospitals for pregnancy testing and/or birthing. On the other hand, it should be noted that some vloggers were able to choose private hospitals because of their socioeconomic status—such as being considered upper middle class in their host countries. It is essential to point out that their ability to make these choices for the sake of themselves and their babies' health underscores certain privileges they have. Unfortunately, not all vloggers could afford such things. In this project, some vloggers' husbands drove them to their testing appointments. However, some of them did not have a personal vehicle, so they had to make use of a car-sharing service or public transportation. Obviously, taking public transportation may increase the risk of infection during the pandemic despite people taking precautions by wearing masks and/or medical gloves.

Furthermore, many vloggers shared a common feeling of isolation and having a lack of adequate or traditional support during their pregnancy, birthing, and even during the postpartum period because their parents were not able to visit them due to the risk of getting infections during the long-distance international flights or because some countries (e.g., the United States, Australia, and Japan) had a travel ban for visitors from mainland China, which held tourist visas. The suspended transportation status between different countries increased the feelings of isolation and separation for this group of women.

Limitations and Future Studies

We recognize the current study has some limitations. We only studied a selection of vloggers who lived in and experienced pregnancy/laboring in developed countries/regions. We acknowledge that these women from China living in another country during their pregnancy have a different medical environment (e.g., maternal health care, health insurance coverage, and control over COVID-19) from women in some developing countries. Also, the majority of the vloggers in this study are from a relatively high socioeconomic status, which makes them able to access a variety of medical resources, including private hospitals.

Future studies could include women vloggers from a more diverse background (e.g., developing countries, lower socioeconomic status, etc.). Additionally, the COVID-19 pandemic has not only affected women's pregnancy and birthing but also could have long-term influences on parenting and family relationships. The next step of this project is to analyze the vlogs that this group of women might create in the future on the topics of motherhood. This would allow us to create a longitudinal project and attempt to gain a better understanding of the impact COVID-19 has had on women from China.

Implications

In the current project, we looked at how this group of women vloggers established intimate and informational conversations through their narrations to disclose their emotions and struggles as a woman, a mom, and a person from China living in another country during their pregnancy. The vlogs facilitated "personal disclosure" (Huh et al., 2014), and vloggers with certain health-related conditions (pregnancy and/or laboring in the current project) were open with what they disclosed, which led to greater intimacy and connection with their audience. In fact, this video-based self-disclosure provided (and continues to provide) unique opportunities for supportive communication practices through visual venues during the pandemic. Therefore, we suggest that vlogging could help struggling individuals identify potential causality and linearity and develop an understanding of a difficult situation. Because vlogs are accessible to the public, the vlogs created by women from China living in another country during their pregnancy can be used to increase awareness and provide maternal health-related information about pregnancy and/or laboring during the pandemic to other women.

CONCLUSION

This present study examined the vlogs created by women from China living in other countries during their pregnancy during the COVID-19 pandemic. By analyzing these YouTube vlogs, we found this group of women documented their pregnancy and/or birthing experiences through vlogging and also expressed their uncertainties and concerns on the topic of birthing in a different region (country) that has, at times, dissimilar maternal health cultures. By allowing the creator's

voice to be heard, these vlogs also acted as an alternative approach to seeking self-empowerment as a new mother.

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