



Narrative Analytics™ on C-Sections

FOR

CALIFORNIA HEALTH CARE FOUNDATION & PARTNERS

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Contents

- 1 Methodology & Executive Summary
- 2 Narrative Landscape on C-Sections
- 3 Insights on Influential Actors & Topics in the Landscape
- 4 Demographic & Geographic Breakdown
- 5 Narrative Architecture & Recommendations



Methodology & Executive Summary



Narrative Analytics Methodology

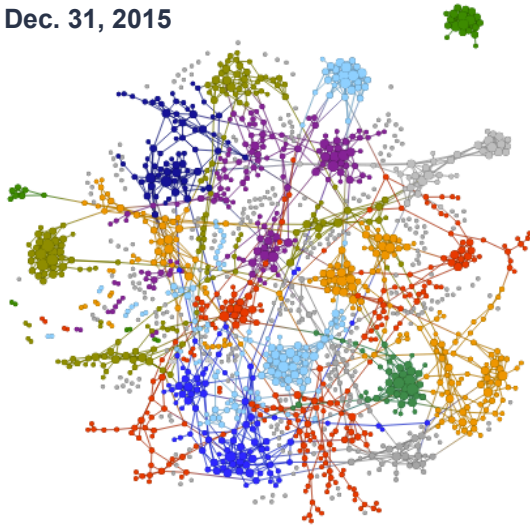
- **Scope of Content:** Isolated content on C-sections, including various spellings and common misspellings, and filtered out tangential topics, such as postpartum depression, sexually transmitted infections, abortions, miscarriages, and hemorrhages
- **Timeframe:** January 1, 2015 to December 31, 2015
- **Sources:** 342,000 narrative-rich posts of mothers discussing C-sections on top mommy and parenting forums, distilled to a random sample of 5,000 posts*
- **Clustering:** Grouped posts based on content similarity using proprietary algorithm
- **Narrative drafting:** Qualitatively analyzed groupings to identify underlying narratives, and drafted narratives to reflect the authentic voice of those who express it
- **Quantification:** Determined the impact of each narrative based on how frequently it was expressed
- **Narrative Associations:** Measured the percentage of posts within a specific narrative that mention a particular topic, term, or person

**See appendix for additional information on source identification*

Visualization of C-Section Narrative Landscape

Colors correspond to pieces of content that share the same narrative

5,000 Posts on C-sections
Jan. 1, 2015 - Dec. 31, 2015



Individual dots represent one article or post, analyzed both qualitatively and quantitatively. Color clusters correspond to article groupings that embed the same narrative. Strings represent links between articles. Narrative Impact is the share of the total conversation represented by each narrative cluster.

Narrative Impact	Narrative Title
> 20%	> Painful and Unpleasant
> 19%	> Hoping for a Vaginal Birth
> 13%	> Sometimes It's Medically Necessary
> 11%	> Reject the Heavy Baby Myth
> 11%	> Keep Waiting
> 8%	> Seeking a VBAC Hospital
> 7%	> Breastfeeding Affected
> 6%	> Emotionally Cheated
> 6%	> Opting for a C-Section

KEY INSIGHTS:

- No single narrative dominates the landscape – represented by a lack of one color dominating the visualization, indicating that the conversation about C-sections is diffuse.
- Compared to landscapes on other issues, the C-section landscape contains smaller clusters that are spread out, showing the diversity of content mothers are discussing related to C-sections and the language they use to talk about them.
- The diffuse nature of the conversations means no single narrative must be paid special attention. Rather, there are multiple entry points to engage mothers on the subject, and they're likely to be receptive to new information and stories introduced.

Abridged Narrative Descriptions

Narrative Title & Impact		Abridged Description: Summary of Narrative in the Voice of Those Who Express It
Pro Vaginal Birth	Hoping for a Vaginal Birth	19% <i>I'm hoping to give birth vaginally. It's the best option, whether for a first time mom or a mother who had a C-section before and wants a vaginal birth after C-section (VBAC).</i>
	Reject the Heavy Baby Myth	11% <i>Some doctors say if your baby weighs too much you'll need a C-section, but there is no medical backing for this. Don't trust anyone who says you need a C-section because of baby weight!</i>
	Keep Waiting	11% <i>My baby is breech—positioned the wrong way—and I'm doing everything to avoid scheduling an early C-section. I'll try anything that will help the baby come out on its own when it's ready!</i>
	Seeking a VBAC Hospital	8% <i>I'm determined to deliver my baby at a VBAC friendly hospital, no matter how difficult it might be to find one.</i>
Bad C-Section Experience	Painful and Unpleasant	20% <i>C-sections are excruciating and have a ton of side effects. I would never choose to have one unless absolutely necessary.</i>
	Breastfeeding Affected	7% <i>I've lost hope for breastfeeding after my C-section. It's frustrating to have to give your baby a bottle so early on but I didn't have any other option.</i>
	Emotionally Cheated	6% <i>I'm disappointed that I won't have the birth experience I wanted because of a C-section. I feel like I'm missing out on a special moment with my little one.</i>
Neutral/ Pro C-Section	Sometimes It's Medically Necessary	13% <i>I would have a C-section if it was medically necessary. The best thing to do is surround yourself with doctors you trust to make the right call.</i>
	Opting for a C-Section	6% <i>Despite the potential for gross infections and other side effects, I'm opting for a C-section. Scheduling a C-section will be a better experience than delivering naturally.</i>

Executive Summary: Insights



9 narratives, coalescing in three categories, define the C-section narrative landscape:

- **49% Pro Vaginal Birth** narratives that display a general preference and hope for giving birth vaginally rather than via C-section
- **33% Bad C-Section Experience** narratives that highlight painful experiences with C-sections and their recoveries
- **19% Neutral/ Pro C-Section** narratives that focus on opting for a C-section for medical or personal reasons

The conversation is experience-based and void of data/statistics

- Mothers who have already had one child drive the conversation, often advising other mothers on what they should or shouldn't do
- Narratives that discuss whether a C-section is necessary or not lack data and specificity around which medical issues require a C-section
- Several topics are strikingly absent from the conversation, including C-section rates, hospital and doctor ulterior motives, and cost

There is a demographic divide among mothers passively wishing for a vaginal birth and those who take pro-active steps to avoid a C-section

- Low income and mothers of color more commonly express their wishes for a vaginal birth, while Caucasian, middle income and Californian mothers are more likely to actively seek information on avoiding a C-section

High-Priority, Cross-Cutting Recommendations

Helping mothers make better informed decisions about C-sections

1.

Use repeat mothers as spokespeople—and humanize statistics with their stories

Mothers, across income and racial/ethnic groups, talk about C-sections through their personal experiences or by sharing stories of others. To enter the conversation organically, tell personal stories in layman's terms to humanize statistics, and use repeat mothers as spokespeople for forum outreach as first time mothers look to them for answers.

2.

Influence mothers' decision-making both early in pregnancy and right before birth when C-section discussions are most likely to take place

Communicate to mothers in the early planning stage the importance of “doctor choice,” and provide information on VBACs. Encourage them to ask doctors “why” they recommend a C-section—and seek a second opinion if the rationale doesn't sound right. [Advocates of lower C-section rates can also ask supportive providers for ideas on how mothers can push back when a doctor recommends an unnecessary C-section.]

3.

Focus on debunking myths that already exist in the dialogue—avoid “countering” myths not already present so you don't prime these concerns

Only counter the myths that mothers are currently talking about (see the list below) because addressing myths that aren't already in the discussion could inadvertently raise their prominence.

4.

Empower those passively hoping to avoid a C-section to actively seeking ways to avoid one – it's one way they can take control of their pregnancies

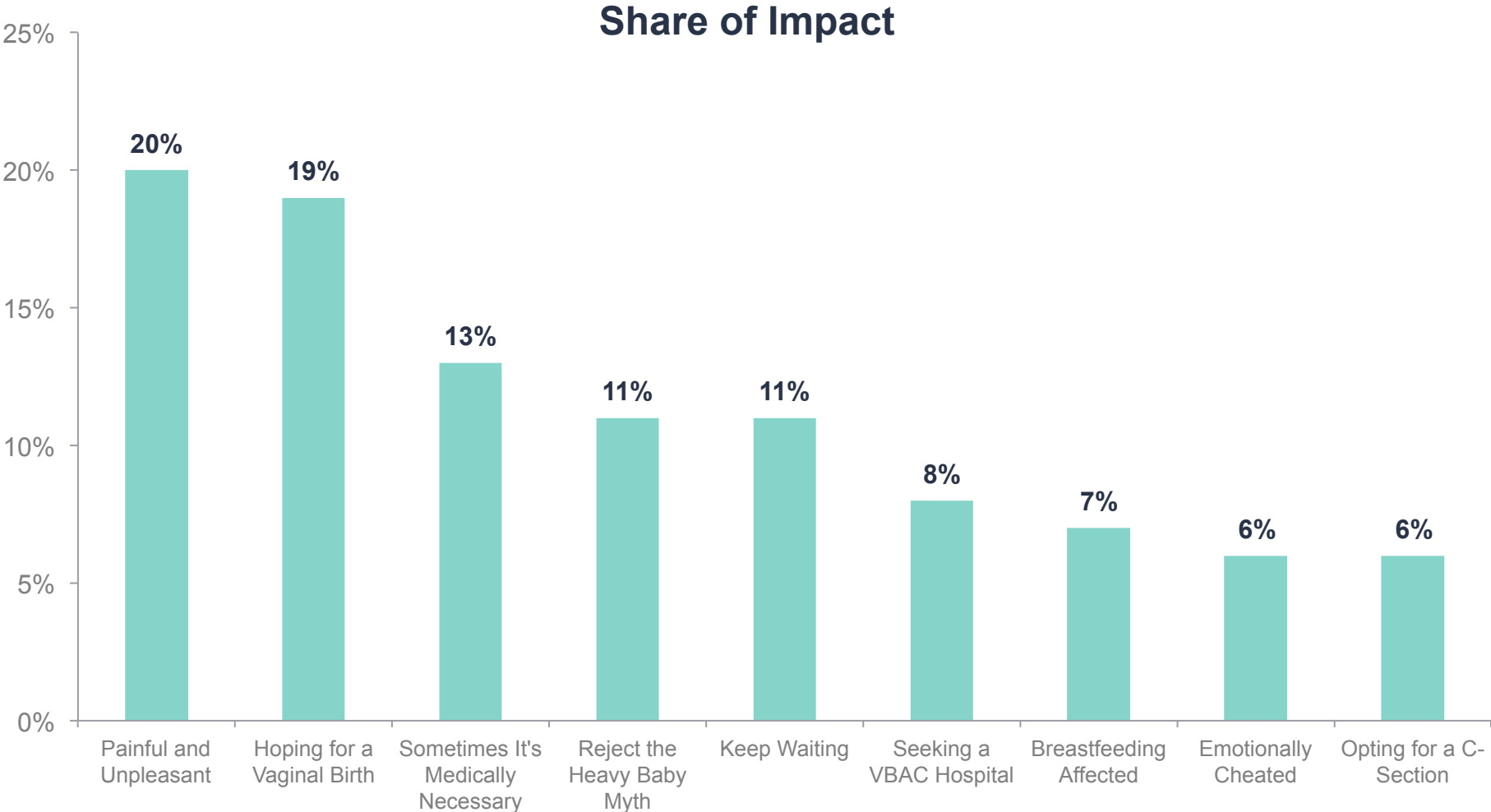
Low-income, Hispanic, and African American mothers prominently express a desire for vaginal birth or recount bad C-section experiences—yet many seem to lack a sense of control over their pregnancies. Connect with these audiences by framing stories and information about avoiding C-sections as a way to take control of their pregnancies.



Narrative Landscape on C-Sections



Identified 9 Unique Narratives about C-Sections



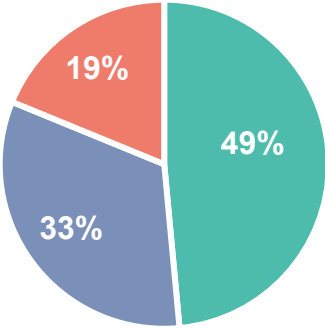
Narrative Categories

Pro Vaginal Birth
Hoping for a Vaginal Birth, Reject the Heavy Baby Myth, Keep Waiting, Seeking a VBAC Hospital

Bad C-Section Experience
Painful and Unpleasant, Breastfeeding Affected, Emotionally Cheated

Neutral/ Pro C-Section
Sometimes It's Medically Necessary, Opting for a C-Section

Share of Impact of Categories



- Pro Vaginal Birth
- Bad C-Section Experience
- Neutral/ Pro C-Section

*See appendix for full narrative descriptions



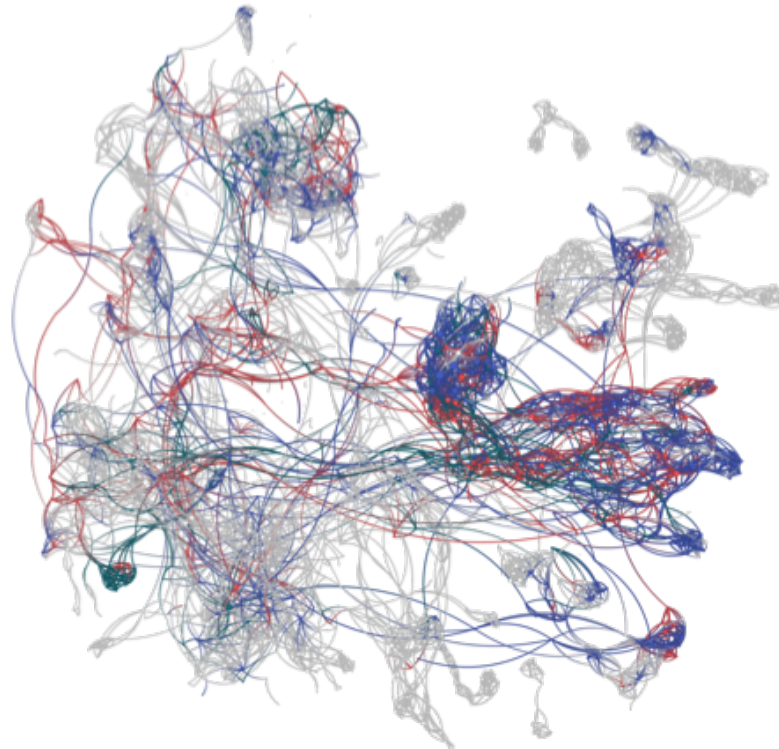
Insights on Influential Actors and Topics in the Landscape



Narrative Presence Analysis

How key entities are positioned within a Narrative Landscape

Narrative Presence



*Narrative Presence Analysis: measures the percentage of articles **within a specific narrative** that mention a particular person, organization, or topic*

Top Mentioned Actors & Terms in C-Section Landscape

Doctors prominent in the conversation; discussion of hospital C-section rates largely absent

Actor/Topic	# Mentions
Doctor	1,627
Partner	755
Midwife/Doula	223
Hospital Choice	56
C-Section Rate*	28

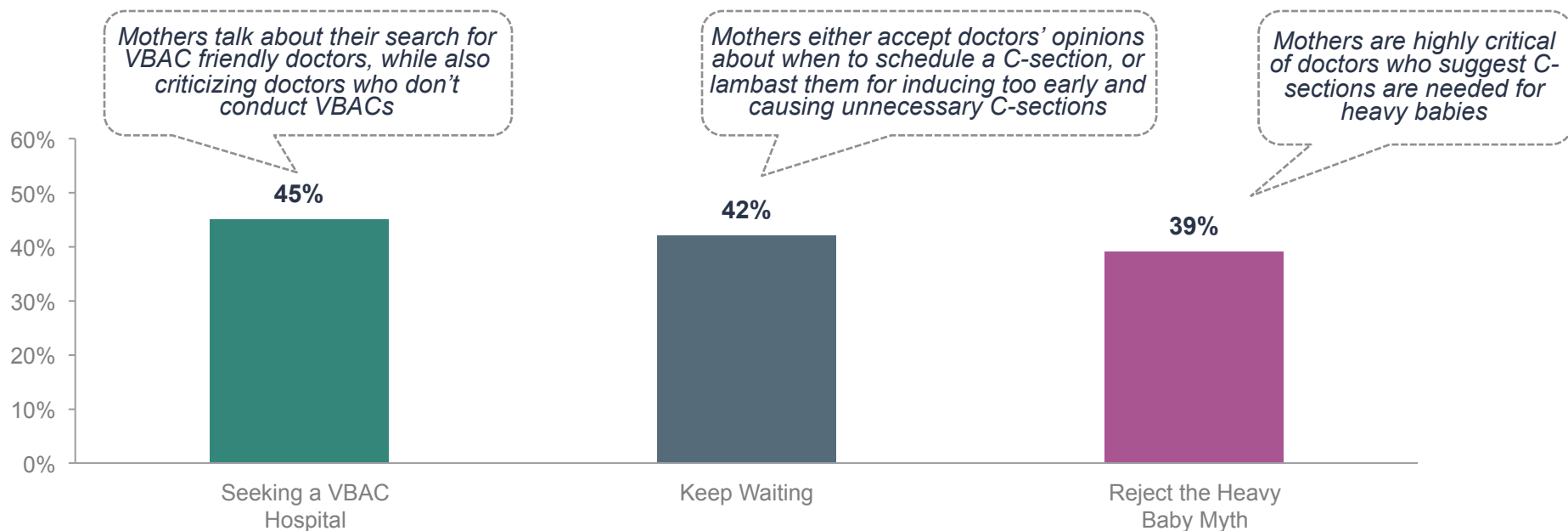
**C-Section Rate mentions are also included in the Hospital Choice topic*

KEY INSIGHTS:

- Doctors are the most frequently mentioned actor, as mothers view them as information-providers throughout the process and influential on decisions made in the moment of delivery.
- Partners, including spouses and boyfriends, are the second most prominent, with mothers primarily discussing them as support systems—but rarely mentioning that they provide input on birthing decisions.
- C-section rates and hospital choice have a low overall presence, and mothers seldom connect doctors with hospital choice or C-section rates.

Presence of Doctors

Doctors are highly visible across narratives—with many mothers viewing advice from doctors as objective, and many others viewing it with skepticism



KEY INSIGHTS:

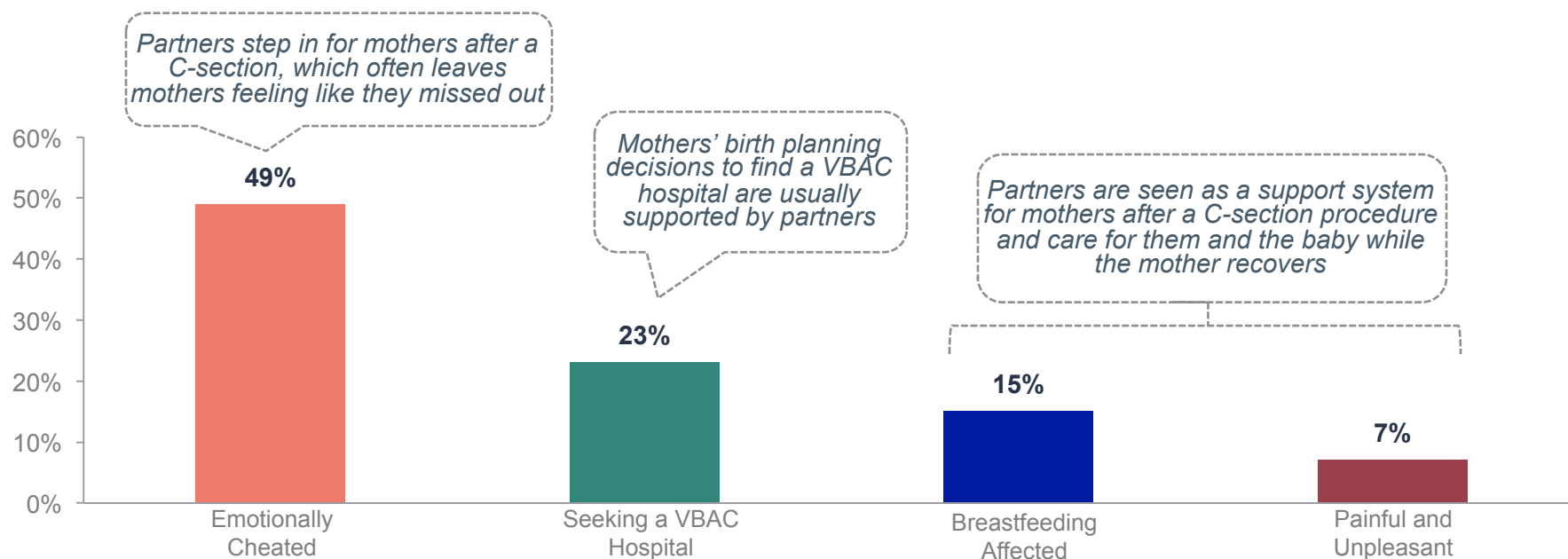
- Doctors are the most mentioned actor in the landscape. They are frequently criticized for refusing to provide VBACs, advising women that heavy babies require C-sections, and convincing women to schedule unnecessary early C-sections.
- However, some doctors are specifically praised for offering VBACs or more generally for respecting a mother's birth preference.

RECOMMENDATIONS:

- Convey that women don't have to settle for a C-section just because their doctor says so – there are many hospitals that support vaginal deliveries and mothers can easily identify them in available resources and choose a doctor from there.

Presence of Partners

Mothers see partners as a source of emotional support, rather than influencers of decision-making



KEY INSIGHTS:

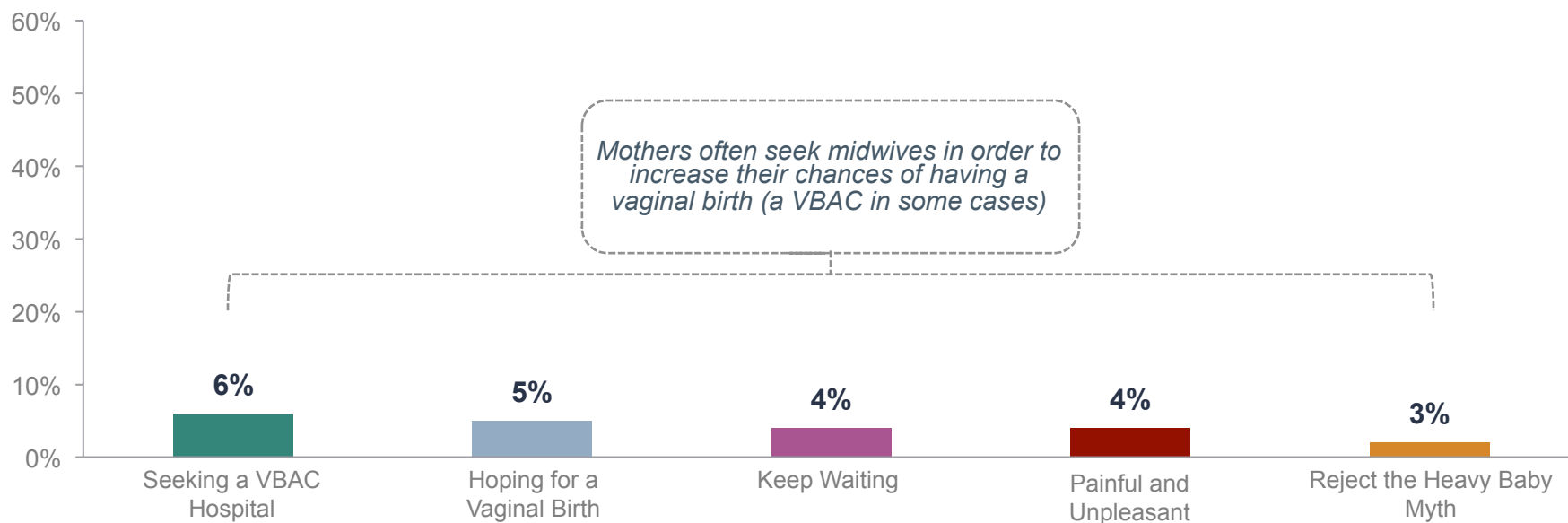
- Partners are most strongly associated with “Emotionally Cheated” because mothers discuss how their partners have to fill in for them after a C-section by giving the baby skin-to-skin contact and caring for the baby while they recover.
- They are also associated with supporting mothers’ decisions about birth plans, specifically for VBACs, and providing emotional support throughout the delivery and recovery process.

RECOMMENDATIONS:

- Because mothers see partners as a key source of emotional support, communicate to fathers/partners the emotional benefits of a vaginal birth over a C-section, such as skin-to-skin contact and a greater chance of successful breastfeeding.

Presence of Midwives and Doulas

Low overall presence in the landscape, but associated with pro vaginal birth narratives



KEY INSIGHTS:

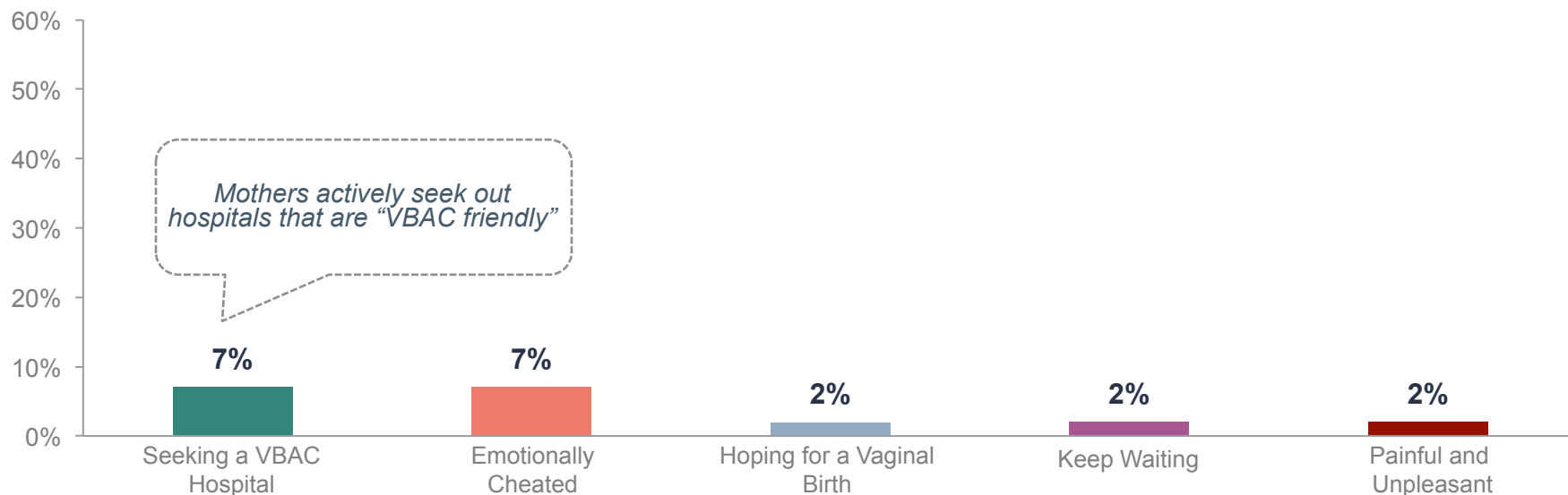
- Mothers positively associate midwives and doulas with all four pro vaginal birth narratives as they discuss how employing a midwife will decrease their chances of having a C-section.

RECOMMENDATIONS:

- Increase the visibility of midwives and doulas in the conversation by sharing more stories from mothers about the positive experiences – including avoiding C-sections – that they had with midwives and doulas in the birthing process.
- Educate mothers about community-based doula programs that provide affordable access to birth coaching and resources.

Presence of Hospital Choice*

Terms associated with hospital choice have minimal presence in the conversation



**Hospital Choice includes the terms C-section rate, VBAC friendly, induction rate, VBAC rate and baby friendly.*

KEY INSIGHTS:

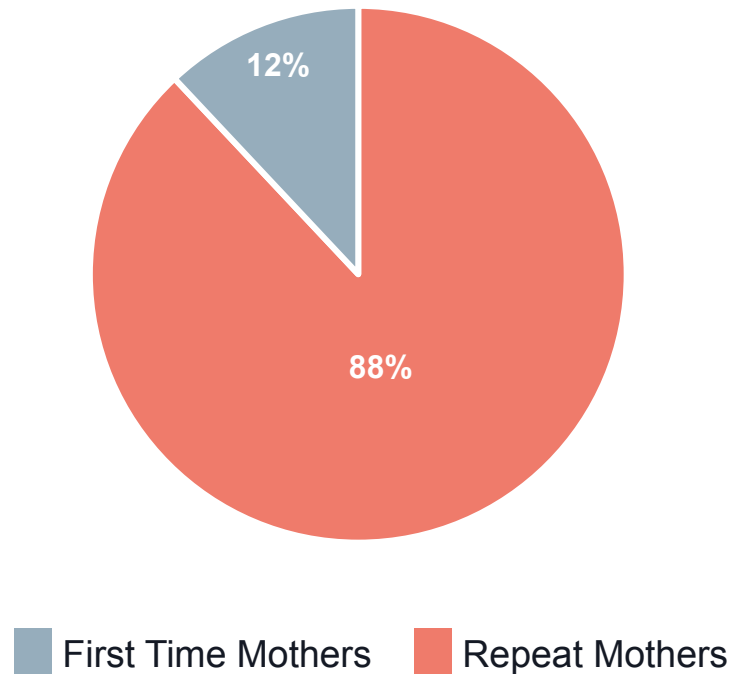
- Hospital choice is most commonly associated with mothers discussing their search for hospitals that perform VBACs, or expressing that they missed out on their desired birth experience because their hospital decided to perform a C-section.

RECOMMENDATIONS:

- Provide resources to locate VBAC friendly hospitals since there is clear demand from mothers for this information.
- Frame the importance of finding a provider with a lower C-section rate around a woman's search for a "doctor," rather than a "hospital," since mothers discuss doctor choice much more frequently than hospital choice.

Comparison: Prevalence of Repeat and First Time Mothers

Repeat mothers dominate the conversation compared to first time mothers



KEY INSIGHTS:

- Of mothers who self-identify on forums, almost 9 out of 10 have already given birth at least once, compared to just 1 out of 10 who are first time mothers.
- Because the conversation is experience-driven, first time mothers often ask repeat mothers for advice or information, and multiple repeat mothers will offer different responses.

RECOMMENDATION:

- Use mothers who have already had children as messengers in your communications.

Note: Analysis based on forum posters self-identifying as a first time mother or as having had a child previously



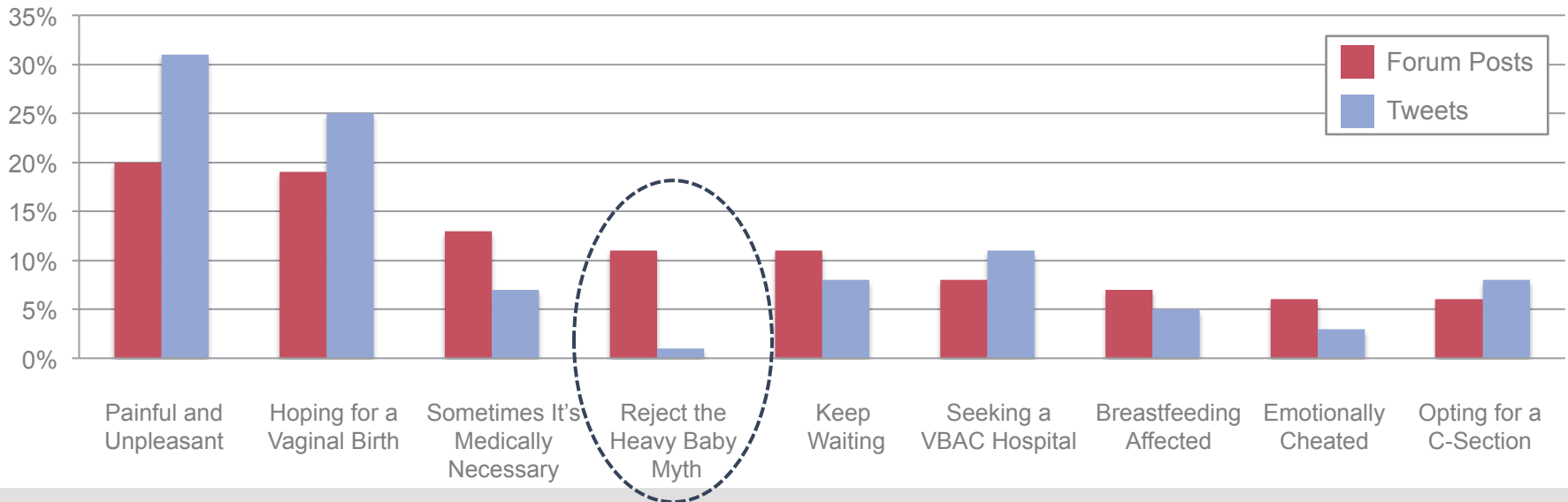
Demographic & Geographic Breakdown



Comparison of Narrative Volume: Forums and Twitter

Twitter and forum conversations on C-sections are similar, sharing the same top two narratives. Discussion of myths about C-sections is less visible in the Twitter conversation

Volume of Forum Posts Versus Tweets



KEY INSIGHTS:

- “Painful and Unpleasant” and “Hoping for a Vaginal Birth” are the highest volume narratives for both forum posts and Tweets.
- “Reject the Heavy Baby Myth” is largely absent on Twitter, though there is a counter-narrative present expressing that mothers with heavy babies do need C-sections, suggesting that the Twitter conversation is less-informed than the forum conversation, likely because women are not comparing information – and refuting falsehoods – as frequently on Twitter.

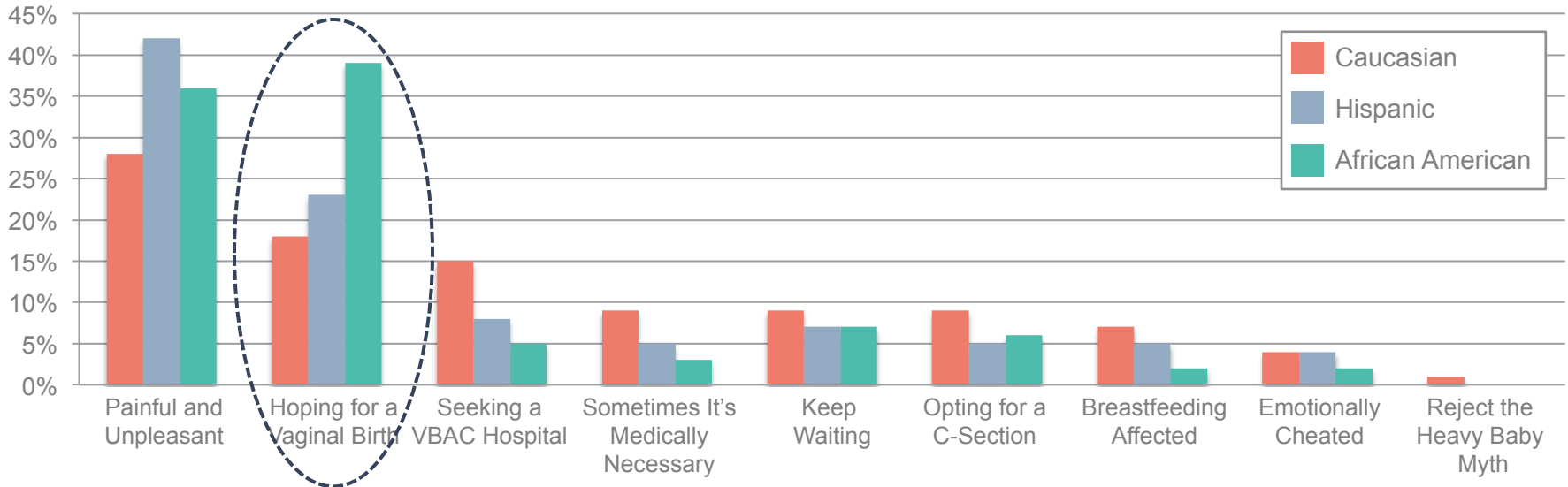
RECOMMENDATIONS:

- Amplify “Reject the Heavy Baby Myth” to raise its presence on Twitter and provide information that counters the myth.
- Spread the message on both platforms that mothers can avoid a painful C-section altogether by knowing when one is and isn't necessary.

Racial & Ethnic Breakdown of Twitter Narrative Landscape

Landscape similar between racial groups, though people of color, especially African Americans, more likely to passively “hope” for a vaginal birth, versus actively seek information to avoid one

Share of Mother Twitter Conversation by Race/Ethnicity



KEY INSIGHTS:

- African American mothers frequently express a desire for a vaginal birth, but are less likely to express narratives that demonstrate knowledge about when a C-section is necessary, how to avoid one by finding a VBAC friendly hospital, or what techniques can turn a baby around. Altogether, this suggests a **sense of lack of control over their plans for delivery**.
- Caucasian mothers are significantly less vocal about “Hoping for a Vaginal Birth” compared to African Americans and Hispanics, and more vocal about VBAC friendly hospitals – indicating a **greater sense of control over their birthing plans**.

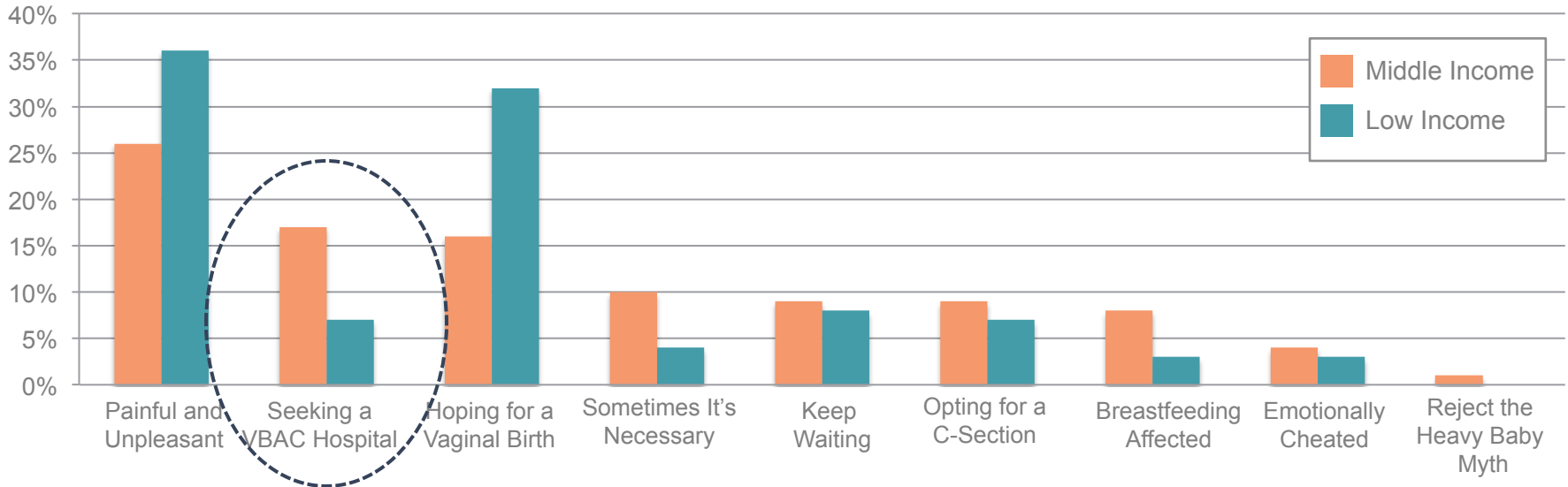
RECOMMENDATIONS:

- Connect with mothers that lack a sense of control over their pregnancies by framing information in a way that “meets them where they’re at.” For example, use phrases that make women who feel powerless feel empowered: “You can control your pregnancy. Here’s what you need to know to avoid an unnecessary C-section.”

Income Breakdown of Twitter Narrative Landscape

Higher income groups demonstrate deeper knowledge about C-sections and actively seek to avoid them, while lower income groups passively hope for a vaginal birth

Share of Mother Twitter Conversation by Income Group



KEY INSIGHTS:

- As race/ethnicity and income are correlated, the narrative associations are also correlated. Similar to African Americans and Hispanics, low income mothers often share negative C-section experiences and passively wish for vaginal births, and rarely express narratives that indicate deeper awareness of the impact of C-sections and how to avoid one.
- Similar to Caucasians, middle income mothers more often express narratives that indicate extensive knowledge about birth choices and options, including “Seeking a VBAC Hospital” and “Sometimes It’s Medically Necessary.”

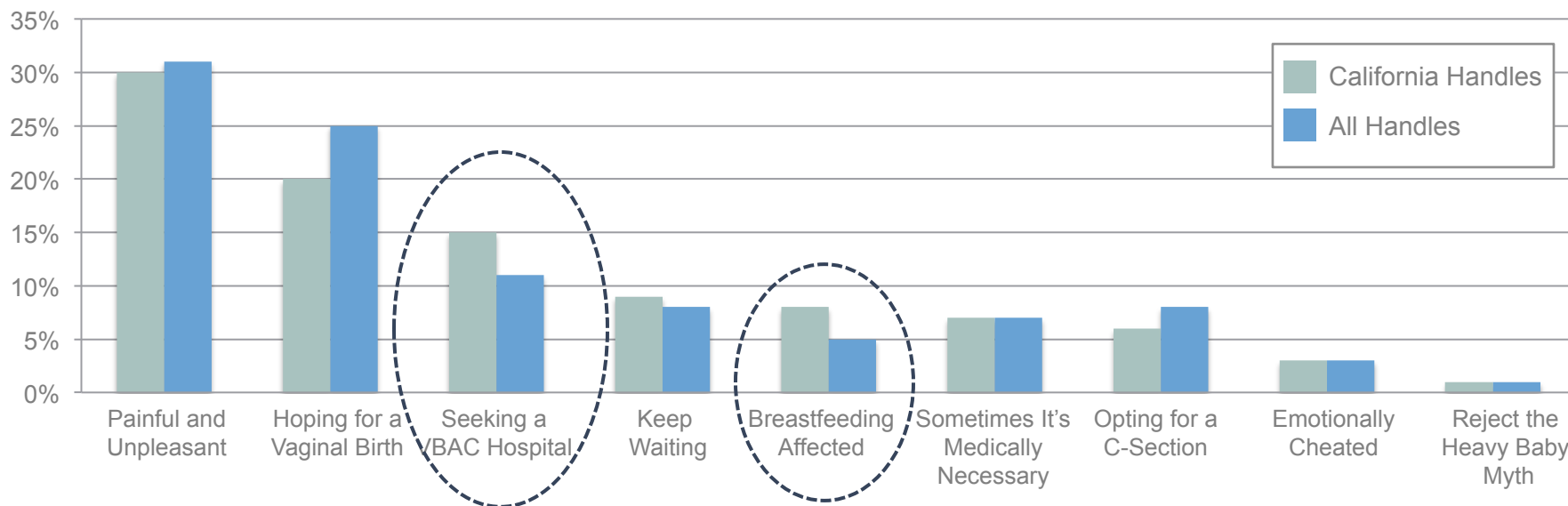
RECOMMENDATIONS:

- Use the same strategy for low income mothers as for mothers of color: Frame resources about hospital choice as a way to make vaginal birth a reality and avoid a painful C-section. Work this medical information into the conversation by entering the discussion with stories from mothers recounting their experiences, not leading with medical statistics.

California Breakdown of Twitter Narrative Landscape

Mothers in California express similar narratives compared to the rest of the country—though they are slightly more likely to express narratives that suggest C-sections should be avoided

Volume of All Twitter Handles versus California Handles



KEY INSIGHTS:

- Compared to all mothers, Californian mothers express similar views about C-sections overall, though, similar to higher income women, they more commonly express “Seeking a VBAC Hospital” and less frequently express “Hoping for a Vaginal Birth.” This may be due to California having a higher average income than the national average.

RECOMMENDATIONS:

- As a significant number of California mothers seek a VBAC hospital and appear to have trouble finding this information, provide resources on available VBAC hospitals—and increase interest with this information by pairing it with real stories from mothers who have had successful VBACs.



Narrative Architecture & Recommendations



High-Priority, Cross-Cutting Recommendations

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2.

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Communicate to mothers in the early planning stage the importance of “doctor choice,” and provide information on VBACs. Encourage them to ask doctors “why” they recommend a C-section—and seek a second opinion if the rationale doesn't sound right. [Advocates of lower C-section rates can also ask supportive providers for ideas on how mothers can push back when a doctor recommends an unnecessary C-section.]

3.

Focus on debunking myths that already exist in the dialogue—avoid “countering” myths not already present so you don't prime these concerns

Only counter the myths that mothers are currently talking about (see the list below) because addressing myths that aren't already in the discussion could inadvertently raise their prominence.

4.

Empower those passively hoping to avoid a C-section to actively seeking ways to avoid one – it's one way they can take control of their pregnancies

Low-income, Hispanic, and African American mothers prominently express a desire for vaginal birth or recount bad C-section experiences—yet many seem to lack a sense of control over their pregnancies. Connect with these audiences by framing stories and information about avoiding C-sections as a way to take control of their pregnancies.

Narrative Architecture Overview

Approaches to strategically leverage narratives



AVOID

Avoid language and themes that may trigger a negative narrative that undermines your objective



ATTACH

Attach to elements of a positive narrative that help advance key objectives



REFRAME


Reframe elements of a narrative so that it's more supportive of your objectives



WHITESPACE

Seize whitespace opportunities to inject new narratives into the conversation

Narrative Architecture for Reducing C-Sections

	IMPACT SCORE	NARRATIVE		RECOMMENDATION
PRO VAGINAL BIRTH	19%	HOPING FOR A VAGINAL BIRTH		Reframe this narrative to focus on how mothers can make their wishes for a vaginal birth a reality by informing themselves and asking questions
	11%	REJECT THE HEAVY BABY MYTH		Amplify this narrative on Twitter with stories of mothers who had healthy sized babies vaginally after doctors told them they needed a C-section
	11%	KEEP WAITING		Amplify this narrative by discussing the downsides of induction in layman's terms that mothers can readily understand
	8%	SEEKING A VBAC HOSPITAL		Attach to this narrative by providing resources and information about VBAC friendly hospitals
	N/A	ALWAYS ASK QUESTIONS		Create a new narrative focused on asking questions about C-section decisions to communicate that if a doctor recommends a C-section you should always ask why
BAD C-SECTION EXPERIENCE	20%	PAINFUL AND UNPLEASANT		Connect with this narrative by relaying stories of mothers who had bad experiences – and pivoting to provide helpful resources on how to avoid unnecessary C-sections
	N/A	THERE ARE CONSEQUENCES		Create a new narrative about the short and long-term consequences of having a C-section, including immediate health complications and that having one means you are likely signing up to have C-sections for all future births. Use the word “consequences” not “risks,” as it’s weightier
	7%	BREASTFEEDING AFFECTED		Reframe this narrative to explain that mothers can prevent breastfeeding complications by choosing a vaginal birth, if possible
	6%	EMOTIONALLY CHEATED		Amplify this narrative with partners to convey vaginal birth can increase mothers’ chances of skin-to-skin contact and feeling stronger post-birth emotional connections to their baby
NEUTRAL/ PRO C-SECTION	13%	SOMETIMES IT’S MEDICALLY NECESSARY		Reframe to acknowledge that C-sections are sometimes medically necessary but mothers can always ask their doctors “why” and inform themselves
	6%	OPTING FOR A C-SECTION		Avoid topics that could trigger this narrative, such as publicly discussing the “Too Posh to Push” concept or chastising women who opt for a C-section

Influence Decision-Making at Two Critical Junctions

Use these points in time to advocate two distinct but related messages

Early Pregnancy Planning

The Lead Up to Birth (months, weeks, or days)

Narrative



Attach to “Seeking a VBAC Hospital,” and discussions about doctor choice generally, with empowerment-focused messaging: “You can choose a doctor and hospital that align with your birth plan—and your hope for avoiding a C-section.”

Target Audience



Middle/upper income mothers planning in advance, and lower income mothers hoping for a vaginal birth. Start with the low hanging fruit in both groups: Those who already seek not to have a C-section.

Resources



Resources on C-section rates, VBAC friendly hospitals and other guides to hospital/doctor/midwife choice.

Narrative



Create two new narratives:
1) Encourage mothers to ask about C-section decisions: “If your doctor recommends a C-section, always ask them why.”
2) Highlight the consequences of a first time C-section: “You’re likely signing yourself up for a C-section for all future births.”

Target Audience



All mothers, especially lower income and mothers of color who are less likely to have planned their birth experience.

Resources



Resources on when C-sections are medically necessary and how mothers can try for vaginal birth.

What's *Not* Part of the Conversation

The following topics were mostly absent from mothers' conversations about C-sections on forums or Twitter, indicating that these aren't top of mind for many mothers

- ✘ Medical statistics
- ✘ Specific influencers (i.e. organizations or individuals)
- ✘ Doctor ulterior motives (i.e. convenience, cost, malpractice suits)
- ✘ Hospital ulterior motives (i.e. cost, convenience)
- ✘ Explicit articulation of a “Too Posh to Push” narrative

Myths to Counter

Here are recommendations for countering myths that frequently appear in the conversation. Avoid “countering” myths that do not already appear as you may unintentionally prime them.

Myth		How to Counter
Heavy Baby	“If your baby is heavy, you will need a C-section.”	Share stories, accompanied by statistics, about mothers vaginally delivering healthy babies that doctors said would be too heavy.
Cord Around Neck	“A C-section is necessary when the cord is wrapped around the baby’s neck.”	Provide mother testimonials on how vaginal delivery is possible even when the cord is wrapped around the neck. Don’t use ‘nuchal cord’ as mothers don’t commonly use it.
Preeclampsia	“Preeclampsia is a good reason to have a C-section.”	Distribute resources about why a vaginal birth is usually the best option if you have preeclampsia. Use layman’s terms, like high blood pressure, to make this condition seem less scary.
Breech	“There’s no way to turn a breech baby. You have to have a C-section.”	Reinforce awareness about alternative medicines, like moxibustion, that can help turn a breech baby. Use common terms, such as acupuncture, to make potential solutions seem accessible.

Potential Outreach Strategies

Below are potential outreach strategies for forums and Twitter that CHCF and partners can consider to build upon its current patient engagement efforts

Baby Forums



Partner with a prominent site, such as What To Expect, to do Q&As on its blog where mothers ask questions and CHCF answers them.



Build a team of “Mother Ambassadors” that have had bad experiences with C-sections and are (now) well-educated about them. Mobilize them to answer questions from first or second time moms on forum threads like Babycenter’s “Mommy Mentors.”



Consider buying targeted ads on baby forums that could link to a special landing page on calqualitycare.org about hospital choice. Most forum sites have relatively advanced ad platforms that could allow CHCF to target people posting about C-sections.

Twitter



Amplify all narratives, particularly “Reject the Heavy Baby Myth,” by providing videos of mothers talking about their personal experiences and weaving medical information into these stories.



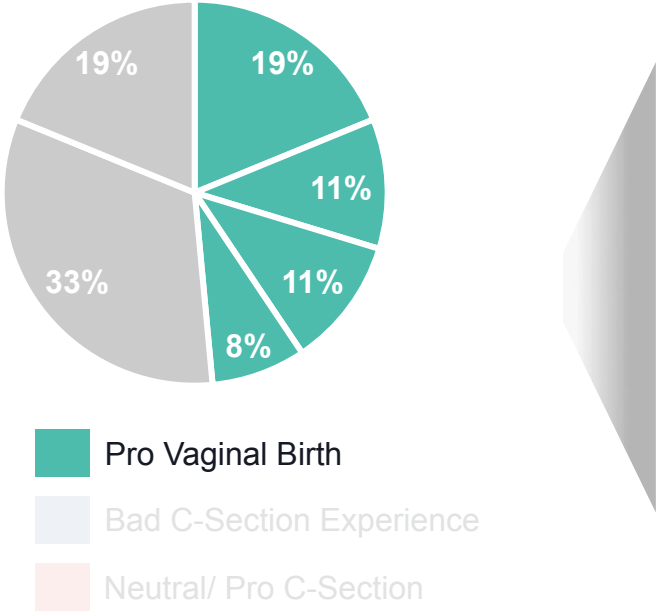
Identify who drives the conversation about C-sections through an Influencer Analysis to uncover the prominent influencers on Twitter, from providers to mommy bloggers. Then leverage them to spread messaging and information to help mothers make more informed birthing decisions.



Appendix



Pro Vaginal Birth Narratives



Narrative	Share of Total Impact
Hoping for a Vaginal Birth	19%
Reject the Heavy Baby Myth	11%
Keep Waiting	11%
Seeking a VBAC Hospital	8%

Insights:

- Overall, pro vaginal birth narratives comprise the greatest share of the conversation about C-sections at 49% total.
- 19% discusses proactively seeking specific hospitals or techniques that raise the chances of vaginal birth, another 19% passively expresses hope for a vaginal birth, and 11% indicates mistrust of medical professionals convincing women to have C-sections because of the baby’s weight.

Hoping for a Vaginal Birth

IMPACT
SCORE
19%

I'm hoping to give birth vaginally. It's the best option, whether for a first time mom or a mother who had a C-section before and wants a vaginal birth after C-section (VBAC). It's less risky and has a much shorter recovery time than a C-section. Even if your doctor schedules a C-section ahead of time, it is worth holding out hope to deliver vaginally.

Illustrative Post:

"I fail to see how getting major surgery is easier than a vaginal birth. I have three friends close to me that have had c-sections and the recovery is no walk in the park. I've given birth vaginally twice to singles (was induced once), both recoveries were pretty easy for me. I am so so hoping I can have a vaginal delivery again!"

*-ViciousTrollop,
whattoexpect.com*

*Narrative descriptions reflect the themes and language used by those who express this narrative.

Reject the Heavy Baby Myth

IMPACT
SCORE

11%

Some doctors say if your baby weighs too much you'll need a C-section, but there is no medical backing for this. Sometimes it's the ultrasound technicians – not even doctors – that try to convince you. Many mothers deliver big babies vaginally, and others who have C-sections end up delivering underweight babies. Don't trust anyone who says you need a C-section because of baby weight!

Illustrative Post:

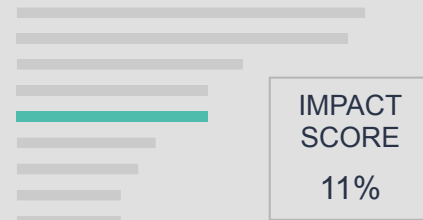
“Don't listen to the estimates! At 38 weeks they told me my boy was estimated at 10.5 and they thought it would be best for me to have a c section because they were afraid he wouldn't fit, I ended up have a c section that week and my boy was only 8.1. So it was pretty much unnecessary that I had a c section.”

-ksierra11,

whattoexpect.com

**Narrative descriptions reflect the themes and language used by those who express this narrative.*

Keep Waiting



My baby is breech—positioned the wrong way—and I’m doing everything to avoid scheduling an early C-section. Some say to just keep waiting and the baby will turn around naturally, and others suggest an ECV (external cephalic version) to flip the baby. Supposedly acupuncture or chiropractic can help too. I’ll try anything that will help the baby come out on its own when it’s ready—I really don’t want a C- section!

Illustrative Post:

*“I’ve gotten moxibustion from an acupuncturist, the Webster technique twice from a chiropractor, an external cephalic version from an OB...I have a scheduled c section for next week but anything can happen between now and then. Turn, baby, turn!”
-supersarah77, thebump.com*

*Narrative descriptions reflect the themes and language used by those who express this narrative.

Seeking a VBAC Hospital



I want the hospital I deliver at to be VBAC friendly. Many doctors and hospitals deter women from safely giving birth with strict policies that deny VBACs. While some people accept that their hospitals are not VBAC friendly—and it is hard to locate one that is—I’m determined to find one. Any recommendations?

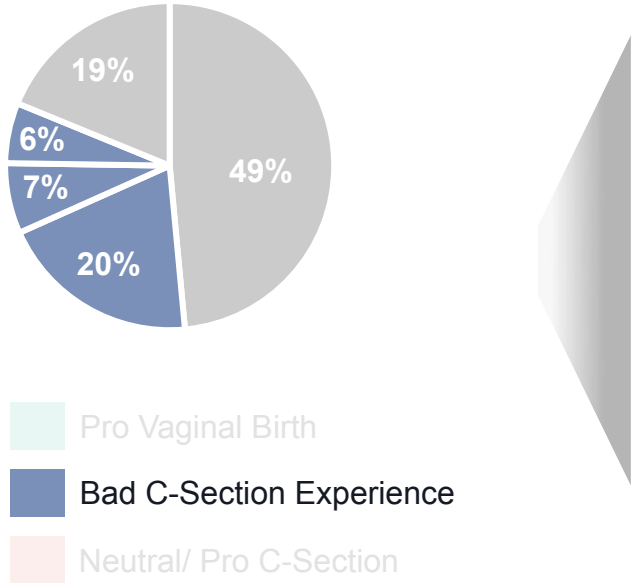
Illustrative Post:

“I’ll gladly switch to another group of OB/GYNs so that I can be seen by truly supportive, VBAC-friendly doctors and/or midwives, but I’m having trouble finding out which hospital/providers around here will even allow VBAC.”

*-Uberkookie,
babycenter.com*

**Narrative descriptions reflect the themes and language used by those who express this narrative.*

Bad C-Section Experience Narratives



Narrative	Share of Total Impact
Painful and Unpleasant	20%
Breastfeeding Affected	7%
Emotionally Cheated	6%

Insights:

- 20% of the total conversation about C-sections focuses on the traumatic operations and lengthy recoveries from undergoing a C-section, and another 7% specifically discusses negative experiences with breastfeeding after a C-section.
- 6% of forum posts express emotional disappointment after a C-section delivery.

Painful and Unpleasant

IMPACT
SCORE

20%

C-sections are excruciating and have a ton of side effects. They are major abdominal surgeries with large and painful incisions, and take longer to recover from than vaginal births. On top of that, there are lasting side effects like swelling, infections, and excess baby weight. And C-sections can make subsequent births more risky. I would never choose to have a C-section unless absolutely necessary.

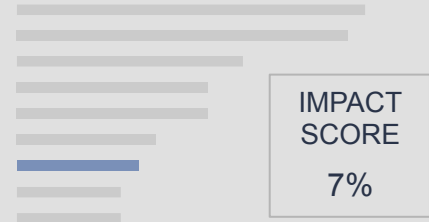
Illustrative Post:

“Do not do it (CS)!!!! It is major surgery and it hurts even with an epidural. I puked during it and passed out. It was not pleasant. Even if you get thru the actual csection, the recovery time afterwards is twice as long.”

*-kpopa98,
babycenter.com*

**Narrative descriptions reflect the themes and language used by those who express this narrative.*

Breastfeeding Affected



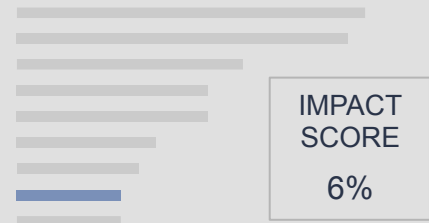
I've lost hope for breastfeeding after my C-section. While some hospitals bring the baby to the mother immediately, many women don't have that option. Sometimes babies have to spend time in the neonatal intensive-care unit (NICU), or mothers have complications with bleeding and infections that prevent them from breastfeeding. It's frustrating to have to give your baby a bottle so early on, but I didn't have any other option after my C-section.

Illustrative Post:

"My day old was in the NICU for an infection for her first days. I also had an infection and c section so was being treated and couldn't see lo much the first two days.... I would love to breastfeed and cry and cry and cry about this. I feel guilty for not telling the NICU how important breastfeeding was for me."
-ltp08, babycenter.com

**Narrative descriptions reflect the themes and language used by those who express this narrative.*

Emotionally Cheated



I'm disappointed that I won't have the birth experience I wanted because of a C-section. I had always hoped for a natural birth and looked forward to the skin-to-skin contact right afterwards, but I ended up needing a C-section, which will make it difficult to have an immediate connection with the baby. I feel like I'm missing out on a special moment with my little one.

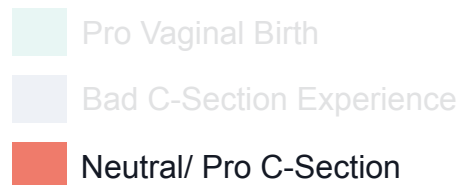
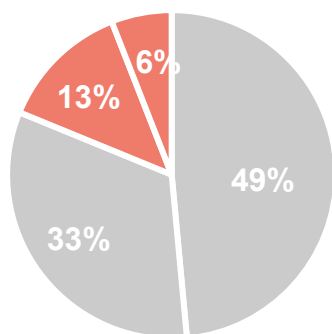
Illustrative Post:

"Now the doctor says we will most likely be scheduling a c section. I'm so upset. Thinking of not getting the skin to skin contact, knowing I wasn't able to do this without surgery. I know it's for his safety and mine and it doesn't make me less of a mom but man, I just feel so sad. I can't explain it."

*-CassidyBenton44,
babycenter.com*

**Narrative descriptions reflect the themes and language used by those who express this narrative.*

Neutral/ Pro C-Section Narratives



Narrative	Share of Total Impact
Sometimes It's Medically Necessary	13%
Opting for a C-Section	6%

Insights:

- 13% of forum posts focus on mothers accepting that a C-section might be necessary to ensure the safety of the mother or baby.
- 6% of the conversation indicates mothers electing a C-section due to experience or hearsay of either a traumatic vaginal birth or a positive C-section delivery.

Sometimes It's Medically Necessary

IMPACT
SCORE

13%

I would have a C-section if it was medically necessary. Though I'm against unnecessary C-sections, I would never put the baby's or my health at risk. In cases where women have placenta previa or preeclampsia, or the baby's cord is wrapped around its neck, a C-section is needed. The best thing to do is surround yourself with doctors you trust to make the right call.

Illustrative Post:

"I had a C-section because the alternative was preeclampsia and the possibility that I wouldn't make it through to raise my baby."

*Anonymous,
dcurbanmom.com*

"You do what you have to do to keep everyone safe and healthy. And you surround yourself by a medical staff you trust because you don't have the knowledge to decide what's best in those situations."

-BBL24, babycenter.com

**Narrative descriptions reflect the themes and language used by those who express this narrative.*

Opting for a C-Section



Despite the potential for gross infections and other side effects, I'm opting for a C-section. It is an easier delivery, has a shorter recovery period, and avoids traumatic tearing from vaginal birth. Scheduling a C-section will be a better experience than delivering naturally.

Illustrative Post:

"I had a 4th degree tear with my first and with my second I had a 4th degree again. Horrible. I can't even begin to tell you. Sooooo number 3 (june 2014) was a c section. The recovery was much much easier"
-Seayamy,
babycenter.com

**Narrative descriptions reflect the themes and language used by those who express this narrative.*

Source Selection Methodology

- **Source Reach:** Identified parenting forums that were most frequented in the United States based upon Alexa traffic data
- **Source Selection:** Selected the top 8 most visited parenting forums that were verified as being made up of mothers. Examples include babycenter.com, thebump.com, and cafemom.com



- **Honing in on Mothers:** Qualitatively analyzed each of the top identified forums to verify that they were exclusively made up of mothers, and not partners, doctors, or other medical professionals
- **Collection of Data:** Scraped over 342,000 posts from these verified forums
- **Random Sample:** Selected a random sample of 5,000 posts from the total dataset that contained content specific to C-sections

Narrative Analytics™ Methodology Overview

Narrative Analytics is a discovery-oriented process based on “listening” to the large volume of relevant conversations in traditional and social media. It reveals narratives that represent the underlying beliefs that drive public discourse. Narratives can then be quantified, compared, analyzed, and, ultimately, used to guide strategy.

Monitor 360 has used the following methodology in over 50 narrative studies for corporations, foundations, and United States intelligence agencies on topics including healthcare, education, cloud computing, privacy, cyber-policy, and counter-terrorism.

Narrative Analytics includes the Five Step Process listed below. This process is tailored and adapted to fit the needs of each project and client.

Step 1:
Define the
Analytic
Agenda

Step 2:
Develop the
Data Set

Step 3:
Identify the
Narratives

Step 4:
Analyze the
Narrative
Landscape

Step 5:
Formulate
Strategy

Step 1: Define the Analytic Agenda



Brand Narratives

- Beliefs different audiences – media, customers, the business community, policymakers – hold about the client itself

Industry Narratives

- Beliefs people hold about the industry/area

Societal Narratives

- Deeply held national beliefs about the topic of interest

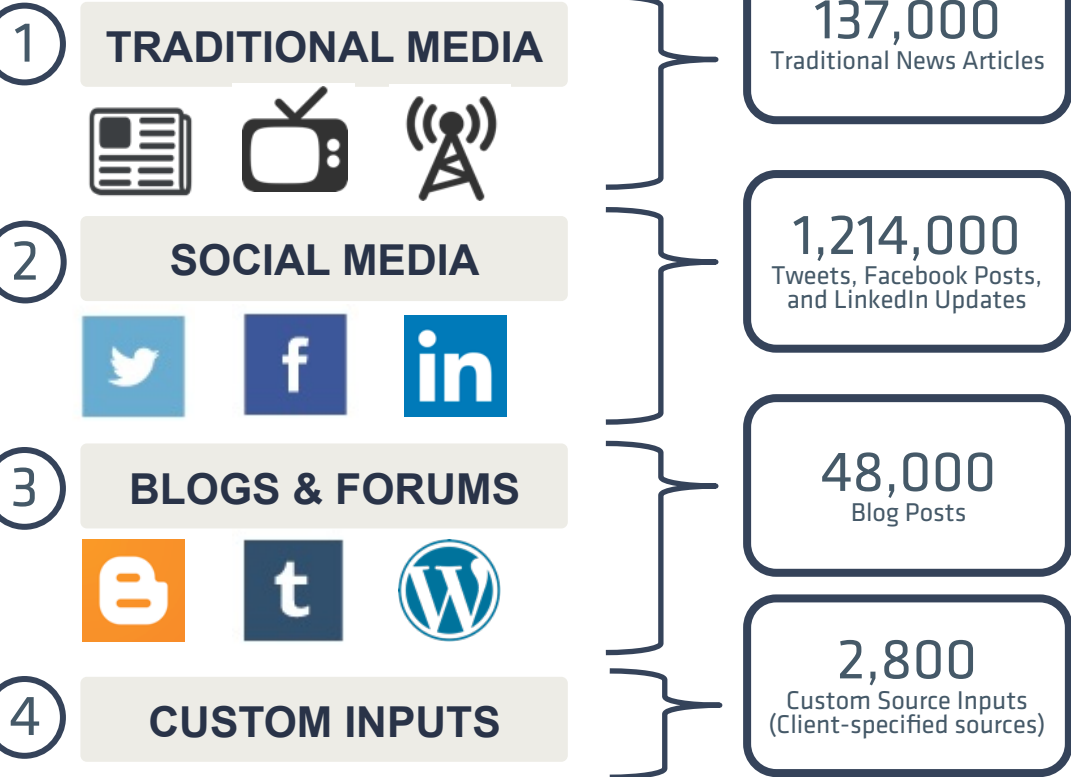
Step by Step

- Identify the strategic goals of the project
- Explore data availability and sources (online search)
- Determine the appropriate conversations (Narrative Landscapes) to investigate
- Create a plan for acquiring and analyzing relevant data

In this step we determine the conversations – Narrative Landscapes™ – that must be captured to address our client’s strategic needs and an approach to developing and analyzing those Landscapes.

Step 2: Develop the Data Set

*Data from Education Policy Case:
Feb 2014-Feb 1015*

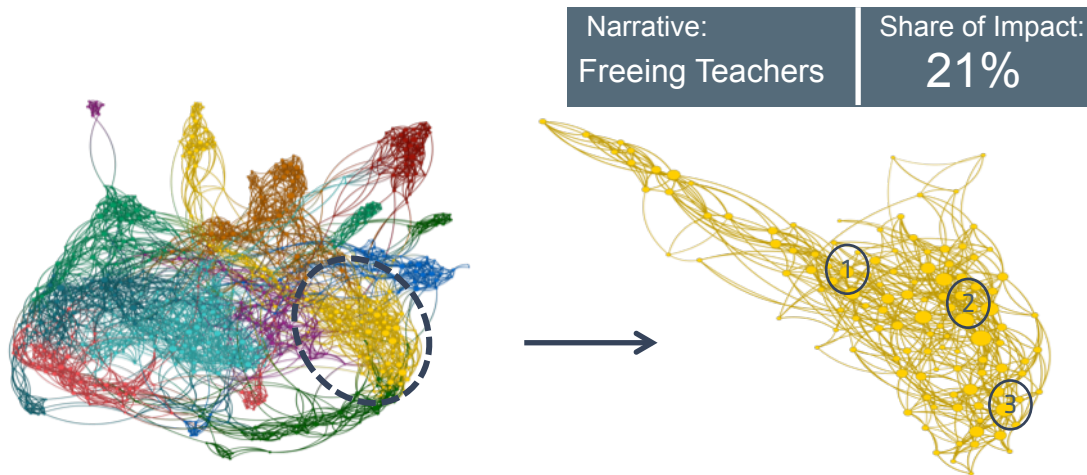


Step by Step

- Identify the media channels that contain relevant conversations:
 - ✓ **Traditional media** (e.g., print, TV, radio)
 - ✓ **Social media** (e.g., Twitter, Facebook, Reddit, YouTube)
 - ✓ **Other online media** (e.g., blogs, forums)
 - ✓ **Custom or client-exclusive data** (e.g. survey data)
- Assess for narrative content and down-select the best sources
- Import content into our data warehouse and clustering tool
- Use proprietary search engine to isolate conversations in the data set

In this step, we integrate a range of data from vendors and our own web crawlers and scrapers for further analysis. We believe our data sources comprise one of the most comprehensive views of the total media landscape.

Step 3: Identify the Narratives



Narrative Content:

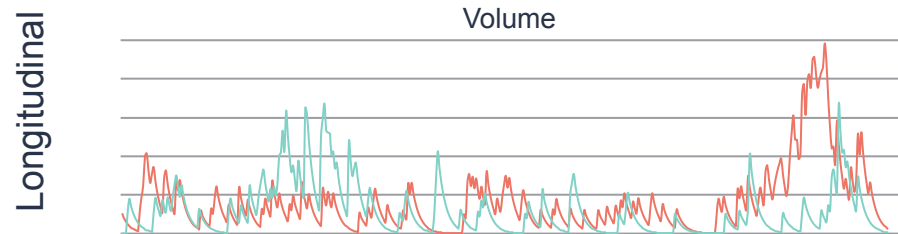
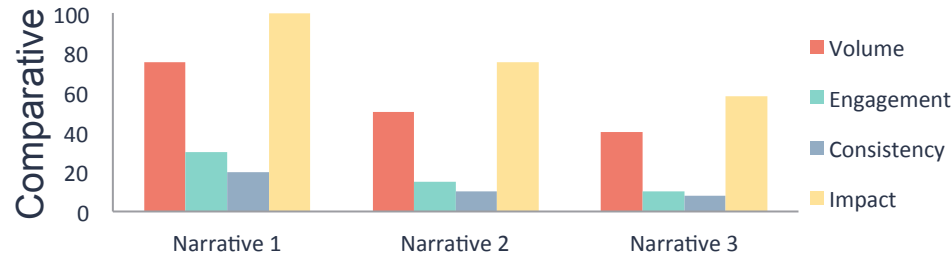
1. ...The Common Core gives teachers the freedom to be creative and teach the way they want to in the classroom....
2. ...The Common Core is an overreach of the Federal Government....
3. ...America needs higher educational standards to compete in the global economy....

Step by Step

- Cluster content according to content similarity
- Analyze content clusters, identifying potential narratives
- Stress test and refine narratives via expert judgment and analysis of thematic similarity
- Describe narratives in written long-form and capture major themes that transcend individual news stories
- Tag content by the narratives expressed within it, to enable further quantification and analysis

In this step, we use software-driven and qualitative methods to identify and define the narratives expressed in the Landscape. After developing a working set of narratives, we draw on a range of subject matter expertise to validate and refine them.

Step 4: Analyze the Narrative Landscape



Step by Step

- Quantify narratives based on a core set of metrics:
 - ✓ **Narrative Engagement:** the extent to which media items are shared socially
 - ✓ **Narrative Volume:** the volume of content expressing a given narrative
 - ✓ **Narrative Consistency:** measures narrative homogeneity
 - ✓ **Narrative Impact:** synthesizes the above scores into a weighted
 - ✓ **Narrative Footprint:** associations between various entities and narratives
- Qualitatively assess client and competitor messaging against narratives

In this step, we assess each narrative using a set of proprietary metrics that enable comparative and longitudinal analysis of the narratives, the entities within the landscape, and the messaging of key groups.

Step 5: Formulate Strategy

Teacher as Learner **ATTACH**

America Needs High Standards **REFRAME**

The Testing Plague **AVOID**

Teachers are life-long learners. However, they are often isolated from one another, unable to connect with peers who share common challenges. Teachers and administrators need to work together to open the classroom doors and find time to build relationships with educators within and beyond their schools. Only then will teachers be able to discuss teaching with other teachers and reach their full potential.

MESSAGE	DESIGN	CONTENT
<ul style="list-style-type: none"> Employ language and themes from narrative: "teachers feel isolated in the classroom," "teachers are life-long learners," "teachers talking about teaching with teachers is a good thing," "teachers need more time to connect with one another," "reflective practice," "community-building," "open classroom doors" Convey Foundation enthusiasm for learning and openness to new ideas and challenges that contribute to growth and development Emphasize Foundation desire to learn from and be inspired by teachers 	<ul style="list-style-type: none"> Create online experience characterized by respect for differences, mutual support, and inclusive user decision-making Present T2T as an "open community": host or link to other teacher communities and forums moderated by teachers on topics such as improving positive school culture Promote social communities and "learning teams" that discuss and coordinate experimentation with new teaching techniques on T2T (link to existing informal collaboration institutions like Bright Ideas Link Up) Create user "buddy system" based on shared interests 	<ul style="list-style-type: none"> Incorporate distinction between sharing materials and exchanging feedback; becoming comfortable with exposing one's practice to observation requires significant trust and time and should be allowed to develop organically on T2T Give users diverse ways to solicit feedback on T2T to promote a trusted environment (e.g., fully public vs. only circle of friends) Redline: Avoid content not delivered and endorsed by teachers with recent classroom experience Include teacher recommended reading list of books focused on teachers as continuous learners

Step by Step

- Develop strategy recommendations to **attach**, **reframe**, or **avoid** narratives
- Devise specific messaging tactics and outreach / engagement strategies based on opportunities and risks associated with narrative
- Monitor shifts in narratives over time and the emergence of new narratives
- Assess the impact of client strategies; refine based on new data

In this step, we formulate strategy recommendations based on our analysis of the Narrative Landscape and develop actionable pathways to implement those recommendations. We also monitor change over time to gauge the impact of client and competitor actions.