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“We’re Like Walking on Thin Ice for Our Happiness”: Platform-mediated Reproductive Governance in Chinese Women’s IVF Narratives on RedNote

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Abstract

In vitro fertilization (IVF) has become an important component of population governance in China, particularly following its incorporation into the national health insurance system. Drawing on Foucauldian biopolitics and reproductive governance, this study examines how Chinese women publicly narrate their IVF journeys on RedNote and how platform-mediated interactions shape the governance of reproduction. Analysis of these narratives identifies four key themes—quantified visibility through self-tracking, stigma and negotiated visibility in narrating IVF failure, hope sustained through care and support in online sisterhood, and anticipatory motherhood articulated through self-positioning and relational affirmation. The findings show that through practices of self-disclosure, repeated posting, and peer interaction on RedNote, reproductive bodies, failure, hope, and maternal identities become publicly visible and relationally meaningful. The study conceptualizes this process as "platform-mediated reproductive governance," whereby peer-based monitoring, emotional support, and relational affirmation intersect with established medical and institutional authority. This perspective extends reproductive governance scholarship by adding a communicative and relational dimension and showing how digital platforms mediate not only the visibility of reproductive experiences but also the ways women negotiate bodily management, failure, hope, and maternal identity.

Introduction

China is undergoing a demographic transition marked by declining birth rates and rising infertility. In 2025, births fell to 7.92 million, with a birth rate of 5.63 per thousand—less than half of 2016 levels, with 17.86 million births and a birth rate of 12.95 per thousand (National Bureau of Statistics of China, 2017; National Bureau of Statistics of China, 2026). The average age at first birth has risen to 27.2 years (National Health Commission of the People's Republic of China, 2024), and the proportion of infertility among couples of reproductive age has increased from 7.5% in 2007 to 18.2% in 2020 (Li et al., 2025; Qiao et al., 2021). In response, all 31 provinces have incorporated assisted reproduction, including ovulation monitoring, sperm optimization, embryo culture, and embryo transfer, into public health insurance to promote fertility, although access remains limited to heterosexual married couples diagnosed with infertility (Jiang, 2025). This policy shift in China reflects Foucault's (2003) logic of biopolitics—the state's regulation and control of population reproduction through medicalization.

While IVF offers new reproductive possibilities, it also produces significant psychological and social pressures on individuals who receive the treatment (Lai, 2017; Montgomery & Terrion, 2023; Ni et al., 2023). In China, infertility is often experienced not only as a medical condition but as a disruption of family continuity and a challenge to feminine identity (Huang, 2022; Zou et al., 2025). Women undergoing IVF face expectations from family, society, and medical institutions, and frequently report stress, anxiety, and shame (Hwu et al., 2022; Malekpour et al., 2023; Shafaghi et al., 2024; Wu et al., 2023; Ye et al., 2025).

Existing studies have examined IVF in terms of quality of life, psychological well-being, and social support (Teklemicheal et al., 2022). However, less attention has been paid to how women publicly narrate and make sense of their IVF experiences on digital platforms, especially as digital platforms have become important sites for narrating illnesses and reproductive experiences (Han, 2025; Li & Xu, 2025; Zou & Liu, 2024). This study addresses this gap by analyzing IVF narratives on RedNote as public, platformed practices. Rather than treating these accounts as direct expressions of inner states, we examine how women use public-facing narratives to construct meanings of the body, failure, hope, and motherhood within the intersecting forces of reproductive governance, cultural norms, and platform mediation. In doing so, we consider not only what becomes visible in women's public IVF narratives, but also how the platformed conditions under which these narratives are produced and circulated may shape the expression and negotiation of reproductive governance. Accordingly, this study attempts to address the following question: (1) How do Chinese women publicly narrate and make sense of their IVF journeys on RedNote? (2) How does platform mediation shape the ways reproductive governance is expressed and negotiated through IVF narratives on RedNote?

Literature Review

IVF in the Context of China's Fertility Policy

China's IVF development reflects a state-led model shaped by demographic concerns, ethical constraints, and policy incentives, different from market-oriented reproductive services in Europe and the United States (Mohr & Koch, 2016; Thompson, 2016; Wahlberg, 2016). Initially driven by anxieties about population quality, especially infertility due to tuberculosis, assisted reproduction has been re-embedded in recent decades within national strategies to increase fertility (Jiang, 2015; Wahlberg, 2016). Policy support, including the 2022 "Guiding Opinions on Further Improving and Implementing Fertility Support Measures", positions IVF as a key tool for demographic governance to boost the birth rate (Xinhua News Agency, 2022).

Women's IVF experiences are deeply embedded in these structural conditions. Research shows that experiences of infertility and assisted reproduction are shaped by cultural norms, healthcare systems, and social expectations, often generating anxiety, uncertainty, and identity tension (Huang, 2022; Pearce et al., 2022; Smietana, 2018). Unlike more general narratives of fertility or pregnancy, IVF is characterized by technological dependence, staged procedures, and temporal pressure, requiring sustained emotional investment (Franklin, 2022; Perrotta & Hamper, 2021). Classic scholarship on assisted reproduction has shown that hope is not simply a positive emotion but a practice that must be continuously sustained and managed in the space between failure, waiting, and technological promise (Franklin, 2022). Studies on stigma also show that infertility can threaten feminine identity and moral worth, producing narratives that combine hope, shame, self-blame, and the need to prove oneself at the same time (Becker, 2000; Roberts, 2012; Rowland, 1992).

In Asian contexts, these dynamics intersect with pronatalist policies, low-fertility anxiety, and family expectations. Research from South Korea and Japan shows that IVF is not only a medical intervention but also a site where gender norms, kinship obligations, and national concerns converge (Kim, 2019; Shirai, 2010). In China, women's experiences are also shaped by pressures to fulfill reproductive roles, trust in medical authority, and the normalization of technological intervention (Yu et al., 2021). IVF is not only a technical medical procedure but also a journey in which women make decisions, reshape their self-identity, and experience hope and anxiety over and over again (Franklin, 2022). In China, this journey is complicated by the intersection of technological intervention, cultural expectations, family responsibilities, and state fertility policies. Although women's roles in marriage and family have changed in contemporary Chinese society, expectations surrounding family continuity and childbearing remain significant. Hwu et al. (2022) identified practicing the family life cycle and ensuring a tight circle of marriage as the symbolic meaning of childbearing to Chinese women undergoing IVF treatment. Huang (2022) and Lai (2017) revealed the reproductive anxiety and medical uncertainty couples experienced throughout their IVF journeys and argued that the ambivalence also reflects the broader uncertainty of the demographic future of contemporary China. Chinese women's IVF experience is situated in a field of tension among state intervention, technological control, cultural values, obligations to the family, and individual desire.

Biopolitics and Reproductive Governance

Foucault's theory of biopolitics offers an insightful perspective on the discursive practices of Chinese women undergoing IVF. Foucault pointed out that traditional monarchical power centered on "taking life," exercising control through punishment and the deterrent of death, while the logic of modern state power has shifted to center on "making life," actively shaping both individual bodies and populations through health management (Foucault, 1990). Biopolitics explores the mechanisms through which political authorities and institutions exercise control over populations. Foucault defines biopolitics as a "new technology of power," which imposes a series of disciplinary techniques on the individual body and targets the population as a social body (Wu, 2015). In the context of reproduction, governance is exercised through policies, medical practices, and normative expectations that regulate fertility and health.

Morgan and Roberts (2012) further developed the concept of "reproductive governance," emphasizing how multiple forces, including the state, healthcare institutions, markets, religion, and cultural norms, shape and monitor women's reproductive decisions through policies, laws, economic incentives, moral teachings, and technological discourse. IVF exemplifies this process, as it combines technological control with institutional and social expectations: at the macro level, it is integrated into national population strategies and public health policies; at the micro level, it permeates women's bodily experiences and daily lives through medical procedures, numerical indicators, and risk assessments (Hamper, 2020).

Foucault (2010) argues that the politics of life is not a unidirectional process of oppression, but a dynamic network in which power and resistance intersect, with resistance sometimes taking discursive

or tacit forms. Related Foucauldian concepts of governmentality and technologies of the self further draw attention to how governance operates not only through external regulation but also through practices by which individuals act upon and manage their own bodies and conduct (Foucault, 1988, 1991). In neoliberal modes of governance, institutional goals may therefore be articulated through discourses of autonomous choice, self-care, and individual responsibility (Scala & Orsini, 2022). For women undergoing IVF treatment, such practices may involve actively managing their health, following medical advice, monitoring bodily indicators, and optimizing their physical state in pursuit of pregnancy (Frederick, 2017). These practices should not, however, be taken as straightforward evidence that women simply internalize institutional expectations; rather, they provide a perspective for examining how reproductive governance is enacted and negotiated through practices of self-management.

Platform-based Reproductive Narratives

A growing body of scholarship has connected biopolitics, reproductive governance, and digital media to examine reproductive meaning-making. Research on health platforms shows that self-tracking, peer interaction, and datafication encourage individuals to monitor and optimize their bodies (Ajana, 2017; Ruckenstein & Schüll, 2017). Pregnancy apps likewise extend self-monitoring and behaviour management into everyday reproductive practices (Lazarevic et al., 2023). At the same time, the affordances of new media can enable individuals to make sense of difficult experiences, build communities, and obtain online social support (Li & Xu, 2025; Cohen & Raymond, 2011; van der Meij & Declercq, 2025; Xu & Li, 2023). Van der Meij and Declercq (2025), for example, examined how women undergoing fertility treatment construct identities such as expert patient/client and failing, unpredictable, or abnormal body on Instagram.

Beyond providing opportunities for community and support, digital platforms also shape the conditions under which reproductive experiences become publicly visible and socially legible through their specific communicative affordances (Bucher & Helmond, 2018). On mainstream social media, medical treatment, bodily management, emotional labor, and reproductive norms can be organized into visible and shareable forms of storytelling. What users articulate is therefore not simply private feeling, but a public narrative practice seeking visibility, legitimacy, and intelligibility within a particular discursive marketplace (Bourdieu, 1977). This is especially evident in the public display of bodily and treatment experiences. Women undergoing IVF may share personal narratives alongside ultrasound sheets or egg retrieval records, making clinical procedures and bodily indicators part of publicly accessible reproductive storytelling (Zou et al., 2025). Scholarship on digital platforms has also drawn attention to algorithmic curation, tracking, and recommendation as conditions that can structure what becomes visible and circulates online (Lin & Liu, 2025). Platform-based reproductive narratives are thus shaped not only by what users choose to disclose but also by the communicative conditions through which such disclosures become visible, shareable, and open to response.

Importantly, interaction in reproductive communities should not be understood solely in terms of either support or compliance. Even before the rise of social media, patient and user associations around

infertility and adoption had become important sites where motherhood was reconstructed and the politics of reproduction were negotiated (Ginsburg & Rapp, 1991, 1995). Digital platforms extend these relational possibilities by enabling reproductive narratives to receive responses from others, facilitating information exchange and emotional support (Li & Xu, 2023; van der Meij & Declercq, 2025). At the same time, peer interaction may also circulate and affirm shared expectations concerning treatment, pregnancy, and motherhood. Platformed communities can therefore provide spaces in which reproductive meanings are collectively interpreted and negotiated rather than simply imposed. This communicative and relational dimension is particularly important for understanding how public reproductive narratives acquire meaning through ongoing interaction with peers.

Social media platforms are more than spaces in which reproductive experiences are expressed. They constitute communicative environments through which such experiences are made publicly visible, circulated among users, responded to by peers, and incorporated into processes of collective interpretation and negotiation. The question, therefore, is not simply whether existing medical, cultural, and reproductive norms are reproduced online, but how these norms are mediated and potentially reconfigured as IVF experiences become visible, shareable, and interactive forms of public storytelling. Yet existing research has paid limited attention to how platform affordances and peer interactions shape the ways reproductive governance is enacted, negotiated, and experienced in everyday digital life. This study addresses this gap by examining how IVF narratives on RedNote are rendered visible, organized, interpreted, and negotiated within a platform-based communicative environment, and how these processes intersect with broader forms of reproductive governance.

Method

Based on naturally occurring user narratives, this study examines Chinese women's discursive practices around the IVF treatment on the social media platform RedNote. We selected RedNote rather than other specialized infertility forums (e.g., the TM51 forum, which is now inaccessible) because our primary concern is not the exchange of technical information, but how IVF experiences are publicly narrated, made visible, and socially circulated on a mainstream digital platform. Compared with forums focused on concentrated medical information, RedNote is a vibrant communication space characterized by lifestyle display, visual expression, public visibility, and interactive engagement. It is one of the most popular social platforms in China, with more than 300 million monthly users, and 71.98% female users (Qiangua Data, 2025). RedNote is therefore particularly suited to examining how a relatively private medical process is publicly narrated and made shareable through platformed storytelling.

As of July 1, 2025, the hashtag #IVF on RedNote had accumulated more than 355 million views since its creation in November 2018. In the second quarter of 2025, IVF-related posts exceeded 10,000, and generated more than one million comments. Data were collected using Bazhuayu, a web-scraping tool, between April and June 2025, a period coinciding with the nationwide implementation of IVF insurance coverage. Preliminary observation using the NewRank Xiaohongshu analytics platform identified high-frequency IVF-related topics during this period. Based on both topic activity and relevance to personal

IVF treatment narratives, we purposively selected seven tags covering general IVF discussion, treatment processes, and experiential documentation: “IVF baby” (□□□□), “IVF” (□□), “Preparing for Pregnancy” (□□), “IVF Road” (□□□□), “IVF Transplantation” (□□□□), “IVF Records” (□□□□), and “IVF Knowledge” (□□□□□□). Bazhuayu was used to retrieve publicly accessible posts under these tags, with approximately 200 posts collected from each tag under the settings used.

The initial dataset contained 1,437 posts. We excluded posts that did not present first-person IVF experiences, posts shorter than 400 Chinese characters, and primarily commercial content. The 400-character threshold was adopted because preliminary screening showed that very short posts were predominantly brief status updates, isolated questions, or outcome announcements that lacked sufficient narrative context for thematic analysis. Posts were classified as advertisements only when their primary purpose was commercial promotion or solicitation and they contained no substantive personal IVF narrative; posts describing personal IVF experiences were not excluded merely because they mentioned clinics, products, or services. After screening, 623 narratives were retained for analysis.

Our dataset consists of publicly available posts and is therefore closer to platformed self-presentation than to private narration. Given this material condition, we do not treat posts as transparent windows into women’s inner states. Instead, we approach them as public-facing narrative practices shaped by platform visibility and selective self-disclosure. Users selectively decide what to show, how to express emotion, and whether and how to narrate failure. Platform narratives thus provide empirical material while simultaneously constraining the form in which experience becomes legible. At the same time, RedNote profiles do not provide complete or standardized demographic data. We therefore recorded age, marital status, and miscarriage history only when users explicitly disclosed such information in their posts or profiles. Put differently, what this article can analyze is not a fully quantifiable sociodemographic portrait of IVF women, but the subject positions and experiential patterns that become visible within platformed narration.

We conducted a thematic analysis of these IVF narratives on RedNote, focusing on recurring patterns in how bodies, emotions, experiences, medical technologies, and reproductive expectations were narrated. Foucault’s theory of biopolitics provided a theoretical framework for interpreting these patterns, while the posts were treated as public-facing narratives rather than direct evidence of women’s private perceptions. MaxQDA 2020 was used for coding and analysis. To enhance coding consistency and analytical credibility, two authors coded the first 30 stories independently, and the discrepancies were discussed repeatedly. After reaching a consensus, the first author coded the rest of the data. Coding consisted of four rounds: open coding, focused coding, axial coding, and thematic coding. No new categories appeared after 130–140 stories were coded, and 10 more stories were used to check saturation, which confirmed the conclusion. Thus, we believed that theoretical saturation had been reached.

Prior to the study, the project underwent ethics assessment through the institutional review committee of the first author’s university. The committee approved the study and determined that a formal board

review was not required for this study because it relied on publicly accessible online materials. Additionally, users know that their posts are available to the public and they automatically give their consent when posting anonymously. To reduce privacy risks, original account names were removed when excerpts were quoted in the manuscript.

Findings

The analysis identified four interrelated themes in Chinese women's public IVF narratives on RedNote: (1) quantified visibility through self-tracking; (2) stigma and negotiated visibility in narrating IVF failure; (3) hope sustained through care and support in online sisterhood; and (4) anticipatory motherhood articulated through self-positioning and relational affirmation. Across these themes, the uncertain temporality of IVF—monitoring, waiting, failure, and renewed attempts—provides an organizing context for public storytelling. Bodily management, failure, hope, and maternal identities are rendered publicly visible and relationally meaningful through posting and interaction on RedNote. The findings show that RedNote as a digital platform hass shaped how reproductive experiences are narrated, interpreted, and negotiated through ongoing visibility and peer interaction.

Quantified Visibility: Self-tracking the IVF Body

"Clocking in" (□□, daka) to record bodily indicators during an IVF cycle is a central theme in nearly all the narratives. Users routinely document hormone levels, follicle size, ovulation, egg retrieval, fertilization, implantation, and pregnancy tests, often presenting these as daily updates. Some create "IVF management sheets" and describe themselves as "project managers," framing the body as an object of continuous monitoring and optimization. The following is an example:

On 4/11, Dr. Chen did the ultrasound and found three small follicles around 1 and 1.2

cm, plus three very tiny ones at 0.8. On 4/15, We saw a total of 6–7 follicles, with three

measuring 15mm on the left, one at 18mm and two at 22mm on the right, and two very

small ones that I don't think will be stimulated. The really small follicles are unlikely to

develop... On 4/16, trigger shot [also known as an "ovulation trigger," an intramuscular

or subcutaneous injection of human chorionic gonadotropin (HCG) to encourage the final

maturation of the eggs to facilitate egg retrieval]. Medication is given according to

the fresh embryo transfer protocol, but the ovulation results show uneven follicle growth

and the bigger ones probably won't be usable by the time of retrieval.

These self-quantification practices reflect a form of self-management in which women actively track treatment stages and bodily indicators as measurable tasks. On RedNote, however, such tracking also becomes a public narrative practice. By organizing medical indicators and treatment events into successive updates, users render the IVF body continuously visible across procedural time. Bodily data thus function not only as resources for individual monitoring but also as public markers through which an unfolding treatment journey can be followed by others.

Medicalization provides an important context for this narrative pattern, as clinical categories render the body legible as an object of monitoring and intervention (Vasta & Girelli, 2021). Many posts foreground "follicles," "lining," and other clinical "indicators," making medical categories a prominent language through which the IVF body is publicly narrated. Even when users express emotions, such as "I cried a lot today," these expressions are often followed by statements such as "but it's all worth it for the baby." Rather than disappearing from the narrative, emotional experience is frequently articulated alongside bodily monitoring and oriented toward the hoped-for outcome of treatment.

Platform interaction further gives these self-tracking practices a relational dimension. Users exchange updates, advice, and encouragement, helping to sustain an expectation of continuous documentation. One woman wrote, "There are times when I really don't want to post, but if I don't, I feel sorry for myself and my sisters following along." Her comment suggests that continued posting is sustained not only by individual self-monitoring but also by awareness of an audience following her treatment process. In this sense, bodily tracking becomes a relational practice, as the continuity of the IVF narrative is maintained through interaction with peers.

Yet intensified tracking did not resolve uncertainty. Attempts to manage the IVF body coexisted with narratives of unpredictability and loss of control. As one user wrote, "I get injections every day, but my follicles don't grow. Is it because my body isn't working?" Another wrote, "Only one of the eight eggs retrieved worked, and I began to wonder if my body was broken." Such statements show that quantified visibility works in two directions. The same indicators that show treatment progress also make the departures from anticipated treatment trajectories visible. Across repeated cycles of medication, egg retrieval, and transfer, these discrepancies become specific objects of narration, often expressed through highly evaluative language directed at the body itself. Expressions such as "My body won't listen" and "I hate my useless body, like a piece of land that can't be sown," illustrate how uncertainty and disappointment are expressed as judgments about the body within these public narratives. Quantified visibility therefore does not equate to greater bodily control; it also renders the limits of such control more explicit on the platform.

These narratives show that self-quantification on RedNote takes on a public and relational dimension beyond individual self-management. Through repeated posting and updating, bodily indicators organize treatment into a trackable sequence for both posters and those following their journeys. As one user reflected, "I clock in every day like I'm running a huge project, but sometimes I forget that the project is actually me." Her comment captures a tension of quantified visibility: tracking provides a practical means

of ordering treatment, while also making departure from expected treatment trajectories continuously observable to peers on the platform.

Narrating IVF Failure: Stigma and Negotiated Visibility

On RedNote, public narratives of IVF failure were often accompanied by self-blame and shame. Some women wrote, for example, “It’s again my own failure to live up to my family’s expectations,” or “I feel like I don’t deserve to have a child or be a woman on my own, and that the injections and pills are just a waste of money.” These accounts show how unsuccessful treatment can be narrated as a personal failure rather than solely as an uncertain medical outcome. As Throsby (2004) notes, popular understandings of IVF as “giving nature a helping hand to produce miracle babies” can individualize failure by attributing it to insufficient effort or personal tragedy rather than to the limits and uncertainties of treatment. Self-blame therefore emerged as a prominent, though not exclusive, way of making sense of IVF failure.

When articulated publicly, this self-blame was often expressed through stigmatizing language that linked treatment failure to bodily and gendered inadequacy. Drawing on Goffman’s (2009) concept of “tainted social identity,” some women described themselves using terms such as “follicle failure,” One user wrote, “Eight eggs were retrieved, only one worked; simply don’t use them all, I admit I’m a failure as a woman.” Such statements show how a failed IVF cycle can be narrated as a gendered form of stigma, in which medical failure becomes linked to judgments about the reproductive body and one’s adequacy as a woman (van der Leun, 2018; Zou et al., 2025).

Marital and family relationships also formed an important context in narratives of IVF failure, particularly in how responsibility and expectations were described. One woman wrote, “My mother-in-law said that if I don’t make it this time, I will go to the temple to burn incense,” while another recalled, “Before every transfer, my husband said, ‘Go for it, it will work this time,’ but after the failure, he didn’t say anything.” Some posts also explicitly identified male-factor infertility. One woman wrote:

Most of the time I go to the hospital by myself. My husband doesn’t want to come with

me, and even when he does, he just sits in the corridor playing on his phone as if it has

nothing to do with him. But it’s his sperm quality that is the problem.

Such accounts show that responsibility for IVF failure is narrated across medical attribution, marital responsibility, and family expectations rather than through female self-blame alone. In some accounts, even when male-factor infertility was explicitly acknowledged, women still described bearing much of the burden of IVF treatment.

Failure also shaped whether and how users remained publicly visible on RedNote. Some stopped posting updates, using titles like “record suspended” or “no more sharing.” Others continued to post but disclosed failure in restrained terms, writing, for example, “I failed this time; I don’t want to talk about it

anymore," or, "I know it's normal to fail, but it's just hard." These practices suggest that narrating failure involved an ongoing negotiation of disclosure: users could continue, suspend, or limit what they shared as treatment unfolded. Rather than simply disappearing from the platform, failure could alter the continuity and extent of public narration, making whether to speak and how much to reveal part of the IVF storytelling process.

IVF outcomes also took on different meanings through interactions with other users. Success-oriented interactions included expressions such as "I want to catch your good luck " (□□□, jie haoyun, "good luck" is a homophone of "good pregnancy" in Chinese), whereas posts describing unsuccessful cycles sometimes elicited distancing responses such as"□□□, □□□□" (tui tui tui, bu jie bu jie; literally, "back, back, back—I won't catch it, I won't catch it"), a formulaic way of symbolically distancing oneself from an unwanted outcome. These contrasting responses suggest that success and failure can acquire different interactional meanings once they are made public. Failure is therefore not only something users decide whether and how to disclose; once made public, it also becomes subject to audience interpretation and response.

Hope: Care and Support in Online Sisterhood

Despite repeated setbacks, IVF narratives were marked by recurrent efforts to sustain hope. Users frequently wrote "try again" and "don't give up," presenting persistence as a common response to treatment uncertainty. Hope thus functioned as a form of emotional labor that supported continued engagement with uncertain treatment (Kuehn & Corrigan, 2013). On RedNote, this emotional work often took a relational form. One woman wrote:

I also started sharing my experience on Little Red Note, and I never expected to receive

such encouragement and support from so many sisters. To all the sisters like me on this

path, do not give up hope; we have experienced every failure to meet a better future. Each

successful pregnancy story is a beam of light illuminating the night. I'm still waiting.

Her account moves from receiving encouragement from other women to offering it to "sisters" facing similar treatment uncertainty. Hope circulates through peer interaction: users draw on peers' support and success stories while also passing that encouragement on to others. In this sense, online sisterhood provides a relational context in which hope is repeatedly shared and sustained across uncertain IVF journeys. Therefore, hope gains visibility and is reinforced on the platform through these sharing and peer interactions.

Online sisterhood extended beyond emotional encouragement to the exchange of practical and embodied knowledge about IVF treatment. Users shared advice about treatment procedures and bodily discomfort, often addressing one another directly as "sisters." In a discussion about the trigger shot, one

user asked, “Sister, where did you have your trigger shot? Mine was in my abdomen, and it hurt so much.” Another replied, “Sister, the really painful one is the shot in the buttocks.” Such exchanges translate clinical procedures into peer knowledge grounded in lived bodily experience. Alongside emotional encouragement, these exchanges provided a practical resource for navigating the everyday demands and discomforts of IVF through the experiences of others.

Within this supportive context, hope was often oriented toward future reproductive success. Failure was frequently narrated not as an endpoint but as a temporary moment followed by waiting or renewed effort. One woman wrote, “The failure now is just the baby picking time; s/he will come, and I have to wait for her/him.” Another wrote, “Even though it didn’t work this time, I won’t allow myself to fall apart for too long, and I’ll try again next time.” Such narratives echo the reframing of IVF failure as a stage on the way toward eventual success described by Perrotta and Hamper (2021). Across these narratives, hope was repeatedly expressed through waiting, renewed attempts, and anticipation of future pregnancy. Perseverance thus emerged as a recurrent and positively framed response to failure within these public IVF narratives.

Yet this orientation toward perseverance was neither uniform nor uncontested. Some users explicitly narrated stepping away from treatment and from the continued pursuit of pregnancy. After two years of trying to conceive, one woman wrote:

After this failed result, I’ve decided to stop trying. I won’t continue with another

treatment cycle or take any more medication... Once I decided I no longer wanted a child,

I suddenly felt relaxed. In the new year, I’m giving myself a break. Sisters, wish me well.” Responses from other women moved in different directions. One commenter identified with her decision: “I’ve stopped trying too... three years, two pregnancies, zero births.” Others, however, continued to embrace the hope of future conception: “Maybe it’ll happen naturally next month. Anything is possible.” The poster replied, “Let it be. I’m not forcing it anymore.” These exchanges show that withdrawal could be publicly articulated and, in some cases, echoed by peers, while other supportive responses continued to redirect the conversation toward reproductive hope.

Anticipatory Motherhood: Self-Positioning and Relational Affirmation

Within IVF narratives on RedNote, motherhood was often narrated in anticipatory terms before pregnancy was successfully established. Some users referred to themselves as “moms-to-be” or “IVF moms” and addressed an anticipated child from the position of a mother. One woman wrote, “Baby, mommy’s ready, when are you coming?” Another reflected, “I’ve been a mom since I first went into the operating room because I’ve been working hard for you.” These expressions locate maternal identity within the IVF process itself rather than only after a successful pregnancy. This pattern is consistent with research showing that emotional attachment to embryos can emerge even before implantation or successful treatment (Delaunay et al., 2023). On RedNote, such attachment also takes a public narrative

form: through maternal self-labeling and direct address to an anticipated child, users publicly position themselves as mothers while treatment is still unfolding.

Women also narrated themselves as mothers when describing unsuccessful cycles. One woman wrote, “I feel like I’ve lost a child, even though s/he doesn’t really exist yet.” Such narratives suggest that once motherhood is anticipated, treatment failure may be publicly narrated not only as the failure of a medical procedure, but also as the loss of an imagined maternal relationship. In this sense, IVF failure becomes connected to a maternal identity and imagined relationship that have already been anticipated through attachment, expectation, and ongoing treatment experiences.

The priority attached to an anticipated maternal future also emerged in narratives about work and family expectations. Posts and discussions raised questions such as whether to quit a job or whether employment might affect the chances of IVF success. One user wrote, “I gave up an opportunity for promotion because I didn’t want my work to delay a successful pregnancy. Looking back, I have regrets, but I couldn’t help it; at the time, I only thought I must be a mom.” Such accounts show how anticipatory motherhood shaped the narration of competing life priorities, as career decisions were retrospectively evaluated in relation to the anticipated outcome of becoming a mother. Family expectations further extended this maternal positioning beyond women’s own self-understandings. One woman wrote, “I want to go back to work, but my mom said, ‘You’re at this age and you’re still not concentrating on preparing for pregnancy.’” Here, anticipated motherhood was not only a personal aspiration but also a relational expectation reinforced through family interactions. These narratives demonstrate how reproductive priorities become embedded in everyday decisions about work, timing, and family responsibility, positioning motherhood as an expected and consequential life trajectory (Njogu et al., 2022).

Maternal positioning also emerged through platform interaction. In response to women documenting their IVF journeys, peers sometimes addressed them as mothers. One commenter wrote, “Mommy’s so good, how can the baby not come?” Here, “Mommy” does more than offer encouragement: it also affirms a maternal identity before pregnancy has been established. Anticipatory motherhood, therefore, is not only self-narrated but also relationally produced through family expectations and peer responses. This relational affirmation also shaped how other experiences were interpreted: treatment failure could be narrated as the loss of a child, while career decisions could be framed in relation to a hoped-for maternal future. On RedNote, motherhood thus emerged not merely as an eventual outcome of IVF but as an anticipatory identity that was publicly articulated, socially affirmed, and emotionally sustained while treatment was still underway.

Discussion

“We’re like walking on thin ice for our happiness,” as one woman described her IVF journey on RedNote, captures the fragile balance between hope and uncertainty that characterizes assisted reproduction. Within these narratives, IVF appears not simply as a medical procedure but as an ongoing, high-stakes project requiring continuous bodily management, emotional regulation, and moral commitment. This

study shows that such experiences acquire a distinctive form when mediated through RedNote: bodily monitoring becomes publicly visible and followable, while failure, hope, and anticipated motherhood are narrated, interpreted, and negotiated through ongoing interaction. At the same time, the materials analyzed are public narratives addressed to others, rather than direct records of women's private perceptions or lived experiences. The study therefore focuses not on accessing experience itself, but on how IVF experiences are publicly framed, organized, and normalized within a platformed communicative environment. It is through this process of public narrative construction that the body, failure, hope, and motherhood become particular objects of visibility and relational meaning within contemporary biopolitical governance.

Building on Foucauldian understandings of biopolitics and reproductive governance, we conceptualize this process as platform-mediated reproductive governance. The central theoretical contribution of this study is to show that platform mediation does not simply relocate existing medical, gendered, and reproductive norms online; it reconfigures how reproductive governance operates by bringing peer visibility, interaction, and relational affirmation into established relations of medical and institutional authority. Through self-tracking, public storytelling, and interaction on RedNote, IVF trajectories become visible to, followed by, interpreted through, and responded to by peers. Peer interactions on digital platform extend beyond information exchange: they shape how women make sense of treatment experiences, sustain hope amid uncertainty, and affirm identities such as anticipatory motherhood. Platform-mediated reproductive governance thus emerges through the interweaving of medical and institutional authority with platform-based processes of visibility, peer response, affective support, and relational affirmation. This perspective highlights how reproductive governance increasingly operates not only through formal institutions and medical expertise but also through the everyday communicative and relational practices enabled by digital platforms.

The four themes identified—quantified visibility, stigma and negotiated visibility in narrating IVF failure, hope through online sisterhood, and anticipatory motherhood through self-positioning and relational affirmation—are analytically distinct but connected through the staged and uncertain temporality of IVF. Self-tracking renders treatment stages visible and followable sequences, while failure exposes the limits of bodily management and destabilizes expectations of success. Hope is then sustained relationally through peer care, encouragement, and support oriented toward the possibility of future pregnancy, even as some users withdraw from interaction or resist dominant expectations. Anticipatory motherhood further extends this temporal trajectory by positioning maternal identity before pregnancy and making it available for relational affirmation. Together, these dynamics show that platform mediation does not resolve the uncertainty of IVF but reorganizes how uncertainty is made visible publicly, interpreted, negotiated, and carried forward over time. Within these public narratives, IVF thus emerges as a biographical and moral project shaped not only by reproductive technologies and social expectations, but also by the ongoing visibility, interaction, and relationality of platformed storytelling.

At the same time, these narratives should not be understood as simple expressions of compliance. Platform storytelling provides spaces for sharing vulnerability, exchanging practical knowledge, seeking

support, and negotiating meaning (Li & Xu, 2025; Zou et al., 2025). Online sisterhood can offer genuine emotional and practical care, yet supportive interactions often remain oriented toward the prospect of future pregnancy. The coexistence of support and normative orientation can be understood as a form of care-discipline: care helps women navigate the uncertainty and emotional demands of IVF while simultaneously sustaining reproductive hope as a meaningful horizon. This process is neither total nor uncontested. Women may withdraw from interaction, question reproductive expectations, or publicly articulate ambivalence toward continued treatment. Reproductive governance, therefore, is not a linear process of conformity but a negotiated field in which care, normative expectations, uncertainty, and resistance coexist.

These findings extend existing research on assisted reproduction by showing that digital platforms do more than provide new venues for narrating IVF experiences. Through persistent visibility, serial posting, and interactional response, they reshape how medical categories, treatment uncertainty, reproductive expectations, and maternal identities become publicly legible and connected. Medical institutions and clinical rationalities remain central to IVF, but within platform narratives they are mediated through peer interpretation and relational response rather than simply transmitted from institutions to individual patients. Digital storytelling thus becomes a mediating space in which medical authority, platform visibility, peer interaction, and gendered reproductive expectations intersect and acquire relational meaning. This finding also speaks to the broader cultural organization of IVF beyond the Chinese context. Despite important sociocultural differences, the anticipatory construction of maternal identity identified here resonates with research in Western contexts showing how IVF patients may be positioned as prospective parents of a living child (van der Meij & Declercq, 2025). Rather than suggesting cultural uniformity, this convergence highlights how assisted reproduction can involve a temporal shift in which parenthood is imagined, socially recognized, and emotionally inhabited before pregnancy is successfully established.

This study has several limitations. First, it focuses on publicly visible RedNote narratives, which capture forms of self-presentation rather than the full complexity of women's private and everyday IVF experiences, and may overrepresent active users while leaving less visible voices unheard. Second, the analysis does not directly examine recommendation algorithms or other institutional and technical mechanisms that may shape what becomes visible on the platform. Future research could combine platform-based narrative analysis with interviews or other qualitative methods, attend to less visible and non-posting users, and compare IVF storytelling across digital environments. Despite these limitations, the study shows that platform mediation introduces a communicative and relational dimension to reproductive governance, reshaping how bodily management, failure, hope, and maternal identity are publicly narrated amid IVF uncertainty. To "walk on thin ice," then, is not only to experience vulnerability but also to sustain an ongoing negotiation of hope, responsibility, and identity in pursuit of a future that is imagined but never guaranteed (Jarvis, 2022).

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