We report a study of peer support in online health communities for pregnancy care along three gestational stages (trimesters) to investigate how pregnant women seek and receive peer support during different stages of pregnancy.

**Research Setting:** BabyCenter.com

**Methodology:** A grounded theory research design with the primary data collection and analysis being qualitative content analysis

**Findings:**

- Motivations for seeking support online: 1) limited access to healthcare professionals; 2) frustration with their own healthcare providers; 3) limited access to offline support; and 4) mismatch between information obtained online or from books and their own experience.

- Types of questions asked throughout the three trimesters: *advice, formal pregnancy-related knowledge, informal pregnancy-related knowledge, reassurance, and emotional support.*

- Question topics at different stages: Although the types of online peer support pregnant women sought on the three Mommy Mentor forums were relatively consistent across the three trimesters, the specific content of the concerns expressed varied across the three trimesters:
  - First trimester: seeking support for a “tentative pregnancy”
  - Second trimester: caring for two
  - Third trimester: preparing for birthing

- Replies from peers: Peers shared their own experiential knowledge, the advice they received from healthcare providers, medical information, and sometimes encouraged the poster to see healthcare professionals in situations that are perceived to exceed the capacity of the mommy mentor forums. The pregnant women who asked for support in turn used peers’ experiential and clinical knowledge to evaluate healthcare services they had received or were going to receive.

**Discussion and Design Implications**

- Stage-based, timely, continuing care
- From fetus-centered to women-centered care
- Integrating experiential and medical knowledge

**Contributions:**

Our study contributes to the field of women’s health and HCI as well as health informatics more broadly by identifying the temporal, women-centered, and holistic demands in prenatal care and reflecting upon the design of health services and technologies.