

Sharenting... should children's lives be disclosed on social media?

The use of social network media has exploded globally, and many people share facts of their daily lives in these media by posting comments, photos, and videos. Up until 10 years ago, there was no Facebook, Twitter or Instagram, among the many social media apps that keep being developed; however, today people of all ages use them massively.

Such integration into personal life often results in parents creating their children's first "digital fingerprints" even before birth, by sharing pictures during pregnancy.¹

For example, in the United States, 92% of children younger than 2 years old have some sort of presence on the social media, and one-third make their debut online before they are even one day old.²

This situation is understandable because parents want to share the pictures of their children with family, friends, and acquaintances and it is much easier if they use a widely adopted means of dissemination. Parents also wish to share information about their children on social media when they have chronic or orphan diseases because social media networks have become a platform to share their experiences.³

Such phenomenon has been identified as sharenting (from share and parenting), and is defined as the practice of regularly posting and disclosing details about their children on social media.⁴

But parents do not realize that these pictures and comments may eventually be seen by anyone given the massive nature of these media. It is important to establish boundaries, and know what and how much to share.

Parents should be aware of the risks entailed by sharing information about their children on social media. Some of the hazards include identity theft and posting their image on child-porn web sites.

The type of information shared online should also be taken into account because it may be considered funny by some people or shameful and ill-used by others.⁵

It is important to keep in mind that privacy is a right of children, as well as their identity online. Children will make up their own identity as they grow and it should therefore be defined by themselves, not by their parents.

As the use of Internet has increased among children, during office visits to the pediatrician, the attention has been drawn to how they use digital technologies.⁶⁻⁸

However, to date, no studies have been made on the details of the personal information available online.⁹ It should be included as a topic to discuss during office visits, and parents/caregivers should be warned about the potential conflicts that may arise between the parents' freedom to share information and their children's right to privacy.

Therefore, families should be advised on these issues because they might not realize that by posting on social media, they may be affecting their children's well-being.

There is a phrase that summarizes how to handle these situations: do not share online anything that you would not share publicly.

There is a series of recommendations that pediatricians may provide parents/caregivers of their patients to help them adequately manage the information they share online:¹⁰

Parents should familiarize themselves with privacy policies of sites where they share information.

Parents should set up notifications to alert them when their child's name appears in search engines (e.g., Google alerts).

Parents who decide to share information about their children's health problems or diseases should consider sharing it anonymously.

Parents should use caution before sharing their children's actual location or full name.

Parents should give their children "veto power" over online disclosures.

Parents should not share pictures that show their children in any state of undress.

Parents should consider the effect that sharing can have on their children's current and future status.

It should not be forgotten that being careful with the information shared online about children is also a way of taking care of them, thus promoting their healthy development. ■

Paula Otero, M.D.

Subcommittee of Information and
Communication Technologies
Sociedad Argentina de Pediatría

<http://dx.doi.org/10.5546/aap.2017.eng.412>

To cite: Otero P. Sharenting... should children's lives be disclosed on social media? *Arch Argent Pediatr* 2017;115(5):412-413.

REFERENCES

1. Ammari T, Kumar P, Lampe C, et al. Managing children's online identities: How parents decide what to disclose about their children online. Proceedings of the 33rd Annual ACM Conference on Human Factors in Computing Systems; 2015: ACM. [Accessed on: May 19th, 2017]. Available at: http://yardi.people.si.umich.edu/pubs/Schoenebeck_ManagingChildrensIdentities15.pdf
2. Duggan M, Lenhart A, Lampe C, et al. Parents and Social Media. Pew Research Center. Internet & Technology; 2015. [Accessed on: May 19th, 2017]. Available at: <http://www.pewinternet.org/2015/07/16/parents-and-social-media/>.
3. Jacobs R, Boyd L, Brennan K, et al. The importance of social media for patients and families affected by congenital anomalies: A Facebook cross-sectional analysis and user survey. *J Pediatr Surg* 2016;51(11):1766-71.
4. Blum-Ross A, Livingstone S. Sharenting, parent blogging, and the boundaries of the digital self. *Popular Communication* 2017;15(2):110-25.
5. American Academy of Pediatrics. Researchers Caution About Potential Harms of Parents' Online Posts about Children. 2016. [Accessed on: May 15th, 2017]. Available at: <http://www.aap.org/en-us/about-the-aap/aap-press-room/pages/researchers-caution-about-potential-harms-of-parents-online-posts-about-children.aspx>.
6. Grupo de Trabajo de Informática. Los pediatras, los padres, los niños e Internet. Sociedad Argentina de Pediatría. [Accessed on: May 15th, 2017]. Available at: http://www.sap.org.ar/docs/ninos_internet.pdf.
7. Holloway D, Green L, Livingstone S. Zero to eight. Young children and their internet use. London: EU Kids Online; 2013. [Accessed on: May 19th, 2017]. Available at: http://eprints.lse.ac.uk/52630/1/Zero_to_eight.pdf
8. Council On Communications and Media. Media Use in School-Aged Children and Adolescents. *Pediatrics* 2016;138(5):e20162592.
9. Lupton D, Williamson B. The datafied child: The dataveillance of children and implications for their rights. *New Media Society* 2017;19(5):780-94.
10. Keith BE, Steinberg S. Parental Sharing on the Internet: Child Privacy in the Age of Social Media and the Pediatrician's Role. *JAMA Pediatr* 2017;171(5):413-4.

Breastfeeding as a biological dialogue

When we were writing up the first article in the 2016 Lancet Breastfeeding Series, my colleague Simon Murch (a British pediatrician) came up with a remarkable sentence: *"breast milk is the ultimate personalized medicine"*.¹ Since then, I have been referring to the mother-infant interaction during breastfeeding as a *"biological dialogue"*, in which the child passes information to the mother about its needs, and the mother responds by altering the quantity and composition of her milk. Multiple mechanisms are involved in this exchange of information, and we are still scratching the surface of the biology of lactation. The article by Pannaraj and colleagues, in *JAMA Pediatrics*,² fills a gap in the literature by quantifying how bacteria present in breast milk and in areolar skin contribute to the development of the infant's microbiota, and how the latter is specific to the microbial communities in the infant's mother, when compared to other nursing women.

For quite some time, we have known about the anti-infective properties of breast milk –lactoferrin, lysozymes, antibodies, oligosaccharides are only a few of the components that help prevent and fight infections in the

infant. Recent studies show the presence of microRNA, stem cells, cortisol and tens of other biologically active pathways.¹ If such compounds and cells are present in breast milk, they must play a role that was shaped during evolution –even though we may not yet know how these operate.

Breast milk certainly has epigenetic effects, although again we are yet to understand who these operate, and what is their importance.³ The early initiation of breastfeeding, within one hour of birth, has important effects on survival that are independent of the duration of exclusive breastfeeding,⁴ and that may well be explained at least in part by its effects on gene activation and on the oral and gut microbiome. Regarding the latter, we are only starting to understand how the microbiome of breastfed infants may affect their immune and neurological systems, the latter through pathways that include serotonin, cytokines and bacteria-produced metabolites.

Thus, we know many ways through which the mother can communicate with the infant through breastmilk, but do infants also communicate with mothers? They certainly do so, at least regarding how strongly they suckle and how