Social Media and Evidence-Based Maternity Care: A Cross-Sectional Survey Study

Rebecca L. Dekker, PhD, RN, APRN

Sarah King, BSN, RN

Kara Lester, BSN, RN

ABSTRACT

The purpose of this study was to describe how people use social media to find and disseminate information about evidence-based maternity care. We used a cross-sectional Internet-based survey design in which 1,661 participants were recruited from childbirth-related blogs. Participants answered questions about how they find, use, and share evidence-based maternity information using social media. Overall, women in this study were highly engaged in using social media to find and share maternity information. Most respondents were very interested in reading evidence-based maternity care articles online. Most intend to use this information that they found, despite the fact that a substantial percentage had no intentions of discussing this information with their childbirth educators or physician.

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The purpose of this study was to describe how individuals use social media to find and disseminate information about evidence-based maternity care. Evidence-based care is defined as health care that is based on the highest quality research evidence and tailored to a patient's values and situation (Guyatt & Rennie, 2002). In 2012, the cesarean rate in the U.S. was 32.8%, up from 5% in the early 1970s (Martin, Hamilton, Osterman, Curtin, & Mathews, 2013). Although researchers disagree about what the ideal cesarean rate should be, evidence shows that a high surgical birth rate increases the risk of adverse health outcomes for both women and infants,

including maternal hemorrhage, hysterectomy, infection, placental problems in future pregnancies, future infertility, uterine rupture in future pregnancies, pediatric asthma, and perinatal death in future pregnancies (Childbirth Connection, 2012). In their recent consensus statement on safe prevention of the first cesarean, the American Congress of

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Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine stated that there is significant concern that cesareans are overused and that changing the culture, attitudes, and practices of individual care providers will be challenging (Caughey, Cahill, Guise, & Rouse, 2014).

Mothers in the United States typically receive other labor and delivery interventions that have not been shown to provide any benefits to women and infants, with some interventions actually increasing the risk of adverse outcomes. In the third nationwide Listening to Mothers survey, mothers who gave birth in U.S. hospitals during the year 2012 reported high rates of augmentation of labor with oxytocin (36% of all women who experienced labor), not being allowed to eat or drink (60%), no walking after admission to the hospital (57%), the use of lying down or semisitting positions during birth (91%), and episiotomy (17% of all women who gave birth vaginally; Declercq, Sakala, Corry, Applebaum, & Herrlich, 2013). There is strong evidence from Cochrane meta-analyses against the routine use of all of these interventions among low-risk women (Bugg, Siddiqui, & Thornton, 2011; Carroli & Mignini, 2009; Gupta, Hofmeyr, & Shehmar, 2012; Kemp, Kingswood, Kibuka, & Thornton, 2013; Lawrence, Lewis, Hofmeyr, & Styles, 2013; Singata, Tranmer, & Gyte, 2010).

There are many reasons why U.S. maternity care as it is currently practiced is not in line with best research evidence. In a landmark systematic review on the barriers to physicians' adherence to evidence-based practice guidelines (Cabana et al., 1999), researchers found that the major reasons care providers fail to follow practice guidelines include not being aware of the evidence, not believing the evidence, preferring the status quo, lacking confidence in their ability to change, or believing that changing practice will not influence outcomes.

The reluctance of many care providers to practice evidence-based medicine imposes a significant barrier to implementing evidence-based care in the U.S. maternity care system. One innovative way to

promote evidence-based practice may be to provide the evidence directly to consumers—in this case, pregnant women and their families. It is possible that uptake of evidence-based practice guidelines could be improved by patient-directed systems in which consumers request aspects of evidence-based care (Trupp & Riegel, 2008). Entire systems of care could then theoretically be shifted toward evidence-based practice simply because of consumer demand.

Social media is a potential way of providing consumers with access to evidence-based information. Social media is defined as sharing information online using conversational media that makes it easy to create and share content in the form of words, pictures, videos, and audios (Neiger et al., 2012). Examples of social media include forums, message boards, review/opinion sites, social networks (Facebook or Twitter), blogging, bookmarking, and media sharing. Social media has the advantage of allowing people to quickly access and share information, and evidence shows that pregnant women are capable of and interested in finding maternity care information online.

In the Listening to Mothers III survey, 99% of U.S. women who had given birth in 2012 used electronic devices (laptop, desktop, smartphone, tablet, or iPod touch) at least once in the previous week, and they reported these devices as an excellent way to find information about pregnancy and childbirth (Declercq et al., 2013). However, almost nothing is known about how women of childbearing age engage in social media to find, use, and share evidence-based maternity information. Thus, the specific aims of this study were to

- Describe the characteristics of a sample of individuals who access evidence-based maternity care information online, including demographics, pregnancy history, and role in the health-care system
- Describe how likely these individuals are to find and use childbirth information online, discuss this information with care providers and others, and disseminate the information via social media

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METHOD

The study used a cross-sectional design in which individuals completed a one-time survey via the Internet. To recruit participants, we identified several blog authors who agreed to share information about the study on their social media sites. Potential subjects were eligible if (a) they had ever accessed

information about maternity care online and (b) were 18 years of age or older. Because we were interested in obtaining a broad convenience sample, there were no exclusion criteria. Enrollment began in February 2013 and ended in March 2013.

Measurement

Because there was no preexisting questionnaire designed to answer our research questions, we developed the survey questions based on our specific aims. After composing the survey items, we sent the draft survey to several childbirth educators and lay people to obtain feedback on the items and flow of the survey. We used their feedback to make changes prior to enrolling participants.

The survey covered basic demographics, including age, education, ethnicity, country of residence, marital status, employment status, and financial status. To obtain information on pregnancy, we asked female participants whether or not they were currently pregnant. If a participant was pregnant, she was asked whether or not the pregnancy was planned and how many weeks pregnant she was. All women were asked how many times they had been pregnant, how many times they had given birth to a live child, and the number of previous vaginal births, cesareans, vaginal births after cesarean (VBACs), and pregnancy losses they had experienced.

To identify role in the maternity health-care system, we asked the participant if he or she practiced as a midwife, medical doctor who attends births, labor and delivery or postpartum nurse, childbirth educator, or doula. We also asked the participants whether they used the following social media outlets: Facebook, Twitter, Pinterest, Reddit, LinkedIn, Blogging, Google Plus, StumbleUpon, Tumblr, or other.

Finally, we asked a series of questions on how the participants access, use, and share evidence-based information through social media. To make sure that the participants all understood our meaning of the term *evidence based*, we provided a definition and asked if that was consistent with their understanding. We then asked questions about their access of evidence-based information online and their perceptions of the importance of evidence-based maternity care information.

Participants were asked to recall a recent article they had read online that contained evidence-based maternity care information and then answer a series of questions about that article: how they found the article, how likely they are to use and share the

information in that article, and how confident they are in their ability to evaluate whether or not the article was evidence based.

Protocol

The study was approved by the University of Kentucky Institutional Review Board. Subjects were recruited from readers of the following blogs: Evidence Based Birth, Science and Sensibility (Lamaze International), ImprovingBirth.org, and BirthSwell. Information about the study and the link to the survey were posted on these blogs and the authors' Facebook and Twitter pages. Readers were asked to "share" or "like" the post with their friends, leading to a snowball-like effect of information spreading about the study via social media.

Clicking on the survey link brought participants to the SurveyMonkey site. After completing an eligibility screening survey, eligible participants were shown the informed consent document. When asked whether they agreed to participate, clicking on "yes" let them into the rest of the survey and clicking "no" ended the survey. Participants who agreed to participate completed a 10-minute survey. Participants were informed that they could skip any questions they wanted or stop the survey at any time point if they desired. SurveyMonkey has a feature that allows the investigator to block multiple responses from the same computer. This ensured that each participant only filled out one survey.

Data Analysis

Data analysis was conducted using SPSS Version 20 (SPSS Inc., Chicago, IL). Participant characteristics and answers to the survey questions are described using means and standard deviations or frequency distributions.

RESULTS

Sample Characteristics

Out of 1,661 participants who provided informed consent, most (1,640) completed the initial questions and came to a question that was a criterion for continuing the remainder of the study. That question was, "Can you think of maternity care information that you read recently online that provided factual information?" If the answer was no ($n = 316$), the survey ended. If the answer was yes ($n = 1,324$), the survey continued, with the remaining questions focusing on the participant's experience with finding, reading, and sharing that particular recalled article.

See Table 1 for a detailed description of sample characteristics. The sample consisted of 1,661 participants who initiated the survey—information in each of the tables details how many participants actually answered each question. The sample was

TABLE 1
Sample Characteristics

Characteristic	% (n) or <i>M</i> ± <i>SD</i>
Gender (<i>n</i> = 1,661)	
Female	99.2 (1,647)
Male	0.8 (14)
Age (<i>n</i> = 1,507)	33 ± 7.8
Ethnicity (<i>n</i> = 1,516)	
White	92.8 (1,407)
African American	0.1 (11)
Hispanic or Latina	2.4 (36)
Asian	0.1 (14)
American Indian or Alaskan Native	0.1 (15)
Other or biracial	0.2 (33)
Education level (<i>n</i> = 1,503)	
Less than high school graduate	0.3 (5)
High school graduate or GED	3.3 (49)
Some college or trade school	22.0 (331)
College graduate	39.5 (593)
Graduate work beyond college degree	34.9 (525)
Place of residence (<i>n</i> = 1,405)	
United States	84 (1,180)
International	16 (225)
Marital status (<i>n</i> = 1,517)	
Married	86.5 (1,312)
Living with a partner	8.1 (123)
Single	3.3 (51)
Divorced or separated	1.8 (28)
Widowed	0.2 (3)
Employment status, select all that apply (<i>n</i> = 1,626)	
Employed full-time	27.2 (443)
Employed part-time	16.9 (275)
Self-employed	21.9 (356)
Homemaker	36.8 (598)
Student	10.1 (165)
Unemployed	2.5 (41)
Financial status (<i>n</i> = 1,499)	
More than enough to make ends meet	42.0 (630)
Just enough to make ends meet	50.7 (60)
Not enough to make ends meet	7.3 (109)
Health-care provider or birth professional, select all that apply (<i>n</i> = 1,656)	
Doula	21.0 (347)
Childbirth educator	13.9 (230)
Midwife	5.6 (92)
Labor and delivery or postpartum nurse	3.7 (62)
Obstetrician or family physician who attends births	0.8 (13)

Note. GED = general educational development.

predominantly female (99.2%), White (93.4%), and married (86.5%). The average age of participants was 33 years (± 7.8). Three out of four participants (74.4%) had completed a college degree or higher level of education, with one third of the total sample (34.9%) completing graduate work beyond college. A little less than half of participants (44.1%) were employed full or part-time, 21.9% were self-employed, and 36.8% identified as homemakers. Half of the sample (50.7%) stated that when it came to finances, they had just enough to make ends meet, 42.0% had more than enough to make ends meet, and 7.3% said they did not have enough to make ends meet. Although most of the sample (84%) resided in the United States, 16% of participants lived outside of the United States, primarily in Australia, New Zealand, Canada, and the United Kingdom. Regarding roles as a birth professional or health-care provider, 21.0% of participants were doulas, 13.9% were childbirth educators, 5.6% were midwives, 3.7% were labor and delivery or postpartum nurses, and 0.8% were physicians who attend births.

Table 2 describes the pregnancy history of participants. Every female participant identified that they had been pregnant at least once; 36.2% had

TABLE 2
Pregnancy History of Female Participants

Characteristic	% (n) or <i>M</i> ± <i>SD</i>
Current pregnancy status (<i>n</i> = 1,304 females responses)	
Not pregnant now but plan to become pregnant in the next year	21.0 (350)
Yes, currently pregnant	20.8 (346)
This was a planned pregnancy	75.7 (262)
Have never given birth before (primiparous)	30.1 (104)
Number of weeks pregnant	24 ± 10
Pregnancy and childbirth history	
Number of pregnancies including any current pregnancy (<i>n</i> = 1,646)	3.4 ± 1.6
History of pregnancy loss (<i>n</i> = 1,538)	36.2 (557)
Have previously given birth to a live child (<i>n</i> = 1,527)	93 (1,423)
Number of previous births (<i>n</i> = 1,527)	2 ± 1.5
Mode of previous births (<i>n</i> = 1,434)	
Vaginal birth only	75.3 (1,080)
Cesarean only	14.0 (201)
Cesarean and subsequent VBAC	7.1 (102)
Vaginal birth and subsequent cesarean	2.1 (30)
Primary vaginal birth, cesarean, and VBAC	1.5 (21)

Note. VBAC = vaginal birth after cesarean.

experienced at least one pregnancy loss, and 93% had given birth to a live child. Of those women who had given birth before, the majority (75.3%) had given birth vaginally only, 14% gave birth by cesarean only, 8.6% gave birth by cesarean and a subsequent VBAC, and 1.5% had a primary vaginal birth followed by a cesarean. When asked about their current pregnancy status, one out of five participants was currently pregnant (20.8%), and 21% were not pregnant but were planning a pregnancy in the next year. Of the women who were currently pregnant, the majority (75.7%) had planned the pregnancy, and 69.9% had previously given birth before. Only 104 pregnant women in the sample were primiparous. The average gestational age of pregnant participants was 24 ± 10 weeks.

Figure 1 displays the types of social media used by the participants. Facebook was the most popular form of social media (97.7%), followed by Pinterest (62.3%), Twitter (26.0%), Blogging (25.6%), LinkedIn (24.0%), and Google Plus (19.0%). There was a comment form for participants to list other types of social media that we did not specifically ask about. Social media that the participants mentioned using

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included BabyCenter.com forums, BabyBump.com forums, and Instagram.

Participant Access, Perceptions, and Use of Maternity Care Information

See Table 3 for detailed findings regarding participant perceptions, access, and use of evidence-based maternity care information. Most of the sample (70.1%) was very familiar with the term *evidence-based*, and 91.6% said that our definition of evidence based (“When facts are backed up by medical or research evidence”) was very consistent with their own understanding of the term. Almost all of the participants (97.4%) stated that they had accessed evidence-based information online. Most of the sample (86%) reported that it is very important that the information they read about maternity care is evidence based, and 84.7% said they were very

Figure 1. Participant use of social media ($n = 1,628$).

TABLE 3
Participant Access, Use, and Sharing of Evidence-Based Maternity Care Information

Question	Response % (n)
How familiar are you with the term <i>evidence based</i> ? (n = 1,648)	
Not familiar	4.1 (67)
Somewhat familiar	25.2 (415)
Very familiar	70.8 (1,166)
"Evidence-based information is when facts are backed up by medical [research] evidence." After reading this definition, how consistent is this with your own understanding of the term <i>evidence based</i> ? (n = 1,640)	
Not consistent	0.4 (6)
Somewhat consistent	8.0 (132)
Very consistent	91.6 (1,502)
Have you ever accessed information online that was based on medical evidence? (e.g., an article about gestational diabetes or epidural use; n = 1,640)	
Yes	97.4 (1,597)
No	2.6 (43)
How important is it to you that factual information you read about maternity care is based on medical evidence? (n = 1,640)	
Not important	0.2 (3)
Somewhat important	13.8 (227)
Very important	86.0 (1,410)
How interested are you in reading maternity care articles online that are based on medical evidence? (n = 1,639)	
Not interested	0.5 (8)
Somewhat interested	14.8 (242)
Very interested	84.7 (1,389)
Can you think of maternity care information that you read recently online that provided factual information? (n = 1,640)	
Yes (survey continued)	80.7 (1,324)
No (survey ended)	19.3 (316)
How much confidence did you have in your ability to evaluate whether this article was based on medical evidence? (n = 1,211)	
Not confident	2.6 (32)
Somewhat confident	38.9 (471)
Very confident	58.5 (708)
How accurate did you feel the information was in that article? (n = 1,206)	
Not accurate	1.4 (17)
Somewhat accurate	23.5 (284)
Very accurate	75.0 (905)
How likely are you to use this information in the future? (n = 1,180)	
Not likely	6.9 (82)
Somewhat likely	30.2 (356)
Very likely	62.9 (742)
How important are the credentials of the author? (n = 1,210)	
Not important	2.6 (31)
Somewhat important	45.4 (549)
Very important	52.0 (629)
How important is it that the author lists multiple references? (n = 1,210)	
Not important	1.3 (16)
Somewhat important	29.8 (360)
Very important	68.9 (834)
Did you skim the article or read it all the way through? (n = 1,207)	
Skimmed	3.1 (37)
Read lightly	35.0 (423)
Read thoroughly	61.9 (747)
If an article was shared with increasing popularity on Facebook, does that make the article more important to you? (n = 1,203)	
Yes	38.5 (463)
No	61.5 (740)

Figure 2. How participants found the evidence-based article that they were asked to recall.

interested in reading evidence-based maternity care articles online.

Out of the entire sample, 1,324 participants (80.7%) stated that they could recall maternity care information that they recently read online that provided factual information, and these participants went on to answer a series of questions regarding the specific article that they had just been asked to recall. Examples of article topics that the readers recalled include gestational diabetes, Group B strep and use of antibiotics during labor, continuous labor support, hyperemesis gravidarum, prophylactic erythromycin eye ointment for newborns, induction of labor, pain management during labor, vaginal birth after cesarean, preeclampsia, delayed cord clamping, home birth, freestanding birth centers, skin-to-skin care, and going past your due date.

The most common ways that participants found the article (Figure 2) were through a Facebook link from someone else (28.6%), conducting a Google search (26.5%), being a Facebook fan of a specific page (9.9%), or being a regular reader of the website or blog on which they found the article (9.8%).

More than half of the sample (58.5%) was very confident in their ability to evaluate whether the specific article was based on evidence, 38.9% were somewhat confident in their ability, and 2.6% were not confident. Most (75%) said that they felt the information in the article that they read was very accurate, 23.5% said the information was somewhat

accurate, and 1.4% said the information was not accurate. Two thirds of the sample (62.9%) said they were very likely to use this information in the future and 30.2% were somewhat likely. When asked about the importance of the credentials of the author, 52% said the credentials were very important, and 45.4% said the credentials were somewhat important. The provision of references was very important to 68.9% of the participants and somewhat important to 29.8% of the participants. One third of the participants (38.5%) said that if the article was shared with increasing popularity on Facebook, then that made the article more important to them.

How Likely Participants Are to Share Information

When asked how likely they were to discuss the information in the article with various persons (Table 4), more than half of the participants said they were “very likely” to talk to their partner (66.5%), clients (56.1%), doula (55.8%), midwife (54.1%), and friends (53.4%) about the information they had read. Fewer participants said they were very likely to discuss the information in the article with their childbirth educator (46.3%), doctor (31.8%), or nurse (29.9%). One third of participants said they were not likely at all to discuss the information in the article with their doctor (33.6%) or nurse (33.7%). Regarding how likely the participants were to share the article using social media (Table 5), the most common method that participants were “very

TABLE 4
How Likely Are You to Talk To Various People About the Information Presented in the Article?

Person ^a	Not Likely ^b	Somewhat Likely ^b	Very Likely ^b	Not Applicable	Total Applicable (denominator)
Doctor	33.6% (303)	34.6% (312)	31.8% (287)	255	902
Midwife	13.5% (127)	32.5% (306)	54.1% (510)	228	943
Nurse	33.7% (309)	36.4% (333)	29.9% (274)	223	916
Doula	17.6% (152)	26.7% (231)	55.8% (483)	281	866
Childbirth educator	23% (198)	30.7% (264)	46.3% (398)	273	860
Colleagues	16.6% (157)	33.4% (317)	50% (474)	205	948
Partner	10.1% (110)	23.5% (256)	66.5% (725)	73	1091
Clients	23.8% (145)	20.2% (123)	56.1% (342)	519	610
Friends	8.1% (93)	38.5% (442)	53.4% (613)	30	1148

^aPerson that they are likely to talk to about the article.

^bThe percentages were calculated by taking the number of participants who answered not likely, somewhat likely, or very likely and dividing by total applicable denominator.

likely” to share the article with was Facebook (38%), followed by e-mail (18.5%), Twitter (18.3%), and blogging (12.3%).

DISCUSSION

To our knowledge, this is the first study to describe women’s use of social media to access, use, and share evidence-based maternity care information online. Because of the sites from which we recruited participants, our sample was mostly made up of individuals who were already searching for evidence-based information online. Therefore, not surprisingly, women in our study said they were very interested in reading evidence-based maternity care information. Although this result may be primarily because of the self-selection of the participants, our finding is consistent with a 2012 report by the Institute of Medicine in which researchers found that consumers

want to be deeply engaged in their own health-care decisions and that they want to understand the evidence basis behind their care (Alston et al., 2012).

Among our sample, Facebook was the most common way for women to find and share evidence-based maternity information with others. Although this finding may be partially because the fact that we recruited some participants using Facebook, researchers have demonstrated that 79-84% of women of childbearing age use Facebook, with half of all Facebook users checking their account multiple times per day (Duggan et al., 2014).

Two thirds of women stated that they planned to put the specific information that they found online into practice. Researchers have not yet quantitatively examined exactly how mothers’ social media use can affect their health-care decision making or pregnancy and childbirth outcomes. We were only

TABLE 5
How Likely Are You to Share the Article Using Social Media?

Social Media Outlet ^a	Not Likely ^b	Somewhat Likely ^b	Very Likely ^b	Do Not Use	Total Applicable (denominator)
Facebook	31.3% (373)	30.8% (367)	38% (453)	10	1193
Twitter	61.4% (232)	20.4% (77)	18.3% (69)	705	378
Pinterest	75.8% (558)	13.3% (98)	10.9% (80)	352	736
Blogging	61% (263)	26.7% (115)	12.3% (53)	652	431
LinkedIn	92.6% (326)	3.4% (12)	4% (14)	716	352
Google Plus	83.1% (250)	11% (33)	6% (18)	770	301
Tumblr	94.9% (166)	2.3% (4)	2.9% (5)	879	175
E-mail	48.1% (472)	33.4% (328)	18.5% (181)	116	981

^aSocial media outlet that they are likely to use for sharing articles.

^bThe percentages were calculated by taking the number of participants who answered not likely, somewhat likely, or very likely and dividing by total applicable denominator.

able to identify one small qualitative study in which researchers interviewed 21 African American pregnant women who had not received a flu vaccine. These women stated that messages transmitted via social media strongly influenced their decisions on whether or not to obtain a flu vaccine (Marsh, Malik, Shapiro, Omer, & Frew, 2014).

It is somewhat concerning that most participants in our study were planning to put the information that they found into practice, even if they were not very confident in their ability to evaluate whether the specific information that they found was based on evidence, and despite the fact that some thought the information was only “somewhat accurate.” Furthermore, although half of women said they were “very likely” to discuss the information they found with their midwives, a substantial portion of the sample said they had no intention of discussing the information they found with their doctors, childbirth educators, or nurses. This finding is significant for two reasons: first, because women may use poor-quality or inaccurate information on which to base their health-care decisions, and second, it is possible that women may have more difficulty advocating for their preferences during birth if they have not discussed this information ahead of time with their providers.

The potential benefits and harms of using social media to find and share information specifically about pregnancy and childbirth are largely unknown. Regarding health care in general, in 2013, researchers conducted a systematic review on the uses, benefits, and limitations of social media in health care. Moorhead et al. (2013) found 98 original studies on this topic, most of which were descriptive, cross-sectional studies published between the years 2011 and 2013. They found that the main benefit of using social media in health care was an increase in access of health information among many different groups, regardless of age, location, education, or ethnicity. The long-term benefits and risks of using social media to find health information are unknown, and it is not known which types of social media are more effective at changing health behaviors.

In their conclusions, Moorhead et al. (2013) caution that because social media is an informal, unregulated method of sharing health information, the information that individuals find online may be of highly variable quality and consistency. Users of social media can upload and share information regardless of the quality, which raises concerns on whether patients are able to discern correct from incorrect

Although high-quality, evidence-based information can quickly go viral on Facebook and other social media platforms, so, too, can rumors and poor-quality information.

information. Information on some websites may be factually accurate, whereas others may not. Furthermore, users of social media may have little awareness of the potentially vast reach of what they post online—one inaccurate posting on social media could reach a very large audience base, thus spreading misinformation at a rapid pace (Moorhead et al., 2013).

Clinical and Research Implications

Given the fact that most parents today are looking for maternity care information online, Lamaze childbirth educators should consider incorporating into their classes the topic of social media and how to evaluate information with their clients. This topic is important to cover, because although high-quality, evidence-based information can quickly go viral on Facebook and other social media platforms, so, too, can rumors and poor-quality information.

One potential teaching strategy would be to ask several open-ended questions to parents, including (a) “Tell me about the childbirth information you have been learning online and through social media” and (b) “Talk to me about how you are planning to use that information.” After assessing their clients’ use of social media to find information about childbirth, childbirth educators could then discuss with their clients the importance of distinguishing between opinion-based information and evidence-based information. Next, childbirth educators could give an example of poor-quality information (perhaps a blog article that is inaccurate) and ask parents, “How do you know if this information is accurate or not?” Childbirth educators can teach their clients several techniques for spotting bad information. For example, material may be a suspect if it sounds too good or too scary to be true, the article uses inflammatory language, the author makes claims without backing them up with references, or the author uses outdated or nonscientific information (such as a magazine article) as a reference. One quality resource that childbirth educators can use to help parents learn how to find good information is the Health on the Net Foundation’s Code of Conduct (HONcode) criteria for medical and health websites. This code can be found at <http://www.hon.ch/HONcode/Patients/Conduct.html>

In the end, a simple way for parents to protect themselves from bad information—and to advocate for themselves during birth if they want to use good information—is to talk about the information they read online with a trustworthy, qualified health-care provider who is trained in interpreting research evidence. Childbirth educators should encourage their clients to bring information they find online to appointments with their care provider and to discuss any plans they have to implement this type of information with all members of their health-care team. Because some parents may be hesitant to talk to their care providers about this information, childbirth educators can equip them with easy-to-use phrases to initiate the conversation. For example, childbirth educators can help parents practice saying, “I’ve been reading information online about [blank], would it be okay if I tell you what I’ve learned, so that I can hear your thoughts on it?”

Regarding research implications, our study has provided preliminary data on the use of social media among women of childbearing age. Given that the benefits and risks of using social media to spread maternity care information are unknown, future research is needed to study the longitudinal impact of social media on health communication between mothers, birth professionals, and health-care providers. Clinical trials are needed to determine the effectiveness of different social media platforms for behavior change for a healthier pregnancy and childbirth and whether social media can help promote provider uptake of evidence-based practices. Exploratory research is also needed on the best ways to monitor and improve the quality of health information that is available via social media as well as information on the risks of relying on information gathered online.

Limitations

This study was limited by its self-selected convenience sample. We mainly included participants who were already heavily engaged in using social media and visit childbirth-related blogs and Facebook pages. Therefore, the results may speak only to this specific population and cannot be generalized to the greater population. However, our sample could be considered a strength because we were able to take an in-depth look at the perceptions and self-reported behaviors of women who are highly active users of social media-driven maternity care information. Future research on this topic should

include active recruitment methods to replicate these findings among more mainstream populations who are not already seeking evidence-based information online. Finally, women who participated in the study were mainly White, highly educated, and had stable financial status. Future researchers who study this topic must make a concerted effort to recruit women of color and women with various educational and socioeconomic backgrounds.

CONCLUSION

In conclusion, we found that women who participated in our study were highly engaged in using social media to find and share maternity information. Women stated that they intended to put the information that they found into practice—whether or not they had confidence in their ability to evaluate the quality of the information and despite the fact that a substantial proportion have no intentions of discussing this information with their childbirth educators or care providers. This raises concerns about the unknown benefits and risks of finding, using, and sharing maternity information with social media. The link between social media and health care is continuously evolving, and researchers, childbirth educators, health-care professionals, mothers, and their family members should be on the lookout for advances in our knowledge on this topic.

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REBECCA L. DEKKER, PhD, RN, APRN, is an assistant professor of nursing at the University of Kentucky College of Nursing in Lexington, Kentucky, United States. SARAH KING, BSN, RN, is a registered nurse at Cincinnati Children's Hospital and a Doctor of Nursing Practice student at the University of Kentucky. KARA LESTER, BSN, RN, is a graduate of the BSN program at the University of Kentucky and a registered nurse at UK Healthcare.