



SOCIAL MEDIA AND PREGNANCY-RELATED HEALTH MISINFORMATION A SCOPING REVIEW OF ITS INFLUENCE ON MATERNAL HEALTH DECISION-MAKING

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ABSTRACT

Background: Pregnancy is a period characterized by substantial physiological, psychological, and behavioural changes during which women frequently seek information to understand symptoms, fetal development, nutrition, medication use, antenatal investigations, vaccination, mode of delivery, breastfeeding, and newborn care. The rapid expansion of social media has transformed how pregnant women access and exchange health information. Platforms such as Facebook, Instagram, YouTube, TikTok, Reddit, and online pregnancy communities provide immediate access to peer experiences, health professionals, influencers, and commercial content. However, the same characteristics that make social media accessible and engaging also facilitate the rapid dissemination of inaccurate, misleading, incomplete, or contextually inappropriate health information. **Objective:** This review critically examines the existing evidence concerning pregnancy-related health misinformation on social media and its potential influence on maternal health decision-making, including decisions related to vaccination, nutrition, medication, antenatal care, labour and mode of delivery, breastfeeding, and other pregnancy-related behaviours. **Review approach:** Relevant literature was examined across systematic reviews, scoping reviews, observational studies, qualitative studies, and social-media content analyses. Particular attention was given to studies investigating pregnant women's information-seeking behaviour, misinformation exposure, social media engagement, trust, vaccine decision-making, childbirth decision-making, nutrition, breastfeeding, and influencer-related communication. **Findings:** The literature demonstrates that social media has become an important component of pregnancy-related information seeking. Although social media can improve access to support, increase knowledge, facilitate peer connection, and strengthen women's confidence, the quality and reliability of pregnancy-related information are highly variable. Misinformation is particularly evident in discussions surrounding maternal vaccination, nutrition, supplements, fertility, childbirth, breastfeeding, and perceived pregnancy risks. Vaccine safety concerns and infertility claims were repeatedly identified in studies of pregnancy-related misinformation. Social media exposure may influence decision-making through emotional narratives, social norms, perceived consensus, influencer authority, repetition, algorithmic amplification, and selective exposure. However, the available evidence is predominantly observational, and direct causal relationships between misinformation exposure and adverse maternal outcomes remain insufficiently established. **Conclusion:** Social media represents both an opportunity and a risk within contemporary maternal healthcare. The principal challenge is not simply women's use of social media, but their ability to distinguish credible evidence from persuasive misinformation. Maternal health professionals should incorporate digital health literacy, misinformation screening, and respectful discussion of online information into antenatal care. Future research should move beyond measuring social media use toward evaluating specific misinformation exposures, mechanisms of influence, behavioural outcomes, and effective corrective interventions, particularly in low- and middle-income countries.

KEYWORDS : Social media; misinformation; pregnancy; maternal health; health information; decision-making; digital health literacy; vaccine hesitancy; antenatal care; maternal health communication.

INTRODUCTION

The digital transformation of healthcare communication has fundamentally changed how pregnant women obtain, interpret, and share health information. Traditionally, pregnancy-related information was obtained predominantly from healthcare professionals, family members, books, antenatal classes, and community networks. Increasingly, however, pregnant women use search engines, social networking sites, discussion forums, video-sharing platforms, pregnancy applications, and online communities to obtain information and reassurance. Earlier reviews established that Internet use among pregnant women was already substantial before the rapid expansion of contemporary social media. Sayakhot and Carolan-Olah reported that pregnant women commonly searched online for information about fetal development, nutrition, pregnancy symptoms, and other aspects of pregnancy. Importantly, many women considered online information reliable but did not necessarily discuss what they had found with healthcare professionals. This creates a potential communication gap between information consumed online and information recognized during clinical care.¹

Subsequent evidence has demonstrated that Internet-based information can influence pregnancy-related decision-making. A systematic review involving 17 studies found that Internet use was associated with decisions concerning mode of delivery, medication use, physical activity, and other pregnancy-related behaviours. However, the influence was not uniformly harmful; Internet use could also increase awareness and confidence.²

The emergence of social media has intensified this phenomenon. Unlike conventional health websites, social media combines information with personal narratives, emotional communication, social validation, visual content, recommendation algorithms, influencers, and peer-to-peer interaction. Consequently, a scientifically unsupported claim can acquire considerable persuasive power simply because it is repeatedly viewed, emotionally compelling, or endorsed by a trusted individual. This is particularly important during pregnancy because maternal decisions can affect both the woman and the fetus. Decisions concerning vaccination, medication, nutritional supplementation, physical activity, antenatal investigations, place and mode of birth, breastfeeding, and management of pregnancy symptoms may have clinical consequences. Therefore, pregnancy-related misinformation should not be understood merely as an information-quality problem. It is increasingly a maternal health decision-making problem.

METHODOLOGY

This scoping review provides updated and evidence-based information on social media and pregnancy-related health misinformation, with particular emphasis on its influence on maternal health information-seeking and decision-making. A computerized literature search was conducted using PubMed/MEDLINE, Scopus, Web of Science, EMBASE, Google Scholar, and ResearchGate. Literature published primarily during the past 05 years (2021–2026) was considered, with relevant landmark studies included where necessary. Keywords included social media, pregnancy, pregnant women, maternal

health, health misinformation, pregnancy misinformation, digital health literacy, maternal decision-making, vaccination, breastfeeding, nutrition, and childbirth. More than 50 articles were initially screened, and relevant peer-reviewed studies, reviews, qualitative studies, observational studies, and social-media content analyses were included. The identified literature was critically analysed and thematically synthesised to examine major areas of misinformation, including maternal vaccination, nutrition, medication, antenatal care, childbirth, breastfeeding, and influencer-mediated health communication. This methodology enabled a comprehensive synthesis of existing evidence regarding the nature and potential influence of pregnancy-related misinformation on maternal health decision-making, while identifying important research gaps.

Conceptualising Pregnancy Related Health Misinformation

Health misinformation can broadly be understood as health-related information that is false, inaccurate, misleading, incomplete, or presented without appropriate context, regardless of whether the individual disseminating it intends to deceive. A critical distinction should be made between misinformation and disinformation. Misinformation may be shared without malicious intent, whereas disinformation generally implies deliberate production or dissemination of false information. In social media environments, the intention of the original communicator is frequently impossible to determine. Therefore, research should focus primarily on the accuracy, evidentiary basis, context, dissemination, and consequences of information rather than attempting to infer intent.

Pregnancy-related misinformation can include:

1. False claims about fetal development.
2. Unsupported recommendations concerning pregnancy nutrition.
3. Unverified herbal or dietary supplements.
4. Incorrect information about medications and pregnancy.
5. False claims concerning vaccines.
6. Misleading claims regarding infertility.
7. Unsupported methods for inducing labour.
8. Misrepresentation of normal pregnancy symptoms.
9. False claims concerning Caesarean or vaginal birth.
10. Breastfeeding myths.
11. Commercially motivated health claims.
12. Anecdotal experiences presented as universally applicable medical advice.

The problem becomes more complex when information is partially true but misleadingly presented. For example, a genuine adverse event associated with a medication may be presented without information concerning its absolute risk, alternative risks, dose, indication, or comparative benefit. Such content can technically contain a factual element while still producing a misleading overall interpretation.³

Social Media as A Pregnancy Information Environment

The evidence consistently indicates that pregnant women use digital platforms to address information needs. Reviews have identified fetal development, symptoms, pregnancy complications, nutrition, prenatal testing, physical activity, and labour as important information-seeking domains.⁴

The attraction of social media can be explained by several characteristics:

A) Accessibility

Social media is available continuously and usually without the need for an appointment. Women can obtain information immediately when a concern arises.

B) Personalisation

Unlike traditional health education materials, social media feeds are personalised according to previous searches, interactions, followed accounts, and algorithmic predictions.

C) Peer experience

Pregnancy-related social media communities allow women to communicate with others who appear to be experiencing similar situations. Such experiential information can provide emotional reassurance that may not be available through formal healthcare systems.

D) Emotional communication

Personal birth stories, accounts of pregnancy complications, vaccine experiences, breastfeeding difficulties, and recovery experiences can be more emotionally powerful than statistical information.

E) Social validation

Repeated exposure to similar claims can create the perception that a particular belief is widely accepted. Consequently, popularity may become incorrectly interpreted as evidence.

F) Influencer authority

Pregnancy influencers and bloggers can develop strong parasocial relationships with followers. A systematic review of 17 studies found that influencers can facilitate information sharing and support but also create concerns regarding misinformation, commercialisation, and potentially harmful influences on experiences and choices.⁵

Why Pregnant Women May be Particularly Vulnerable to Misinformation

Pregnancy involves uncertainty, anticipation, fear, and frequent decision-making. First-time mothers may have limited previous experience with pregnancy-related symptoms and clinical procedures. Consequently, information-seeking may increase when uncertainty is high. Earlier research found that women with higher education, younger age, nulliparity, and primigravidity were more likely to seek pregnancy-related information online.⁶ However, information-seeking behaviour should not be equated with poor health literacy. Highly educated individuals can also encounter misinformation because social media platforms do not necessarily rank content according to scientific quality. The critical issue is therefore not simply how much information women consume, but:

How women evaluate, contextualise, verify, and integrate information into healthcare decisions.

This distinction is essential when interpreting the literature.

Major Domains of Pregnancy-related Misinformation

Maternal vaccination

Maternal vaccination represents one of the strongest examples of the interaction between misinformation and pregnancy-related decision-making. A 2024 systematic review specifically examining social media misinformation concerning COVID-19 vaccination during pregnancy identified misinformation involving vaccine safety and infertility. The review also identified factors contributing to misinformation, including limited monitoring of social-media content, inadequate early pregnancy-specific vaccine evidence, exclusion of pregnant women from early vaccine trials, and insufficient availability of authoritative information through social media.⁷

A mixed-methods analysis of social-media posts from pregnant individuals found that safety concerns were particularly prominent. Concerns included the rapid development of vaccines, perceived lack of pregnancy-specific safety data, and beliefs that vaccination should be postponed until after childbirth. Misinformation contributed to both confidence-related and complacency-related barriers.⁸ Importantly, misinformation is not the only determinant of vaccine hesitancy. Pregnant women may legitimately have questions concerning fetal safety, adverse effects, effectiveness, timing, and insufficient evidence. Therefore, healthcare professionals should avoid labelling every concern as misinformation.

This distinction is important:

Concern → information need → misinformation exposure → belief formation → decision-making

is a more realistic model than assuming that misinformation alone determines behaviour.

Evidence also suggests an association between social networking use for pregnancy vaccination information and vaccination behaviour. In a UK cross-sectional study, women who used social networking sites to obtain pregnancy-vaccination information had lower odds of receiving pertussis vaccination, although the observational design prevented causal inference.⁹

Childbirth and Mode-of-delivery Decision-making

Childbirth decision-making is another domain in which social media may exert considerable influence. The scoping review by Wright, Matthai and Meyer identified evidence that women consistently use Internet and social-media sources for pregnancy and childbirth information. The available literature suggested that online information could increase confidence and self-assurance, but also highlighted difficulties in evaluating the accuracy and quality of available information.¹⁰

Birth stories are particularly influential because they provide experiential information rather than abstract clinical statistics. Earlier qualitative research demonstrated that socially circulated birth stories and cultural narratives could influence women's attitudes toward mode of delivery, with positive Caesarean narratives and negative vaginal-birth narratives contributing to preferences for Caesarean delivery among some women.¹¹

More recent research continues to investigate relationships between social media exposure and Caesarean intentions. A 2026 study among low-risk primiparous women reported a positive association between social-media exposure and Caesarean-section intention, with social norms and self-efficacy identified as mediating pathways. Because this was observational research, it should be interpreted as evidence of association rather than proof that social media causes Caesarean preference.¹²

This illustrates a critical methodological point:

Social Media May Influence Decision-making without Necessarily Causing the Decision.

Women bring previous beliefs, family expectations, cultural values, previous experiences, socioeconomic circumstances, perceived safety, fear of childbirth, and interactions with healthcare professionals into the decision-making process.

Breastfeeding Misinformation

Breastfeeding is increasingly represented on social-media platforms through instructional videos, testimonials, influencer content, advertisements, and peer communities. Recent content-analysis research demonstrates substantial variation in accuracy. An Instagram study examining breastfeeding-related posts found that fewer than half of sampled posts were completely accurate, while a considerable proportion were mostly or completely inaccurate. Posts created by healthcare professionals tended to demonstrate better quality.¹³ Similarly, a 2025 TikTok analysis found that misinformation-related breastfeeding videos could achieve substantial engagement, demonstrating that high visibility and engagement do not necessarily correspond with information quality.¹⁴

This creates a fundamental challenge for maternal health communication:

The Most Visible Information is not Necessarily the Most Evidence-based Information.

Role of Influencers and Commercialisation

Influencer-mediated health communication represents a particularly complex dimension.

Influencers may provide:

- emotional support;
- normalisation of pregnancy experiences;
- practical information;
- motivation;
- community participation; and
- access to healthcare professionals.

However, influencers may simultaneously promote:

- commercial products;
- supplements;
- restrictive diets;
- unverified treatments;
- personal opinions presented as medical recommendations;
- fear-based narratives; and
- unrealistic pregnancy expectations.

The systematic review by Chee et al. identified four major themes associated with pregnancy and parenting influencers: information sharing, support, identity, and monetisation. The review concluded that influencer engagement can have both beneficial and harmful effects and that its precise effect on decision-making remains insufficiently understood.¹⁵

Therefore, the professional qualification of the content creator should not be the sole criterion of credibility. Evidence source, transparency, commercial interests, consistency with guidelines, and contextual appropriateness must also be considered.

Mechanisms Through Which Misinformation May Influence Maternal Decisions

A critical synthesis of the literature suggests several interconnected mechanisms.¹⁵



Social Media is Not Entirely Harmful

A critical review should avoid framing social media as intrinsically detrimental.

The evidence demonstrates several potential benefits.

Social media can:

- increase access to pregnancy information;
- provide emotional support;
- reduce feelings of isolation;
- connect women with peer communities;

- improve awareness of warning signs;
- facilitate communication with healthcare organisations;
- support health-promotion campaigns;
- improve confidence;
- provide reminders and educational material; and
- enable rapid dissemination of evidence-based public-health messages.

The systematic literature on pregnancy Internet use has consistently reported perceived usefulness, emotional support, increased confidence, and enhanced awareness as potential benefits.¹⁶

Thus, the appropriate research question is not:
"Is social media harmful during pregnancy?"

but rather:

"Under what circumstances does social-media exposure improve or undermine evidence-informed maternal health decision-making?"

This is a substantially stronger scientific framing.

Evidence on official Prenatal Health Communication

Social media can also be used proactively by health systems. A systematic review of social-media-based prenatal health messaging identified 11 studies and found that Facebook was frequently used for prenatal health communication. However, most studies focused on descriptive social-media data rather than rigorously evaluating effectiveness, acceptability, or unintended consequences.¹⁷

This represents an important research gap.

Simply posting accurate information does not guarantee that:

1. pregnant women will see it;
2. they will trust it;
3. they will understand it;
4. they will remember it;
5. they will reject misinformation; or
6. their behaviour will change.

Therefore, future maternal health interventions should evaluate **reach → engagement → comprehension → trust → intention → behaviour → health outcome**.

Maternal Health Decision-making: A Proposed Conceptual Pathway¹⁷



Critical Appraisal of the Existing Evidence

Although the literature demonstrates an important relationship between social media and maternal decision-making, several methodological limitations must be recognised.

A) Predominance of Cross-sectional Research

Many studies measure social-media exposure and decision-making at the same time. Consequently, temporal causality cannot be established.

B) Exposure is Poorly Characterised

"Social media use" is frequently treated as a single exposure. However, watching a 20-second TikTok video from a midwife is fundamentally different from participating in an anti-vaccine discussion group.

Future studies should measure:

- platform;
- duration;
- frequency;
- content type;
- source;
- misinformation exposure;
- engagement;
- repeated exposure;
- algorithmic recommendation;
- verification behaviour.

C) Misinformation Definitions Vary

Different studies classify information as misinformation using different criteria. This limits comparison across studies.

D) Self-reported Behaviour

Women may not accurately recall what they saw online or the extent to which it influenced their decisions.

E) Lack of Clinical Outcomes

Most research measures attitudes, intentions, knowledge, or self-reported decisions rather than actual clinical outcomes.

F) Geographic Concentration

A substantial proportion of available evidence originates from high-income Western settings. Reviews of social-media misinformation have specifically highlighted the relative scarcity of research from the Global South.¹⁸

G) Rapid Platform Evolution

Evidence becomes outdated rapidly because algorithms, platform popularity, content formats, and user behaviour change continuously.

Important Research Gaps

Based on the available evidence, the following gaps are particularly important.

Gap 1: Limited Evidence from India and other Lmics

There is insufficient evidence concerning pregnancy misinformation in Indian-language social-media environments.

This is particularly important because misinformation may be culturally specific and may circulate through WhatsApp, Instagram, YouTube, Facebook, and regional-language platforms.

Gap 2: Limited Causal Evidence

Most studies demonstrate associations rather than causal pathways.

Gap 3: Lack of Pregnancy-specific Misinformation Frameworks

General misinformation scales may not adequately capture pregnancy-specific risk perception.

Gap 4: Insufficient Evaluation of Interventions

There is limited evidence concerning which approaches most

effectively correct pregnancy misinformation.

Recent experimental work targeting pregnant or pregnancy-planning women has begun examining whether narrative versus expository corrective messages and harm-focused framing influence emotional response, engagement, and information-seeking intentions.¹⁹

Gap 5: Underrepresentation of Healthcare Professionals

More research is needed regarding how nurses, midwives, obstetricians, and public-health professionals can systematically address online misinformation during antenatal encounters.

Gap 6: Insufficient Attention to Algorithmic Exposure

Future research should investigate how recommendation systems create repeated exposure to particular pregnancy narratives.

Gap 7: Limited Research on Vulnerable Populations

Research should examine differences according to:

- socioeconomic status;
- education;
- health literacy;
- digital literacy;
- parity;
- rural/urban residence;
- language;
- cultural background; and
- access to antenatal care.

Implications for Nursing and Midwifery Practice

The findings have direct implications for maternal healthcare professionals.

Digital Information Should Become Part of Antenatal Assessment

Healthcare professionals can routinely ask:

"Have you seen anything online about your pregnancy that you would like us to discuss?"

This non-judgemental approach may encourage women to disclose misinformation exposure.

Avoid dismissing women's online concerns

Simply stating that information is "wrong" may reinforce distrust.

Instead, professionals should:

1. acknowledge the concern;
2. identify the source;
3. examine the claim;
4. explain the evidence;
5. discuss uncertainty;
6. compare benefits and risks; and
7. support shared decision-making.

Promote trustworthy digital resources

Hospitals, nursing institutions, professional organisations, and public-health authorities should develop accessible, visually engaging pregnancy information rather than relying exclusively on lengthy guidelines.

Develop digital health literacy

Pregnant women should be taught how to assess:

- author credentials;
- date of publication;
- evidence sources;
- commercial sponsorship;
- references;
- conflict of interest;
- sensational language; and
- consistency with professional guidelines.

Implications for Public Health

Maternal health misinformation should increasingly be treated as an epidemiological and public-health issue.

Public-health institutions should:

- monitor emerging misinformation;
- identify high-risk topics;
- collaborate with social-media platforms;
- produce rapid evidence-based responses;
- use culturally and linguistically appropriate communication;
- involve healthcare professionals and trusted community figures;
- evaluate engagement and behavioural outcomes; and
- avoid communicating solely through traditional institutional websites.

Importantly, misinformation correction should be proactive rather than exclusively reactive.

Implications For Future Research

A stronger research agenda should move through four stages:

Stage 1 – Mapping

Identify the major categories and prevalence of pregnancy misinformation.

Stage 2 – Understanding

Examine why women believe, reject, or share specific claims.

Stage 3 – Measuring influence

Determine whether exposure changes attitudes, intentions, behaviours, and healthcare utilisation.

Stage 4 – Intervention

Develop and test evidence-based strategies for correcting misinformation.

A particularly valuable future study would combine:

Social-media content analysis + survey of pregnant women + digital health literacy assessment + qualitative interviews + clinical decision outcomes.

Such a mixed-methods design would provide considerably stronger evidence than simply counting misinformation posts.

Overall Critical Synthesis

The literature indicates that social media has become an important component of the modern pregnancy information environment. Pregnant women use digital platforms because they provide rapid, accessible, personalised, socially supportive, and emotionally engaging information.

However, these advantages coexist with substantial risks.

The principal concern is not simply the existence of inaccurate information. Rather, social media changes the context in which information is evaluated. Anecdotal experience may compete with clinical evidence; popularity may compete with scientific credibility; emotional narratives may compete with statistical risk communication; and influencer relationships may compete with traditional healthcare authority. The strongest evidence currently concerns maternal vaccination, where misinformation involving vaccine safety and infertility has been repeatedly documented.¹⁸ Evidence also demonstrates information-quality problems concerning pregnancy nutrition, breast-feeding, and influencer-mediated pregnancy communication.²⁰ Nevertheless, it would be scientifically inappropriate to conclude that social media universally produces poor maternal decisions. The evidence also indicates that online information can increase awareness, confidence, social support, and engagement with health information.²¹

Therefore, the most defensible conclusion is that social media functions as a contextual modifier of maternal decision-making rather than a single-direction causal determinant.

Its effect depends on the interaction between:

content + source + platform + algorithm + emotional response + health literacy + social context + healthcare communication + individual beliefs.

This multidimensional interpretation should guide future research.

CONCLUSION

Social media has transformed pregnancy-related health communication by making information available rapidly and continuously. While this transformation can strengthen knowledge, confidence, peer support, and engagement, it simultaneously creates an environment in which misinformation can spread rapidly and acquire credibility through repetition, emotional storytelling, social endorsement, influencer authority, and algorithmic amplification. Existing evidence suggests that misinformation can influence maternal perceptions and decisions concerning vaccination, nutrition, childbirth, breastfeeding, and other pregnancy-related behaviours. However, the evidence base remains heterogeneous, and direct causal evidence linking misinformation exposure to maternal and neonatal clinical outcomes is limited.

The critical research priority should therefore shift from simply documenting whether pregnant women use social media toward understanding what information they encounter, why they trust it, how it changes risk perception, whether it modifies healthcare decisions, and which interventions successfully restore evidence-informed decision-making. For nursing, midwifery, obstetric, and public-health practice, digital health literacy should increasingly become part of antenatal health education. Healthcare professionals should create an environment in which pregnant women feel comfortable bringing online information into clinical conversations. Rather than attempting to discourage social-media use, maternal health systems should promote critical consumption, source verification, evidence-based digital communication, and shared decision-making. Ultimately, the objective should not be to eliminate social media from pregnancy care, but to transform it from an uncontrolled source of information into a safer, evidence-informed component of maternal health communication.

List of Abbreviations

- **COVID-19** – Coronavirus Disease 2019
- **LMICs** – Low- and Middle-Income Countries
- **UK** – United Kingdom
- **MEDLINE** – Medical Literature Analysis and Retrieval System Online
- **EMBASE** – Excerpta Medica Database
- **SNS** – Social Networking Sites
- **WHO** – World Health Organization
- **HCPs** – Healthcare Professionals
- **ANC** – Antenatal Care
- **C-section/CS** – Caesarean Section
- **LMI** – Low- and Middle-Income
- **DHL** – Digital Health Literacy
- **HCP** – Healthcare Professional
- **PRISMA-ScR** – Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews
- **PICO** – Population, Intervention, Comparison, and Outcome
- **LMIC** – Low- and Middle-Income Country

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