

Empowering Or Anxiety-Inducing? The Impact Of Influencer Birth Content On Women: A Phenomenological Study

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Abstract

Background

Social media platforms have transformed how people access information, communicate, and share experiences. Although existing literature focuses on social media's many effects, the significance of influencer-generated narratives on women's childbirth perceptions is a category that requires closer scrutiny. This study examined effects of social media influencer-shared childbirth content on women's perceptions of childbearing.

Methods

This descriptive, phenomenological, qualitative study was conducted between April and June 2025. Ethical approval was obtained from the Health Sciences University Hamidiye Scientific Research Ethics Committee (Decision No: 7/13; Date: 27.03.2025). Data were collected online through semi-structured interviews and analyzed using thematic analysis.

Results

The mean age of the participants was 28.6 ± 4.77 years. Of the participants, 47.6% reported using social media for three to five hours per day. Thematic analysis revealed three main themes: 1) quality and reliability of childbirth-related content; 2) psychological and emotional impacts; 3) effects on social perception and decision-making processes. While some participants considered influencers' childbirth-related posts as realistic and reliable sources of information, others expressed concerns regarding privacy and ethical issues. Some participants reported that such content increased fear and anxiety about childbearing, whereas others found it empowering and informative.

Conclusion

Birth-related content shared by social media influencer mothers has both positive and negative effects on women's perceptions of childbirth. While such content may guide some women, it may induce fear and anxiety in others. It is recommended that healthcare professionals and social media content creators adhere to ethical principles to provide balanced, evidence-based information in this sensitive content.

Introduction

Pregnancy is not only a biological process but also a significant transitional period during which a woman's identity, roles, and responsibilities are redefined. During this period, changes in body image, family and social life, concerns related to the parental role, worries about the birth process and baby's

health constitute major sources of stress (1). This multi-dimensional context of change and uncertainty leads women to seek reliable information and social support. In this regard, social media has emerged as an accessible, interactive platform for information and support among pregnant women (2).

However, structural limitations such as time constraints in healthcare delivery, difficulties in accessing experts, and insufficient emotional support further increase pregnant women's reliance on social media (3). One study found that pregnant women tend to seek information from the Internet more frequently than from healthcare professionals (4). Inadequate communication with healthcare providers may increase the risk of exposure to misinformation on social media among pregnant women seeking quick responses (5). On the other hand, during periods such as the coronavirus pandemic, when physical contact is limited, social media has played a vital role in maintaining access to information and sustaining social interaction (6).

Today, social media platforms have fundamentally transformed how individuals access information, communicate, share experiences, and interact. It is reported that 89% of pregnant women use social media to obtain information about their condition (7). Pregnant women utilize the Internet as an important resource for acquiring health-related information and shaping personal preferences (8). In particular, it is frequently used to access information related to pregnancy, childbirth, and parenting (3). Content analyses of online birth fora have revealed that approximately 50% of women share messages expressing their need for information and support, while others frequently read birth stories and particularly seek content related to fear of labor pains when giving birth (9). On social media platforms, influencers differ from traditional celebrities by establishing closer relationships with their followers through perceived relatability, accessibility, and credibility. This dynamic may lead pregnant women to adopt influencers as role models in terms of emotions, thoughts, and behaviors, and to imitate certain attitudes (3). While influencers may provide positive contributions such as peer support and shared experiences, they may also sway followers to increased social media use and higher levels of dependency (10, 11). Highlighting this phenomenon, a recent study reported that all pregnant women are active social media users, and 65.58% exhibit signs of social media addiction (10).

Although existing literature largely focuses on the general effects of social media, it insufficiently explains the specific attraction of influencer-generated narratives on women's perceptions of childbirth. In this context, the present study aims to examine, from a qualitative perspective, the impact of influencer content on women's cognitive and emotional schemas regarding pregnancy, and to elucidate the role of this digital interaction in shaping women's childbirth decisions and psychological well-being.

Materials and Methods

This study was designed using a descriptive phenomenological approach, one of the qualitative research methods. The phenomenological approach focuses on individuals' subjective meanings and lived experiences related to a particular phenomenon (in this study: social media influencer content and perceptions of childbirth) (12). To improve the clarity and readability of the manuscript, ChatGPT

(OpenAI) was used exclusively for language editing. No artificial intelligence tool was used for study design, data collection, data analysis, interpretation of findings, or generation of scientific content. All outputs were critically reviewed and approved by the authors.

Aim

This study aimed to determine the effects of childbirth-related content shared by social media influencers on women's perceptions of childbirth.

Study Sample

Criterion sampling, one of the purposive sampling methods, was used to determine the study sample. Criterion sampling involves selecting individuals, events, or situations that meet predetermined criteria relevant to the research problem (13). The inclusion criteria were defined as: (1.) being pregnant or having given birth within the last five years; (2.) actively using social media; and (3.) following at least one "influencer mother" account. Interviews were conducted until data saturation was reached, that is, when no new themes emerged, and the data began to repeat. The study was completed with a total of 21 women.

Data Collection Tools

Data were collected using two forms developed by the researchers based on a literature review and expert opinions:

1. **Personal Information Form:** This form included demographic data such as participants' age, educational level, digital media usage habits, and their status of following influencers.
2. **Semi-Structured Interview Form:** This form consisted of four main open-ended questions focusing on women's trust in social media influencer content, the impact of such content on birth preferences, the role of misinformation, and ethical boundaries of shared content.

Data Collection Process

The research data were collected through face-to-face interviews conducted between April and June 2025. The interviews lasted 20 minutes on average and were carried out in environments where participants felt comfortable. Participants were informed that audio recordings would be taken. As an ethical consideration, they were also informed that the recordings could be reviewed later and deleted upon request, thereby ensuring participant autonomy. Informed consent forms were obtained both digitally and with handwritten signatures.

Data Analysis

Audio recordings were carefully transcribed verbatim before analysis. The transcripts were thoroughly reviewed, punctuation and spelling errors were corrected, while irrelevant or inconsistent data were excluded. Thematic analysis, a widely used method in qualitative research, was employed to analyze the data. The analysis process involved reading the data, generating codes, and organizing these codes into broader themes. To ensure the study's reliability, the coding process was conducted independently by two experts, and consensus was reached between the researchers. To maintain participant confidentiality, all data were anonymized, and each participant was assigned a numerical code (e.g. P1, P2).

Ethical Considerations

Ethical approval

for the study was obtained from the Health Sciences University Hamidiye Scientific Research Ethics Committee (Decision No: 7/13; Date: 27.03.2025). All stages of research were conducted in accordance with principles of the Declaration of Helsinki. Participants were provided with detailed information about the purpose, scope, and procedures of the study, and written informed consent was obtained from all participants prior to participation.

Results

The mean age of the participants was 28.6 ± 4.7 years, and all participants were married. The majority of the participants (42.9%) were in the third trimester, while 23.8% had given birth within the last five years. It was found that 47.6% of participants used social media for three to five hours per day, and 42.9% followed social media influencers who shared content related to childbearing and motherhood. Additionally, 81% of participants reported that their mode of delivery preferences were not influenced by social media content, whereas 57.1% stated that they did feel motivated by such content (Table 1).

Table 1
Participants' Demographic Characteristics and Opinions on Influencer Content

Variable	Mean $\pm$ SD (Min–Max)
Age	28.6 $\pm$ 4.77 (23–39)
Variable	n (%)
Educational Status	
Primary School	3 (14.3)
Secondary School	2 (9.5)
High School	3 (14.3)
University	13 (61.9)
Marital Status	
Married	21 (100)
Daily Time Spent on Social Media	
Less than 1 hour	2 (9.5)
1–3 hours	8 (38.1)
3–5 hours	10 (47.6)
More than 5 hours	1 (4.8)
Following Influencer Accounts Sharing Birth/Motherhood Content	
Yes	9 (42.9)
No	12 (57.1)
Trimester of Pregnancy	
1st Trimester (0–12 weeks)	2 (9.5)
2nd Trimester (13–26 weeks)	5 (23.8)
3rd Trimester (27 + weeks)	9 (42.9)
Not pregnant, but gave birth in last 5 years	5 (23.8)
Planned Mode of Delivery	
Vaginal Birth	11 (52.4)
Cesarean Section	8 (38.1)
Undecided	2 (9.5)
Factors Influencing Birth Preferences	

Variable	Mean ± SD (Min–Max)
Family and Friend Advice	7 (33.4)
Doctor's Recommendation	10 (47.7)
Social Media Content	2 (9.5)
Personal Health Condition	9 (42.9)
Frequency of Seeing Influencer Birth Posts	
Very Often	9 (42.9)
Occasionally	7 (33.3)
Rarely	4 (19.0)
Never	1 (4.8)
Do Posts Affect Delivery Preference?	
Yes	3 (14.3)
No	17 (81.0)
Not Sure	1 (4.8)
Perceived Reliability of Birth Content on Social Media	
Yes	2 (9.5)
No	11 (52.4)
Undecided	8 (38.1)
Feelings Evoked by Birth Content on Social Media	
Motivation	12 (57.1)
Anxiety	9 (42.9)
Do Posts Create an "Ideal Birth" Perception?	
Yes	4 (19.0)
No	17 (81.0)

The women's opinions regarding childbirth-related content shared by influencers on social media were analyzed using thematic analysis. As a result, three main themes and supporting subcodes were identified. The findings are presented in detail in Table 2.

Table 2

Themes and Subcodes Regarding Influencers' Childbirth-related Content Shared on Social Media

Theme	Subcodes
Theme 1. Quality and Reliability of Childbirth Content	- Expectation of accurate and evidence-based information - Need for expert involvement - Realistic content presentation - Balanced presentation of birth methods - Presence of myths and generalizing narratives - Privacy and ethical sensitivity
Theme 2. Psychological and Emotional Effects	- Fear induction - Influence on birth preferences - Subconscious influence - Psychological preparation - Risk of disappointment - Reduction of fear / increased awareness
Theme 3. Effects on Social Perception and Decision-Making	- Formation of social perceptions and norms - Social pressure - Unrealistic expectations - Consultation with healthcare professionals - Negative emotional impact

Theme 1. Quality and Reliability of Childbirth Content

Participants' statements revealed that provision of scientific, unbiased, and realistic information is a fundamental expectation in childbirth-related content shared on social media. Under this theme, the subcodes identified were accurate information, realism, expert involvement, balanced presentation of birth options, privacy, and myths.

Participants emphasized that childbirth content should not idealize a single method but should instead present both modes of delivery with their respective advantages and disadvantages.

P6: "Instead of videos labeled as positive birth videos or those presenting vaginal birth as the only acceptable method, content should be produced that explains both methods in a more detailed and realistic way, including their pros and cons, as well as their ease and challenges."

The importance of greater expert involvement on social media was also highlighted.

P19: “Doctors, midwives, and experts should be more active on social media. Experts who provide scientific information about birth options should be supported.”

It was also noted that childbirth is an individual experience and that generalized narratives may contribute to the formation of myths.

P1: “Everyone’s birth story is different. There is a myth that ‘birth is a terrifying and unbearable process.’”

Additionally, participants emphasized that childbirth is a private and sensitive process, and that some content may pose risks in terms of privacy violations and the spread of misinformation.

P3: “Birth is a private and sensitive process, and sometimes—perhaps unintentionally—content can violate privacy, spread misinformation, or cause unnecessary fear.”

Theme 2. Psychological and Emotional Effects

Participants’ statements indicated that childbirth-related content shared on social media may have both positive and negative effects on women’s psychological processes. The subcodes under this theme included fear induction, subconscious influence, psychological preparation, and disappointment.

Some participants stated that certain content could create fear and influence birth preferences.

P4: “A woman who wants a vaginal birth may see such posts, become afraid, and give up that idea.”

P7: “Someone considering a cesarean may become afraid and change her decision after seeing cesarean births portrayed very negatively.”

Some participants also noted that content may exert a subconscious influence.

P6: “So-called positive birth videos may seem to guide women positively toward a birth method, but in the end, they may lead to disappointment for the mother.”

P9: “Someone who follows a person supporting vaginal birth may lean toward that method, while someone following a cesarean supporter may tend toward that option.”

On the other hand, some participants reported that certain content contributed positively to psychological preparation.

P10: “From the moment I became pregnant, I psychologically prepared myself for a vaginal birth... I convinced myself and had a vaginal delivery.”

P17: “Realistic but positively presented birth stories can help women approach childbirth more consciously and reduce their fears.”

Theme 3. Effects on Social Perception and Decision-Making Processes

This theme encompasses the impact of childbirth-related content shared on social media on social perception, societal norms, and decision-making processes. The subcodes identified under this theme included social perception and pressure, unrealistic expectations, consultation behavior, and the impact of childbirth-related content.

Participants reported that the way birth methods are portrayed on social media can create social pressure.

P3: "Vaginal birth is described as painful, which drives people away from it, while epidural and cesarean are portrayed as less painful, making them more attractive."

Some participants noted that certain content may lead to unrealistic expectations.

P8: "If labor pain, recovery processes, or possible complications are not sufficiently discussed, expectant mothers may develop unrealistic expectations."

Social media was also found to encourage communication with healthcare professionals.

P10: "Seeing something on social media can make me think, 'I should ask my doctor about this immediately.'"

P18: "Even if some parts are inaccurate, some content can still be educational. It helps me ask the right questions to my doctor."

Additionally, some childbirth-related content was reported to have negative emotional effects on viewers.

P4: "There was a video on YouTube clearly showing the moment of birth, including the baby's emergence... It negatively affected me and my husband."

P16: "The person sharing that content may have had a very difficult birth, but the viewer may not experience the same thing. Still, it can have a negative impact."

Discussion

This study examined the impact of childbirth-related content shared on social media on women's perceptions of childbirth using thematic analysis, identifying three main themes. The findings highlight concerns regarding the quality and reliability of such content, its psychological and emotional effects, its influence on social perception and decision-making processes. Overall, the results emphasize the dual

nature of social media, demonstrating both positive and negative influences on women's perceptions of childbirth.

Participants clearly emphasized the importance of scientific accuracy, neutrality, and realism in childbirth-related content. Presenting a single birth method as the ideal option may contribute to the construction of an "ideal birth" narrative on social media. To avoid such potentially harmful discourse, it is essential to adhere to the principles of information accuracy and ethical responsibility emphasized in health communication literature (14).

Furthermore, social media content may overlook the fact that childbirth is an individual and subjective experience. Ignoring this condition may contribute to the production of myths through dramatized narratives (15). Exaggerated portrayals of birth complications, in particular, may negatively shape perceptions of childbirth (16). Participants' emphasis on privacy also highlights that childbirth is not only a biological process but also one with psychosocial and ethical dimensions. Their sensitivity regarding the boundaries of visual content underscores the need for ethical principles in digital environments.

Social media has emerged as a significant factor influencing women's decision-making processes regarding mode of delivery (17). In this study, one of the primary motivations for social media use among women was identified as information seeking. This finding is consistent with previous studies indicating that women use digital media to access information, connect with others with similar experiences, facilitate decision-making, deepen their understanding of childbirth, and obtain social support (15, 18–20).

The findings also demonstrate that childbirth-related content can play a significant role in women's psychological preparation. While some content may increase fear and alter birth preferences, other content may reduce fear and promote a more informed, conscious approach. Social media use has also been reported to significantly influence preferences for cesarean section (21). This dual effect highlights the role of social media as both an empowering and anxiety-inducing tool.

The emphasis on subconscious influence is particularly noteworthy. Participants indicated that exposure to content supporting specific birth methods may lead to the development of unconscious attitudes (16). This finding can be explained through Social Learning Theory and the norm-shaping effects of repeated messages (3). In particular, the discourse surrounding "positive birth" may elevate expectations and increase the risk of disappointment, reinforcing the notion that childbirth experiences are highly individual.

Our findings also indicate that social media play a role in shaping perceptions and norms around childbearing. The portrayal of birth methods in terms of pain, comfort, or naturalness may indirectly influence women's preferences (15, 22, 23). This suggests that social comparison processes are increasingly mediated through digital platforms.

Participants emphasized the importance of accurate, reliable information and highlighted the need for such information to be provided by healthcare professionals. Similarly, recent research indicates that expert-led narratives are more strongly preferred (15). While reassuring content provided by healthcare professionals may inspire vaginal delivery (16, 17), personal narratives are more likely to spread fear and encourage a preference for cesarean section (22, 23). Positive aspects of social media include encouragement, peer support, and content that directs women to seek professional healthcare guidance when necessary (23, 24). Notably, the ability of some content to prompt women to consult healthcare professionals indicates that social media can support informed decision-making when used appropriately.

Participants also noted the benefits of following content shared by healthcare professionals. However, it should be acknowledged that exposure to evidence-based information may sometimes reduce women's critical thinking, diminish their sense of control in decision-making, and lead to decreased confidence in making informed choices (25). A study examining midwives' social media posts found that, particularly in countries where midwifery services are privatized, such as the United States of America, there is a tendency to reinforce the "ideal birth" narrative for marketing purposes (26). Although such narratives often promote vaginal birth, they may impose certain standards on expectant mothers and render alternative options less visible. When women's real-life experiences do not align with idealized online portrayals, they may experience feelings of inadequacy, guilt, and anxiety (3, 25). Therefore, there is a need for mechanisms to regulate both expert and influencer narratives.

Limitations

This study explores the impact of social media on childbirth perceptions through women's subjective experiences. Future research involving diverse socio-demographic groups may contribute to a more comprehensive understanding of these effects.

Conclusion and Recommendations

Overall, the findings indicate that childbirth-related content shared on social media has a multidimensional impact on women. While such content facilitates access to information and may support psychological preparation, it may also contribute to fear, social pressure, and unrealistic expectations. Therefore, it is essential that childbirth-related content be developed in accordance with scientific accuracy, ethical sensitivity, and balanced presentation. Increasing the active involvement of healthcare professionals on digital platforms may also help reduce misinformation.

Abbreviations

No abbreviations were used in this manuscript.

Declarations

Ethics approval and consent to participate: Ethical approval was obtained from the Health Sciences University Hamidiye Scientific Research Ethics Committee (Decision No: 7/13; Date: 27.03.2025). The interviews lasted 20 minutes on average and were carried out in environments where participants felt comfortable. Participants were informed that audio recordings would be taken. As an ethical consideration, they were also informed that the recordings could be reviewed later and deleted upon request, thereby ensuring participant autonomy. Informed consent forms were obtained both digitally and with handwritten signatures.

Consent for publication: Not applicable.

Availability of data and materials: The datasets generated and/or analysed during the current study are not publicly available because they contain information that could compromise participant privacy and confidentiality but are available from the corresponding author on reasonable request.

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Authors' contributions: NÇK and İİ conceived and designed the study. NÇK and İİ conducted the literature review and collected the data. NÇK performed the data analysis and interpretation. NÇK and İİ prepared the manuscript. Both authors read and approved the final manuscript.

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