


Social media influencers' impact during pregnancy and parenting: A qualitative descriptive study

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Abstract

Pregnant people and parents engage with social media networking sites seeking support and information that is shared in a relatable way. Engaging with social media influencers (SMIs) and their followers, however, may have both affirming and harmful effects. SMIs can facilitate information-sharing, discussion, and supportive behaviors, but engaging with SMIs can lead to negative experiences and exposure to misinformation. To date, little is known about the impacts of following influencers during pregnancy and early parenthood. The aim of this study was to explore how engaging with SMIs impacts pregnant people and parents of children aged 5 or under in Australia. A qualitative descriptive approach was taken. Qualitative data from 85 anonymously completed online written surveys were thematically analyzed using Braun & Clarke's six-step process. Five overarching themes and two subthemes were identified. The first theme, "Comparisons of self," held two subthemes: "Unfavorable comparisons of self to SMIs" and "Favorable comparisons of self to SMIs." Additional themes were "A virtual community of inspiration and togetherness," "Sharing of information, opinions & experiences," "Gatekeeping self-efficacy," and "Credibility." The findings of the study indicated that discordance between influencer-mediated expectations of parenthood and a person's actual experience may affect well-being and perceptions of parental self-efficacy. Information sought from influencers may substitute for face-to-face education by clinicians. Health professionals who are also influencers may possess the ability to provide evidence-based information. This content, however, is not without risk for bias or incompleteness.

KEYWORDS

birth, influencer, parenting, pregnancy, social media

1 | INTRODUCTION

Information pertaining to pregnancy and parenthood is often sought on social media (Gleeson et al., 2019). Pregnancy and the transition to parenthood represent periods of liminality during which a person's

established identity, role, and responsibilities are dismantled and reconstructed. This period of change and uncertainty can drive information seeking and occurs against a background of significant physiological change and stress (Ghiasi, 2021). Pregnancy and parenthood also rapidly alter the individual's role in society, leading

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to a shift in social support systems (Prescott & Mackie, 2017). With few barriers to its use, offering convenient access to information and communication, social media provides a means for those experiencing pregnancy and parenthood to fulfill their needs (Lee & Lee, 2022).

2 | BACKGROUND

Social media platforms are heterogeneous and flexible, offering outlets for expression and communication for individuals, community groups, businesses and nonprofits, governments, news outlets, lobby groups, and celebrities. Although rapid growth has seen them become powerful communication channels and mainstream sources of information and support for pregnant people and parents, they have also become a commercial gateway, allowing direct advertising, promotion, or even sale of products to niche online audiences (Schouten et al., 2020). To fit within the original driver of social media success, that is, relatable person-to-person communication, this type of marketing relies upon the recruitment of people to “endorse” or promote the products that are being offered. Indeed, the growth of relationships between brands and social media has led to the emergence of a form of microcelebrity referred to as a “social media influencer” (SMI; Khamis et al., 2017).

SIMs represent an important phenomenon because they are often gatekeepers to everyday social media users' exposure, knowingly or unknowingly, to paid-for content. A *professional* SMI is defined as a person or persona who derives an income from product and brand placement within their social media streams, thus possessing the potential to sway the thoughts and behaviors of audiences, particularly regarding the marketing of products and services (Cornwell & Katz, 2020). SIMs differ from traditional celebrities, in that their fame is not tied to any achievements other than having created a conspicuous and marketable presence online (Khamis et al., 2017). It is perhaps the absence of achievement- or talent-based fame that contributes to their appeal, enabling SIMs to present themselves as authentic and relatable to the everyday person (McCorquodale, 2019). In recent years, many SIMs have become famous and influential through the creation and sharing of their own content on social media platforms (Seif, 2022).

While there may be some similarities between the purposes for and effects of engaging with SIMs and social media *in general*, there are several reasons why research pertaining to social media engagement with pregnant people and parents might not be generalizable. One reason for this is the potential for the formation of *parasocial relationships* with SIMs. A parasocial relationship refers to a one-sided socioemotional connection one might develop with a media figure. In the case of the relationship between SIMs and their followers, SIMs may engage in behaviors which mimic normal social interactivity (e.g., liking and replying to comments). This may lead to a perception of familiarity and intimacy; however, the relationship remains unequal (Hoffner & Bond, 2022). Hoffner and Bond (2022) suggest that this mimicry of offline social relationships potentially

enables SIMs to influence well-being in similar ways to those in the consumer's “real-life” social network.

There are undoubtedly some benefits of engaging with SIMs during pregnancy and parenthood (Chee et al., 2023; Prescott et al., 2020). A recently published systematic review (Chee et al., 2023) identified a small pool of existing literature which suggested that following and engaging with SIMs and their followers can satisfy informational deficits and foster supportive communities. However, there is also the potential for harm, owing to the capacity for transfer of misinformation, being “marketed to,” and undesirable online interactions resulting in feelings of envy and poor perceptions of parental identity (Chee et al., 2023). The broader literature is also generally suggestive of engagement with SIMs having negative impacts (Burnell et al., 2020; Harff et al., 2022; Jin & Ryu, 2020; Lowe-Calverley & Grieve, 2021).

Social media has emerged as an important medium through which health professionals communicate information to audiences. Health professional SIMs are also becoming increasingly common, particularly on TikTok (Kwon et al., 2023). As the professional utilization of social media for information and opinion-sharing grows, it is imperative for SMI health professionals to comprehend the impact of their public content if they are to utilize social media in accordance with professional and ethical standards. To date, there is little primary evidence on the impacts of following SIMs during pregnancy and parenthood. This study will begin to address this research gap.

3 | AIM

The aim of this study was to explore how engaging with SIMs impacts pregnant people and parents of a child aged 5 or under.

4 | METHODS

4.1 | Study design

Considering the dearth of research identified, qualitative description was deemed an appropriate research approach as this enabled the researchers to maintain proximity to the raw data and allow for insights into the phenomenon to emerge (Sandelowski, 2000). As the current topic is relatively novel within health care, the low-inference interpretation associated with qualitative description allows for the unambiguous presentation of experiences which may be poorly understood within health care (Sullivan-Bolyai et al., 2005).

4.2 | Survey/data collection

A qualitative survey seeking written responses to a small set of questions was created to capture the experiences of pregnant people and parents of a child aged 5 or under who engage with SIMs. This

approach to data collection provided a practical means of gathering descriptions of the experiences, understandings, and perceptions of a large and diverse population across a range of geographical locations (Braun et al., 2021).

The survey, initially designed by the research team and underpinned by a prior systematic review of the literature (Chee et al., 2023), was piloted by 14 volunteers, with the feedback leading to minor amendments related to wording and length. The final version of the survey was hosted on the Qualtrics web-based platform, which enables surveys to be created, distributed, and preliminarily analyzed. The survey comprised four distinct parts; the first dealt with informed consent, and screened eligibility to participate; the second sought demographic data, and the third and fourth parts consisted of open-ended questions about social media use, exposure to influencers, and thoughts and experiences of engaging with influencers. All survey responses were anonymous and, apart from the questions in part one, respondents could choose to skip questions.

4.3 | Participants/recruitment

Potential participants were invited to take part in the study via an electronic and print media advertisement containing a QR code and URL directing them to the survey. The electronic advertisement was disseminated by the research team across their personal and professional social media accounts, resulting in some further unprompted sharing by persons within the researchers' networks. Additionally, advertising consent was sought from 32 pregnancy and parenting Facebook groups/pages, and while four agreed, just two shared the advert. This resulted in it reaching their combined follower count of around 6000 people.

The printed version of the advertisement was offered to 59 medical centers providing care for pregnant people and young families across all Australian states and territories. A total of four medical centers consented to display the advertisement: three in Queensland, and one in Tasmania. These were subsequently provided with additional hard copies via post.

To be eligible to take part in the study, participants were required to be 18 years of age or over and reside in Australia. Further eligibility criteria required participants to be: (a) currently pregnant or have a partner who was pregnant; (b) the parent of a child/children aged 5 years or younger; or (c) both (a) and (b). Any person who self-identified as an SMI was ineligible to participate in the study.

4.4 | Data processing

Data collection occurred from December 2022 to March 2023. Qualtrics' in-built functions were used to filter and export data into Microsoft Excel, in which participants' responses were assigned an ordinal identification number. Data analysis and documentation of this process was conducted using Microsoft Excel spreadsheets.

4.5 | Data analysis

A total of 107 survey responses were obtained. As the primary aim of the survey was to gather qualitative data, incomplete surveys which did not contain an answer to at least one of the open-ended questions were excluded. Accordingly, 85 of the survey responses were included in the final analysis. Of these respondents, 75 (82.4%) were the parents of a child 5 or under, but not currently pregnant. The balance of the sample included individuals in their first pregnancies (8.2%) or who were pregnant and parenting children under 5 (9.4%). The sample tended to be married (67.1%), well-educated (72.4% having at least a bachelor's degree), and earning well above median Australian income (78% having a household income more than \$100,000). The demographic data obtained from these 85 participants are presented in Table 1 and indicate a cohort with higher educational levels and income than the broader population.

The participants utilized a variety of social media platforms; the most utilized were Facebook (94.1%), Instagram (88.2%), YouTube (45.9%), TikTok (28.2%), and Snapchat (27.1%). The most common period of time spent using social media per day was 1–2 h (48.2%), and it was most common for the participants to follow 5–10 SMIs (29.4%).

Thematic analysis of the qualitative data was undertaken guided by Braun and Clarke's six-step process (2006). The first author undertook multiple readings of the data, noting potential codes and items of interest. Codes were incorporated into a spreadsheet and

TABLE 1 Participant demographic information.

	<i>n</i> (%)
<i>Gender</i>	
Female	83 (97.6)
Not specified	2 (2.4)
<i>Relationship status</i>	
Single	0
Married	57 (67.1)
Partnered	28 (32.9)
<i>Highest level of education</i>	
High school (grades 10–12)	4 (4.7)
Certificate I, II, III, IV/advanced diploma	11 (12.9)
Bachelor degree	39 (45.9)
Graduate certificate/diploma	14 (16.5)
Postgraduate degree (Masters/PhD)	17 (20)
<i>Pretax household income (Australian dollars)</i>	
40,001–80,000	4 (4.7)
80,001–120,000	20 (23.5)
120,001–160,000	20 (23.5)
160,001–200,000	18 (21.2)
200,001+	16 (18.8)
Not specified	7 (8.2)

assigned to each item. The codes and corresponding data were iteratively analyzed to produce preliminary themes. Subsequently, the second author independently undertook multiple readings and blind coding of the data. The first and second authors discussed the themes generated by the first author. As per Braun and Clarke (2006), the authors engaged in reflexive dialogue to address disparities, and to define and refine the themes, returning to the data as required.

5 | FINDINGS

Before the open-ended questions, the survey asked respondents to pick the qualities that might make an influencer appealing to a hypothetical “pregnant person or parent.” The five highest-rated qualities are presented in Table 2. All other characteristics were

TABLE 2 Influencer content data (the five highest rated qualities).

	n (%)
Life experience as a parent	75 (88.2)
Provides information about topics you are interested in	70 (82.4)
Provides accurate information	62 (72.9)
Professionally qualified in a health-related field appearance	61 (71.8)
Good sense of humor	49 (57.6)

picked by well under half of the sample. As for the content that stood out most clearly in the respondent's memory, childbirth and labor was ranked the highest (82.4%), with jokes or memes (70.6%) in second place. Health concerns, including mental health, infant health, and infectious diseases were less highly ranked.

Thematic analysis led to the identification of five overarching themes and two subthemes (Figure 1) which will now each be explored in greater detail.

5.1 | Theme 1: Comparisons of self

The participants indicated that SMIs' portrayals of pregnancy, birth, and parenting had shaped their expectations for real-world experience of these events that were either occurring as they consumed the content or were yet to happen. SMI portrayals had also established a perceived standard at which parents should function during pregnancy and parenting. They used the content they were exposed to as a yardstick of their “performance” during pregnancy and parenting:

“Some make you feel like a POS [piece of shit]. Others make you realize how good of a mother you are” (P14).

In particular, the participants indicated that they had compared themselves to influencers either favorably or unfavorably. These comparisons had a range of effects on their well-being. Two subthemes were subsequently identified: “unfavorable comparisons of self to SMIs” and “favorable comparisons of self to SMIs,” which will now be described in detail.

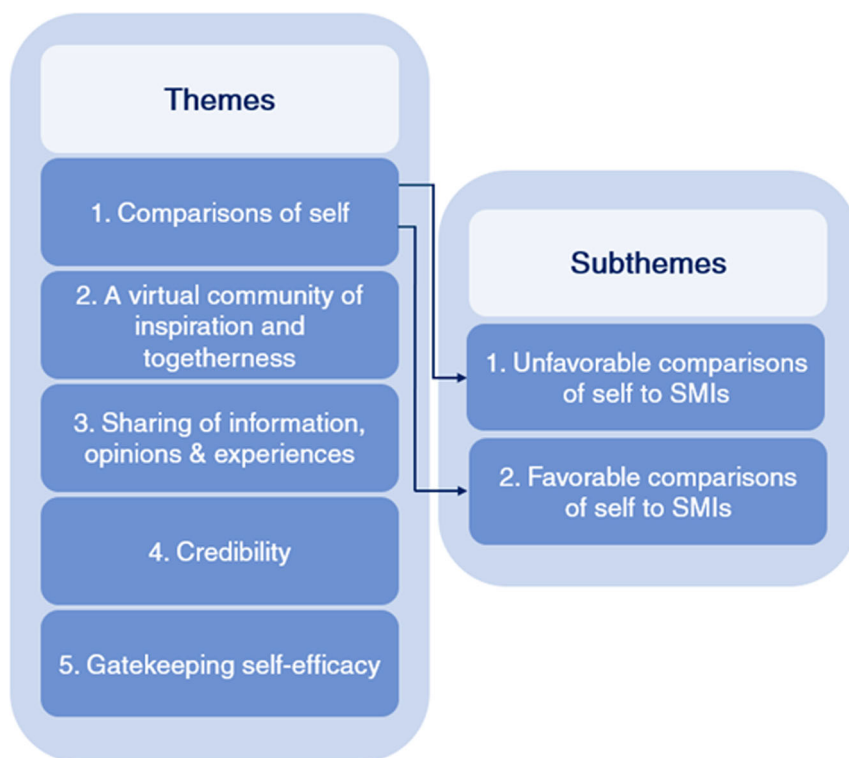


FIGURE 1 Themes and subthemes. [Color figure can be viewed at wileyonlinelibrary.com]

5.1.1 | Subtheme 1: Unfavorable comparisons of self to SMIs

For many participants, the SMIs exemplified unrealistic expectations and unachievable standards. This high standard-setting permeated all domains, including childbearing and early parenting, the mother and baby's physical appearance, fitness, labor and birth, breastfeeding, parenting styles, and children reaching developmental milestones. The SMIs also portrayed a world of material possessions and lifestyle that respondents regarded as beyond their attainment. One participant highlighted that the SMIs' portrayals had contributed to an inaccurate idea of what to expect of parenthood: "I guess they gave me a very warped view on what parenthood would be like" (P83). Participants indicated that comparisons with SMIs resulted in an array of undesirable emotions including anxiety, frustration, stress, guilt, annoyance, sadness, anger, shame, jealousy, and disappointment. Comparisons to influencers also resulted in undesirable perceptions of self, causing participants to "doubt themselves and their own abilities" (P23) and to question their choices for pregnancy, birth, and parenting. This was evidenced by the participants' responses which were peppered with words like "lazy," "unprepared," "inadequate," and "wrong," as a result of comparing themselves with the world portrayed by SMIs.

In particular, the participants were concerned about their perceived standards for their postpartum physical appearance and recovery. Several respondents indicated that they felt pressure to "bounce back" because of SMI posts depicting "fit and toned" physiques shortly after birth, postpartum workout sessions, and "super lean diets." Although some participants identified these SMI depictions of postpartum physical appearance as "unrealistic expectations," feelings of anger, frustration, and failure were expressed at the inability of new mothers to be able to achieve the postpartum bodies possessed by some SMIs.

5.1.2 | Subtheme 2: Favorable comparisons of self to SMIs

By contrast, when SMIs shared experiences that were "real" and "relatable" to participants, for example, "the messy, dirty, unhappy, chaotic side of life" (P23), participants felt reassured that their experience fit in the range of "normal." While most of the survey respondents experienced a sense of uplift as a result of sharing challenges and struggles in common with SMIs, some felt boosted by judging themselves as managing pregnancy or parenthood at a level "above" that of the influencer. Some respondents occasionally recalled influencers' negative birth experiences with relief; participant 41 recalled feeling "relief that I had a good birth experience, but also sad that she [the SMI] and other mums in the comments had bad birth experiences."

The participants were specifically asked if they thought comments on SMI posts were in the arena of influence. It was clear

that respondents used their "peers" views as another yardstick to assess the quality of their own experience, or the validity of their opinions about the SMI's corresponding post. One of the participants stated:

If a lot of people feel very strongly in the same way about a topic and it's different to how you feel it can make you question yourself. But on the flip side it can also provide reassurance if it supports what you do/believe. Depending on the community sometimes they're an echo chamber enforcing/supporting your idea of what is or should be. (P55).

Furthermore, one participant acknowledged that she utilized the comments on SMI posts to assist in shaping her thoughts on the topics they shared: "I sometimes read comments for further information or opinions. I use these to inform me [sic] own opinion - gosh that is alarming to read that back to myself" (P7).

5.2 | Theme 2: A virtual community of inspiration and togetherness

Respondents commonly referred to a sense of community that emerged around the work of influencers. This sense of community emerged in a range of contexts. As participant 12 described it, the influencer posts left her:

...feeling like I'm part of a bigger something...there's something lovely and reassuring and grounding about feeling part of something that so many people are going through, and that there are so many different ways of doing it. Same for births... listening to and reading other people's birth stories was so helpful for preparing for my birth, seeing that there is no right or better or worse way to do birth. (P12).

This sense of community, offering reassurance, support, understanding, and confidence, only reduced the sense of loneliness in the context of influencers who shared content that participants saw as relatable. One participant offered a unique perspective describing how she utilized her engagement with influencers to fill the experiential shortfall within her own social circle. Participant 36 described herself as a pregnant, working stepmother to a school-aged child, a circumstance none in her social circle shared:

"Cobbling together a group of influencers on social media that have content relating to baby/pregnancy and content relating to primary school aged children" was something that enabled her to "meet this gap in my experience" (P36). Consequently, these influencer-facilitated virtual communities provided valuable social benefit for those who engaged.

5.3 | Theme 3: Sharing of information, opinions, and experiences—Influencing behaviors and decision-making

The theme of community and information sharing often emerged together in participants' discourse. The participants described themselves as generally active under the umbrella of the influencer, sharing experiences, offering help and emotional support as well as opinions with the “community” built under the influencer's umbrella. Participant 16 stated that the diversity of material shared by influencers was “very helpful for thinking outside the box.” Topics covered included health, labor and birth preparation, diet, breastfeeding, postpartum recovery, postpartum depression, managing challenging child behaviors, parenting ideologies, infant/child sleep, and ideas for play. Following SMIs expanded the range of ideas and information the parents were exposed to, with participants expressing that “women don't get information that is varied in the system so they have nowhere else to get that knowledge from” (P81).

One of the participants expressed that “I have learned more about pregnancy, birth and parenting from influencers than I have from anyone else” (P1). Others identified a more modest role for the influencer, one of offering a “starting point” from which to undertake further information seeking. Most participants agreed that influencer posts about pregnancy, birth, or parenting can change parents' behavior. When asked if they thought that influencer posts about pregnancy, birth, and parenting have affected *them*, most participants agreed that they had. In addition to implementing ideas for birth and parenting, and prompting self-directed research, the participants stated that they had been influenced in their decisions, behavior, adoption of recommendations, and perspectives on certain topics.

5.4 | Theme 4: Credibility

Information provided by influencers with healthcare qualifications was noted to be valued by many of the participants. When asked what they liked about pregnancy and parenting influencer posts, several participants referred to the information shared by those who had a qualification in relevant fields, including midwifery, obstetrics, physiotherapy, occupational therapy, and pediatrics. One participant expressed appreciation for influencers who possessed a healthcare qualification and were also a parent:

I think most of the “influencers” I follow are infant/pediatric health specialists who are also parents and share information about their speciality, as well as information about their own lives/parenting experiences. I like their expert opinions and demonstration/explanations of different topics, including context of their own children's experiences and their experiences as parents. (P79).

Across the data, there was widespread concern for the credibility of the information provided by SMIs. While participants indicated that they valued the sharing of evidence-based information by SMIs, they expressed concern for information which was incorrect, outdated, unsafe, and not evidence-based. When asked what she did not like about pregnancy and parenting influencer posts, participant 32 responded “lack of research backing most content from non-qualified influencers... cherry picking use of research.” Additionally, participant 81 identified the challenge in interpreting information that did appear to have supporting evidence, stating “but I'm well aware even then some research holds bias, so it's a hard one to think about.”

Regarding the sharing of incorrect, outdated, or unsafe information by influencers, many participants believed that they were able to identify this content, but expressed specific concerns for others who were unable to do so. Participant 76 was one of several who expressed such concerns: “...it comes across as authoritative without influencers being qualified on the subject matter. I think more vulnerable parents may fall victim to false statements made by these influencers.”

Participants expressed concern about the influence that “behind-the-scenes deals” between influencers and the corporate sector may have on the decisions made by pregnant people and parents. The concerns ranged from feeling compelled to purchase suboptimal or unsuitable products, the financial strain of trying to match the influencer's lifestyle, and “buying or using products under false pretense” (P2). Participant 12 highlighted the difficulties that many parents face when engaging with sponsored posts and advertisements: “It can also be so confusing and unhelpful and manipulative, when people are charging money for services that can be accessed in other ways, or products based off outdated evidence, or even against recommendations.”

Several participants conceded that their pregnancy and parenting-related purchases had been influenced by influencer-promoted products. However, some participants indicated that they were *less* likely to make purchases based on products which were promoted as advertisements for which they believed the influencer had received monetary compensation.

5.5 | Theme 5: Gate-keeping self-efficacy

This fifth theme was observable in the data through participants' expressions of confidence in their ability to filter the appropriate and accurate from the inappropriate, commercially tainted, and inaccurate. Respondents saw themselves as being “in control” of what affected them and saw themselves as able to detect and deflect inappropriate influence. Note in relation to the previous subtheme for example, participants often referred to being concerned for *others* rather than themselves, when it came to the impact of paid-for endorsements.

Six participants stated that they did not believe that influencer posts about pregnancy, birth, or parenting could change parents'

behavior, and 10 participants stated that they believed these posts could not change their own behavior. Participant 54 said “I like to think I am able to see influencer content for what it is - generally unqualified opinions based only on the similar experiences I am also facing as a parent of young children.” A range of reasons were offered for why *others* might be more susceptible to influence, including “how impressionable they are” (P16), their “level of health literacy” (P25), “the mother’s age and how self-aware they are” (P27), and “people who lack critical thinking skills and lack confidence to think for themselves and trust their instincts” (P82).

While many of the participants agreed that content shared by influencers could influence well-being, opinions, and decision-making, some claimed that they felt less vulnerable to influence as their parenting journey progressed or as they became the parents of more than one child. Experience trumped influence, these mothers argued: “When I first became a mum, I was heavily influenced by what influencers and social media said. I was more inclined to go with the trend. As my motherhood journey went on, I turned off completely to influencers’ opinions” (P75).

The other push-back against influencers’ effects came from contrasting the struggles of real parenting from the ideals portrayed online:

I know with my first [child] I held onto everything, I read and was told [what] was the “right” thing to do, by the third child I didn’t give a shit about all that, it was survival mode and dropping all expectations and standards. (P28).

6 | DISCUSSION

This study has explored how those following SMIs perceive that influencers impact pregnant people and parents of children aged 5 and under. Importantly, it reveals that participants conceded that SMIs can impact their decisions, opinions, purchases, and even the well-being of themselves and others. These findings build on the relatively slim evidence base of SMI effects in the pregnancy and early parenting periods and have wider implications for maternity care provision and the role of the health professionals that identify as SMIs.

SMI portrayals of pregnancy, birth, and early parenthood contribute to the formation of expectations for these key life experiences and demonstrate a perceived standard of performance for pregnant people and parents. Seventy-eight (91.8%) of the participants that took part in our study had experienced pregnancy, birth, and were the parents of a child aged 5 or under. This enabled them to reflect upon how their SMI-mediated expectations of these experiences were often incongruent with their eventual lived experiences.

Existing research indicates that unmet expectations in the perinatal period can bring about negative emotional and psychological effects on maternal well-being. Mothers who have experienced

discordance between their expectations and their experiences of labor and birth have described feeling sadness, low self-esteem (Koster et al., 2019), shame, inadequacy, failure (Shorey & Wong, 2022), fear, and anxiety (Watson et al., 2021); similar undesirable feelings were described in the present study. Some women have previously described the deviation of their actual birth experience from their expectations, and this was viewed as “traumatic” (Shorey & Wong, 2022; Watson et al., 2021). Webb et al. (2021) suggests that this incongruence may in turn increase the risk of posttraumatic stress disorder. Additionally, unmet expectations of early motherhood (Eastwood et al., 2012), parenting self-efficacy (Gross & Marcussen, 2017), and breastfeeding (Rosenbaum et al., 2020) have been associated with higher levels of self-reported depressive symptoms. While it is acknowledged that engagement with a variety of media, including the internet and social networking sites, assists mothers in forming expectations (Luce et al., 2016), precisely *how* SMI-mediated expectations fit into the landscape of expectations versus reality has yet to be explored. *Realistic* expectations have been shown to assist in handling challenges ranging from dental work to surgery (Kiyohara et al., 2004).

Among the participants in the present study, an additional layer of perceived credibility was attributed to SMIs who held a qualification in a healthcare field. In Australia, where the current study was conducted, health professionals are considered among the most trusted professions by the public (Roy, 2021). Studies by Hay et al. (2022) and Vogels-Broeke et al. (2022) revealed that midwives are the most used source of pregnancy and childbirth information. Furthermore, midwives and other health professionals were deemed by parents to provide the most useful (Hay et al., 2022) and trustworthy information (Vogels-Broeke et al., 2022). This perception of health professionals’ usefulness and trustworthiness appears to be transferrable to their social media personas.

The present study confirms that some women source information from SMIs due to perceived deficiencies in the education provided by mainstream health services. The reasons for such perceived deficits are varied, however barriers to receiving clinician-led education have been found to include time constraints (Baron et al., 2017; Bringedal & Aune, 2019; Kloester et al., 2022), impaired access to midwives due to clinician shortages, out-of-appointment accessibility to midwives (Mattern et al., 2017), and lack of continuity of carer (Bringedal & Aune, 2019; Kloester et al., 2022).

For parents, social media may be accessed to circumnavigate the limited access they have to clinician-provided information, suggesting a need for the formal development of evidence-based resources to reduce their reliance on potential misinformation. Previous research has found that parents value several convenient aspects of consuming information via social media, including the immediacy of response (Lupton, 2017), unconstrained duration of accessibility (Hay et al., 2022; Moon et al., 2019), the ability to access opinions from numerous sources (Moon et al., 2019) and to do so at no cost (Hay et al., 2022). Using social media to engage with healthcare professionals consequently removes some of the barriers which exist

when face-to-face interaction is sought. Thus, when the credibility of the health professional and the influential power of the SMI converge, it could be said that health professionals may wield such influence that additional protocols are required to ensure accuracy of information delivered.

This increased influential capacity among health professional SMIs presents both opportunity and risk. Health professional SMIs can widely disseminate information pertaining to a vast array of topics which may inform decision-making during pregnancy and parenthood (Yuill et al., 2020). Furthermore, it has been proposed that the utilization of social media by midwives may alleviate failures in traditional methods of communication between consumers and caregivers (Marsh, 2023). However, it is essential to consider that information shared by healthcare professional SMIs remains subject to many of the same risks associated with information that is provided by clinicians in the real world. One such common risk is that information may be biased, incomplete, or packaged in a way that enhances or hinders a parent's decision-making ability (Altman et al., 2019). Furthermore, health professional SMIs generally lack authentic and personalized two-way communication between themselves and the consumer, which may result confusion, misunderstandings, and erroneous assumptions that the information is easily applicable to the individual's unique circumstances. Paradoxically, the health professional SMI is in a powerful position to impart accurate knowledge, but their postings may be subject to less critical evaluation (Chee et al., 2023).

While this research may be useful in considering the potential consequences for parents' well-being and implications for the utilization of social media among healthcare providers, the findings must be interpreted within the context of the study's limitations. One such limitation pertains to the data collection method; the qualitative survey limits the richness of the data produced, as the researchers may not seek clarification or further exploration of the participants' responses. Additionally, some of the participants' general characteristics limit the generalizability of the findings. Most of the participants (97.6%) stated that they were female, while the remaining participants did not specify their gender. Thus, the present findings may only be reliably considered the experiences of females. Only 8.2% of participants were pregnant, but not currently the parent of a child aged 5 or under, which limits the application of these results to those who are parenting a child aged 5 or under. Additionally, the characteristics of the participants are such that those who took part were disproportionately from higher-income households, had completed tertiary education, and were married or partnered, which further limits the generalizability of these findings.

7 | CONCLUSION

The findings of this study indicate that engaging with SMIs has a range of impacts for those experiencing pregnancy and parenthood. The SMI's portrayal of themselves as a person with real-life

experience offering information that is perceived as pertinent and reliable makes them highly relatable to their audience, resulting in the ability to impact their decisions, opinions, and emotional responses. Some of these impacts are positive and affirming; content shared within the virtual realm of SMIs can validate parents' experiences and potentially meet their social and informational deficits. Unfortunately, parents' decisions and opinions may be impacted in detrimental ways, with women expressing concern for the credibility of influencers, their knowledge, and their motivations for featuring products and services in their content. Furthermore, parents may experience undesirable emotional responses because of exposure to SMIs who produce unrealistic portrayals and expectations for pregnancy and parenthood. Importantly, parents may not realize the degree to which this influence is occurring, due to varying degrees of confidence in their ability to detect flawed information as they progress in their pregnancy and parenting journeys.

For clinicians providing maternity and early childhood services, these findings may provide context for the ways in which modern parents seek health information and subsequently make health-related decisions. Additionally, for health professional SMIs, these findings reveal the potential effects of their engagement with pregnant people and parents on social media. Further research in this field should aim to gather data from more diverse parent populations and to explore their experiences with greater depth and precision.

AUTHOR CONTRIBUTIONS

Rachelle M. Chee: Conceptualization; methodology; investigation; data curation; formal analysis; writing—original draft preparation; writing—review and editing; project administration. **Tanya S. Capper:** Conceptualization; methodology; data curation; formal analysis; writing—original draft preparation; writing—review and editing; supervision. **Olav T. Muurlink:** Conceptualization; methodology; formal analysis; writing—original draft preparation; writing—review and editing; supervision.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHIC STATEMENT

Ethical approval was granted by the CQUniversity Human Research Ethics Committee to conduct this study. Documented consent from third parties was obtained before providing them with material advertising for research participants. Potential participants received web-based information about the study before consenting or declining to participate. Consent was explicitly sought through the web-based software used for data collection, in which participants were required to provide consent before being able to proceed.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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