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THE ASSOCIATION BETWEEN EXPOSURE TO PERINATAL CONTENT ON SOCIAL MEDIA AND ATTITUDES AND ANXIETY LEVELS RELATED TO PROSPECTIVE CHILDBIRTH AND MOTHERHOOD AMONG YOUNG WOMEN

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ABSTRACT

Fear of childbirth (FoC) may develop before pregnancy and is a multifactorial phenomenon with a complex etiology. Social media is a source of information on pregnancy and childbirth. However, their influence on attitudes toward childbirth and motherhood, as well as FoC among women who have never been pregnant, remains poorly understood. This study aimed to evaluate the association between exposure to perinatal content on social media, fear of childbirth, and attitudes toward motherhood among nulliparous women.

Materials and Methods: A cross-sectional online survey was conducted using an 44-item questionnaire. A total of 218 women aged 18–35 years were included.

Results: Most participants reported moderate to high levels of fear of childbirth. The most common concerns were the baby's health (72.9%), perineal tear or episiotomy (69.7%), and prolonged labor (68.3%). A positive correlation was found between exposure to negatively framed perinatal content and fear of childbirth ($\rho = 0.223$, $p < 0.001$). No significant differences in FoC were observed between medical and non-medical students. However, medical students demonstrated a more realistic perception of childbirth and motherhood. Participants also reported stronger emotional responses to video-based than text-based content. The findings suggest that the nature of perinatal content, rather than time spent using social media, is associated with FoC. Educational content may reduce FoC, whereas frequent exposure to negatively framed content is associated with higher fear. These results emphasise the importance of reliable, evidence-based perinatal information on social media and greater involvement of healthcare professionals in digital health education before pregnancy.

KEYWORDS

Fear Of Childbirth, Social Media, Nulliparous Women, Motherhood, Health Education, Pregnancy

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Introduction:

Unlimited access to social media has become a major source of information for the general population [1]. Online forums enable users to exchange experiences, receive social support, and benefit from the knowledge and advice of others. Although the internet can have a positive impact on individuals, its effects largely depend on the way it is used [2]. At the same time, increasing attention has been drawn to its potential risks, as excessive or inappropriate use has been associated with a range of mental health problems [1]. Moreover, online content, particularly information that is outdated or created by individuals without healthcare expertise, may be misleading and potentially harmful [2].

Furthermore, the vast amount of content available through social media, including images and videos that are readily accessible via smartphones, may present conflicting information, contributing to uncertainty, reduced trust, and psychological distress [3]. Previous studies have shown that more than 80% of women use the internet as a source of pregnancy related information. Advances in digital technologies have facilitated access to online maternal health content, including personal accounts of other mothers' experiences, which may promote knowledge exchange and provide emotional and informational support [4].

Unlike traditional sources of information, social media relies on user-generated content, which often reflects personal experiences and is highly emotional in nature. Posts relating to pregnancy and childbirth contain not only educational information, but also personal accounts, photographs and videos that may influence how audiences perceive these events. This may be particularly relevant for women with no previous experience of pregnancy or childbirth, whose expectations regarding childbirth are largely shaped by information obtained from family members, healthcare professionals and digital media rather than by personal experience. Consequently, exposure to perinatal content on social media may contribute to the formation of attitudes towards childbirth long before pregnancy occurs.

Fear of childbirth (FoC) is a phenomenon observed in both nulliparous and multiparous women. The level of FoC is influenced by numerous factors, including individual predispositions, previous adverse experiences, psychological well-being, and the availability of social support. Women's beliefs about childbirth and the way childbirth is perceived within their social environment may also play a significant role [5]. The prevalence of fear of childbirth (FoC) varies across countries and depending on the assessment methods used, ranging from approximately 4% to 20%. Studies investigating the determinants of FoC among nulliparous women suggest that it is a multifactorial condition. Symptoms of anxiety and depression, as well as insufficient social support, have been identified as important contributing factors. Consequently, FoC represents a common concern during pregnancy, although some women appear to be more susceptible to its development than others [6].

Previous studies investigating the association between social media and fear of childbirth have mainly focused on pregnant women. In the latest study, conducted amongst 348 pregnant nulliparous women, it was observed that women who viewed content depicting childbirth in a highly medicalised manner more frequently exhibited higher levels of fear of childbirth and were more likely to prefer a caesarean section. The authors emphasised, however, the need for further research to elucidate the mechanisms underlying this relationship [7].

Despite the growing number of studies on the impact of social media on pregnant women, there remains a lack of research involving women who have never been pregnant or given birth before. This is particularly important, as attitudes towards childbirth can be shaped even before a woman’s first pregnancy.

The literature contains numerous studies investigating the impact of social media and fear of childbirth among pregnant women. However, to the best of our knowledge, no studies have examined the association between exposure to perinatal content on social media and attitudes toward, and anxiety about potential childbirth and motherhood among young women who have never been pregnant or given birth before. Therefore, this study was conducted to investigate this association.

Methodology:

A cross-sectional survey study was conducted using the diagnostic survey method. An online survey was used as the research technique, enabling the study to reach a broad group of respondents from different regions of the country while ensuring the anonymity of the participants. The study was observational in nature and did not involve any interventions or modifications of the respondents' behaviour.

The original questionnaire was developed based on a review of the available literature on fear of childbirth, the use of social media as a source of health information, and attitudes towards motherhood. The purpose of developing the questionnaire was to enable the simultaneous assessment of several areas relevant to the objectives of the study that were not covered by a single standardised instrument. The study was conducted between January and March 2026 using the Google Forms platform. Participation in the study was voluntary and anonymous. Before completing the questionnaire, participants were informed about the purpose of the study and the principles of participation and subsequently provided informed consent to participate.

A total of 238 women aged 18–35 years participated in the study. Following the application of the inclusion and exclusion criteria, 20 questionnaires that did not meet the eligibility criteria were excluded from the analysis due to current pregnancy, previous childbirth, or incomplete data. The mean age of the participants was 24.6 years. Medical students accounted for 40.4% of the participants. Approximately 5% of the participants had already completed medical studies.

The study included participants who met the following criteria: female sex, age between 18 and 35 years, no previous childbirth, no current pregnancy, and provision of informed consent to participate in the study. The original questionnaire consisted of 44 items covering sociodemographic characteristics, educational and occupational status, reproductive plans, social media use, frequency of and exposure to perinatal content, frequency of exposure to negative content and educational content, concerns related to childbirth, attitudes towards motherhood, and the self-reported influence of medical education and clinical experience on perceptions of childbirth.

The questionnaire included single-choice questions, while statements were assessed using a five-point Likert scale. For the purposes of the analysis, indices were developed to assess fear and perceived threat associated with childbirth, the negative impact of social media content, and attitudes towards motherhood. Internal consistency was assessed using Cronbach's alpha coefficient.

Statistical analyses were performed using Statistica version 14. Associations between variables were assessed using Spearman's rank correlation coefficient. The Mann–Whitney U test was used to compare two independent groups. The statistical significance level was set at $p < 0.05$.

Results:

A total of 218 women were included in the study. Among the participants, 33% (n = 72) stated that they wished to have children and were planning to become mothers, whilst 39% (n = 85) were not planning a pregnancy in the near future but were considering it later on. 15.1% (n = 33) of respondents stated they had no plans for motherhood, whilst 11.9% (n = 26) remained undecided. (Fig. 1)

The majority of participants reported moderate or high levels of childbirth-related anxiety. A high level of anxiety was reported by 28.4% of respondents, and a very high level by 17.4%. A moderate level of fear was reported by 23.9%, whereas 24.8% reported a low level of concern. Only 5.5% of participants reported no concerns related to childbirth.

The most frequently reported concern was the health of the baby, indicated by 72.9% of respondents. Slightly fewer participants reported fears related to perineal tears or episiotomies (69.7%) and a prolonged labour (68.3%). Fear of labor pain was reported by 60.6% of participants. Fewer than half of the respondents reported concerns about loss of control during childbirth (49.5%), their own health complications (47.0%), and concerns relating to medical staff (45.0%). (Fig. 2)

No statistically significant association was found between the amount of time spent on social media and the level of fear of childbirth ($\rho = -0.026$; $p = 0.0698$). However, a statistically significant positive correlation was observed between the frequency of exposure to negatively framed perinatal content and the level of fear of childbirth ($\rho = 0.223$; $p < 0.001$). In contrast, exposure to educational content showed a significant negative correlation with the level of fear of childbirth ($\rho = -0.207$; $p = 0.002$), indicating an inverse association.

No statistically significant differences in fear of childbirth were found between medical and non-medical students ($U = 4874.5$; $p = 0.069$). At the same time, female medical students, particularly students of medicine,

demonstrated a more realistic and less idealized perception of childbirth and motherhood compared with other study participants.

Respondents reported significantly more often that content presented in the form of video material evoked stronger emotional reactions than textual content ($\rho < 0.001$).

However, no statistically significant association was found between the perception of a greater emotional impact of video materials and the level of fear of childbirth.

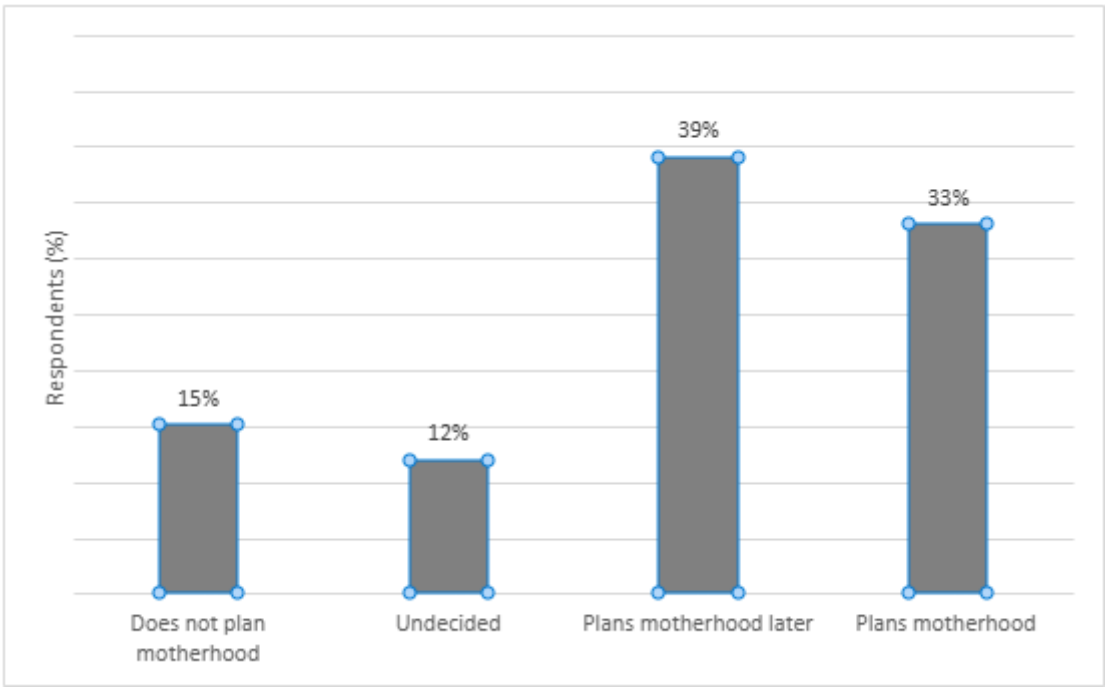


Fig. 1. *Plans regarding future motherhood*

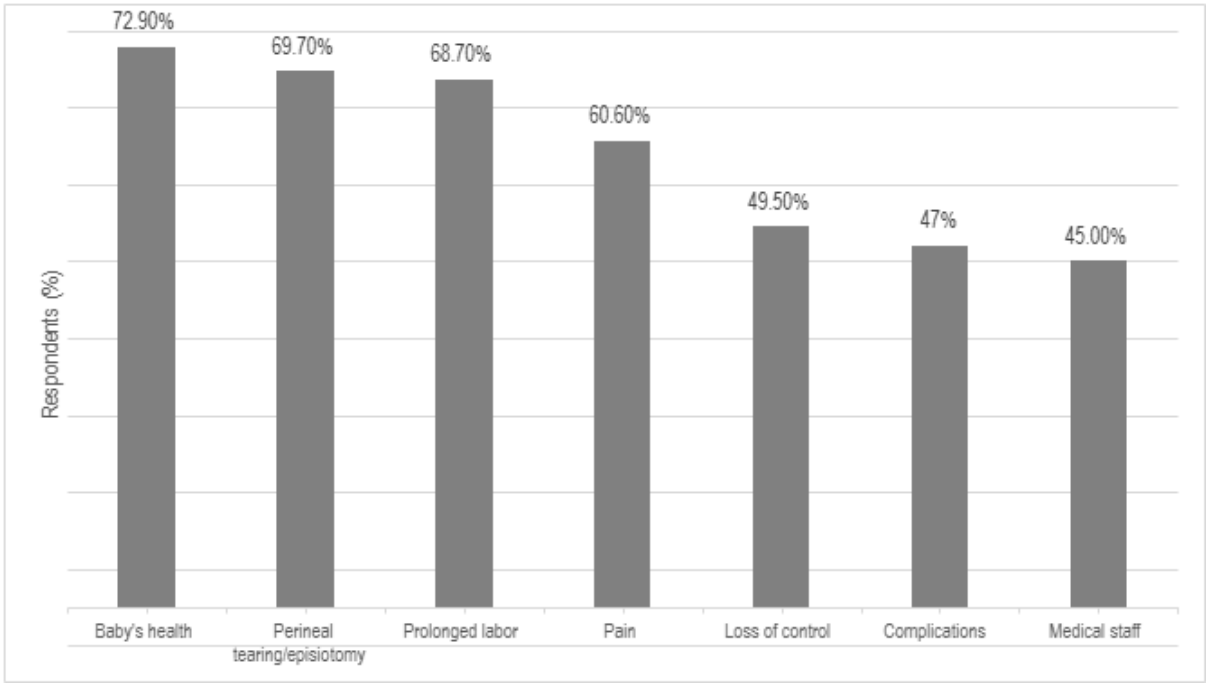


Fig. 2. *Percentage of respondents reporting individual childbirth-related fears*

Discussion:

This study is one of the few available analyses investigating the association between exposure to perinatal content on social media and attitudes toward, and anxiety about, potential childbirth and motherhood among young women.

A particular strength of this study is that it includes an analysis of women who have never been pregnant or given birth before. In this group, perceptions of childbirth have not yet been shaped by their own obstetric experiences; therefore, information derived from their social environment, media coverage and the experiences of other women may be of greater significance. The findings suggest that perceptions of childbirth and the associated fear may develop even before the first pregnancy, and that social media may play a role in this process as one of the key sources of information.

An important aspect of the study is the specific population examined. Most previous studies have focused on pregnant women or women with previous childbirth experiences, whose perceptions of perinatal content on social media may be influenced by their own pregnancy and childbirth experiences.One of the most important findings of this study was the association between frequent exposure to negatively framed content and increased fear of childbirth.

Although the strength of the observed correlation was minor, the relationship remained statistically significant. This suggests that the nature of the content viewed may be one of many factors associated with fear of childbirth; however, it should not be interpreted as the sole or predominant cause. Fear of childbirth is multifactorial in nature and may also be linked to personality traits, general levels of anxiety, previous health experiences, family beliefs and the availability of social support. The finding should therefore be understood as an indication of the potential significance of digital content in the broader process of shaping attitudes towards childbirth.

Previous research conducted among 121 women with previous childbirth experiences has also reported findings consistent with those of this study. Exposure to negative content was associated with increased levels of fear and a greater likelihood of preferring cesarean delivery, whereas positive and empowering birth stories were associated with reduced fear and increased motivation to give birth vaginally [7].The observed association between more frequent exposure to negative content and higher levels of fear may be explained by the well-established tendency, influenced by both innate predispositions and individual experiences, to assign greater importance to negative information and events. Negative information has been suggested to possess greater "contagiousness," understood as a greater capacity to spread and influence the way individuals perceive and evaluate reality compared with positive information, resulting in stronger impacts of negative content [13].

With regard to perinatal content, this phenomenon may be particularly significant, as descriptions of childbirth often take the form of personal narratives containing detailed information about pain, complications and feelings of danger. Such forms of communication may elicit a stronger emotional response than neutral medical information or statistical data. Emotional stories may also be easier to remember and are more likely to be recalled when formulating one's own expectations regarding a future birth.

One must also take into account the specific nature of how social media operates, as its algorithms promote content that evokes stronger emotions and greater user engagement. Research shows that content evoking strong emotions, whether positive or negative, is shared more frequently than neutral content [14]. An analysis carried out among Facebook users showed that social media recommendation algorithms influence the range of content users encounter, thereby modifying their exposure to specific types of information [15].

In practice, this means that a user who views, comments on or shares content relating to a difficult birth may subsequently be shown similar content. This can lead to a gradual narrowing of the portrayal of childbirth and an increase in the proportion of content depicting complications, traumatic experiences or adverse outcomes. Repeated exposure to similar content may reinforce the belief that negative experiences are more common and typical than clinical data would suggest. This mechanism may be of particular significance for women who lack personal experience that would enable them to critically compare online content with actual obstetric practice.

Previous studies conducted among pregnant women have found no association between engagement with social media and anxiety levels. Despite frequent social media use among the majority of participants, no correlation was observed between time spent on social media and anxiety levels [3]. The findings of this study are consistent with observations among pregnant women, indicating that, among women who have never been

pregnant, the amount of time spent on social media is likewise not significantly associated with fear of childbirth.

The lack of a correlation between the total time spent on social media and levels of anxiety suggests that the intensity of digital platform use alone may be less significant than the nature of the content viewed. Female users who spend a similar amount of time on social media may be exposed to completely different content, depending on their preferences and the operation of recommendation algorithms. For this reason, time spent on these platforms is merely a general measure of exposure and does not allow for an assessment of the actual proportion of content related to pregnancy and childbirth in the daily information feed.

The findings may also suggest that, in shaping perceptions, the quality and emotional impact of engagement with content are more significant than its duration. Brief exposure to material depicting a traumatic birth may elicit a stronger emotional response than spending many hours on social media for purposes unrelated to reproductive health. On the other hand, people who spend a lot of time on digital platforms may primarily view neutral entertainment or educational content that does not directly influence their perception of childbirth. This finding highlights the need to distinguish between the amount of time spent on social media and selective exposure to specific categories of content.

It should also be acknowledged that it is not only the frequency of exposure that matters, but also the way in which information is processed. Recipients may differ in terms of their level of critical evaluation of content, their trust in authors, their ability to recognise unreliable material, and their prior medical knowledge. The same information may therefore lead to different cognitive and emotional responses. In future studies, it would be appropriate to consider not only the duration of media use but also the level of engagement, the source of the content, the degree of identification with the stories presented, and the subjective credibility of the message.

Another significant finding of this study was the inverse association between more frequent exposure to educational content and the level of anxiety about childbirth. This finding suggests that the way in which perinatal information is presented may be important not only in exacerbating fears, but also in alleviating them.

Educational content can reduce uncertainty by explaining the physiology of childbirth, the progression of its various stages, the available methods of pain relief, and the role of medical staff. Access to well-organised and comprehensible information can increase a sense of predictability and control over the upcoming event. This is particularly important for women who have no personal experience of pregnancy and childbirth and may base their perceptions mainly on the accounts of others. In this context, reliable education can act as a counterbalance to the dramatic, isolated stories that are widely shared on social media.

These findings are partly supported by a study involving women between 24 and 28 weeks of pregnancy, which found that positive video material significantly reduced anxiety levels compared with a group receiving standard antenatal education [8]. It should be emphasised, however, that the term ‘positive content’ should not imply idealising childbirth or glossing over its potential difficulties. Materials that are overly simplified or portray childbirth exclusively as a problem-free experience may undermine the credibility of the message and lead to unrealistic expectations. The most valuable content may be one that combines a realistic portrayal of the labour process with information on where to seek help, ways of managing pain, and the importance of support from healthcare professionals and loved ones. Such information can simultaneously increase knowledge and reduce feelings of helplessness, without denying the real challenges associated with childbirth.

These observations suggest that content depicting childbirth in an accurate yet supportive manner may constitute a valuable tool for reducing perinatal anxiety.

This finding is particularly significant in relation to women before their first pregnancy, who are not usually yet participating in formal antenatal education. Traditional antenatal classes and midwifery consultations are most often aimed at pregnant women, whilst attitudes towards childbirth can be shaped much earlier. Social media can therefore help to bridge the information gap that exists before pregnancy begins. At the same time, the lack of formal quality control over content means that users may find it difficult to distinguish between evidence-based material and anecdotal, promotional or misleading information. From a public health perspective, it seems sensible to develop educational materials aimed not only at pregnant women, but also at young women considering motherhood in the future. Such content could include basic information on the physiology of childbirth, possible medical interventions, pain relief methods, patients’ rights and available forms of support. Its format should be tailored to how digital media are used, and thus be concise, visually accessible and, at the same time, based on up-to-date scientific knowledge.

Pregnant women and mothers of young children place great importance on information and support obtained and shared through online sources and applications. The widespread use of digital technologies

contributes to the fact that women expect rapid and reliable access to information, including information provided by healthcare professionals [16]. The findings of the this study indicate that social media can be a valuable tool for health education, provided that the content disseminated through these platforms is reliable and evidence-based. This is consistent with World Health Organization recommendations, which state that digital forms of education can be a valuable complement to traditional approaches to health education [17].

Modern digital media enable women not only to obtain information but also to actively create and disseminate it. Users of these platforms publish their own content and participate in its selection and distribution of information by commenting, tagging, recommending, rating, and sharing materials. As a result, users are not merely passive recipients of information but active participants in the knowledge exchange process, influencing the way in which information is disseminated and interpreted. They may therefore be regarded as co-creators of digital knowledge and intermediaries in the transmission of information [16].

The active nature of participation on social media also means that users' emotional reactions can influence the visibility of individual posts. Content that provokes a strong reaction is more likely to be commented on, shared and recommended, which can increase its reach regardless of its substantive value. As a result, the most visible content is not necessarily the most representative or the most reliable. This applies in particular to personal birth stories, whose narrative appeal may outweigh their educational value. This phenomenon presents healthcare professionals with new communication challenges. Simply making accurate information available on medical institutions' websites may not be sufficient if this content is not adapted to the communication style typical of social media. Reliable content should be comprehensible, engaging and easy to share. Collaboration between doctors, midwives, psychologists and health communication specialists can increase the likelihood that evidence-based messaging will compete effectively with sensationalist or unreliable material.

Therefore, the demonstrated association between the nature of perinatal content and levels of anxiety suggests that the quality of health communication on social media may play a significant role in shaping women's attitudes even before they become pregnant.

The more realistic perception of childbirth and motherhood among medical students compared with non-medical students may stem from clinical experience and knowledge of the physiology of childbirth acquired during their studies. At the same time, the lack of differences in anxiety levels between medical and non-medical students suggests that acquired knowledge alone is not sufficient to reduce anxiety levels. The available literature has shown findings different from those obtained in this study – medical students exhibited lower levels of anxiety about childbirth than students of social sciences and humanities [9].

Another study involving 732 midwifery students found that students experienced greater fear of procedures with which they had frequent exposure and lower levels of fear of procedures they rarely encountered in clinical practice [10].

When interpreting the findings stated above, the limitations of this study should be kept in mind. An original questionnaire used in this study has not undergone full validation; hence, the scope for comparing this study with other research is limited. Currently, the Wijma Delivery Expectancy/Experience Questionnaire (WDEQ) is considered the gold-standard instrument for assessing fear of childbirth in research settings [11]. This questionnaire was not used in the present study because it had not been validated for the specific population and context investigated.

Furthermore, the use of an online survey carries the risk of reduced data quality, which may result from factors such as careless responding and respondent fatigue [12]. This study may also have been subject to selection bias, as participation was voluntary, potentially increasing the likelihood that women with a greater interest in pregnancy and childbirth would participate. In many online survey studies, respondents are individuals who visit a website and voluntarily decide to participate in the survey. Due to the lack of researcher control over the respondent recruitment process, it is not possible to obtain objective estimates or determine the precision of the results obtained [18].

In addition, the assessment of the frequency of exposure to perinatal content was based on participants' self-reports and may therefore have been subject to recall bias, which is characteristic of retrospective survey-based studies [19].

The strengths of the this study include the relatively large sample size comprising only women who had never been pregnant. This population has been relatively rarely included in research on fear of childbirth and motherhood, particularly in the context of the role of social media.

The findings obtained in this study should serve as a starting point for further research into the role of social media in women's reproductive planning.

Future research should also take into account the nature of specific social media platforms and the format of the content presented. Individual platforms differ in terms of how they present content, their recommendation mechanisms and their audience profiles, which may influence both the frequency of exposure to perinatal content and its emotional impact. It is also worth analysing the role of the creators of the published content, as messages prepared by healthcare professionals may be perceived differently from personal accounts published by influencers or other social media users. A better understanding of these relationships may enable the development of more effective health communication strategies tailored to the way young women use digital media.

This study may have practical implications for physicians, midwives, and prenatal educators.

The findings suggest that educational initiatives regarding pregnancy and childbirth should begin before the reproductive years, rather than only after conception. Shaping realistic expectations regarding childbirth at an early stage may help to prevent the entrenchment of misconceptions arising from one-sided exposure to emotional online content. Incorporating elements of education on reliable sources of health information and the critical evaluation of content published on social media could complement initiatives in the field of reproductive health advocacy.

In light of the growing importance of digital communication, there is a need to develop strategies that promote reliable, evidence-based perinatal content that can support women in making informed decisions and preparing consciously for future motherhood.

At the same time, the findings highlight the need for further prospective research to better define the nature of the observed relationships and to assess whether appropriately designed educational interventions delivered via social media can effectively reduce fear of childbirth and support the development of realistic attitudes towards motherhood. Such research could provide a basis for developing recommendations on the use of social media as a tool to support health education for women at various stages of their reproductive lives. The findings of this study indicate that social media may play a significant role in shaping attitudes toward childbirth even before pregnancy occurs.

Conclusions:

This study contributes to the current knowledge of fear of childbirth, emphasising that attitudes towards childbirth and motherhood are formed long before pregnancy, and that social media is a significant factor in shaping these attitudes.

The findings suggest that not the duration of exposure to perinatal content itself, but rather its nature and quality, may be of particular importance.

These findings also indicate that the process of forming attitudes towards childbirth begins even before the first pregnancy, which highlights the need to include non-pregnant women in educational initiatives on reproductive health. To date, most educational programmes have focused on pregnant women, whilst the findings suggest that earlier education may be equally important. The observed association between exposure to educational content and reduced levels of anxiety highlights the importance of social media as a tool for health education, provided that reliable, evidence-based information is disseminated.

A more realistic perception of childbirth and motherhood among medical students suggests that medical knowledge can influence how perinatal experiences are interpreted, although it does not necessarily lead to a reduction in anxiety levels. At the same time, the predominance of negatively framed content in digital spaces may contribute to the reinforcement of concerns among women who have no personal experience of pregnancy or childbirth. The findings highlight the need for greater involvement of healthcare professionals, educators, and academic institutions in creating and disseminating reliable content about childbirth and motherhood on social media platforms.

Cooperation between the medical field and online content creators, alongside the use of modern communication channels, can increase access to reliable information and limit the influence of content based solely on individual, often highly emotional experiences. In the longer term, such measures can help women prepare for future motherhood in a more conscious manner and encourage reproductive decisions based on credible knowledge.

Further research on this topic should investigate the mechanisms through which online content influences women's reproductive attitudes, identifying factors that increase susceptibility to negative material, and evaluate the effectiveness of educational interventions delivered through social media in reducing fear of childbirth and supporting informed reproductive decision-making among young women.

The findings provide a strong case for further research into the role of social media as a factor influencing attitudes towards childbirth and motherhood, and suggest that well-designed health communication in the digital environment can be a valuable component of strategies to promote reproductive health.

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