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ORIGINAL ARTICLE

USE OF SOCIAL NETWORKS AND/OR MEDIA: CONTRIBUTIONS TO GOOD PRACTICES IN CHILDBIRTH CARE

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ABSTRACT

Objective: to analyze the use of social networks and/or media and their interface with good practices in childbirth care from the perspective of postpartum women. **Method:** qualitative, descriptive, and exploratory study, conducted through semi-structured, recorded interviews with 10 postpartum women admitted to a university hospital in southern Brazil, from October to November 2022. The interviews were subjected to content analysis. **Results:** three categories were identified: I - Use of social networks and/or media and its influence on delivery: there was a predominance of Instagram use, the most recurring themes were labor and delivery plan, influenced by obstetricians, doulas, and an institutional page; II - Women's knowledge about good practices: most had knowledge, learning from the use of social networks and/or media about the importance of skin-to-skin contact and breastfeeding in the first hour of life; and III - Social networks and/or media: influence on the choice/experience of delivery: an increase in knowledge about delivery and women's rights was observed. **Final considerations:** it was concluded that social networks and/or media contributed to the knowledge of postpartum women regarding good practices, favoring a more positive childbirth experience.

Keywords: Obstetric nursing. Online social networks. Social media. Humanized childbirth. Postpartum period.

INTRODUCTION

Good practices in the childbirth process seek to include evidence-based practices that include the woman's free movement, the use of non-pharmacological methods (NPM) for pain relief during labor, timely clamping of the umbilical cord, skin-to-skin contact, breastfeeding in the first hour of life, as well as the reduction of unnecessary interventions. Their implementation in the obstetric setting can promote a positive experience of the delivery process and consequently improve the woman's satisfaction[1].

A worldwide movement is underway to restore the essence of childbirth and place women as protagonists of this process. Over the years, the Ministry of Health (MH) has created numerous policies and guidelines encouraging the humanization and implementation of these good practices in the labor and delivery setting, aiming to reduce the risks of problems inherent to pregnancy and seeking to provide quality obstetric care, with a focus on humanized care[1,2].

In this perspective of re-signifying childbirth as a physiological event and in the continuation of the development of standards and guidelines that encourage good practices in its care, the Ministry of Health developed, in 2022, the National Guidelines for Assistance to Normal Delivery. The main objectives of the guidelines are to encourage changes in obstetric care, standardize common practices in childbirth care, reduce the variability of practices as well as unnecessary interventions and their consequences, encourage evidence-based recommendations and develop recommendations for good practices without excluding the

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individualized decisions of professionals who assist the delivery, nor parents regarding the care of the baby[2].

In addition, with the advent of media and social networks, it has become possible for anyone to publish information about the pregnancy-puerperal cycle as well as labor and delivery, through these communication channels. In this sense, social media can be defined as online technologies and practices used by anyone or by companies with the intention of sharing information, enabling the exposure of opinions, ideas, experiences and perspectives, whether as texts, images, audios or videos[3]. In this context, social networks can also be considered social media, allowing networked communication. Examples of social media and/or networks include: websites, blogs, video channels, such as Facebook, Instagram, YouTube, among others.

In the context of the COVID-19 pandemic and the establishment of social isolation in an attempt to stop the spread of the virus, individuals remained for long periods inside their homes. This caused access to the internet to increase and consequently there was a greater demand for social media and/or networks[4]. There is a growing trend in the number of social media and/or networks with posts that revolve around issues related to pregnancy, delivery and postpartum. They contain personal accounts and technical information on the topics [5].

The use of social media for health purposes has increased considerably and can be grouped into three categories by type of user: institution, researcher and health professional, and the public. Regardless of the type of user, each category presents benefits and challenges. The public that uses social media for this purpose can be characterized as healthy people or those with some health problem. The most common activity is the search for and sharing of health information online, such as in the case of pregnant women. Online communities can be a source of social support and contribute to subjective well-being. However, the information found is not always accurate and reliable, which can lead to misinformation[6].

The inseparability between the online environment and maternal experiences has become increasingly evident, as both are strong allies in the search for information among pregnant and postpartum women. This resource allows women to be autonomous in acquiring knowledge, facilitates social interaction, the exchange of experiences, and the sharing of feelings within a community[7].

Given the above, it is essential for nurses to be included in the digital environment, as it is a health education tool that has a wider audience reach than that provided only by the physical structure of a health service. It is also of great value for women to empower themselves with knowledge of good practices in delivery and birth care through the use of social media and/or networks, as this provides autonomy, in addition to contributing to mitigating unnecessary interventions and knowing how to identify obstetric violence.

Therefore, this study aimed to analyze the use of social media and/or networks and their interface with good practices in delivery and birth care from the perspective of postpartum women.

METHOD

This is a qualitative, descriptive and exploratory study carried out in an Obstetric Inpatient Unit of a university hospital in the extreme south of Brazil. This unit is a reference for high-risk pregnancies and has 28 beds, two of which are isolation beds. The criteria established in the Consolidated Criteria for Reporting Qualitative Research (COREQ)[8] were followed to write the method and results.

The following were included: women who conducted research on social networks and/or media about health issues; at least 12 hours postpartum up to 42 days postpartum; over 18 years of age; regardless of the number of children and mode of delivery; with a viable newborn and in shared accommodation. Women who had clinical and/or obstetric complications during the data collection period, who had cognitive impairment to understand the questions in the questionnaire attested in their medical records, who did not understand Portuguese, and/or who were under the influence of psychoactive substances with addictive potential were excluded.

First, the lead researcher – a female nursing

student – with the help of the nurse in the sector identified those postpartum women who met the inclusion criteria for the research. With the list of patients eligible for the research, the interviewer approached the potential participants, introduced herself and explained the objectives, risks and benefits of the study that were part of her final course work.

The interviewer was previously trained through an individual meeting with the advisor, in which the stages for conducting the interview as well as how to approach the guiding questions were discussed. Sampling was by convenience, data collection was carried out within a two-month period (October to November 2022), which totaled 10 postpartum women. The participants were approached in person at the ward. After the participant accepted, the collection took place through a semi-structured, individual interview, recorded in audio, at the ward or in a private room in the obstetric unit, preserving the privacy of the informant. A script specifically designed for this research was used, containing: I - sociodemographic and obstetric characterization of postpartum women; and II - use of social networks/media and interface with good practices in delivery care. The latter included the following questions: 1. Do you use social networks/media to research health issues? 2. Which social networks/media do you usually use for this research? 3. Have you used social networks/media to learn about delivery? Which ones? 4. How do you evaluate your knowledge about delivery before and after using these social networks/media? 5. What do you know about good practices in delivery and birth care? Where did you obtain this knowledge? Did you use any social networks/media for this? Which ones? In what way? 6. Did the use of these social networks/media influence your labor/delivery experience? Yes/no? Why? In what way? 7. How was your delivery experience? 8. How do you think social networks influence your daily life?

The first two interviews served as a pilot test, which were discussed in a face-to-face meeting between the main researcher and the advisor. Since there was no need to make any changes to the instrument, they were included in the research. The mean length of the interviews was 30 minutes. The transcripts were not returned to the participants.

The interviews were transcribed and submitted to Content Analysis, through three stages: pre-analysis, exploration of the material or coding, and treatment of the results obtained/interpretation[8]. In the pre-analysis, the aim was to organize the material through floating reading, systematization of preliminary ideas, formulation of hypotheses and objectives to be achieved, with a view to constructing the corpus for analysis. During the exploration of the material, coding was carried out, that is, the process of transforming the data into meaningful units of analysis for the research. In the last stage, processing and interpreting the results, inferences were made seeking to understand the phenomenon, what is explicit and implicit in order to elucidate the object of study.

The research complied with the ethical precepts recommended by Resolution 510/2016, which addresses research with human beings, obtaining a favorable opinion from the Ethics Committee of the Federal University of Rio Grande, number 5,717,403/2022. All participants signed the Informed Consent Form and were identified by the letter P (postpartum woman) followed by the order in which the interviews were conducted.

RESULTS

Ten postpartum women participated in the study. Their ages ranged from 24 to 38 years, with a mean of 27.7 years. The majority were single (60%), had completed higher education (40%) and were employed (70%). Half of the postpartum women were primiparous. All interviewees had prenatal care, and the majority (90%) had more than six appointments. The majority of women were followed up by private healthcare providers/health insurance providers (60%), followed by the Unified Health System (SUS) (30%). These follow-ups were mostly performed by physicians (80%) and in 20% of cases, they were performed by nurses. It is worth noting that all medical care was performed by private healthcare providers/health insurance providers, while nurses performed the same care within the SUS.

Three categories emerged from the interviews, as shown below (Figure 1).

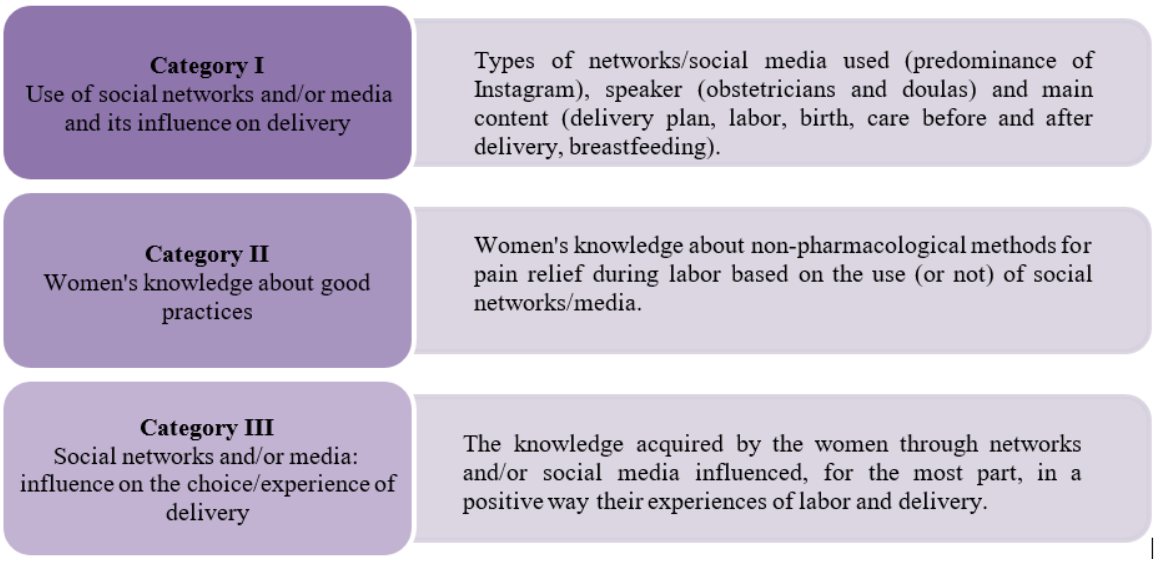

Figure 1. Synopsis of the identified categories and the main key points identified. Rio Grande, Rio Grande do Sul, Brazil.
Source: The authors, 2022.

Use of social networks and/or media and its influence on delivery

In this category, the types of networks/social media used by women were identified, as well as the speaker and the main content they searched for. More than half of the interviewees mentioned using Instagram. Google and YouTube were also mentioned, and only one used Facebook. The content searched for and/or learned by the women was similar, among which the topic of delivery plan appeared:

> [...] I didn't have any knowledge before, but I learned a lot from using social media. I didn't put everything into practice, for example, I had knowledge of the delivery plan, but I didn't carry it out! [...]. My physician never mentioned delivery, it was all based on my own research. (P1)

> [...] I didn't actually make the delivery plan, but my obstetrician told me about it, I read a little about what it was, what could be done to create it, but I didn't do it. (P2)

> [...] I also learned about the delivery plan on social media. I even made the delivery plan, but I only remembered it when the baby was already born! Neither I nor my companion gave it to the team. (P6)

Another very recurring theme was labor and delivery and the care provided before, during and after:

> [...]After I researched, I learned more, because I learned things I didn't know before. I had a lot of doubts, but I learned a lot about natural delivery. (P3)

> [...] Regarding delivery, I researched last, I watched videos and everything, but I confess that I researched less than breastfeeding and newborn care. But I was able to recognize a little of the stages of labor that I was going through the knowledge I acquired, the so-called delivery land... it was horrible. (P4)

> [...] When I researched, information appeared about everything, about colic, about everything involving the baby, about natural delivery, what was good, what was not. (P5)

In the reports, the postpartum women demonstrate learning about the phases of labor, the breathing techniques that help in this process, as well as the risks and benefits, compared to a cesarean section.

> [...]I learned a lot from the research. Especially during labor, I noticed that we think we have to "just push" to get the baby out, but I learned about breathing techniques and had a great team that helped me during pushing so that I didn't

lose focus. (P7)

[...] I learned everything I know about delivery, for example, the stages of labor, induction, and the pros and cons of a cesarean section. I got information for my first delivery. My research cleared up a lot of doubts. [...]. For example, I went through an induction, which was something I didn't want because I knew it wasn't time to do it yet, because I learned from the research. I consider my knowledge very satisfactory after researching the subject. (P8)

[...] I researched what a natural delivery was like, what the risks and care were, I looked for what it would be like, because I hadn't had the experience yet, only a cesarean section. (P10)

In addition, specific topics also emerged, such as newborn care, breastfeeding, cerclage, rest, contractions, videos of delivery stories and mothers' groups:

[...]I researched breastfeeding and newborn care, but I think I researched less about delivery. It is known that breastfeeding is a very difficult part and it was through social media that I learned about it. (P4)

[...] I was in a cerclage group on Facebook because at the beginning of my pregnancy I had a recommendation to have it done, but I ended up not doing it because it was not necessary. I first looked for information about the cerclage, then I looked for information about rest, then I looked for information about contractions. I learned a lot from my research. (P6)

[...] I watched a lot of videos of delivery stories on YouTube. I looked at some mothers' groups on Facebook. (P9)

Those mainly responsible for transmitting information on networks and/or social media accessed by postpartum women were obstetricians, doulas and an institutional page.

[...] I started following some physicians on Instagram who gave me tips. But now there are some physicians who post really good content on Instagram, but it's content so you can buy their course later, right! [...]. (P1)

[...] I learned a lot by following some doulas on Instagram, even the institution's own Instagram [Name of institution] that posts a lot about it. (P2)

[...] I learned a lot from the doula, who helped us a lot with a lot of things, so it was really good. My doula's presence was really important because I was in labor for more than 24 hours, and she was the one who didn't let me give up on what I really wanted. I follow some specialists like pediatricians and obstetricians. Nowadays, there are a lot of physicians who are in favor of humanized delivery, but some still aren't. Thank God I didn't have that. (P5)

Women's knowledge of good practices

Regarding good practices, the following were mentioned: NPMs for pain relief, breastfeeding and skin-to-skin contact, the presence of a companion, the intake of food and liquids, the positioning of the woman in labor and respect for privacy. Most women were aware of the NPMs for pain relief during labor. For some, the use of these was effective for pain relief, while others reported not having obtained any comfort.

[...] They offered me a ball and a shower, which helped. (P4)

[...] Regarding non-pharmacological methods, I knew about them before giving birth because I did Pilates and pelvic physiotherapy precisely with the intention of helping me at that moment. My whole life during those 9 months was about preparing for that moment. In the end I used the shower and the ball and nothing helped, as the pain was very frequent. (P5)

[...] I learned about the usefulness and benefits of the ball and the shower from the networks, but I didn't use them, but they didn't relieve my pain in the end. (P6)

[...] I used the shower, the ball and the back massage that the nurse did on me all the time, which was wonderful, it relieved my pain a lot. (P7)

[...] I knew about the offer and benefits of non-pharmacological methods, I used the ball and they did a massage, it helped a lot. (P9)

Furthermore, it was possible to verify the knowledge of pospartum women about good practices of skin-to-skin contact and the importance of breastfeeding in the first hour of life through the use of networks and/or social media.

[...]I knew that skin-to-skin contact was recommended immediately after birth, but I

> didn't have the opportunity because I fell asleep during surgery. I also knew about the indications and benefits of breastfeeding in the first hour of life. (P9)
>
> [...] I knew about skin-to-skin contact immediately after birth, but I didn't imagine it was so necessary. I knew about the importance of breastfeeding in the first hour of life. (P10)

The woman's right to the presence of a companion of her choice was known to all the postpartum women interviewed and there were even reports highlighting its importance at this time:

> [...]I knew that the presence of a companion was mandatory by law and that it is always very important to have a companion at this time [...] I was in labor for more than 24 hours, and he was the one who didn't let me give up on what I really wanted. Even though I knew all the information, I went to him asking, "For the love of God, get me out of here! Give me something for the pain! I want a C-section!" and the importance of having an informed companion, because he would answer me, "No, honey, you already told me that you didn't want me, you told me that I shouldn't let you." (P5)
>
> [...] I knew about the mandatory presence of a companion because when I came to the hospital, there was a very large sign on the wall informing me about the law and that it allowed before, during and after. I knew that not all places allowed it all the time, but when I saw the sign, I felt at ease. (P6)

Furthermore, some postpartum women demonstrated knowledge about the good practice of encouraging the provision of liquids and food during labor. One postpartum woman, however, reported that she was not aware of this recommendation. And despite being offered food, she was unable to eat due to pain, as evidenced in the following reports:

> [...] I knew about the provision of liquids and food, because I researched it to create my delivery plan, so I wasn't forbidden anything, I was free to eat and drink whatever I wanted. I knew it was recommended! (P5)
>
> [...] I knew that the provision of liquids and food was recommended. Some physicians say that you can't eat many things, but for us it's not quite like that. (P7)
>
> [...] I didn't know that I could eat or drink during labor, I thought I couldn't. But I was in so much pain that I couldn't. (P10)

The postpartum women also gained knowledge about the good practice of free positioning during labor and delivery:

> [...]I knew about the possibility of giving birth in different positions, but I wasn't curious to try them. The physicians suggested the stool, but I said I was scared! (P7)
>
> [...] I knew about the good practice of freedom of position and I agreed with what I felt best. (P10)

Some also reported on whether or not they were aware of their right to privacy during labor, as well as the professional's respect for this moment.

> [...]I didn't know about good privacy practices. (P6)
>
> [...] I knew about good privacy practices, but they didn't respect them. (P9)

Social networks and/or media: influence on the choice/experience of delivery

During the interviews, it was possible to identify that the knowledge acquired by postpartum women through networks and/or social media influences their experiences of labor and delivery, mostly in a positive way:

> [...]I imagined it would hurt, but not as much as it did! The information helped me deal with it in a certain way. The environment and the staff were excellent. The pain was horrible, I never want to feel it again, but the experience itself, with everything that was made available, was very good. I thought that, for example, if it were in a private hospital, it would be the same. (P1)
>
> [...] I believe that my knowledge did influence my experience because of all the information I had during pregnancy. I wanted a natural delivery, but it turned out that the time came and I felt a lot of cramping, so I managed to talk to the physician and asked for a cesarean section and she saw that I was in pain and that it might not evolve into a natural delivery, so she did it for me. (P2)
>
> [...] My experience was better than the other [...]. I believe that knowledge influenced and the networks have a part of this influence, because today, everything we do is related to them. (P3)

> [...] Knowledge greatly influenced my experience. This, in my opinion, was the basis of everything. If I hadn't had the information I had, I might have had a cesarean section. All the information I had had a positive influence on me going through this process. [...] I knew what processes I was going through, the stages of labor. [...] (P5)

The importance of women's knowledge about good practices in delivery care is highlighted so that decision-making is conscious at the time of delivery.

> [...]It is important to know our rights! If you arrive at the service and are not informed, you will accept whatever they tell you. If you are informed and do not want to do something, you will say: I do not want to! My knowledge about good practices gave me empowerment during delivery. I knew that if something happened that was outside of what I know, I would question it. [...] I think the knowledge I acquired positively influenced my delivery experience. The knowledge did not improve my perception of pain, but it made me face labor more clearly, because I knew that this was it and that there was not much I could do, because it would happen and it would be the best for us. (P6)

> [...] Everything is learning, right? One delivery is very different from the other! The knowledge influenced my experience because I faced pain better, I knew how to recognize the phases I was going through. It was very fast! I loved my birth experience! I had a very good service. [...] I believe that my knowledge made a total difference in the experience of labor. I believe I went through a very smooth process. I feel very afraid and try to research to help me deal with it, but I believe that the practical experience is different from what the theoretical one says. (P7)

Women express that the knowledge acquired had a positive influence, despite complaining about the perception of pain during labor.

> [...]My knowledge had a positive influence on my delivery experience. I knew what to expect, all the stages and processes of labor, I knew everything that was recommended and what wasn't, so it improved my delivery experience a lot because I had knowledge. However, my perception of pain didn't improve... when we're there, we just think that we'll never do it again, in terms of pain, it's not very good. [...] (P8)

> [...] Labor, in terms of pain, was bad; I felt a lot of pain. But the care was very good, the team was wonderful. [...] My knowledge definitely had a positive influence on my experience, especially in controlling anxiety, taking deep breaths. (P9)

Furthermore, a single interviewee reported the opposite of the others, stating that the knowledge acquired did not influence the delivery experience:

> [...]I believe that the knowledge I had did not influence my experience because I found the practice very different from the theory. Until you go through the process, you don't really know what it's like. But after it's born it's very calm, but going through the process was not easy. It was a very challenging experience; I made a scandal and asked for help. [...](P10)

> A postpartum woman reported that social networks and/or media influence her daily life, according to the report:

> [...] I think they influence me because I'm always looking and researching. (P4)

Other women, however, understand that influence is a middle ground, as they also research in other media.

> [...] Nowadays it's middle ground, it used to be better, because not everything we see on social media is reality, right? And it's not even for your reality. But I used to spend all day on social media, but not nowadays. (P1)

> [...] I don't access social media very often, but for specific issues related to pregnancy and the baby, I'm always looking. (P7)

> [...] Not too much, not too little, I research on social media, but I usually look more in the literature. (P5)

There were also reports that social networks and/or media do not influence or provide little help depending on the topic researched:

> [...]I don't think they influence me much, but it depends on the subject. (P8)

DISCUSSION

Social networks and/or media are currently strong allies in the search for knowledge among pregnant and postpartum women[7]. Women are familiar with using the internet in

their daily lives. Therefore, the search for care related to the maternity period is not a novelty, but rather part of the widespread use of digital technology. Social network groups moderated by doulas have shown that they can positively favor the dissemination of information to women about maternity care[10].

A study that aimed to evaluate the opinion of women and their partners regarding sources of information, frequency of use and preferred formats, carried out in Australia, identified that the sources of information were diverse, with the most cited being, personally, the health professionals and the doulas. Other sources also reported were friends and family. More than 90% of women used the internet as a source of information, including Google, social media, blogs, specific websites, among which the website of the hospital where they gave birth was cited, in addition to applications related to pregnancy[11].

In Türkiye, it was found that most women used the internet as their primary source for searching for information during pregnancy, with blogs or web pages (85.8%), mobile applications (75.6%) and social media (58.1%) being the most used sources. According to this study, women considered the information available on the internet to be partially useful and reliable and to have helped to reduce their fears[12].

Among the content found in searches and mentioned by postpartum women, the delivery plan stands out. This allows the team to know and understand the desires and wishes of women during labor and delivery, which enables focused, personalized and quality care, providing bonding and favoring the birthing process[13]. The fact that women have the information that they can be protagonists of this moment, creating their own “scripts” for their labor, with their wishes and choices being respected, is very satisfactory in terms of empowering them in this event, as this is precisely what the humanized delivery movement seeks.

According to data from the Nascer no Brasil survey, carried out in 2012, the South region demonstrated a higher prevalence of good practices in labor and delivery care, mostly among white women with higher levels of education[14], which corroborates the profile of women interviewed in this survey.

Social inequalities impact women's access to services. Women who live in more developed areas tend to travel shorter distances to access the place of delivery, while women in more vulnerable situations need to travel kilometers to reach the health service[15]. Still in relation to social inequalities, it was found that low-income women, women with lower levels of education and black women are less likely to use a delivery plan, have a companion, have freedom of position and use non-pharmacological methods when compared to women with higher purchasing power and white women[16]. The shorter the time of education, the less access to information and the more limited the understanding of the importance of health care[17].

It was also observed that prenatal care in the private network was predominantly carried out by medical professionals. In contrast, another study found that most prenatal care in the public network was carried out by a physician and in most cases there was no provision of information about delivery[18]. This shows that in both the public and private networks, women lack more information. Women's search for prenatal care in the private sector is possibly based on the belief that it is of higher quality when compared to the public sector, since the client “pays” for it, a myth that should be discouraged. Both the referenced research[18] and the results of this research demonstrated that even though prenatal care was provided in the private sector, there was no adequate provision of information, causing women to seek other means of information (social networks and/or media).

Prenatal care is the ideal time to educate pregnant women about health education practices with the aim of preparing them for motherhood, as this influences their choices. It is essential to identify gaps in pregnant women's knowledge and develop strategies to correct them. This same study demonstrated that there was a failure in the provision of information about delivery by the professional who performed the prenatal care, with 63.5% of women reporting not having received any

information about delivery[18]. This datum shows that there may be a failure in the information provided during prenatal care by the team, and the lack of knowledge about the possibility of seeking this information outside of the care provided by the pregnant women and their families (such as on social networks and/or media)[19].

According to the Nascer no Brasil survey, in 2011, 84% of deliveries were attended by physicians and this scenario still exists today, due to the greater prestige of this professional, the tradition of their presence, the difficulty and resistance to the inclusion of the obstetric nurse in delivery care, as well as the lack of knowledge about the benefits of delivery conducted by this professional[20]. This situation reflects the findings of this survey, which showed a predominance of medical professionals, both in prenatal care and in the dissemination of information through social networks. Regarding good practices, it was found that women, in general, were aware of the importance of skin-to-skin contact, breastfeeding in the first hour of life, the right to a companion of their choice and to the woman's privacy, and the use of NPMs for pain relief during delivery. Even though they were aware, not all practices were always respected. Most of the interviewees reported that their prior knowledge of good practices had a positive influence on their delivery experiences. The service provided was also decisive in this regard, leading to satisfaction with the care provided.

A study that assessed the satisfaction of postpartum women regarding labor and delivery, conducted with 243 women admitted to a teaching hospital located in the countruside of São Paulo, found that even though they had prenatal care, with a high number of consultations, less than half received information about delivery. Satisfaction with the delivery process was statistically significant among women who had a companion present during delivery, received prenatal information and used non-pharmacological methods of pain relief[21].

Health education is essential to foster a positive delivery experience. Evidence indicates that women who receive guidance based on good practices in delivery care demonstrate increased knowledge about their health situation. This is reflected in reduced anxiety, greater perception of safety and support, greater adherence to the use of NPM for pain relief, less use of unnecessary interventions, greater protagonism of the woman in decision-making and a more natural delivery process[22].

During pregnancy, it is common for women to seek out social media to search for information related to their health status, including following accounts with a professional or institutional profile in order to meet their information needs[6]. Influencers or bloggers on social media have a greater reach among the public when compared to institutional or government accounts that have greater credibility to disseminate evidence-based knowledge. Women identify with the identity of the influencer in the “mother profile” that they aspire to become one day. Connections with people who are going through something similar help to reduce the feeling of isolation by finding virtual support in this environment to share their doubts, fears and experiences of motherhood[23].

The interaction with other people provided by the internet can help reduce levels of fear of delivery among pregnant women. This may be related to the emotional support they find in the digital environment, to obtaining information and also to the compliments they can receive from people. In this context, the internet can be a means through which women find people who share the same experiences as them, which sometimes might not happen in person. Health professionals should encourage social support for women in person from the health team, family, and friends. However, it is becoming increasingly important to consider that digital networks/media can also be a support strategy[24].

Although professional health sources may be more reliable when compared to digital sources, the contemporary generation of pregnant women has used websites, apps, blogs, and social media to meet their information needs and obtain support from people who have similar experiences to their own. By recommending reliable sources,

health professionals can avoid inaccurate information and encourage women to take the lead in decision-making [25].

In view of this, it is essential that health professionals recognize the potential of social media as a source of information and use this resource to promote access to updated and reliable content. When planning the health education process, reliable sources can be indicated to facilitate women's access to topics related to pregnancy, delivery and birth. Furthermore, it is also essential that health institutions and government agencies promote their channels with videos and forums to clarify the main doubts of this public and combat misinformation[7].

FINAL CONSIDERATIONS

This study demonstrated that the use of social networks and/or media can contribute to a positive delivery experience, with the knowledge obtained through this medium being crucial, which helps in decision-making and can in some way avoid unnecessary cesarean sections. However, it is worth noting that women's perception of the influence of social networks/media on their delivery was something very personal and subjective, and may be positive for some while irrelevant for others.

Health education for the community is necessary in order to raise awareness among women, especially those with low income and education, about the search for knowledge and information about health, also encouraging the use of social networks and/or media as a means to disseminate information about good practices.

In view of the above, it is suggested that nurses and obstetric nurses be more involved in social networks and/or media in order to disseminate evidence-based content in favor of good practices, since the main interlocutors were physicians and doulas.

Finally, the limitations of this study refer to the qualitative method, since the fact that the research was conducted in a single location, with a small portion of postpartum women, makes it impossible to generalize the data. Furthermore, the fact that the majority have a high level of education may not reflect the knowledge of the economically disadvantaged class, which possibly has limited access to education and to social networks and/or media. Therefore, it is suggested that studies be carried out that contemplate other social classes and with quantitative approaches that can verify the association of the level of knowledge acquired in social networks and/or media with sociodemographic variable.

USO DAS REDES E/OU MÍDIAS SOCIAIS: CONTRIBUIÇÕES PARA BOAS PRÁTICAS NA ATENÇÃO AO PARTO

RESUMO

Objetivo: analisar o uso das redes e/ou mídias sociais e sua interface com as boas práticas de atenção ao parto e nascimento na ótica de puérperas. **Método:** estudo qualitativo, descritivo e exploratório, realizado mediante entrevista semiestruturada, gravada, com dez puérperas internadas em hospital universitário do Sul do Brasil, no período de outubro a novembro de 2022. As entrevistas foram submetidas à análise de conteúdo. **Resultados:** identificou-se três categorias: I - Uso das redes e/ou mídias sociais e sua influência no parto: houve predomínio do uso do Instagram, os temas mais recorrentes foram trabalho de parto e plano de parto, influenciados por médicas obstetras, doulas e uma página institucional; II - Conhecimento das mulheres sobre as boas práticas: a maioria tinha conhecimento, obtendo aprendizado a partir do uso das redes e/ou mídias sociais quanto à importância do contato pele a pele e da amamentação na primeira hora de vida; e III - Redes e/ou mídias sociais: influência na escolha/experiência do parto: constatou-se aumento do conhecimento sobre o parto e os direitos da mulher. **Considerações finais:** conclui-se que as redes e/ou mídias sociais contribuíram para o conhecimento das puérperas quanto às boas práticas, favorecendo uma experiência de parto mais positiva.

Palavras-chave: Enfermagem obstétrica. Redes sociais on-line. Mídias sociais. Parto humanizado. Período pós-parto.

USO DE REDES Y/O MEDIOS SOCIALES: CONTRIBUCIONES A LAS BUENAS PRÁCTICAS EN LA ATENCIÓN AL PARTO

RESUMEN

Objetivo: analizar el uso de las redes y/o medios sociales y su interfaz con las buenas prácticas de atención al parto y nacimiento desde la perspectiva de puérperas. **Método**: estudio cualitativo, descriptivo y exploratorio, realizado mediante entrevista semiestructurada, grabada, con diez puérperas ingresadas en hospital universitario del Sur de Brasil, en el período de octubre a noviembre de 2022. Las entrevistas fueron sometidas al análisis de contenido. **Resultados**: se identificaron tres categorías: I - Uso de las redes y/o medios sociales y su influencia en el parto: hubo predominio del uso de Instagram, los temas más recurrentes fueron trabajo de parto y plan de parto,influenciados por médicas obstetras, doulas y una página institucional; II - Conocimiento de las mujeres sobre las buenas prácticas: la mayoría tenía conocimiento, obteniendo aprendizajes a partir del uso de las redes y/o medios sociales en cuanto a la importancia del contacto piel-piel y de la lactancia en la primera hora de vida; y III - Redes y/o medios sociales: influencia en la elección/experiencia del parto: se constató aumento de los conocimientos sobre el parto y los derechos de la mujer. **Consideraciones finales**: se concluye que las redes y/o medios sociales contribuyeron al conocimiento de las puérperas en cuanto a las buenas prácticas, favoreciendo una experiencia de parto más positiva.

Palabras clave: Enfermería obstétrica. Redes sociales en línea. Medios sociales. Parto humanizado. Período postparto.

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