

ORIGINAL ARTICLE

SOCIAL MEDIA AS A SOURCE OF KNOWLEDGE FOR THE PROCESS OF NORMAL DELIVERY

Patrícia Pereira Vasconcelos¹, Bárbara Bruna Fernandes de Andrade², Kadja Elvira dos Anjos Silva Araújo³, Hortênciá Héllen de Azevedo Medeiros⁴, Maria do Socorro de Oliveira Costa⁵, Mariana de Barros Correia⁶, Danila Laina Ferreira⁷

ABSTRACT

Objective: To check the knowledge acquired by pregnant women through social media about the normal delivery process and the influence on the delivery experience.

Method: A qualitative study with 12 puerperal women from a philanthropic hospital, in the city of Recife-PE. Individual interviews were conducted between December 2018 and February 2019, and the methodology of content analysis was used.

Results: Two categories emerged after analysis: The use of social media as information sources during pregnancy, and Expectation towards vaginal delivery with the acquired knowledge versus the reality of the vaginal delivery experience.


Conclusion: In response to the health education deficit, social media gained ground as the main source of information and clarification of pieces of doubt about childbirth. Health professionals, knowing the sources of information used by pregnant women, can contribute with the guidance and indication of safe sources with quality content.


DESCRIPTORS: Normal Delivery; Labor; Knowledge; Social Media; Obstetric Nursing.


HOW TO REFERENCE THIS ARTICLE:


Vasconcelos PP, Andrade BBF de, Araújo KE dos AS, Medeiros HH de A, Costa M do S de O, Correia M de B, et al. Social media as a source of knowledge for the process of normal delivery. *Cogitare enferm.* [Internet]. 2020 [accessed "insert day, month and year"]; 25. Available from: <http://dx.doi.org/10.5380/ce.v25i0.70061>.


¹Nurse. Specialist in Obstetric Nursing. Professor Fernando Figueira Institute of Integral Medicine. Recife, PE, Brazil. 


²Nurse. MS in Health Sciences. Federal University of Sergipe. Aracajú, SE, Brazil. 

³Nurse. Specialist in Obstetric Nursing. Professor Fernando Figueira Institute of Integral Medicine. Recife, PE, Brazil. 

⁴Nurse. Specialist in Woman's Health. Federal University of Pernambuco. Recife, PE, Brazil. 

⁵Nurse. Specialist in Obstetric Nursing. Professor Fernando Figueira Institute of Integral Medicine. Recife, PE, Brazil. 

⁶Nurse. Specialist in Obstetric Nursing. Federal University of Pernambuco. Recife, PE, Brazil. 

⁷Nurse. Specialist in Obstetric Nursing. Professor Fernando Figueira Institute of Integral Medicine. Recife, PE, Brazil. 

MÍDIAS SOCIAIS COMO FONTE DE CONHECIMENTO PARA O PROCESSO DE PARTO NORMAL

RESUMO

Objetivo: verificar o conhecimento adquirido pelas gestantes para o processo de parto normal através das mídias sociais e a influência sobre a experiência do parto.

Metodologia: estudo qualitativo com 12 puérperas de um hospital filantrópico, na cidade de Recife-PE. Foram realizadas entrevistas individuais, entre dezembro de 2018 e fevereiro de 2019, e foi utilizada a metodologia de análise de conteúdo.

Resultados: após análise, emergiram duas categorias: Uso da mídia social como suporte de informações durante a gestação, e Expectativa para o parto vaginal através do conhecimento adquirido versus a realidade da experiência do parto vaginal.

Conclusão: em resposta ao déficit de educação em saúde, as mídias sociais ganharam espaço como principal fonte de informações e esclarecimento de dúvidas a respeito do parto. Os profissionais da saúde, conhecendo as fontes de informação utilizadas pelas gestantes, podem contribuir com as orientações e indicação de fontes seguras e com conteúdo de qualidade.

DESCRITORES: Parto Normal; Trabalho de Parto; Conhecimento; Mídias Sociais; Enfermagem Obstétrica.

LOS MEDIOS SOCIALES COMO FUENTE DE CONOCIMIENTOS PARA EL PROCESO DE PARTO NORMAL

RESUMEN:

Objetivo: verificar los conocimientos adquiridos por las embarazadas para el proceso de parto normal a través de los medios sociales y la influencia sobre la experiencia del parto.

Metodología: estudio cualitativo realizado con 12 puérperas de un hospital filantrópico en la ciudad de Recife-PE. Se realizaron entrevistas individuales entre diciembre de 2018 y febrero de 2019 y se utilizó la metodología del análisis de contenido.

Resultados: luego del análisis surgieron dos categorías: Uso de los medios sociales como soporte de información durante el embarazo, y Expectativa con respecto al parto vaginal a través del conocimiento adquirido versus la realidad de la experiencia del parto vaginal.

Conclusión: en respuesta al déficit de educación en salud, los medios sociales ganaron espacio como fuente principal de información y aclaración de dudas con respecto al parto. Al conocer qué fuentes de información emplearon las embarazadas, los profesionales de la salud pueden contribuir con pautas orientadoras y con la indicación de fuentes seguras y que aporten contenido de calidad.

DESCRIPTORES: Parto Normal; Trabajo de Parto; Conocimiento; Medios Sociales; Enfermería Obstétrica.

INTRODUCTION

Pregnancy is a unique moment in a woman's life, a complex experience that is not limited only to the biological dimension. It is also related to the consecutive psychological changes, marked by states of tension, fear, anxiety, and insecurity coming from expectations towards changes that are and will continue to happen during and after a gestation^(1,2).

In this way, studies show that the family and individuals close to the future mother are considered the main sources for getting information, whether due to the easy access, reliability tie or the previous experiences of these close people about the gestational process⁽³⁾.

During prenatal consultations, information on the mother and fetus health should be given⁽³⁾, all the questions must be answered, and the women must be prepared and informed on the delivery work and delivery⁽¹⁾. However, a number of studies demonstrate that, even facing prenatal care regularly, women enter the last trimester demonstrating lack of knowledge about the changes resulted from pregnancy and about the delivery^(4,5).

The creation of health education spaces is of great importance, as pregnant women can have their questions answered frequently, listen and speak about their experiences and consolidate important information about the gestational-puerperal period and other issues involving the baby's, the woman's and the family's health⁽⁶⁾. Thus, activities such as lectures, pregnant women groups, and chat groups provide for reflections and allow each individual to search for more satisfactory ways of dealing with difficulties⁽⁵⁾.

Social networks have become allies in the search and expansion of knowledge among pregnant and puerperal women. These are important means of communication that can make the exchange of information more horizontal and democratic⁽⁷⁾.

The relationship between media and maternity is increasingly inseparable. Social media are means for self-construction of knowledge about the motherhood process, as they can be sources of advice, allowing the women to share emotions and connect with other mothers. It is important to state that the social media are also used to search for information, guidance, and daily self-care in order to ensure the mother and fetus health⁽⁸⁾.

Social media, apps, and the web are tools used by the future mothers to acquire knowledge and they make it easy for social interactions and exchange of information. In view of the above, the study aims to verify the knowledge acquired by pregnant women through social media for the normal delivery process and the influence on the delivery experience.

METHOD

This is a cross-sectional, descriptive-exploratory study, with a qualitative approach, conducted with 12 puerperal women who had a normal delivery in a joint accommodation of a philanthropic hospital in the *Hospital Amigo da Criança* (Child Friendly Hospital) category, in the city of Recife-PE.

Puerperal primiparous women were included in the sample, who had only one fetus and gestational age of 37 weeks; they were in the immediate postpartum and in a joint accommodation with the newborn. Puerperal women with a dead fetus, of multiple gestations, and premature delivery, whose baby was hospitalized at another sector or with hearing and/or speaking loss were excluded from the study.

The number of participants was delimited by the principle of data saturation, ceasing

with the statements when they did not present new information. 25 participants were addressed who met the eligibility criteria, but seven did not accept to participate in the survey; two did not wish to continue the interview, and four were under 18 years of age and were not with their legal guardians to sign the Free and Informed Consent Form (FICF).

The data collection period was from December 2018 to February 2019. Data was collected by means of an individual interview and in a private setting, in order to make the participants more comfortable and free from outside interference. A semi-structured instrument was used that contemplated socioeconomic, prenatal, and social media aspects, in order to characterize the sample, and then the following question was asked to the participants: "How important are for you the social media for the normal delivery process?"

The interview was recorded in a voice recorder application in a mobile phone, and later the statements and discourses were transcribed and analyzed using the content analysis method. Content analysis is a set of communication analysis techniques that use systematic and objective procedures for a description of the content included in the messages. This method of analysis covers three phases chronologically: pre-analysis, exploration of the Material, and treatment of the results⁽⁹⁾.

In the first phase, a thorough reading was made, allowing for the definition of categories and for the visualization of significant excerpts. From this, it is possible to explore the material and codify the lines, trying to understand the meanings and expressions, and then classify them and put them into categories. Finally, the data were treated and interpreted, based on the scientific literature⁽⁹⁾.

The study was approved by the Research Ethics Committee of the Professor Fernando Figueira Institute of Integral Medicine, under opinion number 3,095,901. To ensure the anonymity of the interviewees, the fragments of the speeches were identified by the letter P, which corresponds to the initial of the word "puerperal", followed by numerical ordering.

RESULTS

In relation to the sociodemographic characteristics, of the total of interviewees, seven (58.3%) were between 18 and 25 years old, six (50%) were single, seven (58.3%) had finished high school and had a family income of 1 minimum wage (Table 1).

Table 1 - Sociodemographic characteristics of the postpartum women interviewed. Recife, PE, Brazil, 2019 (continues)

Characteristic	N	%
Age		
< 18 years old	3	25
18 to 25 years old	7	58.3
> 25 years old	2	16.7
Marital status		
Single	6	50
Married	2	16.7
Stable Union	4	33.3

Schooling		
Elementary school	1	8.4
High School	7	58.3
Higher Education	4	33.3
Family income		
1 minimum wage	7	58.3
2 minimum wages	2	16.7
3 or more minimum wages	3	25

Regarding prenatal care, five (41.7%) underwent gestational follow-up in a hospital outpatient clinic, seven (58.3%) began it in the 1st trimester of pregnancy, eight (66.7%) attended more than six consultations, and six (50%) were assisted by nurses. Regarding educational activities during prenatal care, only three (25%) participated and/or found this activity available in the gestational period; and it was observed that seven (41.7%) used the social media weekly and four (33.3%), daily (Table 2).

Table 2 - Characteristics of prenatal care and the use of social media by the puerperal women interviewed. Recife, PE, Brazil, 2019 (continues)

Characteristic	N	%
Place of prenatal follow-up		
Outpatient clinic	5	41.7
Family Health Unit	4	33.3
Private clinics	3	25
Prenatal care outset		
1 st Trimester	7	58.3
2 nd Trimester	5	41.7
Number of visits		
< = 6	4	33.3
>6	8	66.7
Prenatal assisted by:		
Nurse	6	50
Physician	2	16.7
Both	4	33.3
Educational activity during prenatal		
Yes	3	25
No	9	75
Frequency of social media use during pregnancy		

Daily	4	33.3
Weekly	5	41.7
Monthly	1	8.3
Sometimes	2	16.7

After applying the questionnaire, the interviews were carried out and two categories could be observed through content analysis: The use of social media as an information source during pregnancy, and Expectation towards vaginal delivery with the acquired knowledge versus the reality of the vaginal delivery experience.

The use of social media as an information source during pregnancy

Social media and the Internet were used by the participants as the main source of information for questions and curiosities arisen in the gestational period, which can be observed in the lines below:

It was awesome because sometimes I had many questions, so I always searched for answers on the Internet; the doctor also answers them, you know, but I sought more on the Internet. Each time I attended the prenatal and got new information, I went there and searched. (P01)

Well, because we learn too many new things on the Internet; it answers questions. I myself searched a lot of information on the delivery and even birth [...]. (P02)

It was very good because I searched and had my doubts about humanized delivery cleared up [...] I saw how humanized delivery happens. (P07)

It was evident that 12 puerperal women (100%) used the YouTube video platform as the main media in the gestational period. In addition, the participants highlighted other social media: 5 (41.7%) used gestational applications, 4 (33.3%) accessed websites, and only 3 (25%) used Facebook or Instagram.

Regarding the most searched subjects in the social media, it was observed that 12 puerperal women (100%) looked for subjects related to delivery, 4 (33.3%) to breastfeeding and 5 (41.7%) to baby care, as observed in the lines below:

I had researched, in relation to the breastfeeding that provides colostrum, the part about the placenta that is also important [...]. (P01)

Baby health care and all about the gestation process. How all the process would be, that in the beginning it was only a small seed [...]. (P02)

The question about the IUD, about the recovery from the postpartum, what is and is not allowed, also the question on breastfeeding. (P07)

[...] I used to search about labor, how to baby care, the hygiene, things about delivery. (P05)

Of the topics related to the delivery that were searched by the participants, is verified that they very often looked for information on types of delivery and the difference between a normal delivery and cesarean section.

Usually, I searched about the delivery itself, the difference of one type from the other; I understood that each delivery is a process [...] that is what I most looked for, to know what

delivery type I would want for me. (P06)

When I didn't search it, I saw about it on Facebook and in groups of mothers, they spoke about normal and cesarean delivery matters, I saw videos twice on YouTube showing normal delivery. (P12)

I watched a lot of delivery videos, I watched videos showing how the vagina dilates, inside the uterus, in 3D [...] I also watched some others about the existing types of deliveries, both cesarean section and normal. (P01).

It was easy for me; it changed my way of thinking with the information I did not have and then I had access to them by searching on the Internet, especially related to delivery [...] then; it made me change completely the way of looking at delivery, because I only wanted the cesarean one, as normal delivery hurts too much, and I didn't want to suffer, but I had got information and I saw the advantage of having a normal delivery. (P03)

After acquiring new information and clearing up doubts through the Internet research, the women reported feeling safer and more at ease for delivery.

[...] we learn a lot about normal delivery, we can see... I saw many videos and they calmed me... many things, how the procedure is. (P09)

[...] I thought that I would get more agitated, but it was easy because I had seen the videos and was aware of how it would happen and I saw it here. (P12)

I think it's important for one thing, I learned a few things, so I wasn't too scared either, just of the pain. (P11)

[...] I was more afraid of having a normal delivery because I thought it very awful and that it hurts more, so I watched more [Videos] just to see them, because I was afraid and used to see them every night to get ready and fearless. (P08)

However, two puerperal women reported an increased fear of delivery after research with video viewing on the Internet.

I watched many videos about normal delivery, which I found horrible because it was too much suffering and all too natural. (P02)

I saw videos on YouTube of normal delivery, I found the video scary, it's too much pain, too weird, I got even more scared. (P04)

Expectation towards vaginal delivery with the acquired knowledge versus the reality of the vaginal delivery experience

In six interviews, there was an association between the knowledge acquired during the gestational period and the delivery experience. From the statements of the women interviewed, it appears that the information about delivery handling from the Internet, such as the breathing technique and facilitator exercises, were useful and made them more active in the labor process:

Many things I saw in there [Internet] happened here [delivery room] a lot of things indeed. Like the breathing part, those things that they always showed that were important, concentration also and calm during delivery. (P01)

[...] at birth, it was not too much different from what I had searched [...] so it helped because in the videos they explained, even the thing of applying force, then I applied the right force and then he was born. (P11)

[...] the videos with exercises, a thing I saw a lot, the ball and rocking chair exercises, the one of the little bar, all of that [...] I thought it very cool, it helped a lot, when I saw it, I

thought "this doesn't solve anything", but when I went through the situation, it helped a lot [...] it even facilitated practicing the exercises and not wasting time waiting for the nurse to teach me how to do them. (P07)

I researched the exercises in order to have the dilation, how many centimeters the woman must dilate, I saw the exercises with the ball, which I found more interesting, which helps more. About the squat, I saw that it would help with the dilation and I did it here and it was quick to have her and I felt almost nothing. (P05)

I researched things not to feel pain, I researched videos talking about delivery, to stay calm, and it helped because I tried to stay calmer, I put the right effort, then everything happened well. (P10)

However, one report was negative about the outcome of the delivery, different from the videos the interviewee watched during the gestational period:

It was all totally different, I saw something in the video and what I went through in my pregnancy and my delivery was totally different, my delivery was forced because of my pressure, but everything worked out fine. (P02)

DISCUSSION

Information disclosure, health education, and the use of different informative technologies contribute to the development of personal skills to be implemented for health promotion⁽¹⁰⁾.

In this study, it was verified that the social media and the Internet were used by the interviewees as the main sources of information and for clearing up doubts. The Internet is often the first resource consulted for health information due to its accessibility, wide availability, and low cost. Particularly, women are more likely to search for health information on the Internet to get help in dealing with their health condition, including gestation⁽¹¹⁾.

A research study developed in the University of California with 14 African-American pregnant women pointed out that, even if there were other means of getting information, such as leaflets and pamphlets, information made available by social media platforms were preferred to by these group, with these sources being important resources given the access difficulties in the social environment where these women live⁽¹²⁾.

The desire for sharing their experiences with other people, as well as the anxiety generated by gestation, may be solved through sharing experiences by means of electronic communication⁽¹³⁾. This can be reasserted by the frequency of media use found in the study, which was weekly. In addition, regarding the use of social media, all the participants accessed video platforms, followed by gestation apps, websites, and social media profiles like Facebook and Instagram.

In a cross-sectional research study conducted with 193 women, it was observed that 55.4% used mobile phone applications related to pregnancy, delivery, and infant care; of these, the majority stated they had used the smartphone for a long period of time, were primiparous, and had an undergraduate degree⁽¹³⁾. Another study in the South of the United States pointed out Facebook as the most used social media (98.3%)⁽¹⁴⁾, different from what was found in this research.

In a qualitative study conducted with 17 pregnant women, it was observed that 82% used websites and social media at least once a day and reported the use of gestational tracking applications, for instance, BabyCenter, of search engines like Google, and some women reported watching videos of different types of delivery on the Internet and assigned

the frequent use of the Internet to the limitation in the guidance received in their prenatal care appointments⁽¹¹⁾.

The topics most searched by the participants were related to delivery, mainly the difference between normal delivery and cesarean section; about breastfeeding, and about newborn care, corroborating with a study conducted with primiparous women who searched for this information and mentioned that the advantage of the social media is in getting this information widely, easily, and quickly⁽¹⁵⁾.

A qualitative research conducted with 25 women in Mato Grosso brought the Internet as an important information source about types of deliveries and their management, even for those who mentioned having received information in the consultation and in family and social living⁽¹⁶⁾.

Although the women in the study had attended more than six prenatal consultations, as recommended by the Ministry of Health⁽⁶⁾, only three reported participating in educational activities, pregnant women groups, and prenatal lectures.

A study conducted with ten women users of a Basic Health Unit showed that the topic on delivery addressed in a group brought benefits to all the women who participated, regardless of the type of delivery they experienced⁽¹⁷⁾.

Educational actions are tools that favor and encourage female autonomy, the strengthening of self-confidence and the access to essential information for the protagonism of women during pregnancy and in decisions of their labor period and choices, making it possible to have a positive birth experience⁽¹⁸⁾. Therefore, educational practices are indispensable and should be developed during prenatal and involve the women and their family members⁽³⁾; additionally, the use of participative methodologies should be encouraged aiming at that each individual may contribute in an active manner and not only as information receiver⁽¹⁹⁾.

When experienced by the primiparous women, delivery is associated with a moment of anxiety and fear of the unknown. In the present study, the women reported feeling safer and calmer for the delivery and postpartum after research on the Internet, but there was also a report of increased fear from two puerperal women after watching videos of vaginal delivery. This can be justified by the fear-tension-pain triad in delivery, which in part is assigned to the fact that society and communication means usually have a negative view regarding vaginal delivery⁽²⁰⁾.

For the woman to make her choice of the type of delivery, information and knowledge about the subject are required in addition to decision-making power. In this study, there was an association between the knowledge acquired during the information searches in the gestational period and the delivery experience. By the interviewees' reports, information obtained on how to act during delivery, for instance, the respiration technique and facilitating exercises, were useful and collaborated with the evolution of their normal delivery process. Also, the choice for normal delivery is boosted by the search for information, especially through reading and appreciation of documentaries, mentioned as powerful sources capable of influencing the exploration of many experience benefits⁽²¹⁾.

Although the Internet is a fast resource for getting information of many natures and a very used tool by the general public, including pregnant women, it can bring fragmented, inconsistent, weakly linked, and poorly referenced information⁽¹⁵⁾. Thus, this tool must be linked to prenatal care, which is an important strategy of follow-up, promotion of quality self-care, and one that makes it possible to build shared knowledge, stimulating the female autonomy, and the informed and active participation about the gestational process⁽²²⁾.

The following stands out as a limitation: the fact that the study has a small sample and that it was conducted in a single health unit in the state of Pernambuco; however, the results corroborated with other studies already conducted.

As it is an innovative theme, there is the possibility of carrying out new studies in order to improve new methods of knowledge acquisition in relation to the gestational-puerperal period.

CONCLUSION

Social media are increasingly becoming more present in the routine of the pregnant women as information and doubt-clarifying sources, since that the gestational period is permeated by several physical and emotional transformation.

In the study, it was observed that the social media, mainly the video platform, were used by women to acquire information during pregnancy. Through them, it was possible to increase knowledge about pregnancy and normal delivery, making pregnant women safer, more active, and protagonists in the labor process.

It is important to state the need for the professionals to recognize the social media as a new information source used by the pregnant women, besides being articulated and up to date in order to monitor the quality of the diverse information obtained in the social media, and to guide and indicate safe sources and with quality content.

Furthermore, it is suggested that the Public Power, represented by the Ministry of Health, launches materials made by specialists aimed at pregnant women, as well as the elaboration of apps, video portals, and online forums to clarify doubts of this clientele.

REFERENCES

1. Souza MG de, Vieira BDG, Alves VH, Rodrigues DP, Leão DCMR, Sá AMP de. Concern of primiparous women with regard to labor and birth. J. res.: fundam. care. online. [Internet]. 2015 [accessed 01 abr 2018]; 7(1). Available from: <https://www.doi.org/10.9789/2175-5361.2015.v7i1.1987-2000>.
2. Feitosa RMM, Pereira RD, Souza TJC de P, Freitas RJM de, Cabral SAR, Souza LF de F. Factors that influence the choice of birth type regarding the perception of puerperal women. J. res.: fundam. care. online [Internet]. 2017 [accessed 03 mar 2018]; 9(3). Available from: <https://doi.org/10.9789/2175-5361.2017.v9i3.717-726>.
3. Brito CA de, Silva ASS, Cruz R de SBLC, Pinto S de L. Puerperal women's perceptions regarding preparation for birth in prenatal care. Rev. RENE. [Internet]. 2015 [accessed 03 mar 2018]; 16(4). Available from: <https://www.doi.org/10.15253/2175-6783.2015000400003>.
4. Silva EP da, Lima RT de, Osório MM. Impact of educational strategies in low-risk prenatal care: systematic review of randomized clinical trials. Ciênc. saúde coletiva. [Internet]. 2016 [accessed 01 abr 2018]; 21(9). Available from: <https://www.doi.org/10.1590/1413-81232015219.01602015>.
5. Guedes CDF da S, Souza TKC de, Medeiros LNB de, Silva DR da, Araújo Neta BP de A, Santos MM dos, et al. Percepções de gestantes sobre a promoção do parto normal no pré-natal. Rev Ciênc. Plur. [Internet]. 2017 [accessed 03 mar 2018]; 3(2). Available from: <https://periodicos.ufrn.br/rcp/article/view/12869/8992>.
6. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Brasília: Ministério da Saúde; 2012.
7. Rangel IR da G. As redes sociais virtuais como possíveis meios de (des)informação sobre o aumento dos casos de microcefalia no Brasil. Rev Esp acad. [Internet]. 2017 [accessed 03 mar 2018]; 17(194).

Available from: <http://periodicos.uem.br/ojs/index.php/EspacoAcademico/article/view/33709/19768>.

8. Tiidenberg K, Baym NK. Learn It, Buy It, Work It: Intensive Pregnancy on Instagram. *Social Media + Society*. [Internet]. 2017 [accessed 01 abr 2018]; 3(1). Available from: <https://doi.org/10.1177%2F2056305116685108>.
9. Bardin L. Análise de conteúdo. Tradução Luís Antero Reto e Augusto Pinheiro. São Paulo: Edições 70; 2011.
10. Sena LM, Tesser CD. Violência obstétrica no Brasil e o ciberativismo de mulheres mães: relato de duas experiências. *Interface (Botucatu)*. [Internet]. 2017 [accessed 04 jan 2019]; 21(60). Available from: <http://dx.doi.org/10.1590/1807-57622015.0896>.
11. Kraschnewski JL, Chuang CH, Poole ES, Peyton T, Blubaugh I, Pauli J, et al. Paging "Dr. Google": does technology fill the gap created by the prenatal care visit structure? Qualitative focus group study with pregnant women. *J Med Internet Res*. [Internet]. 2014 [accessed 20 fev 2019]; 16(6). Available from: <https://doi.org/10.2196/jmir.3385>.
12. Asiodu IV, Waters CM, Dailey DE, Lee KA, Lyndon A. Breastfeeding and Use of Social Media Among First-Time African American Mothers. *JOGNN*. [Internet]. 2015 [accessed 25 abr de 2020]; 44(2). Available from: <https://doi.org/10.1111/1552-6909.12552>.
13. Lee Y, Moon M. Utilization and content evaluation of mobile applications for pregnancy, birth, and child care. *Healthc Inform Res*. [Internet]. 2016 [accessed 20 fev 2019]; 22(2). Available from: <http://dx.doi.org/10.4258/hir.2016.22.2.73>.
14. Baker B, Yang I. Social Media as social support in pregnancy and the postpartum, sexual & reproductive healthcare. [Internet]. 2018 [accessed 25 abr de 2020]; 17. Available from: <https://doi.org/10.1016/j.srhc.2018.05.003>.
15. Fleming SE, Vandermause R, Shaw M. First-time mothers preparing for birthing in an electronic world: internet and mobile phone technology. *J. Reprod. Infant. Psychol*. [Internet]. 2014 [accessed 20 fev 2019]; 32(3). Available from: <https://doi.org/10.1080/02646838.2014.886104>.
16. Nascimento RRP do, Arantes SL, Souza EDC de, Contrera L, Sales APA. Choice of type of delivery: factors reported by puerperal woman. *Rev Gaúcha Enferm*. [Internet]. 2015 [accessed 28 jan 2019]; 36(esp). Available from: <http://dx.doi.org/10.1590/1983-1447.2015.esp.56496>.
17. Matos GC de, Demori CC, Escobal AP de L, Soares MC, Meincke SMK, Gonçalves KD. Groups of pregnant women: space for a humanization of labor and birth. *J. res.: fundam. care. online*. [Internet]. 2017 [accessed 28 jan 2019]; 9(2). Available from: <https://www.doi.org/10.9789/2175-5361.2017.v9i2.393-400>.
18. Silva WB da, Santos MWC de L, Borba A de M, Oliveira AS de, Santos PB dos, Settani SS, et al. Educação em saúde acerca da prevenção da violência obstétrica: relato de experiência. *REAS* [Internet]. 2019 [accessed 23 de abr de 2020]; 11(14). Available from: <https://doi.org/10.25248/reas.e1163.2019>.
19. Fagundes DQ, Oliveira AE. Educação em saúde no pré-natal a partir do referencial teórico de Paulo Freire. *Trab. educ. saúde*. [Internet]. 2017 [accessed 23 de abr de 2020]; 15(1). Available from: <https://doi.org/10.1590/1981-7746-sol00047>.
20. Scarton J, Prates LA, Wilhelm LA, Silva SC da, Possati AB, Ilha CB, et al. "It was worth it when I saw his face": experiences of primiparous women during natural childbirth. *Rev Gaúcha Enferm*. [Internet]. 2015 [accessed 28 jan 2019]; 36(esp). Available from: <http://dx.doi.org/10.1590/1983-1447.2015.esp.56786>.
21. Silva RCF da, Souza BF de, Wernet M, Fabbro MRC, Assalin ACB, Bussadori JC de C. The satisfaction of the normal delivery: finding oneself. *Rev Gaúcha Enferm*. [Internet]. 2018 [accessed 28 de jan 2019]; 39. Available from: <https://doi.org/10.1590/1983-1447.2018.20170218>.
22. Quental LLC, Nascimento LCC da C, Leal LC, Davim RMB, Cunha ICBC. Educational practices with pregnant women at a primary health care. *Rev enferm UFPE on line*. [Internet]. 2017 [accessed 20 nov

2018]; 11(12). Available from: <https://doi.org/10.5205/1981-8963-v11i12a23138p5370-5381-2017>.

Received: 15/11/2019

Finalized: 08/07/2020

Associate editor: Tatiane Herreira Trigueiro

Corresponding author:

Patrícia Pereira Vasconcelos

Instituto de Medicina Integral Professor Fernando Figueira

R. José Emiliano, 37 - 55845-000 - Buenos Aires, PE, Brasil

E-mail: patricya_vasconcelos@hotmail.com

Role of Authors:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - BBFA

Drafting the work or revising it critically for important intellectual content - KEASA

Final approval of the version to be published - MSOC, MBC, DLF

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - PPV



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).