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Correlation Between Pregnant Women's Childbirth Attitude and We-media Use

Jin Wang*, Jingyi Ying, Yi Zhang, Xinyu Yao and Yajie Kang

School of Nursing, Hangzhou Normal University, Hangzhou 310000, China

Corresponding author: Jin Wang, School of Nursing, Hangzhou Normal University, Hangzhou 310000, China

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Abstract

Objective: To investigate the status quo of pregnant women's attitude towards childbirth and the use of we-media to browse childbirth-related information, and to analyze the correlation between the two.

Methods: The Chinese version of female childbirth Attitude questionnaire was used to conduct a questionnaire survey on 304 pregnant women who were conveniently sampled from a Grade 3 A hospital in Hangzhou and recruited online.

Results: The score of women's attitude toward childbirth during pregnancy was (90.30 ± 14.65), and the characteristics of the use of we-media to obtain maternity information showed diversification. The frequency and duration of we-media use were positively correlated with the score of the attitude toward childbirth. In terms of the use motivation, the attention of specific content may have a negative impact on different dimensions of women's attitude toward childbirth.

Conclusion: The more frequently and longer pregnant women browse pregnancy-related information on we-media platforms, the more likely they are to hold negative attitudes towards childbirth. It is suggested that we media be used to disseminate more authoritative content of childbirth education to help women deeply understand the physiological process of childbirth, so as to reduce the fear of the unknown.

Keywords: *Pregnant women, Childbirth attitude, We media use, Influencing factors*

Introduction

Childbirth is a major turning point in a woman's life and has a profound impact on her physical and mental health [1]. As a special physiological and psychological stage for women, pregnancy has increased the demand for maternal and child health information [2]. In recent years, we-media platforms have increasingly become an important channel for pregnant women to obtain maternity information due to their characteristics of immediacy, interaction and decentralization [3]. Childbirth attitude refers to an individual's subjective cognitive, emotional and behavioral tendencies towards childbirth, including fear of childbirth, childbirth pain, childbirth mode choice and views on the use of medical interventions. A positive attitude towards childbirth contributes to maternal confidence and reduces the risk of postpartum depression [4]. Birth attitudes are shaped by a variety of factors, including personal subjectivity, traditional factors such as family support [5,6], and by the emerging media environment [7]. However, the quality of information on we-media platforms is uneven, and false or inaccurate maternity information may exacerbate the anxiety and fear of pregnant women, thus affecting their attitude towards childbirth [8]. Previous studies have shown that media exposure is associated with women's childfear behavior [9], but there is still a lack of research on the relationship between we-media use and women's attitude toward childbirth during pregnancy. Therefore, the purpose of this study is to explore the correlation between we-media use and pregnant women's attitude towards childbirth, in order to provide a scientific basis for optimizing pregnant women's access to information, improving their attitude towards childbirth and enhancing their childbirth experience.

Methods

This study was conducted from July to October 2024, through a combination of online and offline methods, and adopted the snowball method recommended by friends to recruit research subjects. The researcher published a post on rednote to recruit research subjects, attracted potential participants by providing professional nutrition knowledge during pregnancy, and recruited them offline simultaneously. Pregnant women who underwent prenatal check-up in a third-level A hospital in Hangzhou were selected as research objects by convenient sampling method. They were then encouraged to recommend their friends or relatives to participate, thereby gradually expanding the study sample. Inclusion criteria: ① in the gestation period; ② Age ≥18 years old; ③ In the past six months, I have used the small Red book platform to browse the content related to childbirth; ④ Normal cognitive function, with basic communication and writing skills; ⑤ Know about this study and agree to participate in the study. Exclusion criteria: ① Pregnant women with a history of mental illness. Before collection, obtain approval from the hospital Ethics Committee (No. ZN-20240327-0098-01). The research team sent the two-dimensional code

of the questionnaire was distributed to the study subjects through the questionnaire star link, and the research purpose, content and informed consent were set as required reading items. Participants could read and agree before filling in the questionnaire; The system sets that each IP address can be entered only once to avoid repeated entries. Adopt the form of anonymous independent filling, for regular answers, the answer time is too short less than 3min questionnaires will be excluded. After the survey, the collected questionnaires will be reviewed. A total of 310 questionnaires were sent out in this survey.

Measurement

General Information Questionnaire

Based on the literature review and combined with the purpose and content of this study, the design was self-designed, including general information such as age, ethnicity, education level, household registration type, marital status, expected delivery mode selection, delivery information sources, and use of we-media.

Chinese Version of Women's Attitudes Towards Birth Questionnaire (WATBQ)

The Chinese version of the Female Childbirth Attitude Questionnaire was compiled by Stoll et al. [10] in 2014. The questionnaire consists of 22 items, including four parts: views on pregnancy and childbirth, views on delivery techniques, views on cesarean section and views on physical changes after delivery. Likert6-level scoring method was adopted, with scores ranging from 1 to 6 for "strongly disagree" to "strongly agree". The higher the score of each dimension, the more negative the attitude towards childbirth in this dimension. The Chinese version of the Women's Childbirth Attitude Questionnaire (WATBQ) was developed by our research team in strict accordance with the Brislin model. After cross-cultural adjustment, the Chinese version of the female childbirth attitude questionnaire included 22 items in 5 dimensions: views on childbirth, views on complications, views on delivery techniques, views on caesarean section and views on body changes after childbirth. The Cronbach's α coefficient of the questionnaire was 0.890, and the retest reliability was 0.824, with good reliability and validity.

Data Analysis

All data were entered into Excel by double checking. SPSS 27.0 software was used for data processing and analysis. For categorical variables, frequency and percentage were used to describe them, and Chi-square test and Fisher exact test were used for comparison. The mean ± standard deviation was used for descriptive statistical analysis of the study variables conforming to the normal distribution. With the scores of childbirth attitude questionnaire as the dependent variable, single factor analysis was performed by t test and variance analysis. Pearson correlation analysis and Point-biserial correlation analysis are used for correlation analysis.

Results

General Information About Women During Pregnancy

A total of 304 pregnant women who met the eligibility requirements completed the survey, of which 78 were recruited online through rednote and 226 were recruited offline in hospitals, as shown in Table 1.

Table 1: Demographic characteristics of the study participants (n=304).

Variable	Characteristics	Number (n)	Percentage (%)
Age	18-24 years	88	28.9
	25-30 years	187	61.5
	31-34 years	23	7.6
	≥35 years	6	2.0
Residence Type	Agricultural Household	179	58.9
	Non-Agricultural Household	125	41.1
Ethnicity	Han Ethnicity	277	91.1
	Others	27	8.9
Education Level	High School or Below	17	5.6
	Associate Degree	51	16.8
	Bachelor's Degree	150	49.3
	Master's Degree or Above	86	28.3
Marital Status	Married	294	96.7
	Unmarried	10	3.3
Occupation	Medical Staff	30	9.9
	Civil Servant/Teacher	69	22.7
	Worker	17	5.6
	Company Employee	97	31.9
	Self-Employed	37	12.2
	Farmer	5	1.6
	Unemployed	20	6.6
	Others	29	9.5
Monthly Household Income	≤4000 RMB	66	21.7
	4001-6000 RMB	115	37.8
	6001-8000 RMB	71	23.4
	≥8001 RMB	52	17.1
Source of Medical Expenses	Medical Insurance	225	74.0
	Rural Cooperative Medical Insurance	26	8.6
	Self-Paid	53	17.4
Gestational Week	<14 weeks	91	29.9
	14-27 weeks	115	37.8
	≥28 weeks	98	32.2
Number of Pregnancies	1	223	73.4
	2	67	22.0
	3	14	4.6
Number of Deliveries	0	258	84.9
	1	39	12.8
	2	7	2.3
Unplanned Pregnancy	Yes	43	14.1
	No	261	85.9
Participation in Prenatal Education	Yes	196	64.5
	No	108	35.5
Family Support for Delivery Method Choice	Yes	295	3.0
	No	9	97.0
Witnessed Delivery Process	Yes	111	36.5
	No	193	63.5

Women's Childbirth Attitude Score During Pregnancy

The results showed that the total score of pregnant women's attitude towards childbirth was (90.30 ± 14.65), and the scores of each dimension were shown in Table 2.

The Result of Characteristic Clustering of Pregnant Women's Delivery Attitude Score

According to the total score of the childbirth attitude questionnaire and the average scores of items in each dimension, the pregnant women were divided into 2 clusters by K-means clustering. The distribution of the two groups was average, and the clustering effect was good. Table 3 shows the average scores of the two clusters in the total score of the childbirth attitude questionnaire and items in each dimension. There are significant differences in their mean values, reflecting different characteristics. Therefore, Cluster1 is named "Negative childbirth Attitude Group" and Cluster2 is named "positive childbirth Attitude Group". In this study, there were 152 pregnant women in the positive childbirth attitude group and the negative childbirth attitude group, each group accounted for 50%.

Univariate Analysis of Pregnant Women's Attitude Towards Childbirth

The results showed that there were 5 variables related to women's attitude towards childbirth, including household registration type, monthly income per capita, gestational week, number of pregnancies and pregnancy education. For details, see Table 4.

Table 2: Total and dimension scores of childbirth attitude questionnaire (*n*=304).

Dimension	Items	Total Score (Mean ± SD)	Average Item Score (Mean ± SD)
Total score	22	90.30 ± 14.65	4.10 ± 0.67
Perspectives on pain and loss of control	5	20.95 ± 5.13	4.19 ± 1.03
Perspectives on complications	3	13.15 ± 3.03	4.38 ± 1.01
Perspectives on obstetric technology	6	27.60 ± 5.77	3.89 ± 1.05
Perspectives on cesarean section	5	15.35 ± 3.52	3.93 ± 1.00
Perspectives on postpartum body changes	3	13.25 ± 3.04	4.42 ± 1.01

Table 3: Comparison of two clusters across five dimensions.

Dimension	**Cluster1 (*n*=152)**	**Cluster2 (*n*=152)**	**F**	***P***
Total score	102.05 ± 8.55	78.55 ± 8.94	548.751	0.000**
Perspectives on pain and loss of control	4.85 ± 0.79	3.53 ± 0.78	216.485	0.000**
Perspectives on complications	4.93 ± 0.77	3.84 ± 0.93	123.664	0.000**
Perspectives on obstetric technology	4.56 ± 0.70	3.21 ± 0.90	214.504	0.000**
Perspectives on cesarean section	4.18 ± 0.98	3.68 ± 0.95	20.381	0.000**
Perspectives on postpartum body changes	4.92 ± 0.75	3.91 ± 0.99	100.054	0.000**

**P<0.01

Table 4: Univariate analysis of childbirth attitudes by demographic factors (*n*=304).

Variable	**Category**	**Childbirth Attitude Score (Mean ± SD)**	***t/F-value***	***P-value***
Household registration	Agricultural household	83.03 ± 10.47	-12.833[a]	<0.001
	Non-agricultural household	100.70 ± 13.50		
Monthly household income	≤4000 RMB	106.79 ± 11.96	141.152[b]	<0.001
	4001-6000 RMB	92.69 ± 9.74		
	6001-8000 RMB	84.31 ± 6.94		
	≥8001 RMB	72.25 ± 8.28		
Gestational Week	<14 weeks	77.69 ± 9.65	114.508[b]	<0.001
	14-27 weeks	90.21 ± 9.11		
	≥28 weeks	102.10 ± 14.03		
Number of Pregnancies	1	95.25 ± 13.36	85.691[b]	<0.001
	2	79.49 ± 4.86		
	3	63.14 ± 4.66		
Participation in Prenatal Education	Yes	102.76 ± 12.19	14.186[a]	<0.001
	No	83.43 ± 10.90		

[a]t-value and [b]F-value

Multiple Linear Regression Analysis of Pregnant Women's Attitude Towards Childbirth

Five indicators with statistical significance in the univariate analysis were taken as independent variables, and the total score of pregnant women's attitude towards childbirth was taken as dependent variable. The results of multiple linear regression show that the type of household registration, per capita monthly income of the family, the number of pregnancies and pregnancy education affect their attitude towards childbirth, as shown in Table 5.

We-media Use in Pregnant Women

In this study, the average weekly frequency of non-medical we-media platforms used by pregnant women to browse childbirth-related information, the time of each use of non-medical we-media platforms to browse childbirth-related information, and the use of we-media platforms to browse childbirth-related content were counted. For details, see Table 6.

Correlation Between Pregnant Women's Childbirth Attitude and We-media Use

The results of correlation analysis showed that the total score and each dimension of female childbirth attitude were significantly positively correlated with the frequency of use of we-media (r=0.431, P < 0.01) and duration of use (r=0.435, P < 0.01). In terms of motivation, browsing diet and lifestyle recommendations during pregnancy through we-media platforms was only positively correlated with the perception dimension of complications (r=0.136, P < 0.05), while the risks and benefits of browsing common interventions and technologies that could be used during pregnancy and delivery were significantly positively correlated with the total score of childbirth attitudes and the perception dimension of cesarean section (r=0.211, P < 0.05). P < 0.01), browsing other women's childbirth experience was significantly positively correlated with the total score of female childbirth attitude (r=0.230, P < 0.01), and there was no statistical difference between the preparation for childbirth and browsing the process and possible

Table 5: Multivariate linear regression analysis of childbirth attitudes (*n*=304).

Model	Unstandardized oefficients B	SE	Standardized Coefficients β	*t-value*	*P-value*
Constant	104.121	3.242		32.112	<0.001
Household registration	5.234	1.608	0.176	3.256	0.001
Monthly household income (Reference: ≤4000 RMB)					
4001-6000 RMB	-9.015	1.660	-0.299	-5.429	<0.001
6001-8000 RMB	-12.013	1.940	-0.347	-6.191	<0.001
≥8001 RMB	-22.245	2.199	-0.573	-10.115	<0.001
Gestational weeks (Reference: < 14 weeks)					
14-27 weeks	2.044	1.678	0.068	1.218	0.224
≥28 weeks	2.467	2.046	0.079	1.206	0.229
Number of Pregnancies	-3.567	1.394	-0.135	-2.560	0.011
Whether to attend pregnancy education	-4.408	1.740	-0.144	-2.533	0.012

R=0.826, R^2=0.682, after adjusting R^2=0.673, F=79.028, *P*<0.001

Table 6: Social Media Usage Characteristics of Participants

Item	Category	Number (*n*)	Percentage (%)
Usage frequency	<1 day/week	61	20.1
	2-3 days/week	76	25.0
	3-4 days/week	104	34.2
	5-6 days/week	52	17.1
	Daily	11	3.6
Usage duration per session	<1 hour	71	23.4
	1-2 hours	86	28.3
	2-3 hours	91	29.9
	3-4 hours	45	14.8
	>4 hours	11	3.6
Motivation for Use	Dietary and Lifestyle Advice During Pregnancy	243	24.2
	Other Women's Delivery Experience	198	19.7
	Preparation for Delivery	210	20.9
	Process of Delivery and Potential Issues	191	19.0
	Risks and Benefits of Common Interventions and Techniques During Pregnancy and Delivery	162	16.1

Table 7: Correlation analysis between social media usage and childbirth attitudes (r-value, *n*=304).

Variable	Perspectives on pain and loss of control	Perspectives on complications	Perspectives on obstetric technology	Perspectives on cesarean section	Perspectives on postpartum body changes	Total score
Usage frequency	0.304**	0.215**	0.352**	0.351**	0.275**	0.431**
Usage duration	0.302**	0.220**	0.359**	0.365**	0.264**	0.435**
Dietary and Lifestyle Advice During Pregnancy	-0.004	0.136*	0.035	-0.066	0.068	0.034
Other Women's Delivery Experience	0.204**	0.118*	0.140*	-0.075	0.481**	0.230**
Preparation for Delivery	0.051	0.028	-0.017	0.111	0.102	0.075
Process of Delivery and Potential Issues	0.041	0.067	0.082	0.020	0.039	0.078
Risks and Benefits of Common Interventions and Techniques During Pregnancy and Delivery	0.059	0.011	0.030	0.513**	0.008	0.211**

*$P<0.05$, **$P<0.01$

problems of childbirth through we-media platforms and the total score and all dimensions of female childbirth attitude ($P < 0.05$). See Table 7 for details.

Discussion

Status Quo of Childbirth Attitude of Pregnant Women

The cluster analysis results of this study revealed that the negative childbirth attitude group scored 102.05 ± 8.55, while the positive childbirth attitude group scored 78.55 ± 8.94. The total childbirth attitude score among pregnant women was 90.30 ± 14.65, falling between the two groups but closer to the negative attitude group. Analysis identified key concerns among pregnant women, including fears about physical harm from childbirth, intensity of labor pain, potential harm to the fetus, and possible complications during delivery. These concerns align with findings from a prior study conducted in the United States [11].

Within the "Perspectives on Pain and Loss of Control" dimension, Item 1 ("I worry childbirth pain will be too intense") had the highest score, indicating that pain is one of the most pressing concerns for pregnant women. Research by Joshi et al. [5] demonstrated that younger, educated career women place greater emphasis on pain management during childbirth, which aligns with the demographic characteristics of participants in this study. Additionally, the high scores for Item 5 and Item 7 reflect anxieties about fetal safety and childbirth complications, respectively. This underscores pregnant women's heightened focus on the safety and outcomes of delivery, likely influenced by media coverage of childbirth complications and an inherent anxiety toward uncertainty, consistent with findings by Kurz et al. [12].

In contrast, the lower scores for Item 13 and Item 15 suggest that most women remain cautious about the use of obstetric technology and prefer natural childbirth. Aligning with Stoll et al. [10], this indicates that while pregnant women increasingly demand medical management during delivery, they simultaneously value the importance of natural childbirth and tend to opt for non-interventional approaches in the absence of medical indications. Women's predominantly negative perceptions of childbirth, particularly the higher scores in the "Perspectives on Obstetric Technology" dimension, reveal a reliance on medical interventions during labor. These results are consistent with the survey of outpatient pregnant women reported by Pan Feng et al. [13], reflecting high trust in modern medical technology. Therefore, we should focus on the management of maternal pain and provide personalized psychological support. Medical staff should pay attention to the pain of childbirth, and formulate personalized care plan after timely evaluation of the pain degree. It is recommended that medical workers provide pregnant women and their families with comprehensive delivery information support, including labor progress, pain management and coping strategies, so as to enhance the sense of security and physical control of pregnant women.

Status Quo of We-media Use in Pregnant Women

This study investigated the frequency, duration, and motivations of pregnant women's use of non-medical self-media platforms to access childbirth-related information. The results indicate that over one-third of participants (34.2%) used self-media platforms 3-4 days per week, reflecting a proactive attitude toward seeking childbirth-related information. However, the proportion of daily users (3.6%) was relatively low, which may be attributed to time constraints and selective information-seeking behaviors in their daily lives.

Regarding usage duration, 2-3 hours per session was the most common (29.9%), a finding significantly higher than the average 2.38 hours per week spent on pregnancy-related websites reported in the study by Wallwiener et al. [14]. This discrepancy may stem from differences in content and interaction styles: self-media platforms often provide richer interactivity and instant feedback, potentially increasing engagement and prolonging usage time. Only 3.6% of participants spent over 4 hours per session, suggesting that most pregnant women moderate their browsing time to avoid anxiety caused by information overload.

In terms of motivations, pregnant women primarily sought content related to diet and lifestyle (e.g., nutritional guidance, exercise routines), highlighting their strong focus on personal and fetal health. This aligns with findings from a Chinese study [15]. A separate Korean study further revealed that pregnant women prioritize daily life adjustments during early pregnancy and shift toward fetal development information in the second trimester [16]. Additionally, childbirth preparation and browsing others' experiences were significant motivators, consistent with research by Fleming et al. [17] and Bjelke et al. [18], indicating that women seek to enhance their preparedness through shared narratives.

The diversity of information needs underscores the dual role of self-media platforms: while they serve as vital resources for pregnant women, they also raise concerns about information credibility. To address this, we recommend that healthcare professionals leverage the strengths of self-media—such as videos, infographics, and other multimedia formats—to establish scientifically validated information-sharing mechanisms. By disseminating evidence-based childbirth knowledge, these efforts can help pregnant women develop rational perceptions of delivery, alleviate prenatal anxiety, and empower them to embrace this critical life event with confidence.

Correlation Between Pregnant Women's Childbirth Attitude and We-media Use

This study employed Pearson correlation analysis and Point-biserial correlation analysis to explore the relationship between pregnant women's social media usage and their childbirth attitudes. The results revealed a positive correlation between both the frequency and duration of self-media use and childbirth attitude scores. This suggests that frequent and prolonged exposure to self-media content dominated by negative narratives may foster negative cognitive biases toward childbirth, thereby shaping psychological expectations and attitudes. Notably, Serçekuş et al. [19] found that 14.8% of women reported heightened fear of childbirth due to online information, underscoring the potential adverse influence of self-media content on maternal perceptions. Such effects may stem from the prevalence of fear-inducing stories, exaggerated emphasis on delivery risks, and sensationalized portrayals of complications on these platforms.

Further analysis of usage motivations showed that browsing dietary and lifestyle advice on self-media platforms was only weakly correlated with the "Perspectives on Complications" dimension ($r = 0.136$, $P < 0.05$). While such content may improve awareness of complications, it fails to positively influence overall childbirth attitudes and might inadvertently amplify concerns about risks. Conversely, accessing information about medical interventions (e.g., risks and benefits of cesarean sections) was significantly correlated with both total childbirth attitude scores and "Perspectives on Cesarean Section" ($r = 0.211$, $P < 0.01$). This aligns with evidence that mass media amplifies perceived birth risks [20] and often frames cesarean sections as life-saving interventions [21], potentially driving women to prioritize perceived safety over natural delivery.

Interestingly, no correlation was found between childbirth attitudes and activities such as childbirth preparation or browsing information about potential delivery complications on self-media. This implies that mere information access or preparatory behaviors may not suffice to shift entrenched attitudes. Therefore, this study recommends that internet regulatory authorities strengthen oversight of health-related content and standardize the dissemination mechanisms for pregnancy and childbirth information in media environments. By establishing an authoritative childbirth knowledge dissemination platform—serving as a hub for information exchange—the public can access accurate and reliable childbirth-related information. Concurrently, efforts should be made to balance childbirth narratives on self-media platforms, minimizing the sensationalization of negative content. These measures aim to empower women to develop positive perceptions of childbirth and gradually reshape societal stereotypes surrounding the delivery process.

Strengths and Limitations

This study offers novel insights into the interplay between self-media consumption and childbirth attitudes among pregnant women, providing a foundation for improving maternal support systems. By integrating both online and offline recruitment strategies, the sample captured diverse demographics, enhancing the generalizability of findings.

However, the study has limitations. Its cross-sectional design precludes causal inferences, and the reliance on self-reported data introduces potential response bias. Additionally, the focus on a single geographic region (Hangzhou) and the exclusion of women with psychiatric histories may limit external validity. Future longitudinal studies should explore how interventions—such as curated educational content on self-media—could shift attitudes over time.

Conclusion

Pregnant women who frequently and extensively engage with self-media platforms for childbirth-related information are more likely to develop negative attitudes toward delivery. Specific content types, such as discussions of medical interventions or others' childbirth experiences, further exacerbate these concerns. To mitigate this, regulatory bodies should enforce stricter oversight of health-related content on self-media, promoting scientifically accurate and balanced narratives. Healthcare institutions should leverage these platforms to disseminate authoritative guidance, empowering women with knowledge to reduce fear of the unknown. Future research should investigate how content quality, source credibility, and algorithmic curation on self-media shape maternal perceptions, enabling targeted strategies to foster positive childbirth experiences.

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