

# Social media: connecting women and midwives globally

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## ORIGINAL

*Never doubt that a small group of committed citizens can change the world, indeed it's the only thing that ever does.'* (Mead 1930)

### Introduction

The world is on the crest of a social media revolution wave. 'Follow-me on Twitter', 'Find us on Facebook' — words increasingly used in midwifery circles, illiciting a mixed response. On the one hand there are some avid supporters and willing users of social media, yet on the other there are those who range from curious and uncertain to skeptical avoiders (Bagley *et al* 2014). Whilst the use of social media, including Facebook and Twitter, has exploded globally, some midwives — and other health professionals — have been left wondering: what are the professional and personal benefits or costs to getting online? In this article we will explore the issues of being a health professional online and examine the implications of using social media for midwives, both personally and professionally. This will include a review of social media: what it is, how it can be harnessed and the current benefits, challenges and implications of getting involved.

Engaging with social media doesn't just require the development of our Information Technology (IT) skills, it also means learning another language. 'Tweets', 'platforms', 'hashtags', and 'digital-technology' are all terms that can be used, somewhat confusingly, to describe features of the social-media-online-world. Yet if we can move beyond the confusion of language we might be free to enjoy the real benefits social media has to offer us. So let's start with a definition — what is social media?

### What is social media?

Social media is a group of internet-based applications (platforms/networks or technologies) that facilitate the development and sharing of resources and ideas (Kaplan & Haenlein 2010). These applications include web and mobile-based technology platforms such as Facebook, Twitter, YouTube, Instagram and LinkedIn. Using the term 'social media' masks the true meaning and value of these online technologies and platforms. It is better to think of social media as a

range, and ever-growing body, of online communities or social networks that you can become a member of. In this context social media is the ultimate in global democracy, a place where everyone is welcome, has a voice and can be heard.

Membership to current online social networks (such as Facebook, Twitter or Instagram) continues to increase at an exponential rate (Cheung *et al* 2011). It has been reported that, on average, social networking accounts for one of every six minutes

that people spend online (ComScore 2011). Twitter has 645,750,000 registered users, with 135,000 new users every day, whilst Facebook's total number of active monthly users is 1310,000,000 (Statistics Brain 2014). This rise in online communities has enabled a virtual shrinking of the globe through the increased opportunity to receive or reach an international audience, from your mobile, in the palm of your hand. The challenge here might be deciding which community to join?

### Which social media network do I choose?

There is a disparate range of social media platforms that can be used to share, communicate or network with others (see Table 1). Twitter and Facebook are the most commonly used social media networking sites: Facebook is a virtual community and networking site, and Twitter a micro-blogging application that allows users 140 characters of dialogue. Both enable people to connect and interact with each other on particular subjects and receive immediate and, crucially, interactive feedback (Bagley *et al* 2014). Whilst email and access to the World Wide Web presents a platform for enhanced information sharing and communication, social media is continually expanding the capability to connect individuals, organisations, communities and countries, increasing personal and professional communication. As most social media platforms connect in some way, it has become easy and important to engage with a range, to build an online personal or professional profile, extending your opportunities for connection, support and impact. So what can social media do for midwives and the families they care for?

### What's in it for midwives?

As social media technology has matured, so to has the ability of individuals to voice their opinions. Because of this, people's expectations of how they should be heard are increasing. This has huge implications for those using and providing maternity care. For maternity care workers, social media offers potential for social and professional support, relationship building, sharing knowledge, problem solving, and campaigning for change. Indeed, as social interaction and connection is the objective of online social networks, it is appropriate to consider the use of online social media as collective social action (Cheung & Lee 2010, Zhao & Ordóñez de Pablos 2010a, 2010b). Social media removes hierarchies so that individuals can pursue a dialogue with global leaders, even from a remote village in a third world country. In addition, social media provides childbearing women and their families with a medium to engage with other women for support and encouragement. It facilitates the formulation of support and campaign groups, and encourages relationship building. In short, social media can create an online social space where users can build and maintain social capital (Cheung & Lee 2010).

### Global connections for midwifery

Organisations such as the International Confederation of Midwives (ICM) are concerned with engaging, supporting and developing midwifery associations in the pursuit of maximising potential for safer childbirth. Social media has helped to increase awareness of the varying inequalities in maternity care provision around the world. There are stark postcode variations in access to midwives, and health outcomes for mothers and babies throughout the UK, Europe and across the world (UNFPA 2011).

**Table 1: Social media platforms and application examples**

<b>Facebook</b>	A popular free social networking website that allows registered users to create profiles, upload photos and video, send messages and keep in touch with friends, family and colleagues.
<b>Twitter</b>	A social networking site that allows users to connect with each other using short messages (tweets) about any subject.
<b>Linkedin</b>	A business-oriented social networking service.
<b>Pinterest</b>	A pinboard-style photo-sharing website that allows users to create and manage theme-based image collections such as events, interests, and hobbies.
<b>Instagram</b>	An online photo-sharing, video-sharing and social networking service that enables users to take photos and videos, apply digital filters to them, and share them on a variety of social networking services.
<b>Blogs</b> (eg Wordpress/Blogger)	A discussion or informational site published on the World Wide Web and consisting of discrete entries 'posts'.
<b>Hosted chat services</b> (eg Facetime, Skype, Google Hangout, Adobe Connect)	Internet applications that enable live online chat, meetings and discussions.
<b>Video sharing</b> (eg YouTube, Vimeo, Vevo)	A digital-imaging technology platforms that enable films to be created/edited and shared.
<b>Wikis</b>	A wiki is a space on the web where you can share work and ideas, pictures and links, videos and media.

For this year's International Day of the Midwife (5<sup>th</sup> May 2014), the ICM developed a social media pack with a set of messages to be spread via Twitter and Facebook. Furthermore, they organised a global Twitter chat lasting several hours during the day. This enabled midwives to share their expertise around the world. For example, the Wellbeing Foundation Africa co-hosted an hours chat with the Canadian Midwives Association (CAM) where CAM shared their successful collaboration with the Tanzanian Midwives Association. The United Nations Population Fund (UNFPA) hosted the last hour of the five hour long Twitter Relay and discussed the newly launched *State of the World's Midwifery* report (UNFPA 2014), and all the possibilities this strong evidence-based tool offers to midwives' associations and to midwives as individuals. All 'chats' ended by pointing to the exciting conversations to be held a few weeks later during the ICM Congress in Prague. These activities facilitate global connection and collaboration, strengthening midwifery messages and enabling effective networking.

### Relationships and collaboration

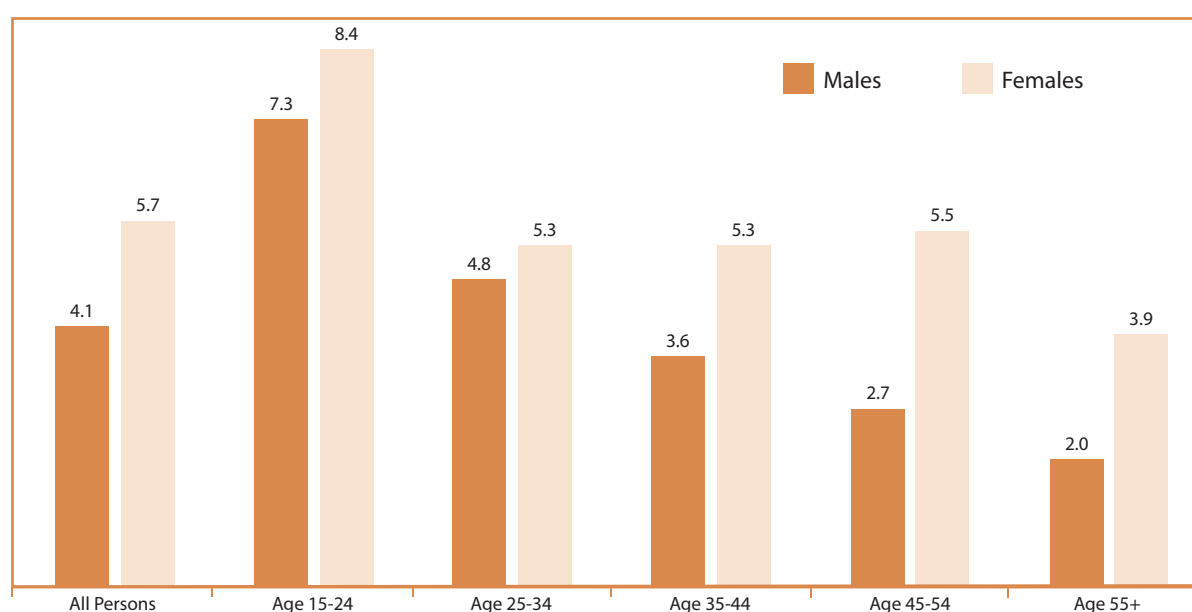
Relationships can be established and developed without the need for face-to-face contact, and with minimal disruption. To some, this may seem alien and unsatisfactory, another way to dilute an ever-squeezed health system. But there are examples where connections are far reaching, supporting hundreds of women, families and maternity care workers. For example, the success of Virtual International Day of the Midwife (VIDM) can be attributed to the reach of social media. Developed by Sarah Stewart (@sarahstewart), one of midwifery's social media pioneers, VIDM is an interactive, free webinar that facilitates sharing of midwifery research, practice and

ideas around the world. The conference has harnessed a range of social media to ensure success: Wikis and Adobe Connect are used to help deliver messages and provide a platform to host the conference for an international audience; Twitter and Facebook the forum for promotion and growth.

Events such as VIDM enhance social connectedness and professional networking. Existing research has identified that social networks, based on social connectedness, are associated with higher levels of well-being (Oh *et al* 2014). Grieve *et al* (2013), who compared face-to-face connectedness with online networking, found that engagement in social media, such as Facebook, can enhance relationship development and maintenance whilst offering greater life satisfaction. Interestingly, in the further education sector, teachers are converting online tweetchats in to face-to-face tweetmeets – an example of how online networking and interaction can lead to 'real-life' connections.

As this digital age advances, we propose that midwifery organisations, maternity services and associated education institutions need to be alert and engaged in the social conversation. Midwives can access incredible support from social media relationships and connectedness. An example includes the phenomenal social uprising following the arrest and containment of Hungary's midwife, Agnes Gereb, news of which was shared around the world within hours via social media (Free Agnes campaign 2012). The online social support and pressure mobilised a global campaign to effect her eventual release from house arrest. For midwives, social media can be employed to support professional practice and maximise potential for enhanced maternity services and improved outcomes for mothers and babies.

**Chart 1: Average Hours Spent on Social Networking Sites per Visitor in EU5**



Source: comScore Media Metrix, April 2011, Age 15+

## Influencing practice and improved childbearing experiences

There are many examples where social media has initiated or supported social change and been used to enhance health outcomes (Merolli et al 2013, O'Connor et al 2013). The immediate and contagious mechanism for canvassing the opinions and wisdom of many appears to be limitless, as the popularity of social media grows. Importantly, social media offers health services, maternity services and midwives access to service-user perspectives. Prasad (2013), in his position paper exploring social media and health care, presents Dr Kevin Pho's insightful quote from 2012:

*'social media is where the future is, and most importantly, that's where our patients are going to be'.* (Prasad 2013:492)

Service-users, including mothers and families accessing maternity care, are using social media to stay informed, find support (Positive Birth Movement 2014) and provide feedback about the health care services they have used (Patient Opinion 2014). Recent ComScore (2011) data identifies that women are more likely to use social media than men, with women aged 15–24 the most likely to engage (see Chart 1). As many women of childbearing age are online, maternity health services could enhance health promotion and service delivery activities for mothers and families via these online platforms and networks.

The open-access, democratic principles of social media have had an emancipatory effect, mobilising a power shift from states to individuals. The hegemonic potential of social media has recently been seen in Brazil. When pregnant woman, Adelir Carmen Lemos de Goés was forced by authorities to undergo a caesarean section, social media generated a global outcry, resulting in a review of human right's policy (Turner & Hill 2014). This highlights the power of social media in informing and resisting political decisions that potentially affect the health of mothers and babies.

Alongside social networking, digital imagery and film developments such as YouTube and Vimeo can be used to inspire and mobilise change by igniting emotions and highlighting potential negative consequence of specific obstetric and midwifery practices. Filmmakers Toni Harman and partner Alex Wakeford are successful campaigners, using documentary style films to raise awareness of potential iatrogenic influences on childbirth. Their 'One World Birth' premiere launch, disseminated via social media channels, had over 100,000 people see the film at over 1000 screenings in 50 countries in 17 languages — all on one day. The film, coupled with social media networking, connected people: mothers, midwives, educators and researchers in what we refer to here as virtuous social media (SoMe) circles (see Fig 1).

## Virtuous SoMe circles

The positive relationships generated within these virtuous SoMe circles can lead to creativity, innovation and support. This reflects the work of Downe *et al* (2009) as described in their review of maternity service collaboration, but with opportunities for global connections. Social media can be a lifeline to midwives working in countries with limited access to information and resources, when the internet is available to them. This lifeline can also be extended to student midwives, as they move from higher education institutions into practice (Stewart 2013).

Importantly, virtuous SoMe circles remove hierarchies, reflecting the emancipatory effect discussed earlier, by increasing opportunities for multidirectional open discussions between everyone engaged in providing or using maternity services. Examples of virtuous SoMe circles include midwife-to-mother (Chelsea and Westminster Hospital NHS Trust 2014), midwife-to-midwife (WeCommunités 2012), and mother-to-mother interactions (Mumsnet 2014) which overlap, engage and empower. The fact that communications are multidirectional means that dialogue and information sharing is open and transparent, and widely available. The inclusivity of virtuous SoMe circles affords educators and researchers opportunities to speak directly to maternity providers and users.

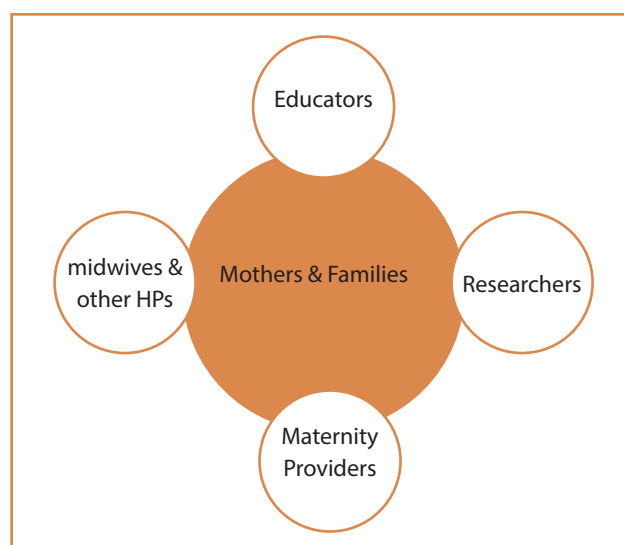


Figure 1. Virtuous SoMe Circles.

## Education and research

O'Connor et al (2013) demonstrated the utility of Twitter as a cost-effective and useful addition to the health researcher's methodological toolkit. The authors list other advantages of using social media and include speed of data collection, anonymity and transparency of research. Shere et al (2014), in their ongoing randomised, open-label clinical trial among pregnant women, studied the effectiveness of social media as a recruitment tool. They found a 12-fold



higher rate of +7.5 recruits per month following the use of social media to enhance recruitment. They recommend that clinicians and scientists recruiting for clinical studies should learn how to use online social media platforms to improve recruitment rates, to increase efficiency and cost-effectiveness.

Using online social platforms can also enable access to an international audience, which can be used to ensure representative samples to improve generalisability of research findings. We are in fact seeing a shift in opinion on how social media can be used to obtain a large sample size in a limited time frame. A group of over 100 academics, including midwives, obstetricians, doctors and policymakers are currently undertaking a study of the differences in maternity care provision across Europe, and are using social media to conduct a survey of women who have given birth in the last five years. To date, the survey is available in 16 languages, with at least ten more anticipated in the next few months. At the end of March 2014, there were around 10,000 responses from at least 20 countries. By the end of April 2014, there will be over 20,000 responses, based on the response rates to date (EU COST Action iR4B 2014).

Social media can also be used to augment research dissemination and implementation strategies. Archibald & Clark (2014) acknowledge that Twitter has been declared by some to be an alternative route for disseminating academic research, but warn that it is viewed by some academics as time-consuming

and not useful for academic career progression. But the same authors suggest that academic institutions need to pursue the advantages of 'virtual impact' in addition to conventional means of evaluation, ie publications (Archibald & Clark 2014).

Midwifery academics and educators need to keep abreast of the digital revolution. The majority of student midwives are entering midwifery programmes with expert knowledge of social media, having used technology since childhood. Prensky (2001) describes them (learners) as 'Digital natives', and urges older generations, 'Digital immigrants' to engage with the benefits of social media in facilitating learning at all levels. But what might some of the challenges or barriers be for so called 'immigrants' to get online and networking?

### Perils to positives?

Nurses are reported as being reluctant to engage with social media for professional use (Chinn 2013). It is reasonable to suggest that midwives have the same concerns as nurses. These apprehensions about social media can include lack of time and skills, lack of access, fear of reprimand or retribution and lack of understanding (Cooper 2012). These factors have contributed to many health care services and higher education institutions removing access to, or limiting

the use of, social media (Royles 2013). This is despite the World Health Organization (WHO) and other reputable health bodies having an online presence (Redfern *et al* 2013). It follows that the reasons why midwives are not engaging, and the solutions for change, need pursuing.

Royles (2013), Chief Executive of NHS Employers in England, and Chinn (2013), founder member of @WeCommunities have independently considered the perils and myths of nurse/midwife/health professional engagement with social media. These are summarised in Figure 2.

Concerns relating to confidentiality and personal and professional conduct are real, and midwives have regulatory bodies which offer guidance for conduct. For example, in the UK the Nursing and Midwifery Council (NMC 2012), encourage members to think carefully before posting online. Whatever is written and shared is permanent, and anything that breaches the professional Code offline, will breach it online. However, it's important to remember that there are millions of individuals using social media, and negative repercussions are few. Royles (2013) encourages health professionals not to let the minimal risks, although real, be a barrier to realising the huge benefits, also real! Whilst awareness of the potential risks and threats of using social media is essential (Lambert *et al* 2012), manufacturing possible perils of respectful two-way dialogue isn't helpful. Ferguson (2013) suggests that issues of confidentiality, privacy, and sensitivity have always been an important consideration in health care, and we need to learn how to deal with these factors when using social media. Instead of focusing on the negative, Ferguson (2013) encourages '*levering the benefits*' of enhanced communication and dissemination, and highlights the potential of shared decision making (2013:745).

### What do health professionals who use social media think?

In 2013 O'Connor *et al* demonstrated that Twitter could be used successfully to collect health research data from a specific online population. With this in mind, Byrom (2014) conducted a short survey of health care workers via social media, about their use of social networks sites in a professional capacity. The survey was developed using Survey Monkey™ (web survey development tool) and shared via Twitter and Facebook. Three hundred and twenty-one responses were received in 12 days, with 282 stating they use social media this way.

The global reach of respondents included Australia, Brazil, Canada, England, Ireland, the Netherlands, New Zealand, Northern Ireland, Scotland, Spain, Switzerland, USA, UK, Wales. The majority of responses were from midwives (see Chart 2).

Participants were asked which social media platform



Figure 2. Perils, myths and solutions to social media engagement (adapted from Royles (2013) and Chinn (2013)).

they preferred, between Facebook, Twitter and LinkedIn. Sixty per cent (n=250) highlighted Twitter as their chosen network (see Chart 3).

Participants were also asked to rank the benefits of social media use, using criteria taken from the literature (see Table 2). Information sharing was identified as the most popular benefit of social media (highest average ranking with n=116 ranking it as their first choice), closely followed by relationship building (n=48 ranked it as their first choice) and connection (n=54 ranked it as their first choice). Learning and support followed closely behind. These results reflect the wider research evidence.

When asked to elaborate further on how social media helped them in their professional roles, the responses were formulated into four themes:

### Support through information and connection

Many participants gain support from using social media, for various reasons. Sometimes it was to learn about events, or recent publications, whilst sharing ideas with like-minded professionals was a means of support to others:

*'I have better access to most recent evidence can*

*discuss best practice with other HCPs who can inform and expand your own practice. Feel more connected to the wider profession and less isolated'.*  
(Participant 1).

### Enhancing practice

Because of the increased available support, several respondents described the benefits of learning and sharing. Some highlighted where they had implemented ideas into their workplace, or changed practice:

*'Had an interview for promotion. Twitter helped me gain info on current issues before my interviewers had heard of it. I'm sure this got me the job'.*  
(Participant 21).

### Relationships and confidence building

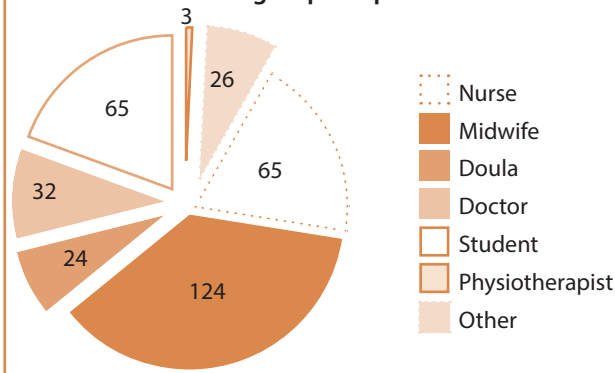
The lack of hierarchy, and availability of expanded networks was reported to enhance potential for the development of relationships that increased confidence, and a sense of community:

*'Improved my confidence with offering skin-to-skin'*  
(Participant 54).

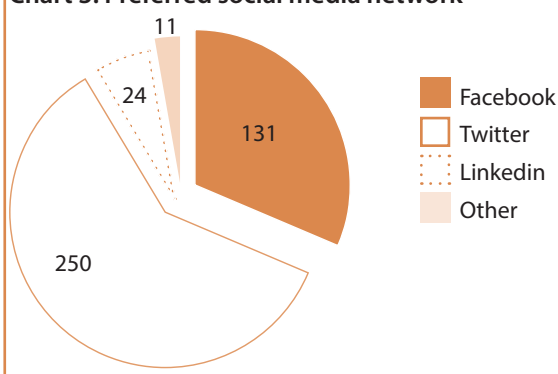
*'It has given me strength to stay focused on my beliefs*

*that be for women and made me a nicer person which may seem strange but it's because I feel a true connection with the midwifery "sisternity" on Twitter and I love them all so in turn I love myself more which impacts positively on my care for women which will in turn impact on their daughters and society as a whole' (Participant 311).*

**Chart 2: Professional groups response rates**



**Chart 3: Preferred social media network**



## Reaching out

Several participants described their ability to support women (for maternity) or patients via social media. This is particularly useful when trying to improve communication between service providers and those they serve:

*'Finding out when local women's groups meet and what they have discussed and areas they have suggested improvement in our service. Used it to set up page for our team and let local women know what we are doing'. (Participant 223).*

One respondent followed the survey up with an email:

*'When I first joined Twitter I indiscriminately followed a wide variety of people, representing the different aspects of interest in my life, from midwifery, women's health, feminism, to news, music, Brazil, art, design, copywriting and swimming. It was a streaming smorgasbord of opinions, tidbits of information, and links to articles and blogs. I used it to filter and read the news, piping up and answering back, a channel to air my views, which I quickly became brave about voicing, at first into the void, tweeting as if no one was following - because they weren't. Before long the benefit of Twitter as a community builder and network maker, revealed itself to me, more than just a source of amusement and entertainment. I found my Twitter voice engaging in meaningful conversations with fellow students, midwifery people, and health care practitioners and I felt like I was becoming part of a new #SoMe feminism. I have learnt a lot, found out new ideas, schemes, policies, events. I've been challenged and challenged others to debate important issues, I've made great friends and found new people to admire and learn from. Twitter is helping me develop as a post-modern midwife, globally*

**Table 2: Benefits of social media**

	1	2	3	4	5	6	7	8	Total	Average ranking
<b>Relationship building</b>	15.58%	12.01%	11.04%	19.81%	16.23%	13.64%	11.69%	0.00%		
	48	37	34	61	50	42	36	0	308	5.03
<b>Support</b>	10.32%	12.26%	14.84%	15.81%	19.68%	19.03%	8.06%	0.00%		
	32	38	46	49	61	59	25	0	310	4.88
<b>Connection</b>	17.42%	20.32%	24.19%	11.61%	13.55%	9.35%	3.55%	0.00%		
	54	63	75	36	42	29	11	0	310	5.74
<b>Advice</b>	3.56%	6.80%	9.71%	17.80%	19.74%	25.57%	16.83%	0.00%		
	11	21	30	55	61	79	52	0	309	4.13
<b>Information sharing</b>	37.42%	22.90%	11.94%	11.94%	10.32%	3.55%	1.94%	0.00%		
	116	71	37	37	32	11	6	0	310	6.47
<b>Learning</b>	12.30%	19.42%	19.42%	11.97%	12.62%	17.48%	6.15%	0.65%		
	38	60	60	37	39	54	19	2	309	5.27
<b>Campaigning</b>	2.90%	6.45%	9.03%	11.29%	8.06%	11.61%	50.32%	0.32%		
	9	20	28	35	25	36	156	1	310	3.47
<b>Other</b>	15.38%	0.00%	0.00%	0.00%	0.00%	0.00%	7.69%	76.92%		
	2	0	0	0	0	0	1	10	13	2.15

*conscious and connected. I think Twitter works best if you work out exactly what you want it for, what specific function it's to perform, narrow it down to one area of interest, and be strategic about who you follow. I've become part of a nourishing ecosystem of midwives on Twitter, which has come to life through following people who follow the people I follow, and following who the people I follow. And so the branches grow.'* (Armshaw 2014).

Whilst not a formal research study, this simple survey has potential to be developed further in to an implementation study that might help to identify facilitators and barriers to using social media for those not yet engaged. Given the challenges and perils considered above, this would be a useful area to receive future research attention.

### What about the future — beyond the tipping point?

So, what is the future for social media and midwives? Is there potential for digital technology to influence childbirth and maternity care provision? Brocksom (2013) suggests we are embarking on a new era, where negative, risk-focused documents, guidelines and policies are being overtaken by positive, collaborative solutions to health care. This sits well with attempts to demedicalise maternity care, and focus on salutogenic solutions (Downe 2010). As innovations and ideas continue to be shared collaboratively, individuals and health services are empowered and strengthened (Eggers & McGonigle 2012).

We have highlighted the fact that there is overwhelming evidence that social networking is continuing to grow in popularity, and that professional profiles are enhanced through the development of social media networking. The creation of social networks, global groups, communities of practice and cyber forums are enabling the support of professional practice and sharing of innovations in ways that have never before been possible. Midwives throughout the world have individual and joint aspirations and responsibilities to maximise maternal and child health, which could be assisted by social networking and acquiring and sharing knowledge online. Social media is evolving at a pace in line with social and technological developments, and midwives will not stem this growth. They must use every opportunity to be aware of and engage with digital communication, and to listen to and collaborate with those they serve.

Does social media have the capacity to be the crucial link in a revolution to transform maternity care through collaboration, communication and support? Considering social media's capacity to connect people and amplify messages at the press of a 'send' button it is worth reflecting back to Margaret Mead's quote at the beginning of the article. Perhaps the advent and

success of social media's ability to give all individuals a voice, we can suggest a subtle revision:

*'Never doubt that a mass audience of committed citizens can change the world, with the press of a mobile phone 'send' button!'*

### Useful midwifery related blogs:

Carolyn Hastie, *Think Birth*: <http://thinkbirth.blogspot.de/2011/09/midwives-and.html>

Sarah Stewart, *Social Media, Education, Life-long Learning, Midwifery*: <http://sarah-stewart.blogspot.co.uk>

Rachel Reed, *Midwife Thinking*: <http://midwifethinking.com>

Sheena Byrom, *Five Girls*: <http://sheenabyrom.com>

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*This article is the first collaboration between Sheena and her daughter Anna.*

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