

Addressing Social Media Hype and Misinformation

WIC TOPIC OF THE MONTH

The internet and social media provide instant access to information. Posts on social media can quickly go “viral”. Information that goes “viral” may not be science-based, but is often quickly accepted as true and accurate. In reality, many posts are written to convince people to believe misinformation in order to advance a group’s agenda, or to make a profit.

Research shows that posts promoting **hype** and/or causing **fear** are much more likely to go viral than **facts**, and once something is widespread, facts are ignored. Once someone engages in a topic on social media, algorithms will preferentially show similar or related posts in their feed. These may be “boosted” posts—in other words, paid advertisements disguised as news. Seeing similar posts over and over can convince people that what they are reading is true. People are also influenced by *confirmation bias*--the tendency to believe information that reinforces what you already believe or think to be true.

How do you address misinformation shared over social media with WIC participants? What do you say to the person who is convinced that something is true (when it is not), and that WIC doesn’t have the most current information? How about the person who has read something that has evoked fear?

First, take a deep breath, and then approach the client utilizing **participant centered counseling skills**.

1. **Show empathy.** Remember that this person is likely convinced that there is truth in what she has read or been told by others. She may also be fearful that doing something might cause harm.
2. **Probe for more information.** *“Tell me more”* is a great way to find out what information the participant is basing their concern or belief upon. This is especially helpful if it’s something you haven’t heard yet.
3. **Use reflective listening.** This helps clarify what the participant is thinking and what they “know”. Using complex reflective listening techniques, you can shift the conversation towards an underlying reason for the concern. For example, if someone is fearful taking prenatal vitamins because they contain “chemicals”, you might reflect back to them *“You want a healthy baby and you are cautious about everything that you put into your mouth.”*
4. **Ask permission.** Ask permission to share what is known based on science. Stick with the facts. If you don’t know much about a particular subject (a specific diet, for example) explore the topic together. Try to put risks into understandable terms. If necessary, ask for some time to learn more about a topic yourself, and set up a time later to talk with the client again.
5. **Focus on the positives.** For example, if a client is convinced that food additives are causing her child to be hyperactive, you might reflect back *“You want to feed your child healthy foods, because a healthy diet will help your child feel better. You want to focus on fresh, unprocessed foods without additives.”* This statement focuses on the client’s attributes and helps her define a positive goal.
6. **Check-in along the way.** Make sure your reflections are accurate, and the information that you shared was understood.
7. **Summarize the conversation.** Summarize your discussion, offering an opportunity to clarify any information that may not have been understood.

Putting it into Practice

Recently the NWA Monday Morning Report (August 21, 2017) shared information about an organization that is spreading fears about breastfeeding by highlighting a story of a baby who died from dehydration. While the story about the baby is real, it is being used to evoke fear. The following scenario, demonstrates the use of PCS skills to address a participant who has decided not to breastfeed because she's fearful doing so will harm her baby. ([Link to the story that this participant read](#))

Scenario: *Amber is 22 years old. This is her first pregnancy and her second WIC visit. She is in her 25th week of pregnancy. Amber reads everything she can about pregnancy and parenting. She has a group of friends that are also pregnant and they share things related to pregnancy and parenting through social media. Her pregnancy is going well and her weight gain is on target.*

CPA: We talked a little bit about breastfeeding at our last visit, and I just wanted to check in with you to see if you had any additional questions, and maybe spend a little bit of time talking about what to expect from your baby and breastfeeding in the first few weeks.

Amber: Well, I've changed my mind. I don't think I want to breastfeed anymore. One of my friends sent me a link to this website that talked about how I could harm my baby and my baby could even die if I didn't have enough breastmilk to feed him. That's just too scary for me. I'd rather formula feed him because I can know how much he's drinking.

CPA: I bet that was scary reading about a baby that died because he didn't have enough to eat. Tell me a little bit more about what you read and what occurred.

Amber: It was a story about this mom whose baby died. Everyone kept telling her that her baby was ok, that her milk would come in, and to not worry about her baby losing weight. When the mom finally took the baby to the hospital, the baby was so dehydrated that all his organs had shut down and the baby died. What if I don't have enough breastmilk? This might happen to my baby.

CPA: I understand you are scared and concerned. And it is different when you breastfeed—you can't instantly see how much milk your baby consumes. But there are many, many, ways that we are able to be sure that a baby is getting the breastmilk that they need.

Amber: Well I've read all about the good things about breastfeeding—the immunities—the bonding—the protection from being overweight when they get older. I wanted to breastfeed but now I'm just scared that I might mess it up.

CPA: You know about all the good stuff about breastfeeding and you'd like that for your baby, but you are fearful you won't have enough milk. You're not alone. Many new moms share those same thoughts and WIC is here to answer questions. Would it be ok if I share some of the ways that you can tell if your baby is getting enough breastmilk?

Amber: I guess so. If I could know for sure, I would feel better about it.

CPA: Let's start with your body. Have you noticed any changes in your breasts since you've been pregnant?

Amber: Oh definitely! I went from a size C to a DD! I've never had such big boobs in my life!

CPA: Yes, that is normal and a good sign because it's a sign that your breasts are already preparing to make breastmilk.

But let's talk more about how to know if your baby is getting enough. Once your baby is born there are many things that tell us whether they are getting enough to eat. First, the nurses in the hospital will **monitor your baby's weight**. It is normal for a baby to lose weight in the first few days, especially if you have an IV during delivery, because you and your baby will have extra fluids. But they won't let the baby lose too much weight without investigating things further.

Next, they will **keep track of how many wet and poopy diapers** your baby has. You will want to do this at home too. In fact, I can give you a diaper chart to make this easier, or there are apps you can use too. Wet and poopy diapers means your baby is getting breastmilk.

Finally, we will **watch your baby's behavior**. If your baby nurses at the breast, and becomes content and falls asleep, this is an indication that he got his tummy full. We can also **listen to his swallowing pattern**. Once your milk volume has increased, your baby will have a suck, suck, suck, swallow pattern. If he's sucking for a long time, without a swallow, then you would want to call your nurse.

Another cool thing we can do with a really accurate scale is we can weigh your baby, then have you breastfeed your baby and then weigh him again. This will let us know how much he drank at a feeding. If you are concerned, or just want to be confident that your baby is getting milk, let us know and we can set up an appointment to do this, or the lactation consultant at the hospital can do the same thing.

Amber: Ok. I guess there are ways to know if he is getting enough. It still seems scary. Let me do some more reading and thinking about breastfeeding. I need to convince myself that I can do this, and that I won't mess it up.

CPA: That sounds like a plan. Keep in mind you aren't in this all by yourself, you will have the support of your doctor, nurses at the hospital, lactation specialists, and WIC. Also I know that at your last WIC appointment, Robert seemed excited about the baby and about you wanting to breastfeed. Maybe he can come to your next visit and we can all discuss together, information about making sure breastfeeding is going well. He can be there to support you and be there to observe your baby's behavior especially in those first few weeks when you are so tired. Would you like to schedule an appointment to come back next month so we make sure we have set aside enough time to answer questions that you and Robert might have?

Amber: Yes, that sound good. And it would be helpful to have Robert know this stuff too. I want to make sure we know everything we need to know before this baby gets here.

Your Turn

1. What else might you have discussed with this participant to ease her concerns? Discuss additional ideas or approaches with your coworkers.
2. Think of an article that you have recently seen on social media that was not based on science or a post that evoked fear. How would you address a question about this topic with a participant?