



Original Article

The gift of health promotion in a celebration: A descriptive observational study of community baby showers on YouTube

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Abstract

Introduction: Although community baby showers have persisted as a global health promotion practice for infants and their families over the past decades, to date there is no study that has evaluated coverage and engagement of community baby showers across social media as a rising global health communication medium in this contemporary digital era. It follows that the goal of this study sought to fill this gap by examining the existing state of coverage for community baby showers on social media utilizing view count as an engagement metric.

Methods: In this cross-sectional, descriptive and observational study, we conducted a content analysis of the top 100 most widely viewed videos populated on YouTube at one conceptual point in time that covered community baby showers. to determine the most prevalent sources, formats, and content represented across this sample of videos.

Results: Many of the videos were published by nongovernmental / organizational sources (n=86) and among them, the majority were in the form of news reports (n=59). Content across these videos presented a diversity of community stakeholders and entities involved in the development and implementation of community baby showers, many which were both for-profit and non-profit organizations (n=72). There was substantial coverage of a wide range of resources and services for prenatal and postnatal care delineated across all of the videos in this sample. Several videos (n=39) covered increased support building for families of infants. Notably, these videos cumulatively generated a low number of views (N=73,036) which yields clinical, educational, and public health implications.

Conclusion: Recommendations to partner with news organizations and utilize content that generated greater viewership as facilitators in increasing capacity to reach, engagement and impact of community baby showers are presented to optimize infant health outcomes, reduce infant mortality, and heighten access to resources and support for infants and their families worldwide.

Keywords: Health promotion, Community engagement, Infant mortality, Health education, Health equity

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Introduction

Health promotion is an integral part of reducing mortality, morbidity and disability worldwide. There are multiple different forms of health promotion across community, national and global levels. Some of these forms include campaigns, programs, class instruction, and community engagement.¹ Across the pediatric population, we have seen a range of endeavors emerge and demonstrate efficacy in implementation, reach, and engagement. Some of these endeavors include the Back-to-Sleep campaign² spearheaded by the National Institutes of Health to promote infant safe sleep practices, the Let's Move campaign³ orchestrated by former first lady of the United States, Michelle Obama to address childhood obesity as a risk factor for chronic diseases, and the infant safe sleep guidelines published by the American Academy of Pediatrics (AAP)⁴ to mitigate environmental and behavioral risk factors for sudden unexpected infant deaths. Each of these initiatives alongside many more

involved a combination of knowledge dissemination along with access to resources and services for the diverse priority groups among each initiative's target population.

One of these initiatives for children and their families that has not received much focus in the health promotion landscape involves the conceptualization and implementation of community baby showers. This endeavor is a health promotion practice that integrates community engagement to assure wraparound support for infants and their families as the basis to optimize infant development, reduce infant mortality, and optimize support for caregivers as proxies of children in navigating the first critical years of a child's life.⁵ Although there have been several studies published on community baby showers in the academic literature,⁶⁻¹² their coverage and utilization has not been thoroughly assessed across other kinds of health communication mediums. These studies primarily involved designing and implementing community baby showers in resource-limited settings and



drawing on incentives to increase engagement among families of infants or expectant caregivers to participate in activities as the basis to acquire knowledge on infant care and safety, obtain resources for their infants and interface with families and other community programs that were present during these community baby showers.¹² Notably, engagement among caregivers was not assessed in these studies. Knowledge was disseminated in traditional forms of one-time presentations with a live audience and provision of printed booklets, leaflets and pamphlets.⁶⁻¹¹ Furthermore, community baby showers across these studies did not extend to other communities outside the local ones selected.¹² It follows that examining knowledge and engagement in community baby showers worldwide for the larger population comprising families and expectant families of infants on a global level could be helpful in assessing the context of this health messaging to further scale it worldwide.

In turn, the present study explored a specific health communication medium trending in our increasingly digital era, social media. There are multiple social media platforms that are utilized by lay and professional populations around the globe. Based on a recent PEWs study that assessed uptake and utilization of popular social media platforms, YouTube was in the lead among adults in the United States (~83%) and Facebook followed thereafter (~68%).¹³ It follows that this study focused on YouTube as the health communication medium to examine trends, patterns, situational and contextual factors, and implementation of community baby showers.

The objectives of this cross-sectional, descriptive study are to: 1) present the diversity of sources and formats of the widely accessed videos on community baby showers depicted on YouTube; 2) examine the content covered on community baby showers in this digital space; and 3) present future directions for research and practice that harness the potential of the content that attracted the most engagement via high viewership as targets for intervention to inform considerations in the design, implementation, and evaluation of community baby showers as a community engagement and health promotion intervention.

Materials and Methods

This study was cross-sectional with observational data collected one time from the social media platform, YouTube. In January 2024, the authors cleared browser history on their computers and logged off all internet applications. Next in incognito mode, the researchers conducted a search on YouTube utilizing combinations of specific key words and descriptors in singular and plural forms along with variants that depicted community baby showers. Piloting various key words (community baby shower, community engagement baby shower, health promotion baby shower) immensely guided the process of

narrowing the possibilities for key terms (s) that populated the videos centered on community baby showers, highest view counts across videos, and greatest cumulative views for the top 30, 60, and 100 videos, respectively. Following completion of these pilot searches, the key words selected to form the search strategy were “community baby shower”, which presented the most widely viewed videos in line with this health promotion and community engagement intervention. Next, the results were sorted by view count. The URLs for the 100 most widely viewed videos were extracted and any overlapping URLs were deleted and thereby not accounted for in this data set, which assured that solely one URL for each video was utilized for coding and analysis in this study.

The researchers developed a codebook informed by an extensive review of the existing literature and health promotion practices, programs and guidelines from authoritative and expert sources such as the World Health Organization, United Nations Children’s Emergency Fund, Healthy People 2030, American Academy of Pediatrics, March of Dimes, and the National Institutes of Health. Both researchers viewed the videos in this sample in their entirety and subsequently coded the contents of these videos in January 2024. Next, both intra- and inter-rater reliability was established. The following information was reviewed and coded for each video: (a) source of upload, (b) format, (c) number of views, (d) length (in minutes), (e) year of upload, and (f) content. Given that these videos are publicly accessible, IRB approval was not indicated for this study.

Eligibility criteria

Solely videos in English were included in this sample. Content for each video pertained to community baby showers. Each full video that consisted of all visual, audio, and text presentations within it represented the unit of analysis. Length of time was not a limiting factor or exclusion criteria in this study.

Measurements and coding specifications

The instrument included the name of coder, video identification number, date the video was uploaded, date the video was coded, length of video (in minutes), number of views, and title of the video. There were content categories consisting of a multitude of variables for source of upload, format and content across the instrument. Content consisted of multiple variables across several content categories (reviewed below), and each variable was dichotomous with yes and no options to indicate whether it was covered across each video.

The source of upload for each video was coded into one of the following four categories: organizational/nongovernmental, consumer, governmental, and other sources. The categories for coding format included Documentary; Interview; Demonstration/Experiment;

Talk by Professional; TV Talk Show/Discussion panel; Animation; Still images; News report with anchor; V-blog; Interview; Advertisement; Testimonial/Story; Multiple formats; and Other formats. The following 14 content categories were created in this codebook: (a) timeframe surrounding birth; (b) educational goals; (c) delivery of educational material; (d) community stakeholders; (e) community resources and services; (f) caregivers of infants; (g) stressors and triggers; (h) social determinants of health; (i) health benefits; (j) infant specific health conditions; (k) activities; (l) theoretical models and (m) open-ended comments on misinformation or disinformation depicted in the video. Content categories in the codebook were formulated to account for the diversity of barriers and facilitators, dimensions, and targets for intervention in navigating community baby showers.

Demonstration of intra- and inter-rater reliability

As aforementioned, both inter- and intra-rater reliability among the researchers were determined in assessing the credibility of the coding instrument. Establishing intra-rater reliability involved utilizing a random number generator for the random selection of 10 videos for recoding during the 2 weeks following the original coding. Intra-rater reliability was high ($\kappa=0.94$). To establish inter-rater reliability was also demonstrated across coding of 10 videos also with the utilization of a random number generator. Discrepancies in coding were resolved active discussions. Inter-rater agreement was also high ($\kappa=0.93$).

Statistical analysis

Descriptive statistics were computed for all of the variables in this study. Observational data were aggregated with computations of frequencies and percentiles of source, format, number of views, length, and content of each video. The number of videos that covered the content was first identified across all content categories. The total number of views from the constellation of videos for the specific content area was determined. The proportion of total cumulative views was computed by dividing the number of views for the videos covering a designated content area by the total cumulative views across all videos in the sample ($N=73\,036$ views). These statistical analyses were conducted for all content categories in this study's codebook. All analysis was conducted using the Statistical Package for the Social Sciences (SPSS) software.

Results

The sample of the 100 most widely viewed videos generated a total number of 73 036 views. Range of view counts spanned 100 to 8260. Videos were published between 2009 to 2023. Duration of videos ranged from 0.25 minutes to 12.63 minutes. The median length of these videos was 1.72 minutes. The interquartile range for

the sample was 0.93 minutes to 2.10 minutes.

Many of the widely accessed videos on community baby showers were published by organizational / nongovernmental sources ($N=86$) that generated close to 70 000 views and represented nearly 84% of the cumulative views. Many of the videos ($N=59$) were in the form of news report with anchor, garnering nearly 32 000 views (about 44% of the cumulative views). 28 videos integrated testimonials/stories, consisting of approximately 25 000 views and close to 34% of the cumulative views.

Prenatal and postnatal considerations were covered in substantially across the widely viewed videos. 55 videos depicted content pertaining to the postnatal phase, garnering more than 50 000 views (~72% of the cumulative views). Sixty videos delineated content on prenatal considerations, populating about 50 000 views (approximately 70% of the cumulative views). Access to resources was a critical goal across all of these videos, culminating in more than 70 000 views (100% of the cumulative views). Presentations for delivery of educational content were featured in 29 videos, culminating in nearly 33 000 views (~45% of the cumulative views). 11 videos delineated content on infant development, attracting nearly 6000 views (approximately 8% of the cumulative views). Decreased infant mortality was integrated in 12 videos, comprising almost 5000 views (6% of the cumulative views).

Seventy-two videos featured foundations that were non-profit or for-profit, garnering nearly 58 000 views and almost 80% of the cumulative views. Diapers were integrated in 67 videos, garnering greater than 45 000 views (about 62% of the cumulative views). Increased support network for caregivers was reviewed in 39 videos, generating more than 36 000 views (about 50% of the cumulative views). Forty-six videos presented content that focused on mothers, garnering more than 41 000 views (about 56% of the cumulative views). Financial stressors were reviewed in 19 videos, representing more than 7000 views (about 10% of the cumulative views).

Activities in the form of food/luncheon and games were an integral part of the widely viewed videos on community baby showers. 38 videos included content on food/luncheons, garnering more than 43 000 views (~60% of the cumulative views). Games were integrated in 24 videos, yielding 26 000 views and about 36% of the cumulative views. Tables 1–5 illustrate a breakdown of number of views, cumulative views and subsequent view count percents for sources, formats and content among the widely accessed videos on community baby showers.

Discussion

Although news reports accounted for the greatest number of views in the sample of videos in this study, comparatively these videos generated a significantly smaller viewership. Other studies assessing health

Table 1. Frequencies, view counts, and cumulative view count percent of widely viewed community baby shower videos by typology of source

Source	N	View Count	Cumulative view count percent (%)
Organizational/Nongovernmental	86	60988	83.5
Consumer	9	10484	14.35
Governmental	4	1460	2
Other	1	104	0.14

Table 2. Frequencies, view counts, and cumulative view count percent of widely viewed community baby shower videos by typology of format

Format	N	View Count	Cumulative View Count Percent (%)
News report with anchor	59	31882	43.65
Testimonial/Story	28	25003	34.23
Other formats	24	24197	33.13
Talk by professional	33	18952	25.95
Demonstration/Experiment	13	17055	23.35
Still images	17	9111	12.47
V-blog	1	6597	9.03
Multiple formats	3	3745	5.13
Interview	3	2757	3.77
Advertisement	3	1065	1.46
TV talk show/discussion panel	1	440	0.6

Note: More than one response is possible across videos.

Table 3. Frequencies, View Counts, and Cumulative View Count Percent of Widely Viewed Community Baby Shower Videos by Educational Goals

Educational goals	N	View count	Cumulative view count percent (%)
Access to resources	100	73036	100
Breastfeeding	16	14189	19.43
Prenatal care	12	7556	10.35
Birthing education	4	2308	3.16
Sleep positioning	1	1084	1.48
Access to care	3	708	0.97
Tobacco cessation	1	274	0.38

Note: More than one response is possible across videos.

promotion initiatives and endeavors on YouTube as a trending and publicly accessible social media platform have yielded substantially larger number of views (e.g. the Center for Disease Control and Prevention (CDC) TIPs from Former Smokers campaign, e-cigarette warning statements).^{14,15} It is possible that there is not substantial awareness of the significance and relevance of community baby showers in the context of health promotion for children and their families. It is noteworthy that a couple of the videos were posted as far back as 14-15 years ago. This suggests that the concept and implementation of a community baby shower is not newly emerging; rather, it is possible that it is an underutilized community engagement intervention in optimizing health promotion

Table 4. Frequencies, view counts, and cumulative view count percent of widely viewed community baby shower videos by community stakeholders

Community stakeholders	N	View count	Cumulative view count percent (%)
Foundation (for-profit, non-profit)	72	57664	78.95
Healthcare systems	31	17013	23.29
Grocery store/Supermarket	12	11572	15.84
Police department	11	10730	14.69
WIC clinic	8	9861	13.5
Health insurance company	14	9739	13.33
Faith-based organization	18	8321	11.39
Paraeducators/Peer Counselors	1	6597	9.03
Pregnancy/Birth center	13	6238	8.54
Health department	12	6175	8.45
Community center	15	6070	8.31
Government	7	4894	6.7
Academic institutions	7	3031	4.15
Banks	4	2829	3.87
Housing agency	5	1804	2.47
Child care center	4	1485	2.03
Schools	4	1392	1.91
Radio station	3	1207	1.65
Departmental store	3	1085	1.49
Phone company	2	958	1.31
Food pantries	2	795	1.09
Libraries	2	734	1
Fire department	1	540	0.74
Restaurants	1	399	0.55
Crisis center	1	253	0.35

Note: More than one response is possible across videos.

for the infant population and their families.

In addition, most of the videos were published by organizational/nongovernmental sources and among them, more than half were presented as new reports which also generated the largest views among typologies of formats. Increasing visibility of community baby showers across both traditional and digital sources of media are crucial to further assess its efficacy as a community-based intervention in optimizing infant health outcomes, reduction of infant mortality and bridge the divide in health disparities and inequities pertaining to access and utilization of prenatal, pediatric and obstetric care as well as a range of community services. Furthermore, there was a wide representation of resources (concrete, program-based, governmental, nongovernmental) that were covered among the widely accessed videos. Several resources offered were also for the family of the infant, thereby representing a family-centered approach to provision of these resources. As previously noted, there was substantial variation in the representation of this wide range of resources (e.g. prenatal testing, screening, parenting classes, CPR classes, all kinds of safe sleep

Table 5. Frequencies, view counts, and cumulative view count percent of widely viewed community baby shower videos by provision of resources

Provision of resources	N	View count	Cumulative view count percent (%)
Diapers	67	45 491	62.29
Increased support network for caregivers	39	36 097	49.42
Clothes	35	31 343	42.91
Toys	37	28 932	39.61
Books	25	28 791	39.42
Blankets/Quilts	34	23 176	31.73
Booklets, pamphlets, leaflets, brochures	32	22 029	30.16
Car seats	27	21 341	29.22
Strollers	25	20 979	28.72
Wipes	36	20 745	28.4
Baby bottles	28	17 868	24.46
Pack-n-Play	12	12 245	16.77
Infant formula	22	12 177	16.67
Baby hygiene products	16	11 670	15.98
Basket	11	11 626	15.92
Other	20	9 716	13.30
Light clothes	17	9 282	12.71
Crib	15	8 505	11.64
Pacifiers	14	8 407	11.51
Swaddlers	5	7 696	10.54
Contraceptives	2	6 951	9.52
Infant carriers	3	6 852	9.38
Jumparoo	1	6 597	9.03
Parenting classes	10	6 447	8.83
Bibs	11	4 990	6.83
Bassinet	6	3 739	5.12
Sleep sacks	4	3 273	4.48
Tablets	3	3 011	4.12
Cell phones	1	2 658	3.64
Fetal	1	2 658	3.64
Hand sanitizer	4	2 363	3.24
Mattress	2	2 246	3.08
Gift cards	5	2 146	2.94
Dental kits / care	2	1 728	2.37
Fitted cotton sheets	3	1 336	1.83
Lactation consultant	3	1 315	1.8
Counseling	4	1 302	1.78
Prayers	3	1 263	1.73
Thermometer	3	1 243	1.7
Support groups	1	1 084	1.48
Wearable blanket	2	955	1.31
Infant CPR classes	2	908	1.24
Prenatal massages	1	822	1.13
Home visitation	2	676	0.93
Baby furniture	1	547	0.75
Vocational resources	1	545	0.75
COVID-19 vaccinations	1	514	0.7
Humidifier	1	399	0.55
Toiletries	1	399	0.55
Prenatal vitamins	1	290	0.4
Breastpump	1	236	0.32
Baby monitor	1	236	0.32

Note: More than one response is possible across videos.

surfaces, etc) which also highlights the unique, dynamic, versatile, and multi-folded nature of a community baby shower which in turn could yield outcomes at the individual and community levels, suggesting both a potential clinical and systemwide impact.

As aforementioned, there was also a wide representation of community stakeholders involved in contributing towards planning and implementation of community baby showers across this sample of videos. Some of the represented stakeholders included faith-based centers and organizations, schools, community centers, police departments and grocery stores/supermarkets which represent some of the most highly utilized entities by the lay population. To date, community baby showers have not been established as a evidence-based health promotion practice.¹² From a review that examined prior published studies on community baby showers, there were multiple deliverers disseminating knowledge to caregivers in these spaces that included health educators and healthcare providers.¹² It follows that drawing on the skills and knowledge of the stakeholders could also yield potential as a direction for sustainability which in turn could provide a path to integrate community baby showers as part of the culture and legacy of the community.

However as previously reviewed, a community baby shower is not constituted as an established evidence-based practice at this point in time. Based on the sample of widely accessed videos from this present study, there are ample directions to ultimately draw on the content that generated the greatest number of views as a metric for assessing engagement (e.g. pertaining to educational goals and resources) as the basis to translate these components into facilitators of community baby showers with heightened awareness across community landscapes to assure increased representation, participation and evaluation of a community baby shower as a health promotion intervention.

In addition, one of the unique features of community baby showers is that this space offers an opportunity for hands-on education, access to resources and support building for families simultaneously in the same space.^{10,16} This is particularly important for families with resource limitations, including limited family and social support. Identifying ways to increase visibility of this intervention remains a longstanding challenge. Campaigns and programs could integrate them as a component of their cascade of education, skill acquisition and linkage to resources. In addition given that traditional news media sources formed the majority of the formats disseminating content on community baby showers including sponsoring some of them, connecting with local and national news networks with increased frequency could offer an opportunity to heighten knowledge and awareness on the concept of a community baby shower, the process of planning and implementation of one in practice, and the

universal components of this intervention which could be translatable across a diversity of community contexts.

Lastly, cost efficiency as a value-based consideration was also accounted for across several of the widely accessed videos, specifically pertaining to reducing cost of baby supplies for families over time. There are potentially additional directions to evaluate cost efficiency of community baby showers beyond the financial cost to families, for e.g. cost to the healthcare system from preventable infant and maternal life threatening conditions, psychological costs in the post-partum period that could be attributed to limited support, cost to the community from a scarcity of a streamlined approach encompassing a range of contributions from community entities and stakeholders rather than over-emphasis or under-emphasis on any of them to provide infant care and resources, etc. As part of evaluating the feasibility of a community baby shower as a path to assess its efficacy as a sustainable community engagement and health promotion intervention, critical examination of reductions in any of the aforementioned costs could yield further value in the provision and delivery of value-based care to infants and their families that seeks to maximize cost efficiency.

Limitations

This study was limited in several different ways. First, this was a cross-sectional study that extracted videos during one conceptual point in time which limits replicability of the study. It is probable that there are certain videos that could trend as generating larger number of views than others. However, given the ever-changing, ever-evolving landscape of social media, it is possible that new content could be posted and integrated into the widely viewed videos over time and further that the number of view counts as an engagement metric could change as well over time. In addition, we do not know the exact search algorithm utilized in the social media digital space to identify the widely prevalent videos in this study or for a comparative study with a content analysis utilizing the same cross-sectional method. Moreover, this study was also not intervention-based; rather, the study design was retrospective in nature and examined existing videos to inform educational efforts in the future with harnessing the potential of community baby showers in health promotion practice. Videos reviewed were only in English which could also delimit access to videos on community baby shower related content that could be available in different languages. Nevertheless, findings across this sample are useful in informing future facilitators of community baby showers as a community engagement and health promotion intervention.

Conclusion

Community baby showers yield promise in providing

hands-on education, access to resources, and support building for families of infants during both prenatal and postnatal phases. One of the strengths of this health promotion practice involves drawing on the strengths of a diversity of community stakeholders and entities in supporting the community, thereby providing a path to assess feasibility and sustainability of this promising strengths-based approach in health promotion. In addition, there could be opportunities to conceptualize and address cost efficiency across several domains including healthcare, psychological, and community environment-based ones. However, the limited number of cumulative views across these widely viewed videos suggest limited awareness about the concept or potential impact of a community baby shower in affecting change across a community. News media sources reigned as the primary source disseminating content on community baby showers which suggests a future direction in partnering with them in heightening knowledge and awareness on this health promotion practice. Findings from this study inform future facilitators in planning, development and implementation of community baby showers across a wide range of community contexts.

Authors' Contribution

Conceptualization: Aysha Jawed.

Data curation: Aysha Jawed.

Formal analysis: Aysha Jawed.

Investigation: Aysha Jawed, Colin Gardiner.

Methodology: Aysha Jawed.

Writing—original draft: Aysha Jawed.

Writing—review & editing: Aysha Jawed, Colin Gardiner.

Competing Interests

The authors declare that they have no conflicts of interest.

Ethical Approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. This article does not contain any studies with human participants or animals performed by any of the authors.

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