Hazards of Online Advice for Parents of Young Children: A Scoping Review

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Summary

Background: The parents of young children increasingly use websites, social media and apps to seek parenting and child wellbeing advice. These online sources can help parents solve difficulties they are experiencing with their children and lead to better child adjustment. However, concerns have grown about the hazards parents may experience when seeking online advice, such as information overload, conflicting recommendations, untrustworthy information, feelings of inadequacy when comparing themselves with 'perfect' influencers and uneven access. This review maps the evidence on such hazards for parents of children aged 0-4 years.

Methods: We followed best practice guidelines for scoping reviews (PRISMA-ScR). We searched PubMed using a pre-specified strategy and screened grey literature (OpenGrey, ProQuest Dissertations & Theses Global, EThOS, UK policy sites) plus parenting forums and major social media platforms. A narrative synthesis was performed.

Results: Across qualitative studies, surveys, experimental and mixed-methods studies from multiple regions, three recurring themes emerged:

(1) information overload and inconsistency of advice:
a) parents feel overwhelmed and often bewildered;
b) the sheer volume of information leads to an unacceptable time demands;
c) the confusion engendered is associated with reduced confidence in their abilities as parents and lower self-esteem.

(2) *not knowing whom to trust* trying to navigate which sources had credibility and were based on sound evidence provoked anxiety and uncertainty, with suspicions of some sources promoting misinformation, exacerbated by opaque commercial sponsorship and sometimes low-quality information

(3) *feelings of inadequacy, anxiety, and depressive symptoms* due to comparing themselves with the influencers they watched.

Additional themes included privacy concerns and commercialisation of children; equity barriers of access to online information (language, connectivity, digital skills, competing demands) that may widen social disparities.

Conclusions: The current online ecosystem often confuses parents, damages their self-confidence and belief in their parenting abilities, and may exacerbate inequities.

Recommendation A co-produced, evidence-based, trustworthy national source of online parenting advice would go a long way to help parents find out the best way to bring up their children and maximise their potential. It would benefit from clear demonstration of the authority of the information, and an explicit statement that there is no sponsorship of commercial products. To maximise engagement, it should have culturally and linguistically tailored content, and useful links to good quality local community services. Such a trusted source of online parenting advice should then be repeatedly improved in light of parent feedback, followed by evaluation of how it promotes parent-child interaction and child development.

Introduction

How parents bring up their children significantly influences their developmental outcomes, from conception through to school (Katsantonis & Symonds, 2023; Sroufe, 2005). Early childhood (0–4 years) is a particularly critical period where parental involvement and sensitivity strongly predicts attachment security and developmental outcomes (O'Hara et al., 2019). Furthermore, more sensitive early parental care predicts lower costs to society many years later, independent of poverty, antisocial behaviour levels and IQ (Bachmann et al., 2022).

Underachievement is more prevalent amongst disadvantaged parents. They may have to overcome difficulties in having a harmonious and stimulating relationship with their child due to stress at work, stresssful partner relationships, being a lone parent, suffering from depression or living in an unsupportive neighbourhood. Two major characteristics that are far commoner in children living in disadvantaged circumstances are lower reading and academic attainments, and increased levels of behavioural problems. These two characteristics prevent children from reaching potential and widen social inequity in society. Behavioural difficulties are fully 5 times more common in socially disadvantaged groups than in advantaged groups (Gardner et al., 2019) and furthermore, they put a heavy burden ~~are~~ on public finances (Scott et al., 2001).

Plentiful evidence shows that face-to-face parenting programmes have a substantial impact on the likelihood of children reaching a good level of development, especially for those children most at risk of falling behind (Roy-Chowdhury et al., 2025). Parenting programmes play an important role in reducing social disparities and improving the poor long-term outcomes in disadvantaged families (Gardner et al., 2019). For instance, a large randomized clinical trial in a disadvantaged area of London followed children at risk of behaviour problems for two years found that a structured relationship-building parenting programme produced sustained reductions in disruptive behaviour and substantial gains in word reading (Scott et al., 2010; Scott et al., 2014).

However, systematic parenting programmes delivered face-to-face in groups inevitably have a limited reach across the population. Parents are often not free to attend groups which are mostly held in the daytime when they may be at work, and waiting lists may be long. In contrast, online programmes have the benefit of being available any time that the parent may wish to access it such as evenings and weekends, allows parents to go at a pace that suits them, and take the information in small bites rather than for example 2-hour sessions which are typical for group-based parenting programmes. Online

interventions have the potential to greatly widen access and to offer flexible and tailored approaches that are accessible and not stigmatising (Hollis et al., 2018). Meta-analyses attest to their effectiveness (Canario et al 2024). Lockdown greatly accelerated the pre-existing trend of parents seeking advice online (Panchal et al., 2023).

Authoritative bodies in the UK and worldwide have endorsed the potential benefit of online interventions. the National Institute for Health and Care Research (NIHR), The World Health Organization (WHO),and the World Psychiatric Association among others have actively supported the transition from analogue to digital interventions in mental health care, recognising the potential of technologies to improve access, engagement, and outcomes (Department of Health and Social Care, 2024; Volpe et al., 2023; World Health Organization, 2021).

Systematic online programmes that take parents through a number of modules and recommend practical exercises to carry out at home should be distinguished from brief advice for particular problems. The latter are far more widely consulted in terms of numbers, and there are many sources offering such advice, and generally speaking this is where the difficulties arise for parents and are the subject of this review.

Using social media for child health information has become part of the modern parenting experience: parents increasingly rely on online resources and social media to obtain information related to parenting which can cover a wide range of concerns including behaviour (for example getting children off screens, disobedience, doing homework), emotional issues (anxiety, bullying, meltdowns), and health and diet issues. However, it can be challenging to discern the quality of information on social media, leaving parents vulnerable to receiving incorrect information and misinformation (Frey et al., 2023). While these platforms provide rapid access to advice and peer support, several studies suggest that the vast amount of information, often inconsistent or of variable quality can overwhelm parents and reduce their confidence in making parenting decisions, making it difficult to discern reliable sources (Mertens et al., 2024). This phenomenon- sometimes referred to as “information overload”- has been identified as a potential risk factor for parental stress and confusion, with possible downstream effects on parent-child interactions and child development. Online tools, while potentially supportive, may also exacerbate parental stress and raise confidentiality concerns (Zhang & Johnston, 2023).

Recently, there have been systematic reviews looking at the characteristics of digital interventions that make them more likely to be engaging, for example one highlighted the need for them to be designed to target specific mental health issues in order to be effective (Stentzel et al., 2023). Another recent scoping review evaluated digital technologies for the transition from pregnancy to early parenthood (Hochmuth et al., 2025). Finally, another systematic review found that parenting-influencer content is linked to lower maternal self-efficacy, more anxiety/shame, and body dissatisfaction, while simultaneously commercialising children and eroding their sense of privacy (Praveen & Dharani, 2025). However, none of these reviews examined the above hazards digital online tools pose for parents' decision-making and wellbeing, leaving a gap in the ~~iterature~~literature.

Our aim was to review the evidence on the hazards of exposure to online advice, including social media resources for parents, with a focus discovering whether parents experienced information overload, misinformation, and the impact on parental wellbeing and decision-making.

Methods

Literature search

The following search terms were applied in PubMed: (parent* OR caregiver* OR mother* OR father* OR child-raising OR child-rearing) AND (infant* OR baby OR babies OR toddler* OR preschool* OR "early childhood" OR "young child*" OR "0-5 year*" OR "under five") AND ("online advice" OR "digital information" OR "internet resource*" OR "website*" OR "social media" OR "online forum*" OR "mobile app*" OR "digital health" OR eHealth OR mHealth) AND (overwhelm* OR "information overload" OR stress OR confusion OR "difficult* to navigate" OR burden OR anxiety* OR hazard* OR challenge*).

To ensure a comprehensive coverage of the topic, we extended our search beyond peer-reviewed journals to include grey literature. Grey literature encompassed dissertations, theses, reports, organisational documents, and digital content from social media and parenting forums. We searched OpenGrey, ProQuest Dissertations and Theses Global, and EThOS (British Library). We also looked at Public Health England, NHS Digital, the Department of Health and Social Care and the Department of Education websites, Finally, we searched Twitter/X, Facebook parenting groups, and Reddit forums.

Inclusion criteria

The domain we studied was parenting information-seeking behaviours in online contexts, and associated hazards such as overload, misinformation, stress, or reduced self-efficacy. Studies addressing overwhelm, information overload, stress, confusion, difficulty navigating, burden, anxiety, or related hazards (e.g., overload, confusion, misinformation, stress, reduced self-efficacy, poorer decision-making) were included.

Our main population of interest was parents or primary caregivers of children, with no restriction on child age, but emphasis on early years, particularly 0-4 years (infants, babies, toddlers, preschoolers). Our literature search strategy was designed accordingly.

The exposure factor we focused on was exposure to online or social media parenting information, advice, or discussion forums. We considered social media, online forums, mobile apps, digital health tools, websites, or other forms of online/digital parenting information.

We included any empirical design (qualitative, quantitative, mixed-methods, cross-sectional, longitudinal, interventional, as well as grey literature) but excluded case series with just one participant. Reviews were considered but used for the discussion in order to put the evidence in context.

The search terms were included in English, but we used translation programmes as appropriate. These methods comply with PRIMSMA Scoping Reviews guidelines (Tricco et al., 2018).

Data extraction and strategy for data synthesis

Data was presented in tables. A narrative synthesis was performed, structured around themes that emerged from the data.

RESULTS

Across included sources (peer-reviewed and grey literature), a variety of study designs were found including qualitative interviews, focus groups, surveys, mixed-methods designs, experimental studies and service evaluations. Samples were predominantly mothers of infants and preschoolers (0–4 years) with occasional inclusion of fathers or broader caregiver groups. Online contexts included general websites and search engines, social media platforms (Instagram, Facebook, YouTube, TikTok), online

forums, parenting blogs, and telehealth/eHealth services. Across designs, context and themes, three recurring themes were identified:

Information overload and inconsistency: too much information, conflicting guidance from different sources, difficulty navigating websites to find the relevant information, and the need to spend excessive amounts of time to the detriment of other activities (Buultjens et al., 2012; Frey et al., 2023; Glatz & Lippold, 2023; Johnson, 2015; Moon et al., 2019; Onishi, 2024; Sommerfield et al., 2024).

Misinformation and uncertainty about credibility: limited clarity about the authority and evidence-based nature of the information given, uncertainty about the quality of the advice offered, and loss of trust in whatever they read, including suspicion of the effects of commercially sponsored content (Holiday et al., 2021; Moon et al., 2019; Urman et al., 2025; Valan, Kristiansen, et al., 2018; Whyte & Hunter, 2008).

Social comparison–linked strain: parents engaging with influencer content had increased anxiety, lower confidence in their effectiveness as parents, role overload, and depressive symptoms (Chae, 2015; Coyne et al., 2017; Germic et al., 2021; Ouvrein, 2022; Tosun et al., 2020; Verrier & Moujaes, 2020; Wenhold et al., 2025).

The core themes that emerged across all information domains were as follows:

a) Excessive use of online sources

Several studies reported high reliance on the internet and social media for parenting and child-wellbeing information. For example, 97% of parents in one study used the internet for child health and development queries (Valan, Kristiansen, et al., 2018); 82% of parents in another study reported using social media for child health information (Frey et al., 2023); and national polling in the US highlighted technology as a key reason why respondents felt that parenting is harder today (Auxier et al., 2020). Among US parents of 0-5 year olds, most reported turning to articles online, though only about half found them helpful (Zero To Three & Bezos Family Foundation, 2016). 71% parents searched online for parenting/health information, but only 26% always verified the sources (Urman et al., 2025).

b) Information overload, inconsistency and misinformation.

Studies described parents experiencing “too much” or conflicting information, difficulty knowing how to navigate sites to get the information they wanted, and stressed due to

the excessive amount of time it consumed. Parents reported finding it confusing to find what they wanted on websites and low relevance of what was there (Buultjens et al., 2012). Qualitative work noted overload and conflicting expert advice (Johnson, 2015; Moon et al., 2019). In survey data, 25% of parents encountered contradictory or confusing advice online (Frey et al., 2023). A survey found that online information-gathering was associated with lower social support and parenting self-efficacy (Onishi, 2024). A longitudinal survey linked the experience of information overload was related to lower self-confidence as a parent and increased subsequent online searching (Glatz & Lippold, 2023). Parents who received information from hospital staff, also reported feeling overwhelmed by the volume and inconsistency of information given when combined with information found online (Sommerfield et al., 2024).

Parents reported uncertainty about the level of credibility of the information they were finding and difficulty in being able to verify how trustworthy it was; many lacked awareness of how to check this. In one study, only 31% of parents reported checking whether websites were scientifically sound (Valan, Kristiansen, et al., 2018), and in another, only 26% always verified online sources (Urman et al., 2025). Qualitative insights highlighted concerns about untrustworthy sites and generic advice not fitting specific circumstances (Moon et al., 2019). A study carried out in the UK found low awareness of pitfalls in searching for medical advice online (Whyte & Hunter, 2008). Unclear or partial advertising disclosures decreased trust in influencer posts, whereas explicit disclosure increased trust and acceptance (Holiday et al., 2021).

c) Social comparison, anxiety, and self-efficacy

Across the majority of studies, social comparison emerged repeatedly. Following "InstaMums" predicted higher maternal anxiety in a UK survey, mediated by comparing themselves unfavourably with presenters on parenting websites; anxiety was stronger among mothers with lower self-esteem (Verrier & Moujaes, 2020). A survey found that parents who sought online information from "Mummy influencers" believed they were less effective parents (Ouvrein, 2022). Another survey linked greater social comparison on social networks with higher role overload, lower parental sense of competence, lower social support, higher maternal depression, more conflict over social network use, and less positive coparenting (Coyne et al., 2017). Laboratory and survey studies around celebrity mother content reported elevated intensive mothering beliefs, competitiveness, and comparison orientation (Chae, 2015), while reliance on internet sources correlated with lower parenting self-confidence (Germic et al., 2021). Qualitative/thematic work described strong negative emotions related to comparison (envy, resentment, sadness)

and doubts about credibility of influencer portrayals (Tosun et al., 2020). Postpartum mothers also described pressures around idealised portrayals of motherhood and infant feeding, with negative impacts on confidence levels (Wenhold et al., 2025).

d) Privacy, sharenting, and commercialisation

Focus groups with influencer and "everyday" mothers reported worries about children's privacy if they went online, low perceived control over how their image might be spread, and making themselves vulnerable through "sharenting," often intertwined with sponsored content (Archer, 2019). Parents described limited guidance and lack of clear rules for posting about children (Archer, 2019). Furthermore, a study on advertising disclosure reinforced that commercial entanglement can blur boundaries between guidance and promotion (Holiday et al., 2021).

e) Equity, language, and contextual barriers

Structural and contextual barriers were frequently reported. In Guatemala, the effectiveness of online messaging hinged on supportive systems and professional input; weak services and cultural barriers limited impact (Prieto et al., 2017). Barriers to digital health uptake among parents of 0-4 year olds included lack of time, childcare demands, and unreliable internet access (Tongol et al., 2025).

f) Online support service-delivery contexts

Some caregivers reported technology challenges (Idris et al., 2024; Talbott et al., 2022). In Oman, half of parents reported negative experiences receiving online support tied to weak internet, limited awareness, and reduced sense of effectiveness (Idris et al., 2024). A randomized comparison of Telehealth-delivered Parent–Child Interaction Therapy formats found that higher parental stress predicted dropout and weaker alliance/satisfaction in online service-delivery (Sanchez et al., 2024). In a perinatal setting comparing in-person and virtual interventions, anxiety/depression improved similarly across modalities, but mother–infant bonding improved only in-person, with under-representation of Black women in the virtual group (Cherry et al., 2025).

DISCUSSION

This is the first scoping review to synthesise, across peer-reviewed and grey literature, the hazards of parents' exposure to online parenting advice in the early years of life. We

found convergent evidence from qualitative, survey, experimental and service-delivery studies that:

1- Parents frequently experience information overload and conflicting guidance, creating stress about where to turn and taking up inordinate amount of their time taking away from their ability to get on with tasks of everyday life and prioritise their children.
2- Parents found the credibility of online sites hard to judge, and we found misinformation, sometimes related to advertising, that distorted appropriate advice, and guidance, undermining trust.
3- Engagement with influencer content is consistently associated with lower parental self-efficacy and higher distress due to making unfavourable comparisons with influencers seen online.
4- Concerns across studies include privacy/sharenting and the commercialisation of children, alongside structural barriers that disproportionately affect disadvantaged and minority families.
5- Online interventions can amplify stress and inequities when poorly supported or when connectivity, skills, language and contextual barriers are present.
6- Many studies and clinical trials do not evaluate the risks associated with online parenting advice. However, once they are evaluated, negatives effects are observed.

The evidence we found helps explain why parents report confusion and reduced confidence in everyday parenting decisions, despite high motivation to seek information online. In contrast, parental well-being improves with in-person educational resources on perinatal and infant care, psychotherapy, and support from peers and healthcare professionals (Chua & Shorey, 2022). Whereas our results and the studies included highlight the hazards that parents encounter when seeking advice online. Parents struggle to identify trusted sources of advice, either from the volume or the content of the information available, which is not always considered accurate, and means they may not be drawing on the most credible sources. This aligns with the opinions highlighted by health professionals' views on barriers to using apps, including information overload (Uribe et al., 2021). Health nurses have expressed concerns about the amount of information and the difficulties to search, sort and evaluate the information found by parents (Valan, Sundin, et al., 2018). Parents seem to be left to navigate online parenting information without consistent professional guidance. In line with this, the Department for Education evaluation of practitioner training in evidence-based parenting programmes (Department for Education, 2011) underscored how inconsistent delivery

and lack of standardisation risk leaves parents exposed to fragmented or unreliable support. Furthermore, there is the risk that acting on misinformation can lead to inappropriate parenting behaviours (Onishi, 2024). Parents and families would benefit from structured, credible, evidence-based advice from trusted information sources. A co-produced, evidence-based national source of online parenting advice would go a long way to helping parents find out the best way to bring up their children and maximise their potential. It would benefit from clear demonstration of the authority of the information, and an explicit statement that there is no sponsorship of commercial products.

At the moment the lack of a unified, evidence-based framework leaves parents relying excessively on peer norms or influencer examples (Archer, 2019). In a meta-analysis, it was found that upward social comparisons - common in online parenting environments saturated with idealized portrayals - reliably reduce self-evaluations and mood (Gerber et al., 2018), suggesting a clear psychological pathway by which online advice and influencer content can exacerbate parental stress and insecurity. The mechanism suggested is that passive browsing of idealised social media content fosters negative social comparison, leading individuals to feel less competent and less satisfied with themselves. This process explains why parents exposed to curated parenting advice online may experience reduced self-efficacy and greater stress (de Vries & Kühne, 2015). Feeling the pressure to be a “perfect mother” leads to higher parental burnout (Meeussen & Van Laar, 2018). Some mothers (e.g. those with perfectionism) are even more vulnerable to anxiety and depression when consuming parenting-related social media content and engaging in social comparisons (Padoa et al., 2018).

Family characteristics (processes, structure/size, living conditions), affect socioeconomic inequalities in early-childhood health. For instance, parental stress and greater parental use of screen time link lower socioeconomic position to worse outcomes (Hoffmann et al., 2022). Families thus require different levels of support based on their level of service seeking, family characteristics, risk profile, and motivation for change (Breitenstein et al., 2021). Immigrant parents seem to feel overwhelmed with a variety of challenges, including the lack of family and community support, lack of access to linguistically appropriate services and resources, cultural conflict regarding parenting practices, fear related to social services, and language barriers (Salami et al., 2017; Son & Han, 2023). These famies thus need appropriate, evidence-based support adapted to their needs. To maximise engagement the support should have culturally and linguistically tailored content. Security and privacy in data collection are further challenges to be addressed in the field (Haumont et al., 2017). For instance, influencer

“mumpreneurs” routinely fold children into sponsored content/events (Archer, 2019) which in some cases can go against children’s rights to privacy and consent. Implementation barriers (unstable internet, time and skill demands) also need to be taken into account (Kohlhoff et al., 2020).

We identified some gaps in the evidence including: a) need for more systematic measurements of how parents appraise credibility, verify information, or shift source preferences over time, b) need for studies connecting parents’ online-information experiences to child health, safety behaviours (e.g., safe sleep), or school-readiness outcomes, and c) need for further studies differentiating by platform (e.g., Instagram vs. forums), content type (influencer, commercial, peer, official), *o*r sponsorship transparency/algorithms.

Taken together, the findings point to several actionable recommendations. Parents would benefit from clear guidance on how to identify and prioritise trusted sources, drawing on evidence-based hubs and professional advice rather than unverified social media content. Practitioners should anticipate parents’ reliance on online information and actively signpost to credible resources during routine care, while also addressing misinformation in a supportive, non-judgemental manner. At a policy level, there is the need to consolidate parenting advice into accessible information or “hubs” that integrate local services, ensure cultural and linguistic inclusivity, and regulate the transparency of commercial content to protect families from biased or exploitative messaging. Future interventions should be co-designed with parents, emphasise usability and cultural sensitivity, and address inequities.

CONCLUSION

Parents routinely turn to online parenting resources, but the current ecosystem carries identifiable hazards: excessive inconsistent information, weak credibility cues and misinformation, comparison-driven distress that can erode self-efficacy, and structural barriers that differentially burden disadvantaged families. These hazards can challenge day-to-day decisions in the first years of life and may displace attention from evidence-based interactions that build early development. Consolidated, transparently governed, evidence-based parenting information, co-designed with parents and embedded in routine health, early-years and community services, would offer a practical way to reduce overload, improve trust, and promote equitable access to high-quality advice. An evaluation of how such parenting advice promotes parent child interaction and child development should follow.

TABLE: Characteristics of included studies

First author, year of publication	Study design	Country	Sample size	Age: Children age Parental age	Ethnicity	Type of online resource	Key findings
National Parent Survey (ZERO TO THREE & Bezos Family Foundation, 2016)	Survey	USA	2,200	Parents of children 0-5 years 31% 18-29; 57% 30-44; 12% 45+ years	57% White, 20% Hispanic/ Latino, 14% Black/ African American, 6% Asian, 3% other/ mixed	Web-based articles and websites	84% of parents turn to articles aimed at helping parents but only 49% find them helpful. 58% say there is too much parenting information online and it is hard to know which information to trust. 54% would like information from a website written by child development experts.
Auxier 2020 (Auxier et al., 2020)	Survey	USA	3,640	Parents of children 0-17 years[1]	White, Black, Hispanic	Website blogs, social media	26% of parents reporting that parenting has become harder explicitly cited technology as the reason. Parents complained about “information overload" coming from multiple places. 52% of parents said in the resources they access other parents share too much information about their kids.
Archer, 2019. (Archer, 2019)	Qualitative; focus groups	Australia	45 influencer mothers; 10 focus groups with 8-10 participant each	Mothers of infant-preschoolers	N.a.	Social media (blogs, Facebook, Instagram)	Mothers worry about children’s privacy. Many lack confidence with settings and report instances of photos spreading beyond intent (e.g., re-used by media/hospitals). Some mums worried their children might later resent their online exposure.

							They reported that no clear rules or trusted official advice exists to guide them.
Buultjens 2012 (Buultjens et al., 2012)	Quantitative content analysis	Australia	18	First-time mothers of children in the postnatal period (0–12 months)	N.a.	General websites, programmes, information sheets, support groups	4/13 search phrases produced ≥50% relevant results. Websites often found confusing to navigate. Mothers faced “overwhelming”, “confusing” online information, with limited access to useful support.
Chae 2015 (Chae, 2015)	Survey	South Korea	533	First- time mothers of Children 0–3 years Mothers 30.7 years mean age	N.a.	Online news/ expert sites and informal online communities	Exposure to celebrity mother stories was linked to higher competitiveness for all mothers ($p<0.05$). Exposure to celebrity mother stories was linked to stronger intensive mothering beliefs ($p<0.01$) and greater social comparison ($p<0.01$) among employed mothers.
Cherry 2025 (Cherry et al., 2025)	Retrospective record review	USA	361	Pregnant mothers or ≤1 year postpartum. Mothers mean age 31.6±4.9. years	74% White/ Caucasian, 21% Black/ African-American, 2% Asian, 2% Hispanic/ Latin, 1% multiracial	Telehealth intervention (compared to in-person perinatal intensive outpatient intervention)	Anxiety and depression symptoms improved similarly in virtual and in-person care, but mother-infant bonding improved only in the in-person group. Virtual groups risked weaker bonding outcomes, especially among patients with fewer resources. Black women had higher depression scores in the virtual group, Parents expressed preference for in-person services.
Coyne 2017 (Coyne et al., 2017)	Survey	USA	704	Mother of children 0-5 years	87% Caucasian.	Social networks (mainly Facebook)	Mothers who engaged in more social networks reported higher role overload ($p<0.001$), lower parental

				Mothers mean age 30.4±5.2 years			competence ($p<0.05$) and less perceived social support ($p<0.001$). Social comparisons predicted higher maternal depression ($p<0.01$), more conflict over social network use ($p<0.05$) and less positive coparenting relationships ($p<0.05$).
Frey 2023 (Frey et al., 2023)	Survey	Australia	1,000	Parents of children aged 6 months– 5 years. Mothers mean age 34.6±6.1 years	N.a.	Social media (Facebook, Instagram, YouTube, parenting forums)	82.2% parent reported using social media for health information for their children Parents with university (OR=0.513, 95% CI 0.332-0.794) or trade qualifications (OR=0.535, 95% CI 0.352-0.814) were less likely to consult social media before a consultation than parents with high school qualifications. 25% parents found contradictory or confusing advice online.
Germic 2021 (Germic et al., 2021)	Survey	USA	168	Children age not specified[2] 38.9±8.7 year parents	85% White/ Caucasian, 3% Latin/ Hispanic, 2.4% African American, 1.8% Asian, 3%, ≥2 ethnicities	Instagram (mommy blogger content)	Mothers who relied on digital sources for parenting information scored lower on parenting self-efficacy ($p=0.023$).
Glatz (Glatz & Lippold, 2023)	Survey	Sweden	214	Parents of children <4 years. Most parents mid-20s–40s	N.a. (93% born in Sweden)	Government and non-government websites	Perceived information overload predicted more subsequent online searching ($p=0.04$). Higher baseline self-efficacy predicted less searching ($p<0.001$).

							Effects were stronger among parents who used both government and non-government sites
Holiday, 2021 (Holiday et al., 2021)	Experimental lab study	USA	52	Mothers of dependent children, child ages not reported Parents mean age 36 years; range 25–59 years	79.6% Caucasian, 14.3% Hispanic, 4.1% Black/ African American, 2% Asian/ Pacific Islanders	Instagram	In a laboratory-based experiment where mothers viewed Instagram posts with varying levels of sponsorship disclosure, mothers reported that unclear or partial disclosure of sponsorship reduced trust and made posts feel manipulative, while pore explicit disclosure increased trust and acceptance ($p<0.05$).
Idris et al., 2024 (Idris et al., 2024)	Survey	Oman	130	Parents of children with neurodeve-lopmental disorders aged 6.1±3.0 years, range 1–14 years. Mothers mean age 36.2±6.3 years. Fathers mean age 40.8±7.3 years	N.a.	Digital (video/phone) clinics at a tertiary hospital.	54% of parents of children with neurodevelopmental disorders reported negative experiences from digital services. Main risks reported included weak internet service (29%), lack of awareness about digital services/ telemedicine (32%), absence of direct interaction reducing effectiveness (50%), technology inexperience (14%), and perception that services did not fully benefit their child (41%). Overall satisfaction was limited, with many preferring in-person care.
Johnson, 2015 (Johnson, 2015)	Qualitative (longitudinal)	Australia	12	First-time mothers of newborn to 7 months	Predominantly White	Online parenting forums	Parents described information overload, difficulty assessing credibility, and reliance on non-expert peer advice online. Forums could be sometimes judgmental.

				Parents age range 29-44 years.			
Moon (Moon et al., 2019)	Qualitative	USA	28	Mothers of healthy term infants <6 months of age. Mothers mean age 30.4 years (range 20-44 years)	71% Black or African American, 29% Caucasian	Internet and social media	Mothers noted that the digital information can feel overwhelming, especially when there is differing expert advice. They cautioned to be careful about using only reputable websites, noting that many sites are not trustworthy. Some mothers found that online information was too general to be useful for their specific situation. Mothers, especially African American mothers, mentioned that examples and images often did not reflect their children (e.g., pictures not showing Black infants).
Onishi (Onishi, 2024)	Survey	Japan	420	Parents of children 0–3 years. Mothers 34.5±4.9 years; fathers 39.8±6.6 years	N.a.	Websites, social networks, parenting apps	Parents who relied mainly on online sources reported lower social support and parenting self-efficacy compared with those accessing also offline resources ($p<0.001$).
Ouvrein, 2022 (Ouvrein, 2022)	Cross-sectional survey	Belgium	720	Children age not specified. Parents 31.0±3.7 years, range 19-43 years	N.a.	Instagram	Social comparison with mommy influencers was associated with lower perceived parental self-efficacy ($\beta=-0.15$, $p<0.001$) after controlling for age, number of children, and parental anxiety. Exposure to mommy influencer profiles was initially

							negatively related to parental self-efficacy (β=–0.09, p=0.01), but this effect was medicated by social comparisons.
Prieto 2017 (Prieto et al., 2017)	Mixed-methods impact evaluation, qualitative follow-up	Guate-mala	100	Mothers of infants in a newborn care context)	N.a.	Text messages and peer-to-peer SMS groups	Risks reported included poor support systems, weak public services, cultural barriers to care, and limited guidance without professional involvement.
Sanchez 2024 (Sanchez et al., 2024)	RCT (telehealth vs office-based therapy)	USA	40	Parents of Children aged 3–5 years	N.a.	Telehealth-delivered Parent–Child Interaction Therapy	Among higher-stress caregivers, telehealth was linked to higher dropout (p=0.04), lower therapeutic alliance (p<0.01) and satisfaction (p<0.05) than office-based care.
Sommerfield 2024 (Sommerfield et al., 2024)	Survey and semi-structured interview	Australia	380 survey 24 interviews	Parents aged 18-55 years[3]	N.a.	Internet search[4]	Barriers included poor communication (reported in 88% of the interviews) and conflicting messages (reported in 21% of the interviews). Parents valued written take-home information (77% preferred written materials, 9% verbal, 14% both) and wanted more personalised, clear, and sensitive communication. Overload scores were higher when a language other than English was spoken at home (p<0.001) lower for parents with higher education (p<0.05)
Strange 2018 (Strange et al., 2018)	Quantitative survey;	Australia	487; 11	Parents of children aged 0–5 years.	N.a.	Online, social media, Parenting	77.4% participants used parenting sites for information, and 69.9% of

	Qualitative interviews			27-40 year old parents in the qualitative interview		websites/ forums, blogs	highlighted conflicting and judgmental information. Strong views on contentious topics (e.g., breastfeeding, sleep routines) left parents feeling inadequate and unsupported. Vulnerable parents were particularly affected by harsh online interactions. Older parents expressed more caution than younger parents (p= 0.007).
Talbot 2022 (Talbott et al., 2022)	Qualitative survey (after telehealth evaluation)	USA	32	Parents of infants aged 6–12 months; parent age not reported	87.5% White, 6.3% Hispanic/ Latino, 6.3% Asian, 6.3% multiracial.	Telehealth-based infant development/ ASD evaluation (video + mailed toy kit)	Parents reported risks: technology challenges (43%), difficulty engaging children (12%), stress observing child struggle, and logistical burdens (28%).
Tongol 2025 (Tongol et al., 2025)	Survey	Canada	606	Parents of children aged 0–5 year. Parents 33.6±6.4 years; range 18–52 years	75% White, 15% Asian, 3% Indigenous, 2% Black, 5% Other / Mixed	eHealth programmes (apps, telehealth, web-based interventions)	Parents of children aged 0–5 identified several barriers to engaging with digital programmes, including lack of time (42.2%), childcare demands (21.4%), and limited or unreliable internet access (25.1%).
Tosun 2020 (Tosun et al., 2020)	Qualitative thematic análisis, survey	Turkey	42	Mothers of children born 1992–2017 (not limited to 0–5 years). Mothers age 36.4±6.9. years	N.a.	Social networking sites (Facebook, Instagram)	Some mothers doubted the credibility of other mothers' posts. Mothers reported that social comparison on Facebook and Instagram often led to envy (52.4%), resentment (28.6%), and sadness (19%), with many describing feelings of inadequacy and family conflict.

							Mothers also expressed distrust toward influencer mothers, perceiving their portrayals as unrealistic.
Urman 2025 (Urman et al., 2025)	Survey	Argentina	201	Caregivers of children aged 0–5 years Parent age: 13.4% 20-30 years, 53.7% 31-40 years, 2.5% >51 years.	N.a.	Internet and social media (Instagram, Facebook, YouTube, TikTok, others).	70.6% of parents searched online for child health and parenting information. Only 26% always verified sources, while 34% never did. 95% reported they would not replace professional advice with online content. Parents of children with serious health conditions were more frequent users (71%) of online health information and significantly more likely to report dissatisfaction and overwhelm.
Valan 2018 (Valan, Kristiansen, et al., 2018)	Mixed-methods	Sweden	687	Parents of children aged 0–6 31.8±6 years (range 18–69 years)	N.a.	Websites, search engines, forums and blogs.	97% used the Internet for health-related and developmental child issues. Only 31% of the parents checked if websites they used were scientifically sound. Parents felt the flow of information is enormous and time-consuming to sort through. They worried about missing important information if they searched in the wrong way or used untrustworthy sources
Verrier & Moujaes, 2020 (Verrier &	Survey	UK (84%), North America	210	Parents of children ≤5 years	91% White, 3% Asian, 2% Black, 4% Other/mixed	Instagram (focus on “InstaMums”)	General Instagram use was not linked to anxiety, but following “InstaMums” predicted higher maternal anxiety ($\beta=0.27$, $p<0.001$).

Moujaes, 2020)		(9%), rest of europe (7%)		Parents age 32.9±4.8 years (range 22–45);			The effect was stronger for mothers with lower self-esteem (interaction β=-0.18, p<0.05).
Whyte 2008 (Whyte & Hunter, 2008)	Survey (Letter)	UK	245	Parents of children attending outpatient clinics	N.a.	N.a.	Only 18% of parents were aware of problems associated with searching the internet for medical information.
Wenhold 2025 (Wenhold et al., 2025)	Cross-sectional survey	Germany	490	Postpartum mothers (≤12 months after childbirth). Mean age 31.5±4.4 years, range 19–46 years.	N.a.	Social media (Instagram, blogs, forums)	Parents of infants (<1 year) reported that idealized portrayals of motherhood, body image, and infant feeding on social media created pressure and comparison. This was linked to reduced confidence and increased anxiety around feeding/parenting decisions. Reduced efficacy due to social comparison reported

[1]Parents with children ≤17, but results are stratified and early childhood parents are represented[2]; Age of children not reported, only that participants had between one and six children and 50% hadtwo children; [3] Parents of "paediatric patients", key subgroup is parents of young children; [4]Combined with information provision by hospital staff.

ASD: Autism spectrum disorder; N.a: Not available; RCT: Randomized controlled trial.

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