ORIGINAL ARTICLE

DOI: 10.4274/nkmj.galenos.2025.56933
Nam Kem Med J 2025;13(3):222-230

Evaluating the Quality of YouTube Educational Videos on Kangaroo Care for Newborns: An Observational Study

Yenidoğanlarda Kanguru Bakımı ile İlgili YouTube Eğitim Videolarının Kalitesinin Değerlendirilmesi: Gözlemsel Bir Çalışma

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ABSTRACT

Aim: Although YouTube is now a popular health education platform, the quality and veracity of its content is highly variable. Videos on kangaroo care (KC) for newborns, for example, are created both by medical professionals and non-professionals, eliciting the concern that the provided information might be not trustworthy and effective. This study aimed to evaluate the quality, engagement, and content reliability of YouTube videos on KC, comparing videos produced by medical professionals and non-professionals.

Materials and Methods: The study analyzed 100 eligible YouTube videos. Modified DISCERN (mDISCERN) instrument name and global quality scale (GQS) scores were used to assess video quality, and presenter types (e.g., medical professionals, parents, non-governmental organization representatives) and video features (video length, use of animation, etc.) were recorded. Views, likes, and comments were also examined for viewer engagement metrics.

Results: Video content uploaded by medical professionals had higher mDISCERN and GQS scores than non-professionals ($p<0.05$). Views and likes were similar in both groups. Non-professional videos were found to have similar viewer engagement although less detailed and shorter. The use of animations and graphics was found to increase the understandability of the videos, and approximately half of the videos were found to have no existing annotations.

Conclusion: The study found that videos created by medical professionals were more credible and effective at conveying accurate health information. Despite this, demand for content-rich videos in the healthcare industry was notable. Future efforts to improve video quality and digital literacy will be critical to increase the credibility of health-related content on YouTube.

Keywords: YouTube video quality, educational videos, kangaroo care, newborns

ÖZ

Amaç: YouTube artık popüler bir sağlık eğitimi platformu olmasına rağmen, içeriğinin kalitesi ve doğruluğu oldukça değişkendir. Örneğin, yenidoğanlar için kanguru bakımı (KB) videoları hem tıp uzmanları hem de profesyonel olmayanlar tarafından oluşturulmaktadır ve bu da sağlanan bilgilerin güvenilir ve etkili olmayabileceği endişesini uyandırmaktadır. Bu çalışma, tıp uzmanları ve profesyonel olmayanlar tarafından üretilen videoları karşılaştırarak KB hakkındaki YouTube videolarının kalitesini, etkileşimini ve içerik güvenilirliğini değerlendirmeyi amaçlamaktadır.

Gereç ve Yöntem: Çalışmada, uygun olan 100 YouTube videosu analiz edilmiştir. Modifiye DISCERN (mDISCERN) enstrüman adı ve küresel Kalite ölçeği (GQS) puanları video kalitesini değerlendirmek için kullanıldı ve sunucu tipleri (örneğin, tıp uzmanları, ebeveynler, sivil toplum kuruluşları temsilcileri) ve video özellikleri (video uzunluğu, animasyon kullanımı vb.) kaydedildi. Görüntülemeler, beğeniler ve yorumlar da izleyici etkileşimi metrikleri açısından incelendi.

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Received: 03.03.2025 **Accepted:** 07.05.2025 **Publication Date:** 07.10.2025

Cite this article as: Aslan MT, Samancı N. Evaluating the quality of Youtube educational videos on kangaroo care for newborns: an observational study. Nam Kem Med J. 2025;13(3):222-230

Bulgular: Tıbbi profesyoneller tarafından yüklenen video içerikleri, profesyonel olmayanlara göre daha yüksek mDISCERN ve GQS puanlarına sahipti ($p<0,05$). Videoların görüntülenme ve beğeni sayıları iki grupta benzerdi. Daha az ayrıntılı ve daha kısa süreli olmasına rağmen, profesyonel olmayan videoların da benzer izleyici etkileşimi olduğu saptandı. Animasyon ve grafiklerin kullanılmasının videoların anlaşılabilirliğini artırdığı ve videoların yaklaşık yarısında mevcut eklemelerin olmadığı bulundu.

Sonuç: Çalışma, tıp uzmanları tarafından oluşturulan videoların doğru sağlık bilgilerini iletmede daha güvenilir ve etkili olduğunu gösterdi. Buna rağmen sağlık sektöründe zengin içerikli videolara olan talep dikkat çekiciydi. YouTube'da olan sağlıkla ilgili içeriklerin güvenilirliğini artırmak için video kalitesini ve dijital okuryazarlığını iyileştirmeye yönelik gelecekteki çabalar kritik öneme sahip olacaktır.

Anahtar Kelimeler: YouTube video kalitesi, eğitim videoları, kanguru bakımı, yenidoğanlar

INTRODUCTION

The scientific practice of kangaroo care (KC) demonstrates strong evidence as an essential method to support newborns especially during neonatal and preterm health care. KC applies when an infant joins skin with their caregiver (typically the mother) for direct contact, enabling multiple advantages to develop in both players[1]. Medical literature provides significant documentation about KC, which shows it helps control temperature levels while enhancing breastfeeding success, lowering infant stress, and establishing premature parent-child bonds from the start[2].

The usage of online platforms, especially YouTube, has experienced rapid growth in spreading health and medical-related information during previous years. YouTube is the world's leading video-sharing platform because people access its educational content about KC an is a convenient platform[3]. YouTube videos allow information to reach many viewers who can obtain crucial guidance for parents, health practitioners, and caregivers about KC practices and advantages. YouTube videos emerge as suitable instructional tools for delivering important health practices such as KC since viewers typically find video content more engaging than written materials[4].

The simple accessibility to educational videos represents a major benefit, but it creates crucial doubts concerning the quality and reliability of the information provided. Each day, millions of uploaded videos make it harder for users to identify accurate, evidence-based, or credible information from the pool of available content[5]. The educational materials available on YouTube demonstrate wide-ranging quality differences since they depend on creators' professionalism, production skills, and adherence to best health communication methods[6]. This study aimed to assess the quality of educational videos on YouTube regarding KC because stakeholders must acquire correct and beneficial information that affects newborn health outcomes. This evaluation determines the accuracy of reliable, evidence-based data in the videos while examining their content clarity, source credibility, and success rate in displaying KC's benefits and implementation strategies.

Public health is greatly impacted by the quality standards established for educational videos concerning healthcare education, particularly in areas related to newborn care. Parents and caregivers use Internet-based information to understand newborn care methods, particularly when they need assistance with premature babies or other newborn medical issues[7]. The infant and the parent experience better well-being when they receive correct practical guidance during these circumstances. Faulty information on newborn care can cause detrimental outcomes for families, along with unwanted mental stress and inappropriate techniques that harm their well-being[8].

Better known as KC, the practice receives wide recommendations from pediatricians and other physicians for its beneficial effects on infant development. The practice of KC receives diverse levels of understanding from caretakers because some regions lack sufficient medical resources, and new parents rarely meet with physicians for education about medical practices[9]. YouTube provides simple access to its platform, which can help caregivers gain essential knowledge to deliver optimal care to their newborns. YouTube is a difficult platform for information-quality evaluation because consumers face overwhelming content[10]. Poorly presented educational videos presented as KC information materials could confuse viewers because wrong practices result in lost benefits from the intervention. The results from this investigation serve a vital function by validating the accuracy, effective, and helpfulness of YouTube educational material for its target viewers[11].

The research examines YouTube's educational quality for new parents and caregivers by analyzing one critical health topic. Evaluating KC education videos on YouTube will guide enhancements in online health communication protocols that specifically benefit new parents and preterm infant caregivers. The investigation can discover specific zones that teach content creators how to upgrade their educational YouTube videos, thus elevating the standard of knowledge on this platform. This research investigation possesses value to healthcare providers, healthcare establishments, and public health institutions utilizing YouTube for educational delivery.

Organizations that understand the current video content about KC will make better decisions for developing high-quality educational materials that effectively transmit health practices to the public[9]. The main purpose of this research project

was to examine the educational video quality about KC for newborns, which exists on the YouTube platform. The research examines video information accuracy to verify its compliance with modern research findings and healthcare standards. The research must evaluate the reliability of sources used in YouTube videos by assessing which ones use information from trusted healthcare experts, scholarly research, or respected medical organizations.

MATERIALS AND METHODS

Researchers explored the reliability and quality metrics of educational KC videos for newborns on the YouTube platform. The research methodology used in this study is concordant with the methods described in previous research that evaluated YouTube as a medical information source. This research reviewed 100 YouTube videos focusing on KC through systematic selection methods. The diagram of the analyzed videos was depicted in Figure 1. The research team evaluated these educational YouTube videos by examining their content accuracy, clear communication, and their creators' qualifications, video quality, and user engagement metrics. The quality of the searched videos was classified as follow: 144-240p: low quality, 360-480p: medium quality, 720p and higher: high quality (Figure 2).

YouTube searches from the keywords "KC for newborns" and its related words" "skin-to-skin care" and "newborn care" resulted in the selection of the analyzed videos. The selected videos appeared under the "relevance" default sorting setting to choose content that matched the search requirements. The research considerations included videos that were (1) in the English language, (2) dedicated to educational themes about KC and lasted between (3) 1 and 60 minutes. Videos between one minute and sixty minutes were analyzed while those shorter or longer than this time range were excluded to maintain only informative substantial video content. The analysis excluded duplicate files, promotional materials, and videos that lacked proper identification of the source or creator information. After applying the criteria, the team obtained 100 videos they selected for the study.

Features and Usability of the YouTube Videos

Several video characteristics were recorded systematically. A complete set of video data included information about its duration, content structure, information type demonstration style and expert involvement, and creator experience level and distribution platform statistics. Researchers sorted the videos into two creator categories: (1) professional creators who possessed healthcare backgrounds or belonged to medical institutions and (2) non-professional creators who were either non-medical individuals or belonged to non-medical organizations.

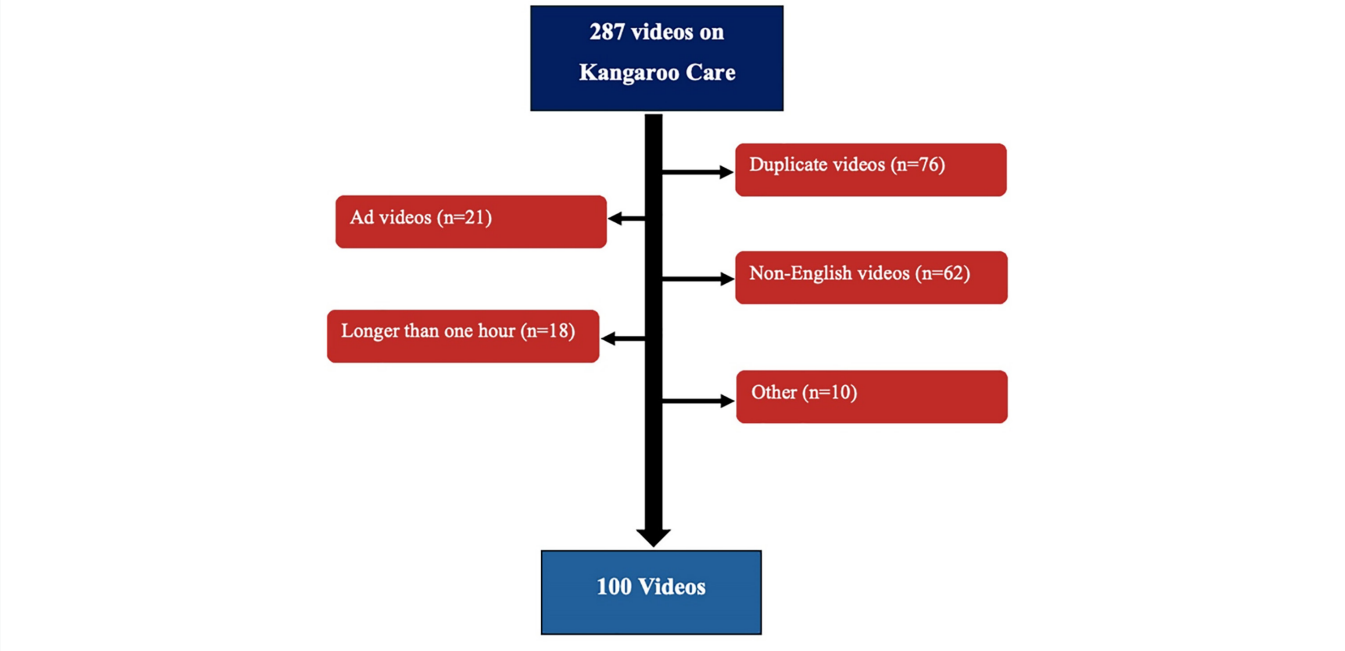

Figure 1. Diagram of the analyzed videos. The "Other" defines the videos that lacked proper identification of the source or creator information

Assessment of Quality-Reliability of Videos

The Global quality scale (GQS) (Table 1) and modified DISCERN (mDISCERN, instrument name) tool (Table 2) determined the reliability and quality of the produced videos[12]. The GQS functions as a five-point Likert scale to determine the entire quality level of online health information. The assessment tool checks several parameters that evaluate user interface accessibility, information organization structure, and content quality standards. The GQS uses five rating categories that begin at poor quality and end at excellent quality. Research participants evaluated the video's KC presentation effectiveness using the GQS to determine its usefulness for parents and caregivers.

Health-related content is assessed through the mDISCERN tool, which verifies the accuracy and reliability of information centered on treatment decisions. The research group transformed the evaluation instrument for use with YouTube health information but maintained its original framework to match this special online content. Each item in the mDISCERN tool is evaluated through a five-point Likert scale to determine if the video provides clear aims while using reliable sources to maintain balance and acknowledge uncertainties. Higher scores indicate greater reliability. The mDISCERN tool assessed the quality of information delivery through YouTube videos regarding KC. The analysis divided videos into categories using scores from mDISCERN and GQS instruments. Useful videos met high-quality standards, while insufficient content received the other classification. The two independent reviewers [GQS (1) and (2) - mDISCERN (1) and (2)] performed the classification process and settled conflicts by discussing the differences for mutual agreement on the categorization results.

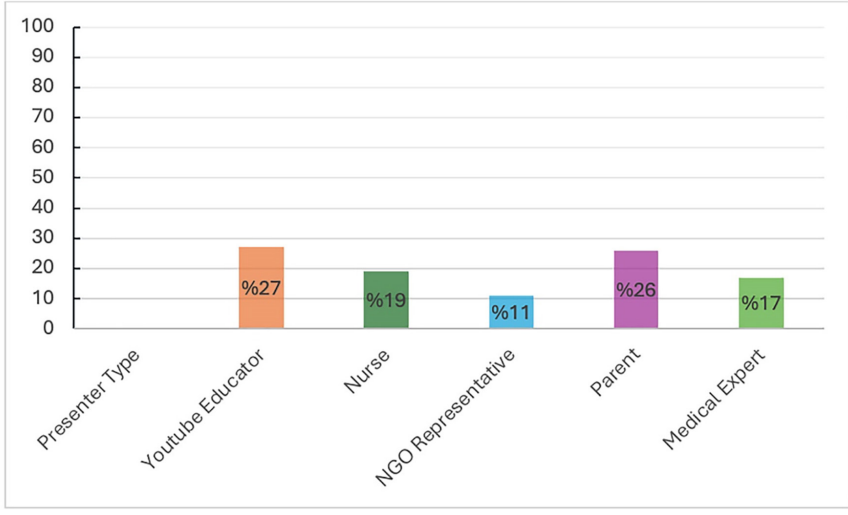

Figure 2. Video presenter classification

NGO: Non-governmental organization

Table 1. Global quality scale (GQS) items

#	Item
1	Poor quality, poor flow of the site, most information missing, not at all useful for patients
2	Generally poor quality and poor flow, some information listed but many important topics missing, of very limited use to patients
3	Moderate quality, suboptimal flow, some important information is adequately discussed but others poorly discussed, somewhat useful for patients
4	Good quality and generally good flow, most of the relevant information is listed, but some topics not covered, useful for patients
5	Excellent quality and excellent flow, very useful for patients

Table 2. Modified DISCERN (mDISCERN, instrument name) scale items

#	Item
1	Are the aims clear and achieved?
2	Are reliable sources of information used?
3	Is the information presented balanced and unbiased?
4	Are additional sources of information listed for patient reference?
5	Are areas of uncertainty mentioned?

Statistical Analysis

A statistical evaluation was conducted on the gathered data to find changes between videos produced by specialists and those from non-specialists. The researchers used descriptive statistics to compile data about video characteristics by presenting means and standard deviations for length, views, likes, and comments. The Gaussian distribution of the parametric data was analyzed with the Kolmogorov-Smirnov test. The evaluation of GQS and mDISCERN scores connecting professional and non-professional groups relied on independent t-tests to establish these differences for ongoing variables, including video duration and viewing activity metrics. Cronbach's alpha method measured the scorer agreement in video assessment, showing an excellent match when the value reached 0.8 or above. The researchers applied SPSS version 25.0 to execute all statistical methods at a p-value below 0.05.

Ethics approval for this study was not deemed necessary as it involved the analysis of publicly available data from YouTube videos, which do not involve human or animal participants. Since YouTube videos are publicly accessible and do not require permission from the content creators for viewing or analysis, no formal permission was sought from the platform. The study adhered to ethical guidelines by ensuring that all data collected were publicly available and did not involve personal or sensitive information.

RESULTS

Figure 3 shows the distribution of the various presenters in the analyzed videos. The largest number of presenters is "YouTube educator" (27%) while the second largest is "non-governmental organizations" (NGO) Representative" (26%). Among them, "Nurses" are 19%, "Medical Experts (physicians)" are 17% and "Parents" are 11%.

The distribution of videos using animations or graphics was also analyzed, and it was found that 52% of the videos included animations or other forms of visual addition while 48% did not.

In Table 3, general features of the analyzed videos were summarized including video length, view counts, time passed since the first upload and the daily view counts.

Table 4 shows the mean, standard deviation, and reliability of the score of mDISCERN and GQS. In mDISCERN (1), the

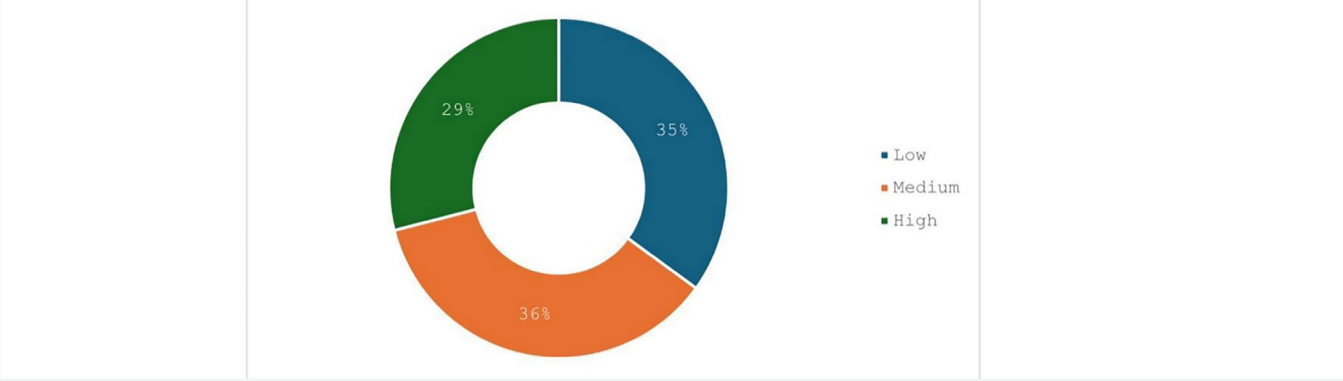

Figure 3. Evaluation of video quality

Figure 3 categorizes the quality of the videos produced as low, medium, or high. Regarding the intensity of the videos, 36% of them can be classified as having "medium" level, 35% of them are "low" and 29% of them are "high" Quality scale: 144-240p, low, 360-480p, medium,720p and higher: high

Table 3. General attributes of the analyzed videos

	Mean ± SD
Video length (minutes)	34.08±14.219
Views (count)	220588,89±144850,989
Time since upload (days)	1760,93±1150,943
Daily views (count)	2398,56±1340,593
Comments (count)	943,77±552,235
Likes (count)	21726,68±14480,347

SD: Standard deviation

Table 4. Interrater reliability assessment

	Mean ± SD	p-value	r	Cronbach's alpha
mDISCERN (1)	3.17±1.42	0.013	0.473	0.702
mDISCERN (2)	3.10±1.42			
GQS (1)	3.31±1.35	0.300	0.688	0.696
GQS (2)	3.13±1.43			

(1), (2) represents two independent evaluators. mDISCERN: Modified DISCERN, instrument name, GQS: Global quality scale, SD: Standard deviation

mean of the results is 3.17 and the p-value is 0.013, thus, the conclusion is that the results have statistical significance. Reliability of the mDISCERN (1) is moderate (Cronbach's alpha: 0.702) and reliability of mDISCERN (2) is not reported. GQS (1) has a mean of 3.31 and reliability coefficient of 0.696, which suggests reliability in the subjective quality assessment. GQS (2) has a mean of 3.13, but this study's p-value and reliability are not mentioned. Coefficients of correlation of mDISCERN (1) and GQS (1) are quite high and hence, it can be said that there is a significant positive correlation between these two measures of content quality.

Table 5 presents the difference of mDISCERN and GQS of the physician and non-physician presenters. Regarding the mDISCERN score, the mean for physicians is 3.10 and the mean for non-physicians is 3.16, and since the p-value is less than 0.05, there is statistical significance. The GQS score is also quite similar to the above scores (3.22 for physicians and 3.24 for non-physicians) and had a significant p-value. The slight variation in the scores indicates that both the presenter groups equally create videos of similar perceived quality, but the statistical analysis suggests that there is a small, yet significant difference between the two.

Table 6 shows the comparison of video characteristics between physician and non-physician presenters. Physicians make videos of 31.62 minutes on average, while non-physicians make videos of 37.09 minutes on average, making a near significant difference, where non-physicians are likely to produce content with longer duration.

For the non-physician group, the mean number of views stands at 228,076; for the physicians, the mean number is 214,463, but the p-value of 0.642 implies that it is not statistically significant. In the same way, comments and likes are quite similar in both groups with p-values of 0.896 and 0.512 respectively.

DISCUSSION

This research discovered important information about YouTube educational videos teaching KC for newborns. A study evaluation of 100 YouTube videos established important findings by using the GQS and the mDISCERN tool. The analysis of the presented YouTube educational videos on KC for newborns raises the awareness of the site's importance for sharing health-related information and demonstrates the variation in the quality of the materials. The present study also showed that even though many videos can be informative, their credibility and efficiency depend on the presenter, video quality, and if they include educational aids like animations and graphics. Videos created by physicians presented superior quality standards than those managed by non-medical personnel. The finding validates existing research which establishes medical professional-created videos present students with the most dependable and properly organized educational materials. The fact that educators and NGO representatives are among the most active users indicates that both online education and NGO are prominent in health-related video production. However, the appearance of physicians and nurses can be considered as a sign of a professional input; however, their numbers are not very high, which may mean that the representatives of the healthcare sector are not very active in the use of videos for public health promotion. Based on our findings, the majority of the videos have average production quality, meaning that they may have average picture and sound quality, but poor editing. This clearly indicates that techniques that are time-consuming and costly when producing health education videos are not very common because they may not capture the viewers' attention or are not very credible. Moreover, animation-assisted videos comprise almost half of the total videos, which means that although most of the creators use graphical elements to supplement their content, whereas the other half does not include any graphic elements in their videos apart from the usual video player interface. Incorporation of animations and graphics enhances viewership, understanding and recall of contents, especially where they are sensitive or technical in nature. Therefore, 48% of the videos that do not contain such elements may use other approaches like direct

Table 5. Comparison of scores between physicians and non-physicians

	Physicians	Non-physicians	p-value
	Mean ± SD	Mean ± SD	
mDISCERN	3.10±1.03	3.16±1.04	0.01
GQS	3.22±0.99	3.24±1.05	0.03

mDISCERN: Modified DISCERN, instrument name, GQS: Global quality scale, SD: Standard deviation

Table 6. Content analysis of physicians and non-physicians' videos

	Physicians	Non-physicians	p-value
	Mean ± SD	Mean ± SD	
Video length	31.62±14.59	37.09±13.29	0.055
Views	214463,07±152841,47	228076,00±135775,95	0.642
Comments	950,36±553,16	935,71±557,23	0.896
Likes	22590,76±15476,44	20670,58±13257,07	0.512

SD: Standard deviation

explanation, modelling, or text descriptions. The distribution is nearly equal to 50/50, which means that although animations are helpful, they do not seem to be widely implemented, which can be due to a lack of resources, knowledge of how to create them, or preference for the content format. Further studies could be done to compare the level of engagement, the amount of knowledge retained, or perceived credibility when using animated videos against non-animated videos.

The mDISCERN scores measured a reliability level of 4.56±0.50 for professional videos but non-professional videos received significantly lower scoring at 3.32±0.85. The research by Yapar Gümüş and Kaykı[1] demonstrated similar findings showing the better reliability characterizing YouTube videos when physicians create content instead of non-physicians for newborn care information. Osman et al.[7] demonstrated that health-related videos made by qualified professionals deliver better quality content which proves that healthcare sources determine the accuracy of medical videos.

Professional-made medical videos achieved higher GQS scores (4.66±0.47) than non-professional-made videos (3.30±0.91) because professionals arranged their contents more effectively. The findings support Haslam et al.[9] who stated that structured and easy-to-understand videos create effective health education systems. Videos created by professionals demonstrate better presentation of KC through systematic explanations including specific information about biological advantages combined with step-by-step guidance and proven medical recommendations that caregivers need to know.

Many video content pieces focused on general KC education while giving primary consideration to its advantages regarding preterm infant and neonatal intensive care unit newborn benefits. Engagement likely increases through the combination of scientific information with healthcare provider and parental experiences in these videos. Hernández-García and Giménez-Júlvez[13] along with other researchers discovered videos containing a mixture of factual information and personal stories improved both the relatability and popularity of health videos such as coronavirus disease 2019 prevention materials in Spanish.

Professional-made videos received most viewer engagement through likes and comments according to the research findings. The videos accumulated more viewer interactions thus showing audiences considered them to be trusted reliable information sources. The results match those presented by Lee et al.[6] showing that educational material effectiveness and trustworthy quality depend on video content quality together with user engagement metrics like comments and ratings. The level of viewer interactions functions as an important indicator to evaluate how useful and credible videos appear in transmitting important health-related practices. Live videos produced by non-professional creators exhibited inadequate standards even though the general video quality improved when professionals provided content. Most of these videos are based on the experiences of people and not evidence-based, which may lead to misinformation or lack of information in most cases. These educational videos usually do not show their sources correctly or they produce incorrect and obsolete content. Kohler and Dietrich[5] along with other studies showcased that user-generated content on YouTube faces accuracy and completion limitations according to their research. The need exists to introduce both better regulations for content creators and viewer-friendly reliability assessment features to ensure accurate health information availability. On the other hand, our findings showed that the presenter's professionalism does not affect the video views or the interactions, and other factors could be at play, such as the quality of production or the content of what is presented. However, while accepting the fact that the content created by professionals is generally credible, one of the limitations found was the inconsistency in the duration of the videos. Whereas, the professional videos offered more detailed information, they were also longer; the retention of such videos may not be as high as the short ones. On the other hand, non-professional videos were shorter, but they were not sufficient in providing adequate information for learning. This implies that videos should be lengthy to offer the relevant content but short to capture the attention of the viewers.

The research revealed one main drawback in the videos because professional and non-professional videos had varying durations. Some videos made by professionals provided detailed information whereas shorter videos from non-professional sources showed limited explanations regarding KC. The videos made by non-professionals displayed shorter durations because they usually presented personal stories instead of relying on evidence-based medical practices. According to Campbell-Yeo et al.[2] video length and depth determine educational effectiveness as an educational resource.

The research results illustrate why creator qualifications play a critical role in establishing the quality level of instructional videos discovered on YouTube. Users encounter various levels of reliability and usefulness on the platform since non-professional creators produce content alongside physician-contributed videos. Medical employees together with healthcare organizations should develop along with distribute higher-quality evidence-based content to give parents and caregivers dependable information about KC procedures.

Study Limitations

Several restrictions would influence the interpretation of the results in this research. The analysis's exclusion of non-English-

language videos may prevent the study findings from being relevant to non-English-speaking audiences. Since YouTube operates globally, important educational content in languages other than English was possibly omitted, thus reducing the study's ability to generalize conclusions across broader audiences.

The research analyzed only the 100 videos that appeared first in the YouTube search results. Video selection process maintains high relevance but might fail to demonstrate the complete availability of KC content on the YouTube platform. Useful educational videos with lower search rankings were probably omitted from this review.

Video quality and reliability assessment process depend on subjectivity since independent reviewers must provide their ratings. The researchers attempted to decrease scoring bias through agreement-based evaluations between reviewers and verification methods, but recognition differences between evaluators remain possible.

The study did not address the continuous evolution of YouTube content during its research period. Emerging video quality and relevance changes because of increased viewer response could influence study results.

CONCLUSION

This study has important implications for the stakeholders of the healthcare, content production, and public health sectors. The major conclusion of this study is that the videos prepared by the medical personnel have higher content credibility and effectiveness, therefore physicians and institutions are urged to produce credible and evidence-based videos in improving the quality of online medical education. YouTube videos created by people who are not medical professionals may be entertaining, but they do not have the accuracy needed for medical information sharing. Besides, the quality of production has a very significant influence over viewers' engagement. The videos that are professionally produced with good quality will attract more views, likes, and comments. Furthermore, animations and graphics were positively linked to comprehension and recall of content, suggesting that authors and other content developers, especially in the health sector, should attempt to use other visuals to support the educational goals. Judging from the case of KC and other health-related issues, due to the lack of truthfulness and credibility of YouTube videos, the future studies and policies should therefore shift to finding ways of promoting credible, reviewed articles. Last but not least, digital literacy should be promoted so that social media users, like YouTube viewers, can discern the content they are subjected to.

Ethics

Ethics Committee Approval: Ethics approval for this study was not deemed necessary as it involved the analysis of publicly available data from YouTube videos, which do not involve human or animal participants. Since YouTube videos are publicly accessible and do not require permission from the content creators for viewing or analysis, no formal permission was sought from the platform.

Informed Consent: The study adhered to ethical guidelines by ensuring that all data collected were publicly available and did not involve personal or sensitive information.

Footnotes

Authorship Contributions

Concept: M.T.A., Data Collection or Processing: M.T.A., Analysis or Interpretation: M.T.A., N.S., Literature Search: M.T.A., N.S., Writing: M.T.A., N.S., Literature Search: M.T.A., N.S., Writing: M.T.A.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

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