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1 2 3	"Alexa, Am I Pregnant?": A Content Analysis of a Virtual Assistant's Responses To Prenatal Health Questions During the COVID-19 Pandemic
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10 11 12 13 14 15 16 17 18 19 20 21 22 32 22 22 22 22 22 22 22 23 24 25 26 27 28 29 30 31 32 33	Christa Palancia Esposito, DNP, MSN, CNM T. 203-254-4000 ext. 2713 Fax. 203-254-4126 christa.esposito@fairfield.edu Corresponding author at: Jennifer Schindler-Ruwisch, DrPH T. 203-254-4000 ext. 3421 Fax. 203-254-4126 jschindler-ruwisch@fairfield.edu Funding Statement: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. Conflict of Interest Statement: The authors have no conflicts of interest to report.
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35 "Alexa, Am I Pregnant?": A Content Analysis of a Virtual Assistant's Responses To 36 **Prenatal Health Questions During the COVID-19 Pandemic** Abstract 37 38 Objective: To elucidate whether Amazon's virtual assistant, Alexa, provides evidence-based 39 support as a supplement to provider-facilitated prenatal care, during the COVID-19 pandemic. 40 Methods: Using a conceptual content analysis approach, a query of 40 questions, relating to all 41 phases of pregnancy, was collected from Alexa by two independent investigators, using two 42 unique devices, over a one-week period between May 20, 2020 and May 27, 2020. Alexa's 43 responses were matched to the evidence-based content from the American College of

44 Obstetricians and Gynecologists (ACOG) and reviewed by a Certified Nurse Midwife for

45 completeness and currency.

46 Results: Of the 40 questions asked of Alexa, it was unable to answer 14 questions (35%). A total

47 of 21 out of the 40 responses (52%) were not evidence-based and three COVID-specific

48 questions (about 1%) were answered incorrectly or insufficiently. Four questions (10%) were

49 answered accurately.

50 Conclusion: Alexa was largely unable to provide evidence-based answers to commonly asked

51 pregnancy questions and, in many cases, supplied inaccurate, incomplete, or completely

52 unrelated answers that could further confuse health consumers.

53 Practice Implications: Ensuring that mobile health (mhealth) tools, such as Amazon Alexa, are

54 evidence-based and credible in answering common prenatal questions has important implications

55 for this pandemic and future consumer needs.

56 *Keywords:* Women's health, health promotion, maternal/infant health, reproductive health,

57 technology, prenatal care

58 **1. Introduction**

59 Frequent prenatal visits are a hallmark of pregnancy care. The Office on Women's Health suggests that pregnant individuals attend approximately 14 prenatal appointments during 60 61 a 40-week pregnancy [1]. The Novel Coronavirus SARS CoV-2 (COVID-19) pandemic 62 transformed prenatal care in the United States in an effort to decrease patient exposure. A 63 modified format for prenatal visits was documented at a COVID-19 epicenter, New York City. 64 These guidelines suggest one, in-person, prenatal visit at weeks' 11-13, 18-22, 27-28, 36, 39, and 65 40, with an additional seven to eight telehealth visits, spaced throughout the pregnancy [2]. An 66 alternative paradigm, from the University of Michigan, suggests a total of four in-person visits, 67 one ultrasound, and four virtual visits [3]. Often, pregnant patients are asked to purchase a blood pressure cuff for home monitoring [4]. In fact, similar models of a reduced prenatal care 68 69 schedule, or a schedule with virtual, phone, and online support, have been shown to have 70 comparable quality of care, versus traditional care, in a recent randomized controlled trial at the 71 Mayo Clinic [5,6].

72 Women are increasingly utilizing mobile health (mhealth) for prenatal health information. The widespread use of smartphones [7] has led to a research-based call for the 73 74 inclusion of such technologies [8]. These mhealth tools may be a suitable adjunct to formal care 75 if they provide high quality, evidence-based information such as vitamin consumption, nutrition 76 tips, and sleep information. A study of 193 women seeking prenatal care found that the majority 77 of respondents utilized apps for their convenience and accessibility [9]. First-time mothers were 78 the most frequent health app users, however, users expressed concern over the credibility of the 79 apps [9]. A meta-analysis of 15 randomized controlled trials, related to prenatal information on 80 mobile apps, found that these technologies had the potential to promote maternal well-being in a

variety of areas, including preparedness and knowledge, but the credibility of included content
could not be confirmed [10].

83 Virtual assistants, like Amazon Alexa and Google Home, exist in the homes of 84 approximately 50 million Americans [11]. A survey of over 1,000 virtual assistant users found 85 that the majority of respondents used their virtual assistant multiple times per day [11]. 86 Although not specifically related to health, almost two-thirds of users used the device to seek 87 information and females made up a higher percentage of users [11]. It is critical to understand 88 the role and reliability of mhealth in prenatal care, especially with the recent changes to health 89 care delivery. The goal of this research is to elucidate whether Amazon's virtual assistant, Alexa, provides evidence-based information in response to common pregnancy questions. 90 91 2. Methods 92 A list of frequently asked prenatal questions were curated from the American College of Obstetricians and Gynecologists' (ACOG) Frequently Asked Questions webpage [12] and 93 94 reviewed for relevance by a Certified Nurse Midwife (CNM). Three COVID-specific questions 95 were added to address the current health crisis. Forty questions were queried of Alexa including: 96 confirming a pregnancy, identifying warning signs, and recognizing the signs of labor (see 97 Appendix). The investigators, using two unique devices, independently asked Alexa the same 98 set of questions and recorded the responses. In addition to the responses, unsolicited data 99 sources provided by Alexa were recorded. The query took place during the COVID-19 100 pandemic, over a one-week period between May 20, 2020 and May 27, 2020. Alexa's responses 101 were transcribed verbatim and their accuracy confirmed using the associated Alexa app, which 102 transcribes the responses and sources. Alexa was not provided prompts or contextual

103 information. Alexa's responses were compared to ACOG's prenatal guidelines to verify accuracy

and completeness by two independent coders, including a CNM, a content expert [12].

105 **3. Results**

106 Conceptual content analysis was conducted employing explicit coding [13] and 107 dichotomous categorization of all 40 responses for accuracy (accurate or inaccurate) and 108 completeness (complete or incomplete). As both coders compared Alexa's responses with 109 ACOG's evidence-based information, there was complete agreement between the coders. Alexa 110 supplied identical responses to 36 out of the 40 questions (90%) (see Appendix). Overall, four 111 responses (10%) were accurate relating to: changing cat litter, caffeine consumption, 112 preeclampsia, and foods to avoid. Alexa was unable to answer 14 questions (35%) responding, 113 "Sorry, I don't know that one" or "Hmm.. I don't know that." The unanswered questions 114 included, "How do I know if I'm in labor?" and "Is it safe to smoke while pregnant?" 115 A total of 21 out of 40 responses (52%) were not accurate based on current evidence. An 116 additional response was deemed incomplete, only listing some of the relevant nutrients needed in 117 prenatal vitamins. Inaccurate answers were tangentially related to the question, such as when 118 asked whether it is safe to drink alcohol during pregnancy, Alexa replied, "Non-alcoholic beer 119 has not been proven safe for consumption during pregnancy." For six questions (15%) in the 120 inaccurate category, the responses were not relevant to the question. For example, when asked 121 about the safety hot tub use, Alexa replied, "You can get pregnant when having sex in a hot tub, 122 bath tub, or hot springs with high water temperature." When asked which vaccines were safe 123 during pregnancy, Alexa replied, "You can't get the vaccine while you're pregnant, and 124 contracting the measles during your pregnancy can be very dangerous for your baby."

125	The three COVID-specific questions were answered incorrectly or insufficiently. When
126	Alexa was asked about the main symptoms of COVID-19 in pregnancy, it reported information
127	on cholestasis, "intense itching without a rash is the main symptom of intrahepatic cholestasis"
128	When asked, "Should I go to my OB appointment during the COVID-19 pandemic?" and
129	"Should I give birth outside of a hospital during the COVID-19 pandemic?," Alexa replied with
130	information about when and where COVID-19 was identified, how it spreads and information on
131	donating to those affected. Alexa's answers to one COVID-19 question varied between the
132	researchers. For one researcher, Alexa replied to the question about seeking in-person OB care
133	during the pandemic, "Sorry, I don't know that one," but for the other researcher, it provided an
134	identical answer to each of the aforementioned COVID-19 questions (see Appendix).
135	Alexa often noted its source in the response (i.e., "According to the Mayo Clinic" or
136	"Here is something I found on Reference.com"), if a reference was not provided in the response,
137	the Alexa app supplied the sources. The most frequently reported source was Reference.com
138	(n=9), which is not a reliable source of maternal health information. Alexa also referred to
139	Wikipedia or Wikihow (n=4), VeryWellFamily (n=3), Answers.com (n=1), BabyCenter (n=1), or
140	BabyMed (n=1). On four occasions, the app offered, "This information is not medical advice.
141	Consult a healthcare professional if you have a medical problem." This response was supplied to
142	questions related to vaginal bleeding, heartburn, symptoms of preeclampsia, and regularity of
143	fetal movement (see Appendix).
144	4. Discussion and Conclusion
145	4.1 Discussion
146	Women are increasingly using mhealth and virtual tools for information [14]. Recent
147	studies indicate a sense of empowerment and control over one's health through the use of

mhealth technology [8]. Text messaging programs, such as text4baby, were designed to provide
women with accurate prenatal health information in a readily available mhealth platform [15].
One randomized controlled trial of text4baby found it helpful in reducing alcohol consumption
during pregnancy [15].

Overall, Alexa was unable to provide answers to commonly asked prenatal questions and often supplied inaccurate, incomplete, or completely unrelated answers that could further confuse health consumers. Many of these answers can readily be found on evidence-based websites (i.e. ACOG and womenshealth.gov), but very few evidence-based sources were consulted by Alexa. In contrast, other mhealth tools, like the "What to Expect" mobile app includes answers to questions curated by health professionals.

In this digital era, when many people rely on virtual assistants to supply basic, yet specific, information, it is surprising that Alexa does not have the ability to search reputable sites for information related to pregnancy. It is important for health care providers to point out mhealth limitations and offer reliable sources for information. Further, healthcare providers must advocate for virtual platforms to improve the accuracy and reliability of the information provided.

164 4.2 Conclusion

The pandemic related disruption in prenatal care demonstrates the opportunity to utilize
mhealth to support patients. Public reliance on technology and mhealth tools is well established.
Ensuring these tools are credible for answering frequently asked prenatal questions has important
implications for this pandemic and future patient care needs.

169 4.3 Practice Implications

170	Consumer use of inaccurate virtual assistants to obtain health care information can create
171	false knowledge and subsequent anxiety about what they have learned and how to proceed. On
172	the contrary, an astute patient consumer, using reliable sources, can productively advocate for
173	themselves and their family. It is imperative that media sources provide evidence-based
174	information and that health care providers inform their patients of accurate, reliable sources [16].
175	Virtual assistants that render evidence-based information can improve the health outcomes.
176	Future research on the reliability of information offered by virtual assistants is warranted.
177	Likewise, the exploration of consumer confidence of and reliance on health information from
178	virtual assistants, like Alexa, is needed.
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References

- 194 [1] Office of Women's Health, Prenatal Care and tests.
- 195 <u>https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/prenatal-care-and-tests</u>,
- 196 2020 (accessed 22 Sept 2020).
- 197 [2] Aziz, A., Zork, N., Aubey, J. J., Baptiste, C. D., D'Alton, M. E., Emeruwa, U. N., Fuchs,
- 198 K.M., Goffman, D., Gyamfi-Bannerman, C., Haythe, J.H., LaSala, A.P., Madden, N., Miller,
- 199 E.C., Miller, R.S., Monk, C., Moroz, L., Ona, S., Ring, L.E., Sheen, J., Spiegel, E.S., Simpson,
- 200 L.L., Yates, H.S., Friedman, M., Telehealth for High-Risk Pregnancies in the Setting of the
- 201 COVID-19 Pandemic, Am. J. Perinatol, [Preprint]. 2020 [cited 2020 Sept 22]. Available
- 202 from: https://doi.org/ 10.1055/s-0040-1712121
- 203 [3] Peahl, A.F., Smith, R.D., Moniz, M.H, Prenatal Care Redesign: Creating Flexible Maternity
- 204 Care Models Through Virtual Care, Am. J. Obstet. Gynecol, [Preprint]. 2020 [cited 2020 Sept
- 205 22]. Available from: <u>https://doi.org/10.1016/j.ajog.2020.05.029</u>
- 206 [4] Barton, J. R., Saade, G. R., Sibai, B. M., A Proposed Plan for Prenatal Care to Minimize
- 207 Risks of COVID-19 to Patients and Providers: Focus on Hypertensive Disorders of Pregnancy,
- Am. J. Perinatol, [Preprint]. 2020 [cited 2020 Sept 22]. Available
- 209 from: <u>https://doi.org/10.1055/s-0040-1710538</u>
- [5] Butler Tobah, Y.S., LeBlanc, A., Branda, M.E., Inselman, J.W., Morris, M.A., Ridgeway,
- 211 J.L., Finnie, D.M., Theiler, R., Torbenson, V.E., Brodrick, E.M., Meylor de Mooij, M., Gostout,
- B., Famuyide, A. (2019). Randomized comparison of a reduced-visit prenatal care model
- enhanced with remote monitoring. Am. J. Obstet. Gynecol. 221(2019) 638.e1-638.e8. doi:
- 214 10.1016/j.ajog.2019.06.034

- [6] Ridgeway, J.L., LeBlanc, A., Branda, M., Harms, R.W., Morris, M.A., Nesbitt, K., Gostout,
- 216 B.S., Barkey, L.M., Sobolewski, S.M., Brodrick, E., Inselman, J., Baron, A., Sivly, A., Baker,
- 217 M., Finnie, D., Chaudhry, R., Famuyide, A.O. (2015). Implementation of a new prenatal care
- 218 model to reduce office visits and increase connectivity and continuity of care: protocol for a
- 219 mixed-methods study. BMC Pregnancy Childbirth. 15(2015). doi: 10.1186/s12884-015-0762-2.
- [7] Pew Research Center, Mobile Fact Sheet, <u>https://www.pewresearch.org/internet/fact-</u>
- 221 <u>sheet/mobile/</u>, 2019 (accessed 22 Sept 2020).
- [8] Tripp, N., Hainey, K., Liu, A., Poulton, A., Peek, M., Kim, J., Nanan, R., An emerging model
- of maternity care: Smartphone, midwife, doctor? Women Birth, 27(2014) 64–67.
- 224 <u>https://doi.org/10.1016/j.wombi.2013.11.001</u>
- [9] Lee, Y., Moon, M., Utilization and Content Evaluation of Mobile Applications for
- 226 Pregnancy, Birth, and Child Care, Healthc. Inform. Res, 22(2016), 73–80.
- [10] Chan, K.L. Chen, M., Effects of Social Media and Mobile Health Apps on Pregnancy Care:
- 228 Meta-Analysis, JMIR mhealth uhealth. 7(2019) e11836. doi: 10.2196/11836: 10.2196/11836
- [11] Merritt, A. Here's what people are really doing with their Alexa and Google Home
- assistants, Venture Beat, <u>https://venturebeat.com/2018/11/17/heres-what-people-are-really-</u>
- 231 <u>doing-with-their-alexa-and-google-home-assistants/</u>, 2018 (accessed 22 Sept 2020).
- [12] American College of Obstetricians and Gynecologists, FAQs, <u>https://www.acog.org/patient-</u>
- 233 <u>resources/faqs</u>, 2020 (accessed 22 Sept 2020).
- [13] Berelson, Bernard. Content Analysis in Communication Research. New York: Free Press,
- 235 1952.

- 236 [14] Lopatovska, I., Rink, K., Knight, I., Raines, K., Cosenza, K., Williams, H., Sorsche, P.,
- Hirsch, D., Li, Q., Martinez, A., Talk to me: Exploring user interactions with the Amazon
- 238 Alexa. J. Librariansh, Inf. Sci, 51(2019) 984–997. <u>https://doi.org/10.1177/0961000618759414</u>
- 239 [15] Evans, W., Nielsen, P. E., Szekely, D. R., Bihm, J. W., Murray, E. A., Snider, J., & Abroms,
- 240 L. C. (2015). Dose-response effects of the text4baby mobile health program: randomized
- controlled trial. JMIR mHealth uHealth, 3(1), e12. <u>http://doi.org/10.2196/mhealth.3909</u>
- 242 [16] McGonigle, D., Mastrian, K.G., Nursing informatics and the foundation of knowledge (3rd
- ed.) Jones & Bartlett Learning, Burlington, MA, 2015.



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246 *Figure 1.* Example Alexa responses to common prenatal queries

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Appendix. Complete list of Alexa queries (N=40)

Pregnancy Question
1. How do I know if I'm pregnant?
2. When should I start taking prenatal vitamins? ^a
3. What should be in prenatal vitamins?
4. What should I do if my home pregnancy test is positive?
5. When should I seek prenatal care?
6. Where should I seek prenatal care?
7. Is it safe to drink alcohol in pregnancy?
8. How much alcohol is safe to drink in pregnancy?
9. How much caffeine can I have while pregnant? ^b
10. What medicines can I take for pain while pregnant?
11. Is it safe to have sex while pregnant?
12. Is it safe to exercise while pregnant?
13. Is bleeding during pregnancy normal?
14. How do I relieve constipation during pregnancy?
15. How do I relieve heartburn during pregnancy? ^c
16. When will morning sickness go away?
17. I'm pregnant and vomiting, what should I do?
18. I'm pregnant and dizzy, what should I do?
19. When should I feel the baby start kicking in pregnancy?
20. How often should I feel the baby move in pregnancy?
21. What foods should I avoid while pregnant?
22. What is the best position to sleep in while pregnant?
23. Is it safe to go in a hot tub while pregnant?
24. What activities should I avoid while pregnant?
25. Is it safe to smoke while pregnant?
26. Is it safe to dye my hair while pregnant?

27. Is it safe to paint while pregnant?
28. Is it safe to change cat litter while pregnant?
29. What vaccines should I get while pregnant?
30. Can I fly on a plane in my third trimester?
31. When should I get an ultrasound in pregnancy?
32. How do I know if I'm in labor?
33. How do I know if my water broke?
34. How far apart should my contractions be when I go to the hospital?
35. What are signs of anemia in pregnancy?
36. What are signs of preeclampsia?
37. Is it normal to have swollen feet during your third trimester?
38. What are symptoms of COVID-19 in pregnancy?
39. Should I go to my OB appointment during the COVID-19 pandemic?
40. Should I give birth outside of a hospital during the COVID-19 pandemic? ^d

^aAlexa responded to this query with a musical album for one researcher. For the second

254 researcher, a more relevant response was provided, "Here's something I found on Reference.cm:

the best time to take vitamins is in the morning, according to Mother Nature Network. Upon

256 waking from sleep, the body needs nutrients for energy to start the activities of the day. Vitamin

supplements are synthetic substances that break down and are absorbed into the body best with

258 food." The latter, more relevant answer, was coded.

^bAlexa responded to one researcher with, "According to First Databank: Using caffeine while

260 pregnant may have risks. For medical advice, always consult your healthcare professional."

261 Alexa responded to the second researcher with, "Here is something I found from the article

262 "Caffeine" on Wikipedia: The UK Food Standards Agency has recommended that pregnant

women should limit their caffeine intake, out of prudence, to less than 200 mg of caffeine a day

the equivalent of two cups of instant coffee, or one and a half to two cups of fresh coffee." The

- 265 latter, more detailed reply, was coded.
- 266 °For one researcher Alexa replied, "Here's something I found on howtostuff.com: In a similar
- 267 manner; reflexology can speed up labor, but it's also helpful for relieving pregnancy symptoms
- 268 like heartburn. This information is not medical advice. Consult a healthcare professional if you
- have a medical problem." For the other researcher, Alexa replied, "Here's something I found on
- 270 Wikihow: Step 1-Avoid foods that commonly trigger heartburn, Step 2-Eat smaller meals, Step
- 271 3-Don't eat too close to bedtime, Step 4-Avoid beverages that cause gastrointestinal distress."
- 272 The latter, more relevant reply, was coded.
- ^dFor one researcher, Alexa replied, "Sorry, I don't know that one" and for the other researcher,
- an identical response to the previous COVID question (question #39) was supplied. The latter,
- complete answer, was coded.