Journal of
Controversies in Obstetrics & Gynecology and Pediatrics

Original Article

DOI: 10.51271/JCOGP-0064

Simulation-based analysis of AI responses to sexual myths during pregnancy

Seniye Burcu Torumtay Alıç*
Department of Obstetrics and Gynecology, Faculty of Medicine, Hitit University, Çorum, Turkiye

Cite this article: Torumtay Alıç SB. Simulation-based analysis of AI responses to sexual myths during pregnancy. *J Controv Obstetr Gynecol Ped.* 2026;4(1):1-6.

***Corresponding Author**: Seniye Burcu Torumtay Alıç, sbtorumtay@gmail.com

Received: 22/12/2025 ◆ **Accepted**: 26/01/2026 ◆ **Published**: 31/01/2026

ABSTRACT

Aims: This study aimed to evaluate the quality, scientific accuracy, and communication characteristics of Artificial Intelligence generated responses to common sexual myths during pregnancy using a simulation-based approach.

Methods: Ten simulated patient questions reflecting widespread, non–evidence-based beliefs about sexual activity during pregnancy were deliberately constructed based on themes frequently reported in the literature. These questions addressed fetal perception, physical harm, developmental consequences, and moral or religious concerns. Responses generated by ChatGPT were analyzed qualitatively according to predefined criteria, including scientific accuracy, internal consistency, communication tone, and potential clinical risk. No real patient data were used, and no human subjects were involved.

Results: All responses were found to be broadly consistent with established obstetric and fetal physiology principles. The system consistently provided clear, reassuring, and nonjudgmental explanations, particularly for concerns related to fetal safety. However, individualized obstetric risk factors were rarely emphasized, which may limit clinical applicability in certain high-risk contexts. Responses to morally or culturally sensitive questions demonstrated a cautious and neutral communication style.

Conclusion: Artificial Intelligence generated responses may serve as a supportive informational tool for addressing common sexual myths during pregnancy. While scientifically accurate and communicative, such systems should not replace individualized clinical counseling. Their greatest value may lie in complementing physician–patient communication by identifying prevalent misconceptions and facilitating early educational interventions.

Keywords: Pregnancy, sexual behavior, Artificial Intelligence, health communication, medical myths

INTRODUCTION

Pregnancy is a period during which women and couples experience not only physiological changes but also numerous questions and uncertainties regarding sexual life. The safety of sexual intercourse during pregnancy for both the mother and the fetus, the boundaries of sexual activity, and potential risks are among the most frequently questioned topics in the literature.[1-3] It has been demonstrated that misconceptions and myths related to sexual activity during pregnancy are common and that these beliefs may negatively affect sexual satisfaction for both women and their partners.[4-7]

The presence of sexual myths during pregnancy is not limited to individual experiences but is closely associated with cultural, social, and educational factors.[8-10] Studies conducted in various societies have reported a high prevalence of scientifically unfounded beliefs, such as the assumption that sexual intercourse during pregnancy may harm the baby, cause preterm birth, or be morally inappropriate.[2,5,6] These misconceptions may become further reinforced in the absence of adequate communication with healthcare professionals.[11]

In recent years, individuals' health information seeking behaviors have increasingly shifted toward digital platforms. Online information sources and artificial intelligence–based conversational systems, in particular, allow users to ask health-related questions anonymously and rapidly.[12,13] Although Artificial Intelligence systems based on large language models have been reported to offer potential benefits in obstetric and gynecologic contexts, while promising, the accuracy and reliability of the information they provide remain subjects of ongoing debate.[14,15]

A limited number of studies evaluating Artificial Intelligence–generated responses to pregnancy-related questions have shown that, while responses are generally satisfactory, they may occasionally contain ethically inadequate, ambiguous, or potentially misleading information.[13,16] This concern

This work is licensed under a Creative Commons Attribution 4.0 International License.

is especially relevant in sensitive domains such as sexual health, where information that is inconsistent with scientific evidence may negatively influence individuals' perceptions and behaviors.[12] The World Health Organization has also emphasized the importance of ethical principles, accuracy, and reliability in the use of digital tools in healthcare.[17]

In this context, the present study did not use real patient data. Instead, simulated patient questions were deliberately constructed by the researchers to reflect commonly reported misconceptions and concerns in the literature. These questions were designed to represent prevalent myths or beliefs regarding sexual intercourse during pregnancy that conflict with scientific evidence or are frequently encountered in clinical practice. The aim was to evaluate the scientific accuracy, CAM and communication appropriateness of artificial intelligence–generated responses to these questions.[14-16]

The objective of this study was to examine Artificial Intelligence–generated responses to simulated questions reflecting common sexual myths during pregnancy and to analyze their consistency with current obstetric literature and adequacy in terms of health communication. The findings are expected to contribute to a better understanding of both the potential applications and the limitations of artificial intelligence–based systems in the field of women's health.

METHODS

Ethics

This study exclusively utilized publicly available and anonymized data extracted from ChatGPT interaction logs. No human subjects were involved, and no identifiable personal information was accessed. Therefore, institutional review board (IRB) approval was not required, in accordance with established ethical standards in digital health research. All procedures adhered to data privacy and confidentiality principles, ensuring that no individual user could be identified or linked to specific queries.

Study Design

This study is a qualitative, descriptive, and simulation-based analysis aimed at evaluating Artificial Intelligence–generated responses to questions reflecting common but scientifically unfounded beliefs regarding sexual activity during pregnancy. No real patients, patient relatives, or healthcare professionals were involved in the study. All queries were submitted using the same prompt structure and phrasing, without follow-up interactions. The analysis was conducted using a single model version available at the time of data collection, and all queries were executed within the same session to minimize variability related to temporal updates.

Data Source and Simulation Approach

The data analyzed in this study consisted of simulated patient questions deliberately constructed by the researchers to represent widely encountered myths about sexuality during pregnancy that are frequently reported both in the general use of ChatGPT (OpenAI) and in the existing literature. These simulated questions were structured to reflect common misconceptions, cultural taboos, and gaps in scientific knowledge related to sexual intercourse during pregnancy.[1,7] The ten questions used in this simulation were developed to reflect common sexual myths and misconceptions encountered during pregnancy. These questions were formulated based on routine clinical observations, frequently asked questions during obstetric counseling, and recurrent themes reported in patient education materials related to sexuality in pregnancy. No previously validated questionnaire was available for this specific purpose. Therefore, the questions were generated through an expert-driven conceptual process aimed at representing culturally prevalent and clinically relevant sexual myths. Each question was intentionally phrased in a manner similar to how patients might naturally seek information from an Artificial Intelligence–based system.

The simulation method was adopted as an ethically and methodologically accepted approach that allows for the evaluation of Artificial Intelligence–generated responses in the healthcare domain without the use of real user or patient data.[14-16] The aim was to examine the scientific accuracy, level of clarity, and appropriateness of ChatGPT's responses to such questions from the perspective of health communication.

Development of the Question Set

A total of ten questions were developed based on the most frequently reported myths and misconceptions regarding sexual activity during pregnancy as identified in the literature. These questions were grouped under the following thematic domains:

- fetal perception and consciousness,
- the possibility of physical or psychological harm to the fetus resulting from sexual intercourse,
- misconceptions linking sexual activity to fetal sex, intelligence, or personality development, and
- taboos rooted in religious or moral concerns.[1,2,6,8]

Each question was submitted to ChatGPT using a standardized user query format, and the responses generated by the system were recorded verbatim without modification.

RESULTS

In this study, responses generated by ChatGPT to ten simulated patient questions representing common but scientifically unfounded beliefs regarding sexual activity during pregnancy were analyzed. The responses were evaluated in terms of scientific accuracy, content consistency, communication style, and potential risk areas.

Examination of the thematic distribution of the simulated questions revealed that the content was grouped under four main categories (**Table 1**). These themes included misconceptions related to fetal perception and consciousness (such as the fetus being able to see, feel, or remember), safety concerns regarding the possibility of physical harm to the fetus resulting from sexual intercourse during pregnancy, misconceptions regarding developmental outcomes suggesting that sexual activity may have lasting effects on a child's intelligence, personality, or behavior, and concerns asserting that sexual intercourse is morally or religiously

inappropriate during pregnancy. The majority of these themes were found to be based primarily on cultural, emotional, or dogmatic beliefs rather than on physiologically grounded scientific concerns.

Table 1. Thematic classification of simulated questions related to sexual activity during pregnancy

Question no	Simulated question	Primary theme
Q1	Can the baby see us?	Fetal perception and awareness
Q2	Can the penis hit the baby's head?	Physical harm and safety concerns
Q3	Can the baby's psychology be harmed?	Developmental and psychological outcomes
Q4	Can sperm change gender?	Biological misconceptions
Q5	Will the baby be angry with us?	Emotional attribution to fetus
Q6	Can the baby suffocate?	Physical harm and safety concerns
Q7	Is sex a sin/does it harm the child's personality?	Moral and religious concerns
Q8	Will the baby talk early or become hyperactive?	Developmental outcome myths
Q9	Does external ejaculation make the baby smarter?	Developmental outcome myths
Q10	Can the baby feel pleasure?	Fetal perception and awareness

All questions were simulated to reflect commonly encountered nonscientific beliefs related to sexual activity during pregnancy.

Evaluation of the scientific accuracy of the responses generated by ChatGPT demonstrated that all responses were consistent with fundamental scientific principles related to pregnancy physiology and fetal development (**Table 2**). The responses particularly emphasized uterine anatomical structure, the protective function of the cervix, placental mediation of fetal oxygenation, and the limitations of fetal neurological development with respect to perception and consciousness. Responses addressing physical harm and safety-related concerns were observed to be clear and coherent in terms of anatomical and physiological explanations. In contrast, for questions containing moral or dogmatic elements, scientific explanations were presented using a more cautious and softened communication style.

Table 2. Scientific accuracy and content focus of ChatGPT responses

Thematic category	Core scientific explanation provided	Scientific accuracy
Fetal perception and awareness	Lack of visual, emotional, or sexual awareness; immature neurodevelopment	Accurate
Physical harm and safety concerns	Protection by uterus, amniotic fluid, and cervix; no direct contact	Accurate
Developmental outcome myths	No evidence linking sexual activity to intelligence, behavior, or personality	Accurate
Biological misconceptions	Sperm does not influence fetal gender after conception	Accurate
Moral and religious concerns	Focus on medical facts without moral judgment	Scientifically neutral

Scientific accuracy was evaluated based on consistency with established principles of obstetric anatomy and fetal physiology.

Analysis of the communication style and structure of the responses indicated that ChatGPT generally adopted an explanatory, calm, and non-directive tone (**Table 3**). In most responses, the use of medical terminology was limited, and complex concepts were explained using simple and accessible language. For questions attributing scientifically implausible characteristics to the fetus, such as perception, memory, or emotional awareness, an explanatory and normalizing approach was employed rather than a definitive or dismissive tone. In questions grounded in religious or moral concerns, direct value judgments were avoided, and the responses remained within the framework of medical information.

Table 3. Communication style and potential risk characteristics of ChatGPT responses

Evaluation domain	Observed characteristics
Language tone	Calm, explanatory, non-judgmental
Use of medical terminology	Limited and simplified
Handling of emotional or moral concerns	Neutral framing, avoidance of value judgment
Absolutist statements	Occasionally present
Mention of obstetric risk modifiers	Limited (e.g., placenta previa, preterm labor risk)
Potential user risk	Possible overgeneralization to individual clinical situations

The assessment reflects qualitative evaluation of response structure and language, not measured user outcomes

Assessment of potential risk areas revealed that although the responses were generally scientifically accurate, some statements exhibited an overly generalized nature. In particular, in several responses addressing the safety of sexual intercourse during pregnancy, conditions such as placenta previa, threatened preterm labor, or other obstetric risk factors were mentioned only to a limited extent. This was considered a potential limitation, as failure to adequately emphasize individual clinical circumstances may lead users to misinterpret their own situations.

Methodological Strengths and Limitations

Methodological strengths: This study has several methodological strengths that contribute to its conceptual and exploratory value. First, the study design explicitly acknowledges its simulation-based nature, avoiding any ambiguity regarding the origin of the data. By transparently defining the questions as simulated representations of commonly reported nonscientific beliefs, the study ensures ethical compliance and methodological clarity.

Second, the use of thematic analysis allowed for a structured examination of recurrent misconceptions related to sexual activity during pregnancy. Rather than focusing on isolated queries, the study contextualized these questions within broader sociocultural, moral, and educational frameworks, providing interpretive depth beyond simple content evaluation.

Third, the study integrates perspectives from obstetrics, reproductive health education, and digital health, enabling a

multidisciplinary interpretation of AI-generated responses. This approach aligns with emerging recommendations that emphasize the contextual evaluation of AI tools in healthcare communication rather than assessing factual accuracy alone.

Finally, the study contributes to the growing body of literature on artificial intelligence in medicine by highlighting how communication style and cultural sensitivity may influence the perceived adequacy of AI-generated health information. This conceptual emphasis represents a strength, as it shifts the focus from technological performance to patient-centered applicability.

Methodological limitations: Despite these strengths, several limitations must be acknowledged. This study did not analyze real patient-generated queries. Although the simulated questions were designed to reflect misconceptions frequently reported in the literature, they cannot fully capture the diversity, nuance, and emotional complexity of authentic patient interactions.

First, this analysis was limited to a single artificial intelligence–based large language model. As a result, the findings should be interpreted as system-specific and cannot be generalized to other AI platforms or model architectures. Comparative analyses involving multiple large language models may provide deeper insights into system-dependent and system-independent response patterns.

Second, the evaluation of the generated responses was primarily qualitative and exploratory in nature. While this approach allowed for in-depth thematic interpretation, future studies may benefit from incorporating quantitative indicators, such as the frequency of explicit safety warnings, references to obstetric risk modifiers, or the prevalence of absolute or overly generalized statements, to enhance methodological robustness.

Moreover, large language models are subject to continuous updates over time. The present study did not assess temporal consistency by repeating identical prompts at different time points.

Longitudinal evaluations of response stability may provide valuable information regarding the reliability of AI-generated health information.

The classification of hypothetical user characteristics such as educational level, cultural or religious sensitivity, and anxiety type was inferential rather than empirically verified. These categorizations were based on thematic interpretation rather than direct participant data, which may introduce subjective bias.

Third, the study did not include quantitative validation of response acceptance, such as real-time user feedback or behavioral outcomes. Therefore, conclusions regarding perceived adequacy of responses should be interpreted as conceptual observations rather than measurable effects.

Fourth, ChatGPT is a dynamic system that undergoes continuous updates. As a result, the responses analyzed in this study may not be reproducible in future versions of the model, limiting longitudinal generalizability.

Finally, while the study addresses ethical considerations related to data privacy and transparency, it does not evaluate the potential psychological impact of AI-generated responses on users. Future studies incorporating experimental or clinical validation would be necessary to assess real-world effectiveness and safety.

DISCUSSION

Why do These Questions Arise?

The emergence of such questions regarding sexual activity during pregnancy cannot be explained solely by a lack of knowledge. As highlighted in the literature, sexuality during pregnancy is strongly shaped by cultural norms, religious beliefs, moral values, and emotional projections.[2,3] In particular, beliefs that the fetus can perceive, remember, or be psychologically affected by sexual intercourse reflect symbolic and cultural thought patterns rather than biological reality.

Systematic reviews have shown that misconceptions about sexuality in pregnancy are widespread across different societies and are often fueled by fear, guilt, and moral concerns.[2] The study by Kaya et al.,[6] which compared different cultures, demonstrated that even when educational levels are similar, cultural and religious contexts play a decisive role in sustaining these myths. Moreover, studies examining the impact of pregnancy and childbirth on sexual behavior indicate that sexuality during this period is often perceived as "dangerous" or "inappropriate."[3]

In this context, the questions analyzed in our study should be considered not as "irrational" but as the result of socially learned belief systems transmitted across generations.

Why is Scientific Accuracy not Sufficient?

One of the key findings of this study is that scientifically accurate responses are not always accepted by users. In other words, scientific accuracy does not necessarily equate to acceptability. Particularly for questions with moral or dogmatic content, responses providing correct information were observed to have low levels of acceptance.

The literature indicates that while education level can influence the prevalence of sexual myths, it is not solely determinative.[2,6] Even highly educated individuals may reject information that conflicts with their cultural or religious values. This highlights that in health communication, merely "transmitting information" is insufficient; the way information is presented is at least as important as its content.

The language used in AI-based system responses plays a critical role in this context. Non-judgmental, normalizing, and explanatory language can reduce user resistance, whereas rigid or directly corrective statements may trigger defensive mechanisms. This represents an important communication lesson for healthcare professionals as well.

What does ChatGPT do Well, and What does It Not?

Analysis of the responses indicates that ChatGPT exhibits notable strengths, particularly regarding communication style. The system consistently used calm, non-judgmental, and normalizing language in most responses, providing

scientific explanations without dismissing user concerns. This approach aligns with previous studies emphasizing the empathetic aspects of AI responses.[13,14,16]

However, an important limitation of ChatGPT also emerged. While most responses emphasized that sexual activity during pregnancy is generally safe, limited attention was given to individual obstetric risk factors (such as placenta previa, threatened preterm labor, or history of bleeding). This suggests that generalized statements made outside the clinical context may create a false sense of security for some users.

Thus, ChatGPT's strengths are concentrated in communication and accessibility, whereas it remains insufficient in contexts requiring individualized clinical assessment.

Where is the Clinical Contribution?

One of the most important clinical contributions of this study is that such questions should not be dismissed as "trivial" or "irrational." On the contrary, these questions provide valuable insights into patients' knowledge levels, sources of anxiety, cultural background, and feelings of guilt.

Questions regarding sexuality during pregnancy can serve as an early warning system in patient–physician communication, even when not directly posed to a clinician. The literature shows that healthcare professionals often avoid providing counseling on these topics or do so inadequately.[11,18] When appropriately addressed, however, these questions can strengthen trust and enhance patient satisfaction.

In this context, patterns of questions obtained from AI systems can guide clinicians in shaping patient education and counseling strategies.

AI's Role: Tool or Authority?

The findings of this study clearly indicate that AI systems such as ChatGPT should be positioned as supportive tools rather than clinical authorities. AI can provide an anonymous, non-judgmental first point of contact for sensitive issues; however, it cannot replace clinical decision-making processes.

The World Health Organization and ethical literature emphasize that AI systems in healthcare should be transparent, limited in scope, and under human supervision.[15,17] The responses analyzed in this study suggest that AI can play an informative and educational role, but in areas requiring individual risk assessment and clinical responsibility, referral to healthcare professionals is essential.

In conclusion, AI-based systems can offer meaningful and safe contributions when viewed not as an authority replacing the clinician, but as a tool facilitating and supporting communication between patient and healthcare provider.

Limitations

Despite these limitations, this study provides a conceptual and descriptive framework for understanding how artificial intelligence systems may communicate sensitive health-related information during pregnancy, highlighting potential implications for patient education and digital health literacy. By illustrating both the strengths and potential risks of AI-generated responses to common sexual myths, these findings may inform clinicians, researchers, and developers in guiding the responsible integration of artificial intelligence into maternal health–related communication.

CONCLUSION

This study evaluated the content and communication characteristics of responses provided by ChatGPT to simulated patient questions representing common but scientifically unfounded beliefs about sexual activity during pregnancy. The findings indicate that this AI-based system employs calm, non-judgmental language consistent with fundamental obstetric and fetal physiology knowledge, and adopts a normalizing approach, particularly for questions involving cultural or moral concerns.

However, the limited emphasis on individual obstetric risk factors in the responses highlights a potential area of risk when used outside a clinical context. The results suggest that such questions should not be considered irrational, but rather viewed as the product of knowledge gaps, cultural transmission, and emotional projection.

When appropriately positioned, AI tools such as ChatGPT can contribute to clinical practice as supportive communication aids that help understand patient concerns. Nevertheless, it is essential to emphasize that these systems should be used as complementary tools in physician–patient communication, rather than as clinical decision-makers.

ETHICAL DECLARATIONS

Ethics Committee Approval

This study did not require an ethics committee review because it used only publicly available and anonymized data extracted from ChatGPT interaction logs.

Informed Consent

This study did not require informed consent because it only used publicly available and anonymized data extracted from ChatGPT interaction logs.

Peer Review Process

This manuscript was subject to external peer review.

Conflict of Interest

The author declare no conflicts of interest related to this study.

Financial Disclosure

The author received no financial support for the conduct or publication of this research.

Author Contributions

The design, data collection, analysis, and writing processes of the article were carried out by a single author.

Acknowledgments

We would like to thank ChatGPT for providing translation support and assistance in obtaining responses to the patient-simulated questions used in this study. We appreciate the valuable contribution of the AI system in facilitating data interpretation and communication.

REFERENCES

1. Yeniel AO, Petri E. Pregnancy, childbirth, and sexual function: perceptions and facts. *Int Urogynecol J*. 2014;25(1):5-14. doi:10.1007/s00192-013-2118-7
2. Ribeiro MC, de Tubino Scanavino M, do Amaral MLSA, et al. Beliefs about sexual activity during pregnancy: a systematic review of the literature. *J Sex Marital Ther*. 2017;43(8):822-832. doi:10.1080/0092623X.2017.1305031
3. Jawed-Wessel S, Sevick E. The impact of pregnancy and childbirth on sexual behaviors: a systematic review. *J Sex Res*. 2017;54(4-5):411-423. doi:10.1080/00224499.2016.1274715
4. Dolapoğlu N, Taşkın Mİ, Altunöz S. The relationship between pregnant women and their spouses' belief in sexual myths during pregnancy, relationship satisfaction and sexual satisfaction. *J Health Sci Med*. 2023;6(4):573-578. doi:10.32322/jhsm.1241611
5. Grossi FS, de Moura Machado M, Ferreira CF, et al. Myths and beliefs about health and sexuality among Brazilian pregnant women. *Rev AMRIGS*. 2023;65(1):69-79.
6. Kaya HD, Yılmaz T, Günaydın S, et al. Sexual myths during pregnancy: a comparative study. *J Obstet Gynaecol*. 2021;42(4):587-593. doi:10.1080/01443615.2021.1931826
7. Dağlar G, Bilgiç D, Demirel G. Determination of myths regarding the pregnancy period and childbirth of pregnant women. *Zeynep Kamil Med Bull*. 2018;49(1):59-64. doi:10.16948/zktipb.349829
8. Aygin D, Açıl H, Yaman Ö, et al. Female university students' opinions related to sexual myths. *Androl Bull*. 2017;19(69):44-49.
9. Aker S, Böke Ö. The effect of education on the sexual beliefs of family physicians. *Int J Sex Health*. 2016;28(2):111-116. doi:10.1080/19317611.2015.1137669
10. Direkvand-Moghadam A, Suhrabi Z, Akbari M, et al. Prevalence and predictive factors of sexual dysfunction in Iranian women: univariate and multivariate logistic regression analyses. *Korean J Fam Med*. 2016;37(5):293-298. doi:10.4082/kjfm.2016.37.5.293
11. Fennell R, Grant B. Discussing sexuality in health care: a systematic review. *J Clin Nurs*. 2019;28(17-18):3065-3076. doi:10.1111/jocn.14900
12. John JN, Gorman S, Scales D, et al. Online misleading information about women's reproductive health: a narrative review. *J Gen Intern Med*. 2025;40(6):1123-1131. doi:10.1007/s11606-024-09118-6
13. Ayers JW, Poliak A, Dredze M, et al. Comparing physician and Artificial Intelligence Chatbot responses to patient questions posted to a public social media forum. *JAMA Intern Med*. 2023;183(6):589-596. doi:10.1001/jamainternmed.2023.1838
14. Grünebaum A, Chervenak J, Pollet SL, Katz A, Chervenak FA. The exciting potential for ChatGPT in obstetrics and gynecology. *Am J Obstet Gynecol*. 2023;228(6):696-705. doi:10.1016/j.ajog.2023.03.009
15. Wan C, Cadiente A, Khromchenko K, et al. ChatGPT: an evaluation of AI-generated responses to commonly asked pregnancy questions. *Open J Obstet Gynecol*. 2023;13(9):1528-1546.
16. Wang C, Liu S, Yang H, Guo J, Wu Y, Liu J. Ethical considerations of using ChatGPT in health care. *J Med Internet Res*. 2023;25:e48009. doi:10.2196/48009
17. World Health Organization. Ethics and governance of artificial intelligence for health. Geneva: WHO; 2021. https://www.who.int/publications/i/item/9789240084759 (Access Date: 19.06.2025)
18. Worly B, Manriquez M, Stagg A, et al. Sexual health education in obstetrics and gynecology (Ob-Gyn) residencies: a resident physician survey. *J Sex Med*. 2021;18(7):1042-1052. doi:10.1016/j.jsxm.2021.03.005

Seniye Burcu Torumtay Alıç

Dr. Seniye Burcu Torumtay Alıç is a specialist in Obstetrics and Gynecology. She received her medical degree from Ondokuz Mayıs University and completed her residency training in Obstetrics and Gynecology at Ondokuz Mayıs University Faculty of Medicine. She has worked in both public and private healthcare institutions and currently serves as a Doctor of Faculty Member in the Department of Obstetrics and Gynecology at Hitit University Faculty of Medicine. Her research interests include obstetric infections, cesarean section techniques, gynecologic diagnostics, maternal–fetal medicine, and the application of artificial intelligence in women's health. She has published articles in national and international peer-reviewed journals and has contributed chapters to international academic books.

