Cut Through, September 10, 2026: **“Anything to do with the female body is fodder”: How AI warps women’s health**
All timestamps are approximate

Madison Griffiths (00:00)
These particular AI slot videos. it's not necessarily the advertisement that I find so grotesque. It was the the beginning of that video, which is just saying what a woman ought to hear ought to be told

to her through her community with no ulterior motives.

Crystal Andrews (00:16)
Hello and welcome to Cut Through, Crikey's spin-free analysis of Australian news, politics and power. I'm your host, Crystal Andrews, and today I'm joined by writer and crikey contributor Madison Griffiths to talk about the weird, dark, and dangerous world of AI mumflop. Madison, welcome to Cut Through.

Madison Griffiths (00:34)
Thanks so much for having me, Crystal. I'm really excited to to get into this with you.

Crystal Andrews (00:39)
Me too. And look, I think there's probably no better way for us to start this discussion than by watching a short clip of a man, ostensibly some kind of expert on a podcast, talking about what women experience after they have given birth to a child.

Madison Griffiths (02:23)
Yeah.

Crystal Andrews (02:25)
what the hell did we just watch? What was that?

Madison Griffiths (02:29)
It's it's this crazy podcast format which I've seen on various channels online that usually involves an anonymous host, and an anonymous guest and they are discussing occasionally very factual things. You know, a lot of these AI generated

spokespeople will be given prompts that have arisen from journal articles or research papers. So it's not necessarily that everything that they are spouting is misinformation per se. you'll notice when you actually listen to what this AI generated man is saying

there is not much

science to it. He's saying that's hardcore and and, you know, the

Crystal Andrews (03:20)
Yeah.

Madison Griffiths (03:21)
the the change is insane. There's not really anything he's specifically saying outside of these buzzwords of hormone, nutrition, depletion, postpartum. one

thing I noticed when I was in the first

month or so of being postpartum were these fake podcast videos. and they would feature a rendering of a woman, an AI generated woman She's in a cardigan, she's a little bit disheveled. She seems quite emphatically appreciative that there's this academic, presumably or a scientist or someone of authority

or credibility that is affirming her experience.

and it's almost cosplaying the relationship between the viewer of the podcast and well the you know, the target demographic of the podcast and the podcast itself. But there is always a catch. It is not just some form of creative license and expression. there is a product that is being sold. and it is quite often a supplement. and in this case it was Rosabella Moringa, which is a supplement that can be purchased on Amazon.

Crystal Andrews (04:28)
Mm. And and that's really, the encapsulation of this like quite s bizarre world that you've delved into for a recent piece on Crikey. You know, not only is this not a real podcast, and these are not real people, as you say, they are i it's a fully AI generated video. The beginning part of that, you know, clip and and talking about the hormone drop and all of those things sound

reasonable, that sounds logical, that tracks with my understanding of these things. and it's not until a ways in that you get hit with the, you know, comment, comment below for for our guide or let me start talking about this, this product, this supplement,

Madison Griffiths (05:04)
first half is essentially just a kind of validation or acknowledgement that being in postpartum is incredibly challenging, which is not controversial and shouldn't be controversial when someone is in the trenches, so to speak, they some women who stumble across videos like this may not necessarily have

people in their life that are telling them that they're doing a good job. So naturally they hover over the real. it's that almost has this addictive quality to it. The AI generated spok spokesperson who, you know, ratifies them, then tells them to buy Rosa Bella Merindo, which is cheap and it's green and it's an uninvasive enough product to seem like a l ro low risk investment given it is just a supplement and presumably a quick fix. So it is a pretty sick way of establishing

trust with a demographic that are potentially starved of any sort of reassurance.

Crystal Andrews (05:57)
you've spent quite a bit of time.

scrolling and and trawling like through this world, w what were some of the experiences that people shared with you of of how this sort of first came across their feed what was attention grabbing about it and and why

Madison Griffiths (06:09)
Yeah.

Crystal Andrews (06:09)
did it sort of at least get them to stop mid scroll to pay attention to what was what was before them?

Madison Griffiths (06:15)
I anything associated with the female body, even if it is strictly maternal content, is fodder, I find for slop

Crystal Andrews (06:24)
Yeah.

Madison Griffiths (06:24)
farms. when I spoke to lactation consultant Rachel O'Brien about breastfeeding, for example, she mentioned that when someone has a baby and and is looking for assistance, and often you are looking for assistance, they typically want to see what they're supposed to be doing. But if you search for breastfeeding videos on YouTube, you get mostly

pornography. So i there are many reasons as to why AI stop videos and presumed anatomical infographics can appeal to both creators and new parents because it is an experience that, you know, the old idiom goes, you don't know until you know. you're

often up in the middle

of the night when the you naturally your access to additional support, be it through continuity of care models or doctors or parents or friends, is a little bit

insular and staved off and naturally you end up on your phone. But also perinator women are spending a significant amount of time on their phones. So a 2024 study published in Reproductive Health found that the median

smartphone use was about five hours a day. which makes sense because you're researching symptoms, you're tracking often fetal development online.

pregnancy forums are there to provide reassurance, products are compared. so we we you know we have an entirely dedicated, marketable demographic here who are less able to discern bad actors for a number of reasons, and this is because there's a lot of misinformation about the maternal experience.

sleep deprivation plays a huge part with reduced capacity.

Sexism and medi medical misogyny means that they aren't necessarily able to compare the information that they're receiving online with the r doctors with their best interests in heart. there's an absence of supported community, and there is also a really deep, genuine desire to be validated and to have one's experiences validated. So when the AI slop farms are telling you that, you know, slay mama.

you're doing great. It's a deeply manipulative way to sell a deceptive way to sell a product.

Crystal Andrews (08:34)
it did really make me think about, the healthcare space, i particularly for women, but broadly as well, and that gap between

what we know, what can be known and what can't for, sensible and ethical reasons, like sometimes actually be studied and we can't have a definite definitive answer for. and I think there's a lot of this even down to the most basic things like you know, alcohol sumption or or coffee consumption

Madison Griffiths (09:00)
Yeah.

Crystal Andrews (09:01)
in pregnancy. That's something that, okay, broadly we understand that alcohol consumption, for example,

has an impact

on a fetus and that's something that we know.

But what we can't know for sure is how much when, because there's no sort of ethical way that you can study you can't study that, right? You can't say

Madison Griffiths (09:23)
Yes.

Crystal Andrews (09:23)
we're gonna take a group of pregnant women, we're gonna make half of them drink and half of them not drink, and we're gonna figure out, you know, so that so there's a reason why we can't have a very certain and specific and definitive answer on that particular health question.

But at the same time,

it's obviously human nature to want that kind of certainty, particularly when it comes to our own health and safety and and the health and safety of a of a wanted, child

it just seems to me that that leaves this really big, obvious gap where

Madison Griffiths (09:52)
Yeah.

Crystal Andrews (09:53)
anybody else can come into with the veneer of authority and say,

I can give you certainty, I can give you an answer, and in a lot of cases, sell you sell you a product.

Madison Griffiths (10:05)
Yeah. Yeah, no, that's a really, really good point, you know, particularly in the arena of consumption, as you've made

a point. That the the the the idea that I think what a lot a lot of postpartum and perinatal women in general navigate is the ethical conundrums of consuming

anything from a paracetamol to an antidepressant to a substance like alcohol or cannabis, for example. And and you're right that there are

lacking there is lacking research as to the impacts. I don't want to say the ethicality because that becomes, you know, at murky with moralism, but in terms of the actual scientific impacts on a fetus, or, you know, a a postpartum person's ability to breastfeed, for example, the quality

Crystal Andrews (10:53)
Mm-hmm.

Madison Griffiths (10:53)
of of her milk. so when you have a bunch of

medical providers naturally saying, I don't actually know if you're able to take this substance or I'm not sure that often is translated to you shouldn't. Now when you've got you know, someone that's feigning credibility online saying not only that you can but you should consume this

supplement instead, it is

naturally it's it's encouraging to be told that there is some sort of something that you can consume that's not loaded, that's not sort of potentially contentious. I know a lot of women that have sacrificed their own health due to the absence of research when it comes to the health of their fetuses by you know deciding not to take antidepressants, for example, when they have always in the past or

something as small as not taking a cold and flu tablet because it could potentially tank

someone's milk supply. there's all of these sort of themes here that that that threaten the symbiotic relationship with the with the mother and the and the fetus. so it's it is particularly frustrating, I find, when I stumbled across these. And and I did notice a lot of women commenting these kind of really

tragic, you know, 300 character testimonies about why why doesn't my partner

acknowledge this or why doesn't why doesn't anyone care? which is ironic given this AI slop farm does not does not care. And you can actually see that in the evolution

of this AI Slop farm and eventually this, you know, middle aged man of a credible appearance ends up merging into this Amish woman.

over the span of, you know, six months or so. So then we've got this brand new character who's a little bit more absurd I would say, a little bit more

Crystal Andrews (12:48)
Yeah.

Madison Griffiths (12:49)
classical, but you know, potentially is now appealing to an older demographic who are vulnerable in their own which way.

Crystal Andrews (12:56)
Yeah, it is fascinating how it sort of evolves based on, I presume, the, you know, the supplement or the plot product that's next being pushed, who the ca you know, who the avatar is. yes, some of the some of the images are really absurd, nightmarish. there was one that I'm not sure I'll ever get out of my head with like

Madison Griffiths (13:19)
Yeah.

Crystal Andrews (13:20)

wor worms or or something like that on on

Madison Griffiths (13:24)
In the like the fallopian tubes, it was Yeah.

Crystal Andrews (13:25)
What appears to be a u a uterus. Yeah.

Really, really weird stuff. And that is one thing I did find interesting about this type of content. And one of the experts that you spoke to for the story, I think mentions this as well, is that a lot of it is genuinely like very sloppy, as in it doesn't

Madison Griffiths (13:41)
Yeah.

Crystal Andrews (13:41)
look realistic. It doesn't look like a real person. It is, you know, bizarre. It's absurd. It's nightmarish. the other one that I did that that did quite like freak me out was the

the graphic that was supposedly showing the anatomy of a breast while breastfeeding,

where the baby is somehow like blowing milk back into into the breast via the nipple and the breast ducts ducts, which even as someone I've I've never breastfed a child, it

Madison Griffiths (14:07)
Yes.

Crystal Andrews (14:08)
does not look right to me. That that clearly is not how that works.

Madison Griffiths (14:10)
No, it it it does not look right.

And it was, you know, there were air bubbles in the in

Crystal Andrews (14:15)
Yes.

Madison Griffiths (14:16)
the milk ducts and like all of these really, really absurd things. And you know, I think that the one thing that Rachel made a particular point about too is that there were there seemed to be this genre of of breastfeeding AI slop video that

on the outset appears as if it's trying to do a good thing by trying to perhaps dispel invisibility when it comes to breastfeeding. But what it actually ends up doing is contributes greatly to misinformation around breastfeeding.

Anika Patel, who is another lactation consultant that I came across who spoke about the AI viral lactating breast picture, which I should clarify was shared by reputable sources as well. So it was

It's people acknowledged that it was AI. There was no person that believed that that was actually an interior camera of a of, you know, a mammary gland. But the idea was that it was anatomically correct and it just wasn't. So she captured this beautifully where she stated that what this viral phenomenon did is really highlight just how little female anatomy is taught in any sort of educational system and and she admits to having spoken to a pediatrician.

Who said that he had had one day at medical school addressing how breast milk is made in his entire five years of study. So then that that's how you've got reputable sources sharing this AI generated video, which becomes incredibly muddied when you think about the fact that w videos of women breastfeeding are not permitted online.

Crystal Andrews (15:50)
Mm.

Madison Griffiths (15:51)
or if they are, they can be hyper sexualized. There's so many elements to it that make it really, really hard to convey genuinely helpful.

information.

Crystal Andrews (16:02)
Yeah. I d do you think I mean, is selling something always the goal of this type of content? Because the other thing that it did make me wonder is whether the believability or or not, like obviously as you're saying, some of this content is convincing enough to fool experts or or people who we would look to as as or expect to know what was real and what was not. But you know, a as we were talking about some of the others, they're quite obviously not real. But do you think it

Madison Griffiths (16:30)
Mm.

Crystal Andrews (16:30)
matters?

if they look believable or not? d is it does there seem to be any connection between that and how far it spreads, how effective it might be at selling something?

Madison Griffiths (16:42)
Look, I think it is an instance of throwing you know, mud to the wall and seeing what sticks for a lot of these slop farm generators.

sometimes it

does need to be believable just enough, which is where the that deepfake technology comes in. And earlier this year, for example, deepfake videos of Dr. Carl endorsing blood pressure pills were featured in

Crystal Andrews (17:03)
Yeah.

Madison Griffiths (17:03)
hundreds of ads published on Facebook and and Instagram. And, you know, you're seeing here any attempts to to grab at credibility,

so the use of health professionals being deep fake tier creates an illusion of credibility. There are other TikTok pages, for example, that are really sloppy but sort of read like Instagram carousels. And there's one that I stumped

across called Just a Mum sharing postpartum life.

And there was no affiliate links in the bio or anything like that. It had a relatively humble following. And it it you could tell that it was slop based off the fact that every single photo was of a different new mother, holding

a different newborn baby the captions would just be quite depressing captions like

I didn't recognize myself, I'd cry while brushing my hair, I haven't showered in weeks, I've I've forgot I've eaten, everything felt too loud, like you know, the essentially just just claims about postpartum depression and a bid to go viral, I would say, or in a bid to to capture attention or have someone just hover over the page for an extra moment, which we we don't necessarily know how that translates in terms of legitimate traffic, but we know that it does.

There were no ads on this particular TikTok page. But then

Crystal Andrews (18:22)
Yeah.

Madison Griffiths (18:24)

when I scrolled through one of them, one of the the carousels, it was just like, you know, what helped is this beetroot soup that Nonna makes and also Rosabella Moringa. So there's these wild like half ads or you know it's I think it's about establishing trust.

Crystal Andrews (18:42)
It's buried

it's buried within the content itself a as opposed to being a more literal endorsement like the clip that we played at

Madison Griffiths (18:49)
Yeah.

Crystal Andrews (18:50)
the top.

Madison Griffiths (18:51)
Yeah. Yeah, absolutely.

Crystal Andrews (18:52)
there's another perception about this type of content that I think we should talk about. And again, I I think this goes for across the health space, but is particularly pronounced in its sort of impact and dangers in women's health. and it's the idea that it is like always a scammy business or an individual with no real claim to authority behind those accounts. And what and that is certainly true in a lot of cases. it doesn't seem to be where the impact of

AI generated health content begins and ends. There's a detail in your article about Amazon running ads for its health AI platform. And in this ad it showed a woman uploading an image of her breast to the platform to ask the chatbot for lactation advice. Sort of, you know, in the in the dead of night, she's she's struggling with this. And it's obviously not a time that you can call your obstetrician's office or a lactation consultant's office if it's in the middle of the night. So give us a picture of your

breast and the implications of that make me make me feel really sick to to think about actually. And this is a a huge company, one of the biggest corporations in the world.

Madison Griffiths (19:57)
Yeah, massive. I I know I I really the alarm bells went off in my head when I saw that because I was thinking about, you know, privacy regulations. We don't know what they're doing with that data. We don't then know how they could, you

know, hypothetically use the image of this woman's nipple or breast to then even, you know, advertise certain different flange sizes

Crystal Andrews (20:20)
Mm.

Madison Griffiths (20:20)
for a pump that they might then also advertise to her.

so the inference being that you upload a photograph of your breast, AI-generated lactation specialists will provide you a diagnosis. It's also really unclear if the Amazon Health AI connects you with a real doctor, or

Crystal Andrews (20:34)
Mm-hmm.

Madison Griffiths (20:35)
if the actual Amazon Health AI just operates designed but to sound like a doctor, least of all, you know, reputable one. But there are

also myriad reasons as to why breastfeeding isn't necessarily going smoothly or is potentially causing someone pain that the Amazon Health Ad does not factor in at all. it reveals just one question. I think she just makes mention that she has pain or a fever. It says sounds like mastitis, but you know, without any kind of genuine assistance that again looks holistically at a breastfeeding mother's situation.

How much material support does she receive? How is stress or sleep deprivation impacting her decision, her supply? Is there something, you know, does a child have a tongue tie or colic or all of these things cannot be neatly isolated from the experience of a new breastfeeding mother? And to advertise that, not necessarily the product itself, but to advertise the fact that it can be, I think is particularly dangerous. the Amazon Health AI

function completely corrodes the standard of continuity of care. rather than necessarily, you know, making care providers more accessible or there being twenty-four-seven walk-in mother and child clinics, maternal healthcare nurse clinics, for example, that could be a much greater use of care. But, you know, it is also laced with irony because the same month that the Amazon Health AI advertisement targeted new mothers

Rachel Buse, who is a woman that was enrolled into a business course with Amazon, who also happens to be a breastfeeding mother, was barred from attending the course because Amazon would not let her child onto the site, even though she'd let Amazon know a week ahead of the in person event that she's a breastfeeding mother and she's required to breastfeed throughout that period of time. but you know, the child's under six and not not allowed on site, which

Yeah, is I thought that was incredibly ironic.

Crystal Andrews (22:30)

Yeah, it's it's on the one hand,

not having at all an an understanding of what support is needed for real women, but at the same time insisting that you can insert yourself between, you know, as you say, be that intermediary that doesn't facilitate the connection between a woman and a healthcare provider that might help her, but potentially cut off that relationship and be the intermediary

Madison Griffiths (22:51)
Exactly.

Crystal Andrews (22:53)
that div diverts someone away at a time where they really need help.

I imagine that many of the experts that you spoke to for the piece sort of shared those concerns, we talk a lot about like misinformation when it comes into AI content and and that kind of thing, I think is well understood. But did did they sort of speak to their fears about whether it would divert women away and and and people who needed help away from those who could actually help them?

Madison Griffiths (23:19)
Definitely. Rachel particularly expressed grave concern for that, She's a lactation consultant

Crystal Andrews (23:25)
Mm.

Madison Griffiths (23:26)
with quite a few thousand followers and because of this she does get emails from various AI apps wanting her endorsement.

I think they do see the opportunity to step in between a woman and her care team given the amount of time a woman is spends away from the world at large.

Crystal Andrews (23:45)
Yeah.

Madison Griffiths (23:46)
and our phones are, you know, an extension of they're like an an additional limb, they're an extension of ourselves, they're not necessarily an extension of our communities. so these you know, AI providers, even if they are not necessarily slop, but they are just AI providers, know that.

and take advantage of that. But then you know, there are actual AI services that may be helpful for women to use, I did speak to one woman who started a fourth trimester virtual provider app.

she's a board certified pediatrician. She's a neonatalist sorry, neonatologist it works a little bit like ChatGPT from what I was able to gather.

But with a much more expansive knowledge set. And that had a lot to do with, you know, being able to ask questions in the middle of the night that mo no questions that don't require a diagnosis, but questions

that might point you in the direction of of seeking care for that as well. But I look I again, I struggle with the disbanding of the divorcing of the mother from the community in general. I think that it has great

grave political connotations as well for not only the mother's physical health but her mental health too.

Crystal Andrews (25:00)
We we had quite a few crikey readers actually connect your piece on this to the draft digital duty of care legislation that the Labour government just proposed this week, which

Madison Griffiths (25:10)
Mm.

Crystal Andrews (25:10)
one of the features of that would would be giving users a way to opt out of algorithmic feeds.

I'll read I'll read one of the comments

new mothers are frequently vulnerable to guilt on top of fatigue and susceptible to advice not based on evidence.

A

key test of the proposed legislation will be how quickly social media companies are prosecuted for this harmful mum slop and how harshly they are punished, especially when there is pressure to buy products that are not merely useless but actually dangerous. Now, Madison,

I appreciate this might be a little bit outside of your wheelhouse, but do do you think that curbing the algorithmic element of the platforms and this type of content would would help to stop its

spread and potential harm? Or does the does the fact that people engage with this kind of go deeper than just it is served and it grabs your attention so you stop and engage?

Madison Griffiths (26:02)
I think yes and no, I did notice those comments and I really appreciated them because I think that there is a lot to be said about the nature of, you know, studies that we're doing into

algorithms and how they end up being embedded with deeply sexist ideas that you know, I'm I'm I'm well aware of Chanel Contos's Fix Our Feeds initiative, which is now being embraced by the government. So there are so many ways that tech and women collide

for the w for the worse.

Crystal Andrews (26:33)
Yeah.

Madison Griffiths (26:34)
so I do think it i that would be a really, really important step, in saying that it is not as if AI slop in this space has ultimately introduced hurdles for postpartum women. I think it has taken advantage of postpartum women, but it hasn't necessarily been the the be all and end all of, of what issues can arise

For women at such a vulnerable period of their their life. I do think that we need to consider significantly more funding when it comes to free s care services like maternal health care establishments, you know, trying to I guess corrode the privatization of of of

Pregnant care and postpartum care as well, to ensure that there's less of a postcoat lottery about who gets to have a good birth, who gets to have a good recovery, and who gets to have a good postpartum period. As we know that there are for for women particularly, there are grave risks. Now, I think the Lindsay Clancy trial has really brought that to the attention of a lot of people. There are grave risks associated with not providing

holistic support to women at their most vulnerable. and I think remedying the interests of additional stakeholders like ad advertisers is a is is a good place to start, but it is not the the end goal here.

Crystal Andrews (27:59)
Yeah. And look, it would be remiss of me also not to mention your Substack series, Labour Relations, where you've sort of dug into I'm not sure what the right word for it is, maybe some more atypical stories of particularly labour and the birth experience for women in Australia, which is, been a a fascinating read. I I think everybody should should read that. where do you see

this sort of world of AI slops sitting in and amongst some of those other movements and experiences

where where would you place it in amongst all of that?

Madison Griffiths (28:33)
Yeah, well I

I think it's interesting because one what sparked my initial interest in looking into you know, getting into the heart of the birthing suite in Australia was w was the media fur surrounding free birthing, with

the death of Stacey Warnickey. and she was a woman who had decided that she wanted to free birth, which is to

have a birth with no midwife present and to be at home. it is important to differentiate that from a home birth, which in Australia

Crystal Andrews (29:04)
Yes.

Madison Griffiths (29:05)
has a lot of

various conditions paired to it. A lot of women aren't necessarily entitled to accessing home birth, which is a a whole nother issue in in and of itself. But one thing that is interesting about the nature of the reputation that free birth was able to establish was that it it it

It proliferated online.

Crystal Andrews (29:27)
Mm.

Madison Griffiths (29:28)
it was sprooked by an organization called the Free Birth Society, which made millions of dollars on promoting the idea that to give birth in a hospital is t not a sovereign way to to create life. it was only able to

flourished the way I did because it was Instagrammable, it was shareable, it was, you know, it it it kind of had this whole other shadow self on online and involved a lot of people able to sell guides, for example, a little bit a little bit comment below and I'll I'll give you this information. So you can see the distrust in any form of quote unquote legitimate area of

medical research, or, you

know, the institutional areas to give birth, like hospitals. I think that distrust definitely happened in tandem with or in response to COVID as well.

I've spoken to advocates who spent a lot of time with women whose postpartum experiences and birthing experiences were abs were horrible because of COVID regulations. And again, that was a one-track view of what matters you know can be achieved through public health initiatives

like you know, making sure that masks are worn or through hospitals and and that people are separated

Whilst that was

incredibly important, there were other elements there that I think failed to factor in the health, the mental health of families and particularly women. so you can see that there that people turn to online spaces when they're in their most vulnerable. They want their own worldviews to be affirmed. so when there are these

particular AI slot videos. In this instance, it's not necessarily the advertisement that I find so grotesque. It was the the beginning of that video, which is just saying what a woman ought to hear ought to be told

Crystal Andrews (31:26)
Mm.

Madison Griffiths (31:27)
to her through her community with no ulterior motives. and it looked I what I've discovered through my work with ra Labor Relations, and I I will be continuing that work, but it it just again is how integral that continuity of care model is.

when it comes to ensuring somebody has not only a positive experience of birth and postpartum but a safe experience as well.

Crystal Andrews (31:46)
I will make sure that the article that you've written for Crikey and also your Labour Relations series are linked in the episode description So anybody who wants to check those out, and again, I I recommend that people do can get those links directly from wherever you're watching or listening to this. For now, Madison, I think we'll leave it here, but but thank you so much for taking some time to talk about this all with me today. I've I've really enjoyed it.

Madison Griffiths (32:08)
Thank you so much, Crystal. I I I love to chatting with you.