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REGULAR ARTICLE

Parents want Swedish child health services to focus more on motor development and practical advice

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Abstract

Aim: Parents' experiences and expectations are key to developing evidence-based approaches that respond to family needs. However, little is known about how parents regard the motor assessments in well-child surveillance and what they need to support their child's motor development. This study explored their experiences.

Methods: We conducted 11 semi-structured interviews with Swedish-speaking parents whose children had been referred to a physiotherapist by child health services (CHS) before 18 months of age. Consecutive sampling was conducted from March to November 2018. The data were analysed using systematic text condensation.

Results: The three themes that emerged were that that parents liked the CHS setting, but had concerns about the lack of focus on motor development during routine health visits and wanted more dialogue about this area. The parents said that the assessments varied considerably and that their concerns were not always taken seriously. They wanted to know more about the professionals' observations, how their child was expected to develop and what they could do to support their motor development.

Conclusion: Parents wanted a greater focus on motor development during routine health visits. This included advice on how they could support their child's development.

KEYWORDS
developmental surveillance, infant, motor development, parents' experiences, well-child surveillance

Keynotes

- Parents' experiences and expectations are key to developing evidence-based approaches that respond to family needs.
- The parents of children referred to physiotherapists before 18 months of age wanted a greater focus on children's motor development at routine health visits.
- They wanted to know more about the professionals' observations, how their child was expected to develop and what they could do to support their motor development.

Abbreviations: CHS, child health services.

1 | INTRODUCTION

Swedish Child Health Services (CHS) are voluntary, free-of-charge primary healthcare services that are offered to all children aged 0–5 years.[1] The attendance rate is 97%.[2] CHS offer a tiered well-child surveillance programme, which aims to promote health and development, prevent negative health outcomes and identify children who need targeted interventions.[3] By partnering with parents, the programme aims to support their parental roles and make them feel confident in raising and caring for their children. They also provide them with tools to make independent decisions about their children based on their own values.[3] This includes health guidance, parental support and providing parents with information and skills that promote their child's development.[3] The primary healthcare providers in CHS are child healthcare nurses, who are specialists in either paediatric care or primary health care.[3]

Although CHS have implemented an approach that emphasises health promotion and prevention,[3] health monitoring is still a central task. During the first 18 months of a child's life, the families have at least 11 scheduled routine health visits.[4] The nurses participate in all the visits and the physicians participate in three. The children undergo five developmental check-ups, performed by either the nurse or the physician, and three medical examinations performed by the physician.[4] The developmental check-ups include an assessment of the child's motor development.

Motor abilities are a prerequisite for exploration, problem-solving and making discoveries.[5,6] That is why they are essential for child development. These early motor behaviours, and the children's perceptual-motor experiences within cultural and social contexts, form their cognition.[5,6] Additionally, neuronal plasticity is enhanced during the first months of life, and goal-directed actions lead to structural and functional changes in the brain.[6,7] Good practice for children with motor problems is to intervene early and capitalise on this critical development period.[7,8]

To ensure that CHS provides equal, equitable and high-quality services to all children, national guidelines have been developed. The Rikshandboken is an open-access website that offers knowledge and methodological guidance to child healthcare professionals across Sweden.[9] The initiative was established by the Swedish Paediatric Society in 2005. Since 2012, it is produced by Inera AB, which is owned the Swedish Association of Local Authorities and Regions who is responsible for coordinating and developing digital services for citizens, professionals and decision-makers. In 2013, the Swedish National Board of Health and Welfare stated that there was insufficient scientific evidence to recommend a specific method to assess aberrant motor development in routine well-child surveillance;[10] however, Rikshandboken provides guidance of what should be observed at a developmental check-up. For instance, at 6 months of age, the healthcare professional should assess whether the child can roll from their back to their stomach, pull themselves into a sitting position, move objects between their hands, look for a lost toy and if the child is babbling.[11] Nevertheless, the use of standardised assessment methods in routine practice remains limited in Sweden and motor development is monitored by observing whether children reach milestones or parental reports.[12]

Assessing motor development using milestones can hamper the early identification of motor disorders in children,[12-15] as there is a generous time span for reaching motor milestones and achievements are assessed in a binary fashion without delineate attributes related to the quality of movement. This could deprive children of early interventions that could optimise their development and prevent secondary consequences. Furthermore, the lack of standardised assessments leads to large variations in child motor assessments and unequal access to early interventions.[14,16]

Despite this, Swedish CHS strive to provide equitable care and recognise the need for more evidence-based practice.[3,10] Listening to parents' experiences and expectations is key to developing evidence-based approaches that are responsive to family needs.[17] However, to our knowledge, no studies have investigated how parents experience motor assessments during routine health visits and what parents expect and need from CHS with regard to their children's motor development. Therefore, the aim of this study was to explore parents' experiences of their children's motor assessment at routine health visits from birth to 18 months of age. We also looked at the support that the parents received, and would like to have received, regarding their children's motor development.

2 | METHODS

We conducted 11 semi-structured interviews[18] with Swedish-speaking parents of children who were younger than 18 months of age. They had all been referred to the paediatric physiotherapy department at the Blekinge Hospital Karlskrona due to aberrant motor development. Accompanying adults who were not the children's parents and parents who had previously visited a paediatric physiotherapist were excluded.

The study was carried out from March to November 2018. Consecutive sampling was conducted until our data contained varied descriptions of parents' experiences and the newest interviews did not add more compared to previous interviews, that is data saturation was reached. All 18 families whose children were referred to the paediatric physiotherapy department during this period were asked to participate. Written information about the study was included in the letter about their first scheduled appointment with the physiotherapist. A couple of days before the scheduled visit, the first author called the parents to inform them about the study, answer any questions and obtain oral consent for their participation. If the child would be accompanied by somebody else than their parents' or if the family had previously visited a paediatric physiotherapist they were excluded at this point. Of the 18 families who were contacted, seven were excluded. One family had previously visited a paediatric physiotherapist, one family could not be contacted and did not turn up for their physiotherapy appointment and three declined because

of time constraints, they did not want to take part or another family member had attended the CHS visits. Another two were cancelled because the interviewer was ill and the interviews could not be rescheduled before the families' first physiotherapy appointments.

The interviews were conducted at the hospital on the same day as the families' first physiotherapy appointment. They took place before the consultation, in a separate room and the interviewer was a physiotherapist (first author), but not the one assigned to the child. Before the parents provided their written consent, they were informed that participation was voluntary and that they could withdraw from the study at any time without any impact on the care their child received. The interviewer used an interview guide, based on the authors' clinical experience and previous experience of conducting qualitative studies (Table 1). The parents were asked to elaborate on their responses, as appropriate. The interviews lasted about 8–19 min, with a mean time of 14 min, and were digitally recorded. The Regional Ethics Review Board in Uppsala, Sweden, approved the study (number 2018/209), and it was conducted in accordance with the Declaration of Helsinki.

2.1 | Data analysis

The interviews were transcribed verbatim by the first author and anonymised using codes. The transcribed data were then independently analysed by the first and last author using systematic text condensation.[19] There were four stages to the procedure (Table 2). The interview transcripts were read to identify the themes, and the themes were then divided into code groups. These were then condensed into meaning units, which were synthesised, described and conceptualised. Then, the interviews were re-read to ensure that the themes, code groups and descriptions were representative of the original interview text. To ensure trustworthiness, the data were analysed separately by the authors and then discussed until agreement was reached.

2.2 | Researchers' reflexivity

The first and last authors were both paediatric physiotherapists with extensive clinical experience in working with infants. We had previously heard various positive and negative experiences about motor assessments when we met parents of children referred from CHS, including variations in the advice given. Throughout the research process, we considered how our own experiences could influence the findings.[20] That is why we have openly expressed our understandings and preconceptions about the context during data collection and analysis and how they could influence our interpretations.

To increase confirmability and minimise the effect of researcher bias,[21] the analytical process was conducted separately by the first and the last author before any discussion about our findings. In addition, the second author, who is a child healthcare nurse and the child health coordinator for CHS in Blekinge County, was invited to participate in the data analysis phase to ensure that our results were true to the interviews. We endeavoured to carefully follow all the steps delineated in the systematic text condensation procedure.[19]

3 | RESULTS

In nine interviews, the mothers were the informants, while both parents participated in two interviews. The parents' ages ranged from 28 to 42 years, with a median of 32 years, and nine of the 13 were first-time parents. The children's ages ranged from one and a half to 16 months, with a median of five and a quarter months. The children were referred from child health centres across the region. They came from four of the five municipalities and from eight of the 18 child health centres situated in both urban and rural areas.

Three themes emerged during the analysis process: the CHS setting, the lack of focus on motor development at routine health visits and the parents' wanted more dialogue about children's motor development.

3.1 | The CHS setting

3.1.1 | Continuity and trust

Most parents were very satisfied with the contact they had had with their child healthcare nurse and appreciated that they saw the same nurse every time and could build a relationship with her. They felt that there were a friendly atmosphere and positive conversational climate and said that they trusted the nurse, and were able to talk about their own concerns and their child's problems. Several parents said that the conversations worked well and that they appreciated them. In general, health visits were considered important and valuable and most parents said that it was easy to get in contact with the nurse.

> In general, we are very satisfied with how we are treated at the health visits. Both the physicians and nurses are really nice and competent. … Seeing the same professionals each time is really good.
>
> Parent one.

3.1.2 | Assessing and asking

Parents reported that the developmental check-ups were mainly performed by child healthcare physicians and that the nurses and physicians assessed the children differently. They specifically said that the physicians took time to perform an observation-based assessment, which they felt provided evidence that the assessment had been conducted. This was not always the case with the nurses.

TABLE 1 Interview guide

Main question	Exploratory questions
Did you notice the child healthcare nurse perform a motor assessment at the health visits?	
Can you explain how the child healthcare nurse assessed your child's development and motor abilities at the health visit?	Can you describe one time when it worked out well and why? Can you describe one time when it did not work out and why?
Tell us about your experience of receiving advice and support from the child healthcare nurse regarding your child's development and motor abilities.	Did you understand the advice? Were you able to follow it? If not, why were you not able to follow?
Regarding your child's development, tell us what you, as a parent, would like and, or, need from the child healthcare nurse at the health visit.	Was there anything the nurse missed in her assessment of your child's development? Did you feel that you needed more support from the nurse?

The parents were positive about this more comprehensive assessment, although several parents stated that physicians mainly observed the child while it was lying on the changing table.

> It was the physician who did it. However, what the physician did was to put her naked on the changing table and check if all her joints could move and stuff. But the physician did not observe how she moved when she sat on the floor at all or anything like that.
>
> Parent six.

At the same time, some parents talked about specific occasions when the child healthcare nurse conducted a developmental assessment, such as observing, whether the children gazed at toys and if they grasped it or reacted to sounds. Parents generally perceived this as tangible and good. However, most parents commented that child healthcare nurses primarily acquired knowledge of the child's development by asking the parents questions. They said this was a little problematic, as they did not always know what to expect with regard to their child's motor development, especially if it was their first child. Many said that they did not know what the nurses assessed during the visit, but most parents believed that they assessed more than they were aware of.

3.2 | Lack of focus on motor development

3.2.1 | Growth and well-being

Most parents believed that the primary tasks and focus of the child healthcare nurses were to assess the children's growth and talk about the well-being of the children and their families. They noted a lack of attention to their children's motor development and questioned how the nurses could identify motor difficulties when the parents were the ones who held and handled the child during the visit. Some parents also stated that the health visits were short if they did not have any questions.

> I put him on the changing table. When I undress him, the nurse sits by the computer and writes or sometimes she stands next to me. Then, I put him on the scale and then she just clicks when it beeps. She writes it down, while I put on his diaper, before she measures the length and the head. She continues to write while I dress him and put him in the car seat. It just feels like we are there to check if he is growing or not and nothing more.
>
> Parent five.

3.2.2 | Wait and see

Most parents mentioned that when they raised concerns about their child's motor development, they felt that their comments were not always taken seriously. They were often reassured with comments like *'everything is normal'*, *'children are different'*, *'it will correct itself'* and *'let us wait and see what happens'*. Several parents stated that they had to request a referral to a physiotherapist. The child healthcare nurse then contacted the physician or wrote a referral to the physiotherapist herself. However, some parents said that there was a long delay between them first mentioning their concerns and the referral to a physiotherapist.

TABLE 2 An illustration of the analysis process according to the systematic text condensation procedure

Steps in the analysis process		Examples from the text
1	Overall impression	Parents wanted more dialogue about their child's motor development and for child healthcare nurses to show them how they could play with the child to stimulate motor development. Parents said that they searched for information on the Internet and from books or asked family and friends about the topic.
	Identify themes	Preliminary theme: Parents wanted more focus on motor development.
2	Dividing themes into code groups	Example of a meaning unit: '*I think they should give some tips and ideas, such as exercises, on, for example, how you can strengthen the neck. … Some babies don't lift the head when they lay on their tummy, and then maybe you need advice on how to practice it at home, instead of just getting told to put your baby on the tummy'. Parent five.*
	From themes to codes	Code group: Advice and support
3	Condense the meaning of each code group as if it was narrated by one parent	Condensation: We have several health visits. It would be good if a small part of the visit or every other visit could be about development and how I can stimulate it by playing with my child. If they could show me how to perform the advice and I could try out the advice during the visit, instead of them just asking and talking about it. That would be nice.
	From code to meaning	Summary: Parents wanted advice and would like to be instructed on how they can stimulate their child's motor development.
4	The condensations are synthesised, described, and conceptualised	Essence: Parents wanted support and advice from the child healthcare nurse regarding the children's motor development, but were not currently receiving as much as they wanted.
	From condensation to descriptions and concepts	When reading the interviews as a whole, we felt that the code groups were consistent with the statements in the interviews.

(Continues)

> It was only when I started to get a little worried that they started talking about a referral. As a parent, I do not raise questions as a preventive measure, so when I say something it may be a little too late.
>
> Parent six.

3.3 | Parents' wanted more dialogue

3.3.1 | Observe and explain

Most parents wanted child healthcare nurses to conduct a more systematic and hands-on assessment of their children's motor development and explain what they had observed. They said that they would like nurses to tell them what they were looking for during assessments, what they expected the child to do and what came next with regard to the child's development. Parents said it was important to know whether the child was developing as expected, mainly because it was difficult for them to know whether their development was typical or not.

> I would like the nurses to tell me what they are observing and what they actually see. … As well as being more specific about how and what they assess and how my child did.
>
> Parent one.

3.3.2 | Advice and support

Most parents primarily sought information about their children's motor development on the Internet, or from books, family and friends. They also reported that the advice received from CHS was more generalised, such as the need to increase the time an infant spent on their tummy. They also mentioned that they rarely received targeted advice or instructions on how to carry out activities at home and that they would appreciate getting more tips on different ways to increase tummy time. Furthermore, they said that they would like to try out activities they were advised to do during the visit, because it would make them more confident when they practised at home. Many of the parents also wanted specific advice on how they could play, or practise, with their children at home in between visits and what toys they could use to support their child's motor development.

> We have had a lot of written information, but I don't think just getting a brochure gives us personalised information. Maybe it is better if they showed us, instead of just giving us a book. … If it is about car parts or assembling a TV bench, then you can read it. But babies are another thing. You may need someone to show you and then you can get a book as well.
>
> Parent three.

Some parents received targeted advice from their child healthcare nurses and practised that advice at home. This gave parents a feeling of being able to support their child's development, which increased their confidence when they were handling their child.

4 | DISCUSSIONS

Overall, parents were satisfied with CHS, and they appreciated being seen by the same child healthcare nurse during all visits. They valued this relationship, and its continuity, and reported having great confidence and trust in the nurse. However, it became evident that CHS did not provide an observable assessment of their children's motor development. Parents wanted nurses to explain how they assessed the child's development and what they saw when they observed the child. Several parents wanted more time to talk about developmental issues during health visits and wanted more guidance on health behaviour. This supported Radecki et al,[17] who found that parents valued the ongoing relationship with one clinician, although they wanted to see greater attention paid to their child's developmental and behavioural issues. Furthermore, that study said that the main reasons why parents attended health visits were to get reassurance about their children's normal growth and development, as well as guidance on their personal concerns about their children.[17]

In our study, the parents said that any follow-up of motor development was overshadowed by monitoring the children's growth and the well-being of both the children and their parents. Furthermore, they were uncertain about if, and when, the assessment had occurred. Our interviews also raised questions about who was responsible for monitoring child development and the parents said that the assessments carried out by child healthcare physicians were more observable to them. This might be because physicians perform medical examinations that are likely to be observable to parents. In addition, the nurses took part in all the health visits and spent more time with them than the physicians. They were also responsible for following up a range of areas concerning the children's life situation, health and development.[11] Having more time with the families gave the nurses more room to be flexible, but it could have also made the nurses' responsibilities less clear to parents. In comparison, the visits to the physician were shorter and less frequent, which provided less flexibility when it came to the content of the visits.

Although the Rikshandboken describe what a developmental check-up should cover,[3] there is currently no standardised guidance on how it should be performed. This is cause for concern, as no standardisation increases variations between assessors[22] and delays in identification and children's access to targeted interventions.[16,23-26] Child healthcare nurses could play a key role in the early identification of children with motor problems, as they are the primary healthcare providers within CHS and are expected to perform

developmental check-ups. Our study highlights the need for a more structured developmental check-up during routine visits. However, becoming a proficient assessor requires skills and training.[27] Given that performing developmental check-ups is something that nurses are required to do, and that according to our study is important to parents, we recommend that this is included in the specialist training for paediatric care or primary healthcare nurses.

Introducing standardised assessment methods could be a way to help nurses perform developmental check-ups, but studies have reported that feasible methods for identifying aberrant motor development during health visits are lacking.[10,28] However, Johansen et al[12] showed that child healthcare nurses made positive use of a standardised assessment method developed for physiotherapists. This enabled them to assess infants' motor performance during routine health visits and identify those in need of intervention. Nurses who used this standardised assessment method increased their competence and strengthened their professional roles.[27] They also said it made them more confident about communicating their findings to parents and in giving advice.[27] Using standardised assessment methods have improved communication with parents.[24,29] Introducing such methods could have two main benefits. First, they could provide equitable care and enable earlier identification of children with motor problems, and second, they could provide a way to address parents' desires for more focus on motor development in well-child surveillance.

A number of parents who took part in our study felt that their concerns about their child's motor development were not taken seriously. Parents often reported being reassured that children develop differently and were told by professionals to wait and see. Although the healthcare professionals said this to reassure them, it often had the opposite effect. Indeed, healthcare professionals have reported that they did not react to aberrant development, as they do not want to cause undue worry for parents.[25,27] However, this can be counterproductive, as a delayed referral may lead to parental stress, anxiety and depression.[8,30,31] Furthermore, this wait-and-see approach can deprive children of early beneficial interventions.[7,8,25] Studies have showed that parents ask for, and are grateful for, information and guidance on their children's development.[17,24,25,27] They have also showed that knowledge about their children's condition had a calming effect on parents.[17,25,32] According to Byrne et al,[32] parents preferred to receive early information about any concerns regarding their child's development and wanted this to be communicated honestly and positively. Furthermore, parents acknowledged that, although receiving this information was always difficult, they preferred to know about it earlier rather than later, so that they could support their child's development.[8,31] Understanding parents' needs for information highlights the importance of providing child healthcare professionals with sufficient knowledge and skills to assess their children's motor development, as well as how to interpret and communicate their findings.

Parents said that they trusted the child healthcare professionals and that health visits were valuable. However, they also stated that such visits lacked dialogue about their children's motor abilities and how they could assist their children's development. Today, they search for information about these topics from the Internet, books, family and friends, but this did not satisfy them completely. Previous studies have showed that healthcare professionals were often unaware of parents' pre-understanding and that they underestimated the parents' needs and desire to be involved, and informed, about their children's care.[24,32] Our results corroborate prior research, by showing that parents wanted greater attention to be given to their children's developmental issues and they wanted more information about their child's healthy growth and development.[17,24] One study showed that teaching parents how to stimulate and play with their children at home to reach set developmental goals increased their feeling of competency and empowered them in their parental role.[33] Correspondingly, the parents in our study said that the advice they received from child healthcare nurses increased their competence and made them feel more confident about how to support their child. That is why performing motor assessments and providing guidance on developmental issues can be an important tool for child healthcare professionals. It enables them to support parents in their parental role and increase parents' feelings of self-efficacy and involvement.

4.1 | Strengths and limitations

This study is the first to investigate parents' experiences of the developmental check-up at routine health visits within the Swedish CHS. In addition, being an interprofessional group of researchers brought unique perspectives in the data analysis and the interpretation of the results. Nevertheless, the study did have some limitations. Our interviews were relatively short, which could imply a lack of in-depth discussion. However, we investigate parents' experiences of very specific situation that the parents spoke about easily and openly. Furthermore, some lacked experience of the motor assessment procedure within CHS, so they could not expand on their experiences. In addition, only parents whose children had an aberrant development participated in the study, which means that our findings do not represent all parents. Further studies on the experiences of parents of children with typical development in Swedish CHS are warranted. Most of the participants were mothers, and all the parents were Swedish speakers. Including fathers and parents from other cultures might provide valuable information on how developmental surveillance is experienced by parents with different backgrounds.

5 | CONCLUSION

This study provides feedback on parents' expectations about how their children's motor development was assessed and addressed during routine health visits in well-child surveillance. They liked seeing the same child healthcare nurse at each visit and were able to develop a valuable and trustworthy relationship. However, they reported that

the children's motor assessments varied considerably, with regard to how they were provided and performed. There was a general lack of dialogue about motor development, and their concerns were not always taken seriously. The parents wanted to know what the nurses and physicians observed and how their child developed. They also wanted advice on how they could support their child's development.

Child health services need to listen to parents' experiences and needs if they are to meet their expectations and develop approaches that are evidence-based and family-centred. Healthcare professions need training on how to perform motor assessments during infancy and how to communicate findings to parents.

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CONFLICT OF INTEREST

Kine Johansen is one of the owners of Barnens rörelsebyrå ekonomisk förening (economic association) Uppsala, Sweden. They develop and sell the assessment method Structured Observation of Motor Performance in Infants (SOMP-I), which was tested in well-child surveillance and referred to in the discussion.[10,24] The other authors have no conflicts of interest to declare.

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