

Editorial

Parent Education on Early Motor Development Through a Professionally-Moderated Social Media Group: A Retrospective Report

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The birth of a baby, while being an exhilarating experience for the family, is associated with a sense of responsibility toward the child's growth and development. The social support structures around new parents in Indian culture, such as grandparents, extended families, neighbors and friends, are robust and strong. These people often offer live in caregiver assistance, support parents' mental health and help shape parenting styles in the early days. As social media gets popular, new parents are turning towards support groups on Facebook for information related to all aspects of parenting, right from recommendations for products, community events, nutrition, development and many more. The downside of using such platforms, especially when it comes to development and child care is the credibility, applicability and safety of information posted.

In June 2014, two pediatric physical therapists, both new mothers, spent some time on one such support group and realized that new parents were not as

discerning about who was providing the information and its veracity. They went on to establish a new, private parent support group on Facebook specifically to address development and parenting questions in the early years. The moderator volunteers included occupational therapy, speech and language pathology, lactation, psychology and special education professionals to ensure evidence based, culturally relevant and individualized responses to parent questions. The questions and responses were visible exclusively to group members. While the moderators allowed other members to respond to posts in the first year, this option was turned off as the team had to address misinformation in the comments in addition to the growing number of posts. In its 4.5 years run, the group catered to over 27000 members, mostly mothers of Indian origin from across the globe. In 2017, the moderators decided to review the posts made by parent members as part of a quality improvement initiative, to identify patterns among the questions and improve the education and support they could provide to parents in the future.

The authors sorted each post under the broad domain (E.g.- Infant care, development or growth), category of skill (E.g.- motor, language, sleep etc.),

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Table 1

Number of questions in each category and age range. The numbers in bold indicate the highest frequency of questions in each category and age range

Category	0–3m	3–6m	6–9m	9–12m	12–18m	18–24m	24–36m	Age not specified	Total (in category)
Head control	10	28	8					2	48
Floor time	30	53	16					11	110
Rolling		125	53	4				2	184
Sitting	1	69	153	49	18	7	3	27	327
Crawling		18	82	43				9	164
Stand/walk		11	63	68	112	19	3	38	324
Run/jump		1		2	7	1	8	1	20
Play	4	5	11	3	12	5	11	14	65
Hand to mouth	8	35	11	3	1	1	1	1	61
UE Function		10	10	7	9	4	10	4	54
Total (in age range)	53	355	407	179	181	37	36	109	1357

age group (3-month intervals) and type of question (seeking general information or discussing specific concern). Operational definitions of domain and category labels were laid out and authors discussed any ambiguity for consensus. Out of the 5563 questions posted from August 2014 to July 2016, the authors selected 1357 questions on motor development in the first two years for further analysis. Overall, 85% of the questions about motor development were asked between 3 and 18 months of age and 57% discussed specific concerns parent had. Table 1 offers a quick overview of frequency of skills discussed at each age. As seen by the number of questions asked, a large number of questions focused on transitions and mobility (rolling, walking) that involve visible movement of the infant's body, and postures and movements that adults utilize (sitting, walking), which parents may be more primed to notice.

The questions illustrate parents' curiosity about how they could foster their child's learning, suggesting they reflected on their own role and interactions with their children and desired access to information and professional advice to improve the quality of these interactions. For instance, Indian caregivers discourage infants from putting their hands in their mouths as they believe this becomes a habit difficult to break later. The moderators often clarified for parents that this behavior is typical among infants, and should, in fact, be viewed as early communication for feeding and critical for development of future motor, cognitive and adaptive skills.

Our experience running this group for over 4 years was an eye-opener. As therapists, we usually mostly deal with families with established concerns after a referral and rarely get to see their journey before they get to us. We can see changes in par-

enting affect motor development globally such as container syndrome and rise in childhood obesity due to the struggle to get enough free playtime with busy lives. Most often we found urban parents wanted to offer their children the best opportunities in the limited time they may have together but not know which activities would have maximum impact on long term development. Our age-wise book lists and posts on how to use household routines or re-using non-electronic toys in a variety of different ways were very popular. A large number of parents shared the overwhelming feeling of being dismissed when they brought up concerns with family and primary health providers early and had to resort to going online seeking reassurances or answers. Parents often posted their gratitude for the group as they were able to find a direction to take in real life based on the group discussions.

Our experience led us to believe that therapy professions in India have untapped potential of reaching the parents directly through online resources curated to be evidence based and culturally relevant. Therapists can contribute by providing anticipatory guidance and improve rates of early detection through partnership in surveillance and screening protocols.

We realize that our experiences are gained from a small percent of the Indian population that was conversant in English, with internet access and choose to be members of the group. Certain parents that experienced higher anxiety about their child's development, and parents of children with motor delays may have made multiple posts, and may be over-represented. We also cannot comment on whether parents implemented suggestions provided by moderators and how this impacted children's outcomes.

We must acknowledge the need for increased awareness and education to bridge gaps in information and resources on motor development available to parents in highly populous countries such as India. Social media platforms present opportunities for professionals such as pediatric physical, occupational and speech therapists to share their expertise directly with parents on a national and even global scale. It may offer parents an efficient way to discuss their concerns and learn about development at key stages in their children's lives by tapping into trustworthy sources of culturally sensitive and evidence-based information. We hope our experience sparks innovation in professionally-lead digital education platforms on development in infancy and childhood for the benefit of families and children all over the world.

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Conflict of interest

The authors have no conflict of interest to report. The authors/professionals volunteered their time towards running the group and the quality improvement project. This project was not associated with any particular academic institution.