Parental Groups During Pregnancy and the Child's First Year: Swedish Parents' Experiences

Annika Karlström, RN, RM, PhD

Malin Rising-Holmström, RN, PhD

ABSTRACT

The aim of the study was to assess parents' experience of parental support given before and after childbirth in a mid-Sweden region. A coherent education program implemented in a mid-Sweden region was evaluated. Data from two different samples of parents was collected through questionnaires. From the antenatal classes 563 women and men took part in the study. The other sample consisted of 176 parents from the child health care classes. The vast majority of parents from both groups were content with the sessions and their overall view was very positive. Both men and women felt strengthened before birth and in their parental role. New knowledge about breastfeeding and children's needs were gained. New thoughts about equal parenting and children's needs and development were achieved to a limited extent.

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Antenatal and parental education (PE) aims to support and to promote the health of women and children, and furthermore, to raise awareness of children's needs, creating fellowship with other parents, and strengthening the parenting role. The first initiative in Sweden regarding public health was a parliamentary decision about voluntary and free maternity care that was introduced in the 1930s. However, it was only in 1980 that a formal decision was made, stating that both parents were to be invited to antenatal education classes (Swedish National Board of Health and Welfare, 2014).

Swedish national guidelines define parental support as an activity that gives parents knowledge about

children's health and emotional, cognitive, and social development, while also strengthening the social network of the parents. Parental support should be based on a child rights perspective, with shared, responsible, and equal parenting as its focus according to guidelines. Parental support must be based on research and the proven experience of what promotes the relationship between parents and children (Department of Social Affairs, 2013).

Globally, there is a large variation in the content and structure of PE. In Sweden, the majority of antenatal and child health care (CHC) clinics offer parents the opportunity to take part in PE groups, where a relatively moderate number of

The midwife and the pediatric nurse or public health nurse are the primary caregivers and responsible for the normal pregnancy and health surveillance during a child's first 6 years.

parents participate. During pregnancy, the groups usually meet one to three times but classes with four to six meetings are also common. The participation rate among primiparous women was 70.7% and slightly lower among partners at 64.4%. The participation rate is slowly decreasing (Swedish Pregnancy Register, 2017). After childbirth, parental groups generally start when the child is 6 to 12 weeks old and the meetings are held 8 to 10 times during the child's first year (National Child Health Handbook, 2014). Almost all parents are invited and about 40% choose to attend (Wallby, 2008).

A Cochrane review concluded that there is no evidence on which method of PE is the best to meet the needs of expectant parents (Gagnon & Sandall, 2007). There is also insufficient evidence as to whether antenatal education in small classes is effective in regard to obstetric and psycho-social outcomes (Brixval et al., 2015). However, parents who participate in parental groups are mostly satisfied (Fabian, Rådestad, & Waldenström, 2005; Nolan et al., 2012; Schrader McMillan, Barlow, & Redshaw, 2009).

A recent meta-synthesis of first-time parents' prenatal needs for early parenthood preparation concluded that during antenatal education classes equal emphasis should be placed on the prenatal and postnatal periods. Further, parents wished to be given early and realistic information about parental skills and wanted the male partner to be actively included. An opportunity to seek help and support from health professionals was also of concern, as well as learning from peers and other new parents (Entsieh & Hallström, 2016).

Antenatal care (AC) and CHC in Sweden are organized within the public primary health-care system. This service is free of charge and usually located close to where families live. The midwife and the pediatric nurse or public health nurse are the

primary caregivers and responsible for the normal pregnancy and health surveillance during a child's first 6 years. The collaboration with general practitioners, obstetricians, and pediatricians is well established. The participation in AC and CHC is very high in Sweden and has high credibility among the general population.

In this mid-Sweden county, a survey of the parental support programs provided showed major variations regarding the layout, content, and number of sessions. There was a need for a shared structure for parental support and a decision was taken to develop PE according to national guidelines and to offer all parents an equivalent education. Both midwives and CHC nurses took part in the process along with psychologists and maternity and CHC managers and a new education program was developed and implemented. The program included five sessions during pregnancy. The topics for each session were the pregnancy and the expected child, the new family, the birth, equal parenthood and the partner relationship, and practical birth preparation. PE given at the CHC center includes seven sessions focusing on the newborn child, infant massage, the new experience of being a mother and a father, equal parenthood, partner relationship, establishing good habits relating to nutrition and physical activity, child security, and finally infections, self-care, and the use of antibiotics. In general, more parents attend AC classes and in this mid-Sweden county the participation rate among primiparous women was 62% in 2016, while the national participation rate was 71% (Swedish Pregnancy Register, 2017).

The aim of this study was to evaluate an education program for expecting parents during pregnancy and the first year after the birth of their child.

METHOD

Design

The study used a descriptive and retrospective design. It was a cross-sectional study evaluating a recently implemented parental support program covering two separate parental groups, one during pregnancy and one during the first year of the child.

Settings

The study was conducted in the middle part of Sweden, an area with about 245,000 inhabitants. At the time of the study, there were 20 antenatal clinics and 30 CHC centers with about 2,600 newly enrolled children.

Swedish national guidelines define parental support as an activity that gives parents knowledge about children's health and emotional, cognitive, and social development, while also strengthening the social network of the parents.

Population/Data Collection

The midwives and CHC nurses were asked to inform all parents participating in parental groups during 2015 about the evaluation study. Information was given at the visit, which followed the completion of the parental group meetings. A convenience sample was used and parents who agreed to participate approved their participation by receiving the questionnaire. The questionnaire was in Swedish and excluded parents who did not speak Swedish. There were no other exclusion criteria. The questionnaire included 14 questions similar for both samples and focused on how the content of the group sessions was experienced by the participants. Parents who took part in the antenatal group sessions answered questions about taking part in practical childbirth preparation and if they had achieved new knowledge about breastfeeding. For the CHC groups there was a question about whether the classes had brought up new thoughts about a child's rights. All parents were asked if they had increased their understanding about children's needs and development. A Likert scale was used and except for two open questions, all questions were of multiple-choice type, such as, "Have the education sessions increased your understanding of children's needs?" The response options were: to a high extent, quite high extent, neither, low extent, and very low extent. The initial question was "How did you perceive the classes as a whole?" and related to an overall assessment of the group sessions. The response options were: very good, good, neither, badly, and very badly. The questionnaire also included questions about the parents' sociodemographic background such as age, parity, and education. The participants could also comment on what they would have liked to have had more and less of related to the content of the classes. The final question was a confirmation that the participant agreed that the given responses could be used for research. Data was collected in 2015 at the antenatal and CHC clinics and the questionnaires were returned anonymously to the clinics and put in a sealed box.

Statistics/Analysis

Descriptive and comparative statistical analyses were performed using IBM Statistical Package for Social Sciences version 23.0. Differences were calculated between women's and men's assessment of the items. The responses with more than two alternatives were dichotomized in two groups: "Good/very good" and "Neither or badly/very badly." Likewise, responses

The men assessed that their understanding of children's needs and development had increased largely, compared with expecting mothers.

were dichotomized to "high extent/quite high extent" and to "neither or low extent/very low extent." The significance level was set to $p < .05$. The two open questions "What would you have liked to have less/more of?" were analyzed with manifest content analysis (Graneheim & Lundman, 2004).

Ethical Considerations

Informed consent was obtained when the prospective participant agreed to take part in the evaluation study and received the questionnaire. The potential inconveniences caused to the participants were considered small and were counteracted by the benefits of the study results. An ethical approval was not applied for before the study started. Therefore, an ethical statement was asked for from the Regional Ethical Board. The Board concluded that the research project was not covered by the Swedish Ethical Review Act and did not see any ethical problems with the project (2016/369-31).

RESULTS

The questionnaires were completed by 563 parents (sample 1) from the antenatal group sessions and by 176 parents (sample 2) from the CHC sessions. Background characteristics of participating parents are described in Table 1. The results showed that the parents in the antenatal classes, as well as parents in the CHC groups, were content with the sessions and their overall view was very positive. The participants agreed that they could influence the content of the sessions and that the conversation climate was permissive. The results will henceforth be presented separately for the two groups. Most parents had a high school or college education.

Evaluation of Antenatal Classes

PE mostly attracts first-time parents even if all expecting parents are offered to participate in

Antenatal care (AC) and child health care (CHC) in Sweden are organized within the public primary health-care system. This service is free of charge and usually located close to where families live.

TABLE 1
Background Characteristics Among Parents

	Antenatal Classes		CHC Classes	
	Men <i>n</i> = 273	Women <i>n</i> = 290	Men <i>n</i> = 45	Women <i>n</i> = 131
Age				
≤25	22 (8.9)	68 (24.6)	4 (9)	25 (19.1)
26–35	164 (66.7)	184 (66.7)	26 (57.8)	83 (63.4)
36–51	60 (24.4)	24 (8.7)	11 (24.4)	16 (12.2)
Education				
Primary school	7 (2.7)	10 (3.7)	2 (1.5)	2 (1.5)
High school	148 (56.1)	117 (42.9)	27 (60.0)	47 (35.9)
College/university	112 (41.9)	158 (55.4)	16 (35.6)	71 (54.2)
First-time parents	260 (95.2)	274 (94.5)	36 (80.0)	98 (75.0)

parental classes in this Swedish region. In this sample, about 95% were first-time parents. There were few statistical differences between men's and women's perceptions of the PE given during pregnancy. However, men felt more strengthened before birth compared with the pregnant women (0.001). The men also assessed that their understanding of children's needs and development had increased largely compared with expecting mothers ($p = .037$ respectively $p = .000$). Other differences, though not statistically significant between men and women, were that women felt that the antenatal classes gave an opportunity to connect with other prospective parents. In addition, less than half of the participants, regardless of sex, believed that the classes had brought up new thoughts about gender equality (see Table 2).

Similar differences appeared between primiparous women and first-time fathers. The men experienced that the antenatal classes had made them feel strengthened for birth compared with women ($p = .001$). There were also differences, though not statistically significant, that men had enhanced their understanding about the needs of children and that women experienced fellowship with other prospective parents to a higher extent (data not shown). Likewise, there were differences when younger and older expectant parents were compared. Younger men and women assessed that their understanding of children's needs and development had increased largely, as had their thoughts about an equal parenthood.

They also agreed that the antenatal classes were an opportunity to connect with other prospective parents (data not shown).

Participating parents also had the possibility to comment on what they would have liked to have had more of related to the content in the classes. A recurring request was more practical training before birth and parenthood. Before birth, for example, they would have liked to practice different birth positions and breathing techniques. They also would have liked training on practical moments such as changing a diaper and washing the baby. Information about the birth process also could have been more detailed, such as about available pain relief, possible birth complications, and a visit to the labor ward.

Evaluation of CHC Classes

The overall result was that most parents (men and women; 97%), believed the given parental support during the child's first year was positive. There were differences between men's and women's perceptions of the PE given after birth but there were few statistically significant differences. Parents to a large extent experienced the content and structure of CHC classes positively and found the climate in the CHC classes permissive. A majority of the parents found themselves strengthened in the parental role, and a majority of the men (66%) and the women (70%) gained new knowledge regarding child development and child needs. However, more than two thirds of the participants regardless of sex did not consider that the CHC classes had brought any new thoughts about equal parenthood and the children's convention. Nevertheless, both men and women found parental classes to be an opportunity to meet other parents and share experiences together, especially the women ($p = .015$). See Table 3.

The results showed that the parents in the antenatal classes, as well as parents in the CHC groups, were content with the sessions and their overall view was very positive.

TABLE 2

Parental Experience of Antenatal Education Classes

	Men 273 (43.2%)	Women 290 (56.8%)	p-Value Chi ²
Overall view			0.547
Good	263 (96.3)	281 (97.2)	
Not good	10 (3.7)	8 (2.8)	
Ability to influence the content			0.162
To a large extent	218 (81.19)	248 (85.5)	
Not to a large extent	51 (18.9)	42 (14.5)	
Permissive conversation climate			0.234
To a large extent	269 (98.9)	280 (97.6)	
Not to a large extent	3 (1.1)	7 (2.4)	
Increased understanding of children's needs			0.037
To a large extent	240 (88.9)	239 (82.7)	
Not to a large extent	30 (11.1)	50 (17.3)	
New knowledge about breastfeeding			0.185
To a large extent	230 (85.2)	234 (81.0)	
Not to a large extent	40 (14.8)	55 (19.0)	
Strengthened before birth			0.001
To a large extent	234 (86.3)	217 (75.6)	
Not to a large extent	37 (13.7)	70 (24.4)	
Thoughts about an equal parenthood			0.893
To a large extent	125 (46.5)	135 (47.0)	
Not to a large extent	144 (53.5)	152 (53.0)	
Community with other prospective parents			0.099
To a large extent	167 (61.4)	196 (68.1)	
Not to a large extent	105 (38.6)	92 (31.9)	

Almost all first-time parents experienced the CHC classes in a positive way and there were some gender differences regarding the content and structure of the CHC classes (not statistically significant). The majority of first-time parents found themselves strengthened in their parental role and believed they had gained new knowledge regarding child development, especially the first-time mothers (78.4%); there was also growth in knowledge of child needs, especially among the first-time fathers (75%). The majority of first-time parents, regardless of sex, did not find that the session content regarding equal parenthood and the children's convention brought up new thoughts. However, all parents found the CHC classes to be an opportunity to meet other parents and share experiences together, especially the first-time mothers (78%).

DISCUSSION

The aim of this study was to evaluate a parental support program for expecting parents during pregnancy and the first year after the birth of their child. According to most guidelines, parental support activities aim at helping people prepare for childbirth and the transition to parenthood by increasing knowledge about child development. The activities

also seek to help manage the couple relationship and to develop parents' social network.

The results showed that parents in general perceived both the AC and CHC classes as a whole as positive or very positive. Participating parents also found the conversation climate permissive and that they had the possibility to influence the content of the PE. This finding is consistent with previous research showing that parents find PE groups meaningful (Declercq, Sakala, & Corry, 2007; Lefèvre, Lundqvist, Drevenhorn, & Hallström, 2016; Schrader McMillan et al., 2009). The importance of patient satisfaction is recognized in health-care services in general (Redshaw, 2008). However, the fact that patients' loyalty to a caregiver and the psychological justification of the experience as good enough can influence satisfactions ratings should be considered (van Teijlingen, Hundley, & Rennie, 2003).

We found that a majority of the expecting parents felt strengthened for birth and had gained knowledge about children's needs and breastfeeding.

All parents found the CHC classes to be an opportunity to meet other parents and share experiences together, especially the first-time mothers.

TABLE 3
Parental Experience of Child Health Care Classes

	Men 45 (25.5%)	Women 131 (74.5%)	<i>p</i> -Value Chi ²
Overall view			0.974
Good	44 (97.8)	127 (97.7)	
Not good	1 (2.2)	3 (2.3)	
Ability to influence the content			0.274
To a large extent	31 (68.9)	101 (77.1)	
Not to a large extent	41 (31.1)	42 (14.5)	
Permissive conversation climate			0.607
To a large extent	44 (97.8)	125 (96.2)	
Not to a large extent	1 (2.2)	75 (3.8)	
Increased understanding of children's needs			0.750
To a large extent	30 (66.7)	90 (69.2)	
Not to a large extent	15 (33.3)	40 (30.8)	
New knowledge about child development			0.357
To a large extent	30 (66.7)	96 (73.8)	
Not to a large extent	15 (33.3)	34 (26.2)	
Strengthened parental role			0.667
To a large extent	25 (55.6)	77 (59.2)	
Not to a large extent	20 (44.4)	53 (40.8)	
Thoughts about the children's convention			0.337
To a large extent	22 (48.9)	52 (40.6)	
Not to a large extent	23 (51.1)	76 (59.4)	
Thoughts about an equal parenthood			0.490
To a large extent	16 (35.6)	39 (30.0)	
Not to a large extent	29 (64.4)	91 (70.0)	
Community with other parents			0.015
To a large extent	27 (62.8)	106 (80.9)	
Not to a large extent	16 (37.2)	25 (19.1)	

Parents taking part in CHC classes also agreed that they found their parental role had been strengthened and that they had increased their knowledge about children's needs and development. Most men and women in both samples also agreed that the group sessions were an opportunity to connect with other parents. This was particularly evident among women in the CHC classes, with 81% stating that the classes were a chance to meet with others. Our finding is in line with the findings of other studies that new friendships can be formed in parental groups (Lefèvre et al., 2016; Nolan et al., 2012). Developing social networks meant that relationships were promoted, and the parents continued socialization after the group disbanded (Berlin, Törnkvist, & Barimani, 2016).

However, other goals were not reached to the same extent. It is stated in the national guidelines that parental support should be based on a child rights perspective with shared, responsible, and equal parenting in focus. The result of this study showed that new thoughts about equal parenthood had only been

achieved to a low extent among most new parents (30%–35%). One interpretation of these findings is that parents were missing opportunities to discuss issues about equality and parenting. However, this was explicit in the comments on what parents would have liked to have had more of related to the content in the classes. Parents wanted to be prepared for childbirth and parenthood and the requests mostly concerned practical matters such as techniques on how to ease labor pain and how to take care of the newborn child. Adjustment to parenthood can nevertheless be difficult and a majority of new families experience significant strains during this period (Deave, Johnson, & Ingram, 2008). The needs of first-time parents in early parenthood have been explored in several studies and parents want more information on the transition to parenthood (Ahldén, Ahlehagen, Dahlgren, & Josefsson, 2012; Berlin et al., 2016). Entsieh and Hallströml (2016) concluded that changes in the couple relationship after childbirth were the least expected by the participants and they wished to have been informed earlier about these

upcoming changes. The transition to parenthood has implications for changes in gender-role attitudes, identity salience, and division of labor for both the mother and father (Katz-Wise, Priess, & Hyde, 2010). The way that parents work together in rearing their children can be referred to as the co-parenting relationship (Feinberg, 2003). The co-parenting relationship has proved important for family and child outcomes, such as marital quality, child behavior problems, and child attachment (Brown, Schoppe-Sullivan, Mangeldorf, & Neff, 2010). Co-parenting can also be a source of strain or support for parents, as parents help one another and sharing the parental leave is one way of co-parenting. In Sweden, men continue to take out an increasing proportion of parental allowance. Last year the percentage distribution between the child's mother and father was 72.4 versus 27.6, which represents an increase of 32% the last 10 years (Swedish Social Insurance Agency, 2017).

The U.N. Convention on the Rights of the Child contains provisions on human rights for children and there are organizations in Sweden, such as United Nations International Children's Emergency Fund (UNICEF), that are acting to change legislation in Sweden according to the convention. One question about the child rights perspective was included in the questionnaire given to parents taking part in CHC classes: "Has the PE given you new thoughts about the children's convention?" Almost half of the men and slightly fewer than half of the women agreed, which is interesting and might reflect an ongoing discussion in society.

Methodological Considerations

There are several limitations with the study. Firstly, its cross-sectional design restricts the result to the Swedish context and the participants. It is also unknown how many parents were informed by the midwives and CHC nurses about the study and were asked to participate. A recruitment process through caregivers is delicate, as an involuntary selection can be made. The participation rate differed between the samples, which makes conclusions more problematic. The lower participation in the CHC groups reflects a national trend and it is estimated that less than half of Swedish families participate in group activities at the CHC center. It is particularly difficult to draw any conclusions about men's experiences of CHC classes since few fathers attended the groups. Previous research describes similar results (Lefèvre

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et al., 2016). However, the results are unambiguous and present areas of improvement in PE. To our knowledge, few coherent education programs address parents both before and after childbirth, which makes the implementation of such a program interesting to evaluate. There might be advantages with a coherent program since a more comprehensive planning of the program is possible. Further, it gives parents a possibility to review the whole program and to comment on the content.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The study shows that parental support given through group sessions during pregnancy and the child's first year is appreciated by the parents who chose to attend the sessions. It would be of interest to address the needs and wishes of all parents attending the antenatal and CHC services. For example, upon enrollment in maternity care services, the woman and/or man could be asked what they would wish for if they were to participate in a parental support group before and after childbirth.

The parents participating in this study were a quite homogenous group, consisting mainly of Swedish-born, well-educated men and women, which reflects the demographics of the parents who normally attend parental groups. Efforts should be made in order for more parents to choose to participate. One way is to offer group meetings before and after regular working hours to make it possible for the partner to attend. Further, special arrangements could be made for groups with special needs, such as young parents and foreign-born parents.

The importance of physical meetings must not be underestimated. Information about almost everything related to pregnancy, childbirth, and being a parent is available on the Internet. Still, the possibility to discuss and engage in matters of significance with a known midwife or CHC nurse seems to be valuable

The transition to parenthood has implications for changes in gender-role attitudes, identity salience, and division of labor for both the mother and father.

for most parents, as is getting to meet people in the same situation and making new friends.

Although the result of this study did not make it quite obvious, previous research shows that there is a need to focus on the challenges of parenthood. Practical training, as well as the emotional transition to parenthood, are topics that should be focused on in parental support groups.

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DISCLOSURE

The authors have no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article.

ANNIKA KARLSTRÖM is a senior lecturer at Mid Sweden University and Director of Studies in Specialist Nursing. MALIN RISING-HOLMSTRÖM is a senior lecturer at Mid Sweden University.