



Mothers' Self-Reported Experiences of the Importance of Child Care Cards: A Qualitative Content Analysis

Fatemeh Setoodehzadeh¹ , Manijeh Khalili², Fatemeh Pakdaman³, Mostafa Peyvand¹, Faezeh Mirani Bahabadii^{3*} 

¹Health Promotion Research Center, Zahedan University of Medical Sciences, Zahedan, Iran

²Children & Adolescent Health Research Center, Resistant Tuberculosis Institute, School of Medicine, Zahedan University of Medical Sciences, Zahedan, Iran

³Student Research Committee, Zahedan University of Medical Sciences, Zahedan, Iran

*Corresponding Author: Faezeh Mirani Bahabadii, Email: yldamyrary@gmail.com

Abstract

Background: Assessing health indicators in each country provides insights into maternal well-being as well as child healthcare and survival. Research indicates that many mothers do not pay sufficient attention to the registered care information on the vaccination card. Enhancing mothers' awareness of the importance of care card objectives, particularly regarding vaccination, may lead to healthier children in the future. In this regard, understanding mothers' perspectives is crucial to effectively identify obstacles and address the existing challenges. Accordingly, the present study aimed to explore mothers' self-reported experiences of the importance of child care cards.

Methods: This qualitative study was conducted using conventional content analysis. Participants included 41 mothers who visited children's hospitals. Data were collected through semi-structured interviews. Following approval from the university's ethics committee, researchers conducted interviews in selected hospitals. All interviews were recorded and transcribed. Data were coded and analyzed using content analysis.

Results: After summarizing and coding participants' responses, four main themes and nine secondary themes were identified, highlighting mothers' views on the importance of child care cards. The main themes included *lack of awareness*, *inappropriate conditions for keeping child care cards*, *problems related to health centers*, and *recording all information in the integrated health system*.

Conclusion: Educating parents and the general public can significantly raise awareness regarding child care. Therefore, it is necessary for health service providers and health liaisons to participate in health education courses.

Keywords: Vaccination card, Mothers, Children

Citation: Setoodehzadeh F, Khalili M, Pakdaman F, Peyvand M, Mirani Bahabadii F. Mothers' self-reported experiences of the importance of child care cards: a qualitative content analysis. *J Qual Res Health Sci*. 2025;14:1254. doi:10.34172/jqr.1254

Received: March 14, 2023, **Accepted:** December 3, 2024, **ePublished:** June 12, 2025

Introduction

Evaluating health indicators in various countries offers valuable insights into the healthcare status of mothers as well as the survival of children and infants. Such assessments serve as effective measures of each country's level of development and welfare (1). The primary goal of health service provision is to promote the health status of patients and communities (2). Special attention is required to maintain and enhance the health of infants and children, as the vulnerable groups in society. Accordingly, timely diagnosis of complications related to pregnancy, childbirth, postpartum issues, and birth disorders is essential, along with necessary care for both children and their mothers (3). Moreover, since a child's development begins during the fetal period, adequate parental care and nutrition during pregnancy are critical to ensuring the child's right to grow and thrive. Child care, education, support, and optimal growth start from conception. In this respect, child and mother care are important

for the child's survival, growth, and development (4). Numerous studies in different countries have shown that adhering to the fundamental principles of birth care and providing the necessary services significantly reduce child mortality rates (5).

A critical aspect of healthcare is the timely diagnosis and documentation of growth delays. The height growth rate varies by age, and growth disorders are indicated when growth rates fall below expected levels. The most important criterion for assessing children's health is the evaluation of their growth and development (6). Health professionals should have comprehensive information about their patients' needs (7).

Regular monitoring of children's growth, including weighing, plotting growth on standard growth charts, and comparing these with established norms are essential for assessing physical growth. Growth monitoring entails regularly weighing children, creating growth charts, and implementing necessary interventions to



improve nutritional status and prevent malnutrition. The monitoring program begins at birth and continues until the child reaches six years of age (8). In many countries, caregivers use child care cards to monitor the growth status of their children. Child care cards serve as a very simple yet effective tool to track child growth and development. These cards function like mirrors for caregivers, providing insights into children's health status.

According to national health programs, child care cards are provided to parents to inform them of their children's growth and vaccination status during visits to health centers (9). Child care cards have different sections, including the child's profile, vaccination records, feeding guidelines, and measurements of height, weight, and head circumference. However, research has mainly proved that mothers and healthcare professionals focus solely on the vaccination section, neglecting other sections (10,11).

In general, children with disorders have a negative effect on family mental health (12). Thus, effective care can alleviate the economic and social burdens associated with health education (13). Engaging mothers with all sections of the card, including vaccination, may contribute to having healthier children in the future. Accordingly, understanding mothers' perspectives will be effective in identifying obstacles and developing strategies to address them. Qualitative studies, which explore people's opinions, lived experiences, and feelings, can provide a more nuanced understanding of the issues, highlighting concepts that may be overlooked in quantitative studies. Therefore, the present qualitative study was conducted to explore mothers' experiences of the importance of child care cards in clinics of hospitals affiliated with Zahedan University of Medical Sciences. The findings can be used to overcome educational barriers related to child care cards and facilitate promotional interventions.

Methods

This qualitative study was conducted using conventional content analysis in 2022. The study population included all mothers with children under six years of age who visited children's clinics of hospitals affiliated with Zahedan University of Medical Sciences. The inclusion criteria were the mother's availability and willingness to cooperate. The exclusion criteria included unwillingness to participate, lack of access to the mother, presence of mental or psychological disorders, and insufficient time to conduct the interview.

This study was conducted in educational hospitals with children's clinics (specifically, Ali Asghar and Ali ibn Abi Taleb hospitals) in Zahedan. A total of 15 participants (mothers) were selected from each hospital based on patient referrals, and sampling continued until data saturation was achieved. Given the diversity of participants in terms of age, education, occupation, and social status, data were collected through semi-structured interviews.

Based on the interview guide, researchers prepared a short list of questions according to previous studies and observations. This guide underwent revisions based on feedback from professors and experts as well as the results of preliminary pilot interviews.

After obtaining approval and necessary permissions from the Vice-Chancellor for Research and Ethics Committee of Zahedan University of Medical Sciences, researchers visited the children's hospital clinics to conduct sampling. Initially, participants who were willing to participate in the study were selected purposively. Then, following health protocols and ethical principles, the interviews were conducted and recorded in a quiet environment in the hospital. At the beginning of the interviews, the research objectives were explained, and informed consent was obtained verbally to record the interviews. Subsequently, participants were asked for information regarding their age and the number of children. Then, semi-structured interviews were conducted using open-ended questions, allowing the participants to discuss topics beyond the initial guide. Such additional topics were further explored in subsequent interviews. The interviews were conducted by two public health students under the supervision of a faculty member from the pediatric department of the university. Data saturation was achieved after interviewing 35 participants, with an additional six interviews conducted to ensure the richness of information. Each interview lasted approximately 15 to 20 minutes. After the end of the interviews, the recorded data were transcribed verbatim using Microsoft Word.

Data analysis was performed in four main stages, including decontextualization (coding), recontextualization (comparing with original data), categorization (grouping related subjects), and compilation (identifying the underlying meaning of the text) (14). After summarizing and coding the data, four main themes and nine secondary themes related to the importance of child care cards were extracted. The main themes included *lack of awareness*, *inappropriate conditions for keeping child care cards*, *problems related to health centers*, and *recording all information in the integrated health system*.

Four criteria proposed by Guba and Lincoln were used to ensure the validity and reliability of the findings (15). Five participants reviewed the findings to verify the alignment of the findings with their experiences. Besides, the text of the interviews and the extracted codes were reviewed by professors in the research team, with their suggestions incorporated into the coding process. To ensure the reliability of the study, all interviews were meticulously transcribed verbatim. To enhance confirmability, all research procedures were carefully documented and reported, allowing for replication if needed. To enhance transferability, detailed descriptions and explanations were provided to facilitate evaluation by others.

Results

The present study included 41 mothers, and their demographic characteristics are detailed in Table 1.

As shown in Table 1, the majority of participants were illiterate (13, 32%), 34 (83.8%) were housewives, and most had one child (13, 31%).

After summarizing and coding the collected data, four main themes and 9 secondary themes related to the importance of vaccination cards were identified. The main themes included *lack of awareness*, *inappropriate conditions for keeping child care cards*, *problems related to health centers*, and *recording all information in the integrated health system* (Table 2).

Lack of awareness

A prevalent issue raised by participants was a lack of awareness, which includes three secondary themes: lack of care, lack of regular visits, and not having educational technology.

Lack of care

Participants noted that many parents do not pay adequate attention to vaccination cards and growth charts. One participant stated, “Many people are uneducated and

don't know what each box means. For example, if parents don't care about routine vaccinations of the child anymore, how can we expect them to care about all these aspects” (Participant 13). Moreover, not being interested in having

Table 1. Demographic characteristics of participants

Variable	Category	Number	Percent
Education level	Illiterate	13	32
	Elementary school	9	22
	Middle school and high school	9	22
	University degree	10	24
Age (year)	22-18	10	24
	28-22	12	30
	34-28	10	24
	40-34	5	12
	Above 40	4	10
Occupation	Housewife	34	83
	Employed	7	17
Number of children	One	13	31
	Two	11	27
	Three	10	24
	More than three	7	18

Table 2. The main themes, secondary themes, and subthemes identified

Main themes	Secondary themes	Subthemes
Lack of awareness	Lack of Care	Growth curve not being considered important by parents
		Lack of interest in obtaining information about child care cards
		Non-referral for routine vaccinations and care
		Low levels of parental literacy
		Recognizing vaccination card use only for vaccine registration
	Lack of regular visits	Visits occurring at inconsistent time intervals
		Delayed visits
	Not having educational technology	Conclusion of child's vaccination period
		Lack of access to computers and smartphones
Inappropriate conditions for keeping child care cards	Problems related to vaccination cards	Lack of access to the Internet
		Damage to the card from frequent use and referrals
		Impractical size and structure of cards
		Use of duplicate cards
		Absence of the child's card during visits
	Failure to take care of vaccination cards	Loss of healthcare cards
Problems related to health centers	The infrastructure of health centers	Overcrowding in health centers
		Limited space for patients in health centers
		Geographical and physical inaccessibility
		Inadequate training provided to parents by healthcare providers
	Healthcare workers	Vaccination without considering the care to the guest children
Recording all information in the integrated health system	Having an electronic health record	Registering all healthcare data in the electronic system
	Lack of access to an integrated electronic file across levels	Decreased paper records
		Lack of integrated information across different service levels
		Lack of access to the electronic file of the healthcare card

information about vaccination cards and low levels of parental literacy were pointed out by some participants. They believed that not having sufficient health literacy and valid resources was the reason behind this situation. *“Many parents don’t care about their children at all, and they have to seek information themselves, often from books”* (Participant 6). In contrast, some participants were promoting their knowledge by referring to the Internet and other information sources: *“I was interested in child health issues, so I searched on Google. That’s why whenever I go to health care centers, I ask them to complete these sections on the card for me”* (Participant 20).

Most participants recognized the card only as a tool for recording routine vaccinations, believing it had no other uses. As one participant remarked, *“Whenever I go to a health center for vaccination, I take the card just to prove all her vaccinations are recorded. There’s nothing else we need it for”* (Participant 25).

Lack of regular visits

Participants expressed that irregular visits, often with delays of several months, hindered timely care and left many sections of the vaccination card incomplete. A participant explained, *“My child was ill, and I couldn’t get the child vaccinated at the health centers during those few months”* (Participant 2).

Some participants mentioned the perception that the vaccination card loses its relevance at the end of the child’s vaccination period *“Once the child receives the school entry vaccine, there is no need to keep this card anymore, it won’t be requested anywhere, we just archive it”* (Participant 2).

Not having educational technology

Another challenge highlighted by participants was the lack of access to computers, smartphones, and the Internet. Many mothers in the province reported difficulties in accessing digital devices. One participant noted, *“I don’t have a smartphone and I don’t have access to the Internet. I can’t get updated information about the vaccination card”* (Participant 31).

Inappropriate conditions for keeping child care cards

The inappropriate condition of keeping vaccination cards was another issue mentioned by participants. This theme included two secondary themes: problems related to vaccination cards and failure to take care of vaccination cards.

Problems related to vaccination cards

Participants identified card damage during frequent visits as a significant challenge in maintaining accurate records of childhood care. The large size of the card was the issue mentioned by Participant 22, *“My card became crumpled in the hospital and torn from all the visits to the hospital when my child had surgery. Another participant said, “This*

card is too large; the paper quality is not suitable for long-term use; it damages quickly” (Participant 24).

Failure to take care of vaccination cards

Participants also reported that losing the vaccination card poses a major obstacle to maintaining accurate records. One participant recounted, *“I took my baby for a vaccination, and her card got lost right there. Now, the only thing we have is just a paper that shows the location of her recorded vaccinations without any other information”* (Participant 27). When mothers do not bring the card for visits, healthcare providers often perform necessary care without documenting it. As one participant described, *“I often forget to bring my child’s card to the healthcare center, so while the staff may provide care, they don’t record anything on the card”* (Participant 17).

Problems related to health centers

Participants identified several problems associated with health centers that affected the care process. From their perspective, not paying sufficient attention to different sections of the vaccination card led to inadequate record-keeping. This main theme was subdivided into two secondary themes: the infrastructure of health centers and healthcare workers.

The infrastructure of health centers

Most of the participants mentioned issues such as overcrowded health centers, limited space for patients and staff in health centers, and inappropriate geographical and physical access. They believed that health staff must meticulously record information on vaccination cards. As one participant stated, *“Look at this card; my child is six years old, but none of these sections are completed except for vaccinations. Do you think that’s my fault or the health staff’s?”* (Participant 14). Overcrowding and understaffing led participants to feel that caregivers could only provide basic services due to their heavy workloads. In this regard, a participant noted, *“Our center is on the outskirts of the city. It has two health staff members and a large number of clients. The only thing the caregiver can do is vaccination”* (Participant 4). Other participants mentioned lack of geographical and physical access in some areas, *“Where we live, a temporary health team comes every two months just to vaccinate children and leaves quickly without offering any additional care”* (Participant 38).

Healthcare workers

The lack of training among caregivers emerged as a significant challenge highlighted by some participants. In addition, participants mentioned not paying attention to the importance of care in travel and at other centers. They expressed concern that vaccination was often the only form of care provided for children in other centers. *“His file is in Merkavah city, but my house is here. I’m here as a*

guest, and I'm just getting him the vaccine" (Participant 29).

Recording all information in the integrated health system

The integrated health system facilitated caregivers' transition from paper records to electronic documentation. This theme was divided into two secondary themes: having an electronic health record and lack of access to an integrated electronic file across levels.

Having an electronic health record

Recording all relevant information about a child's health indicators and health status in the integrated health system prompted caregivers and parents to move away from using paper care cards. One participant said, "Now they say that we don't fill in this section because the system automatically calculates this information" (Participant 36).

Lack of access to an integrated electronic file across levels

Participants identified a significant challenge related to the absence of a unified medical system accessible across various service levels. One participant remarked, "The caregiver records the information in the integrated health system and does not record it on the card. So, when we go to the hospital or a doctor's office, we face problems because doctors don't have access to this information, and it is not documented on the card" (Participant 13). Another participant added, "We do not have a comprehensive system in the country; all our information is recorded in this health database, and we do not have access to electronic health records from home or even from the hospital" (Participant 18).

Discussion

The first year of life, the infancy period, is crucial for a child's growth and development. Monitoring children's growth is an effective means to evaluate growth delays and malnutrition, ultimately preventing diseases and developmental disorders while improving overall health. The need for effective growth monitoring and the use of growth curves have been emphasized in various studies. Healthcare, particularly vaccination and the regular monitoring of child growth, is of paramount importance.

The current study found that low educational and health literacy among mothers was a significant factor leading to their neglect of information documented on care cards. A study conducted in the Netherlands identified level of education, social indicators, economic status, and individual healthcare knowledge among mothers as factors significantly influencing children's growth indicators (16). Dall'Asta and Rizzo carried out a study in Italy and indicated that parental behaviors and beliefs, deficiencies in social and economic resources, and cultural factors generally result in inadequate child care (17).

Mothers' knowledge of their children's growth is of great significance, particularly for the implementation of future

disease prevention programs. This study revealed that most mothers lack the knowledge and skills necessary to effectively utilize the growth monitoring card. In a similar vein, the study by Gordijn and Ganzevoort concluded that 85% of mothers in the Netherlands could not interpret the growth curves in the vaccination card properly (18). (Creating an electronic version of the care card to record children's health information could alleviate the challenges associated with physical documentation.

Most participants mentioned healthcare providers lack sufficient experience or education regarding growth monitoring, leading to gaps in patient knowledge about growth charts. The quality of health and care systems and their effective implementation are critical determinants of achieving health goals. Inadequate quality of health services translates to mistrust, the waste of financial resources, and increased expenses for medical and paramedical facilities. Bruce et al., in a study at Harvard University, emphasized that educating mothers on growth curve concepts enhances their engagement in children's healthcare. Furthermore, community involvement in monitoring children's growth can improve the effectiveness of health programs (19).

Currently, employee training is perceived as one of the most effective methods to improve human resources. Job training can significantly empower health workers, foster proper management practices, and enhance follow-up and evaluation.

The growth monitoring card serves not only as an educational tool for child caregivers, but also as an instrument for assessing nutritional status and preventing stunting, malnutrition, growth delay, underweight, short stature, overweight, and obesity in children. It also evaluates caregivers' actions aimed at improving children's nutritional status. Monitoring activities include measuring children's height and weight, assessing growth status, and educating parents on child nutrition. By actively monitoring growth, children's growth disorders and malnutrition can be identified, allowing for timely interventions. It is essential to provide training sessions and utilize various training methods to raise awareness about the importance of the care card among caregivers and parents, ensuring they strive to maintain accurate records.

Moreover, evaluating the performance of health staff, providing on-the-job training, accurately filling child care monitoring cards, and educating parents must be integral components of health planning. An electronic version of this card should also be made available to parents and relevant health staff through mobile applications or other digital platforms.

One notable strength of this research is that it constitutes the first study in Iran to address the importance of various aspects of child care cards. However, this study encountered several limitations. There were no consistent studies on the significance of child care cards

for comparative purposes. Furthermore, due to time and place constraints, the research was limited to Zahedan, a city in Iran. Therefore, caution is warranted in generalizing findings to other cities and universities.

Accordingly, further qualitative studies examining child care cards from the perspective of healthcare providers are recommended.

Conclusion

The findings from this study indicated that educating parents and the general public through training classes, videos, images, educational posters, etc., can significantly enhance awareness regarding child care. Thus, it is necessary for healthcare providers and health liaisons to participate in refresher courses focused on health education to simplify the fundamental concepts of monitoring children's growth for mothers.

Acknowledgments

The authors would like to express their gratitude to the Deputy for Research and Technology of Zahedan University of Medical Sciences for supporting this study. The authors also wish to thank the Student Research Committee of Zahedan University of Medical Sciences and the hospital managers, for their cooperation in conducting this research.

Authors' Contribution

Conceptualization: Fatemeh Setoodehzadeh, Manijeh Khalili.

Data curation: Fatemeh Pakdaman, Faezeh Mirani Bahabadii.

Formal analysis: Mostafa Peyvand.

Funding acquisition: Fatemeh Setoodehzadeh.

Investigation: Fatemeh Setoodehzadeh, Manijeh Khalili.

Methodology: Mostafa Peyvand.

Project administration: Fatemeh Setoodehzadeh, Manijeh Khalili.

Resources: Fatemeh Setoodehzadeh, Manijeh Khalili.

Software: Fatemeh Mostafa Peyvand.

Supervision: Manijeh Khalili.

Validation: Fatemeh Setoodehzadeh, Manijeh Khalili.

Visualization: Fatemeh Pakdaman, Faezeh Mirani Bahabadii.

Writing—original draft: Faezeh Mirani Bahabadii.

Competing Interests

The authors declare they have no conflict of interest.

Ethical Approval

The protocol for this study was approved by Zahedan University of Medical Sciences. With the ethical code IR.ZAUMS.REC.1401.077.

Funding

This research was funded by the Deputy for Research and Technology at Zahedan University of Medical Sciences (Grant number: 10627).

References

1. Babaie M. The effect of health indicators and macroeconomic variables on the level of life expectancy: comparison of developing and developed countries with the panel data approach. *Stud Med Sci*. 2020;31(7):568-75. [Persian].
2. Naderi S, Zaboli R, Khalesi N, Nasiripour AA. The role of medical students in patient safety: a qualitative study. *J Qual Res Health Sci*. 2020;9(3):166-76. doi: [10.22062/jqr.2020.91510](https://doi.org/10.22062/jqr.2020.91510).
3. Lucas DN, Bamber JH. Pandemics and maternal health: the indirect effects of COVID-19. *Anaesthesia*. 2021;76(Suppl 4):69-75. doi: [10.1111/anae.15408](https://doi.org/10.1111/anae.15408).
4. Kasper A, Mohwinkel LM, Nowak AC, Kolip P. Maternal health care for refugee women - a qualitative review. *Midwifery*. 2022;104:103157. doi: [10.1016/j.midw.2021.103157](https://doi.org/10.1016/j.midw.2021.103157).
5. Mirhosieni M, Nouhi E. Families' experiences of maternal death due to pregnancy and childbirth complications: a phenomenological study. *J Qual Res Health Sci*. 2020;6(2):157-69. [Persian].
6. Zhang T, Qi X, He Q, Hee J, Takesue R, Yan Y, et al. The effects of conflicts and self-reported insecurity on maternal healthcare utilisation and children health outcomes in the Democratic Republic of Congo (DRC). *Healthcare (Basel)*. 2021;9(7):842. doi: [10.3390/healthcare9070842](https://doi.org/10.3390/healthcare9070842).
7. Baniyasi H, Hosseini SS, Abdollahyar A, Sheikhbardsiri H. Effect of massage on behavioural responses of preterm infants in an educational hospital in Iran. *J Reprod Infant Psychol*. 2019;37(3):302-10. doi: [10.1080/02646838.2019.1578866](https://doi.org/10.1080/02646838.2019.1578866).
8. Bennett V, Hain R, Pritchard AW, Noyes J. Synthesis of health promotion concepts in children's palliative care. *Int J Palliat Nurs*. 2021;27(10):490-503. doi: [10.12968/ijpn.2021.27.10.490](https://doi.org/10.12968/ijpn.2021.27.10.490).
9. de Miguel Beriain Í, Rueda J. Vaccination certificates, immunity passports, and test-based travel licences: ethical, legal, and public health issues. *Travel Med Infect Dis*. 2021;42:102079. doi: [10.1016/j.tmaid.2021.102079](https://doi.org/10.1016/j.tmaid.2021.102079).
10. Galluzzi T, Ridao M, Esteban S. Strategy for the analysis and visualization of electronic medical record data for public hospitals in the city of Buenos Aires. *Stud Health Technol Inform*. 2020;270:1397-8. doi: [10.3233/shti200460](https://doi.org/10.3233/shti200460).
11. Burkhardt T. [The benefits prevail—why electronic immunization records are advantageous to the general practitioner and his patients]. *Ther Umsch*. 2016;73(5):297-300. doi: [10.1024/0040-5930/a000795](https://doi.org/10.1024/0040-5930/a000795). [German].
12. Abbasalizadeh Ranjbari R, Badri R, Esmailpour K, Nagi Agdasi A. Lived experiences of mothers with attention-deficit/hyperactive children: a phenomenological approach. *J Qual Res Health Sci*. 2022;11(3):171-9. doi: [10.34172/jqr.2022.04](https://doi.org/10.34172/jqr.2022.04).
13. Balzarini F, Frascella B, Oradini-Alacreu A, Gaetti G, Lopalco PL, Edelstein M, et al. Does the use of personal electronic health records increase vaccine uptake? A systematic review. *Vaccine*. 2020;38(38):5966-78. doi: [10.1016/j.vaccine.2020.05.083](https://doi.org/10.1016/j.vaccine.2020.05.083).
14. Bengtsson M. How to plan and perform a qualitative study using content analysis. *NursingPlus Open*. 2016;2:8-14. doi: [10.1016/j.npls.2016.01.001](https://doi.org/10.1016/j.npls.2016.01.001).
15. Polit DF, Beck CT. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. Lippincott Williams & Wilkins; 2013.
16. Lauffer P, Pals G, Zwinderman AH, Postema FA, Baars MJ, Dulfer E, et al. Growth charts for Marfan syndrome in the Netherlands and analysis of genotype-phenotype relationships. *Am J Med Genet A*. 2023;191(2):479-89. doi: [10.1002/ajmg.a.63047](https://doi.org/10.1002/ajmg.a.63047).
17. Dall'Asta A, Rizzo G, Ghi T. Clinical implementation of twin-specific growth charts: still more work to do. *Am J Obstet Gynecol*. 2023;228(2):253-4. doi: [10.1016/j.ajog.2022.10.009](https://doi.org/10.1016/j.ajog.2022.10.009).
18. Gordijn SJ, Ganzevoort W. Search for the best prediction model, definition and growth charts for fetal growth restriction using a composite of adverse perinatal outcomes: a catch-22? *Ultrasound Obstet Gynecol*. 2022;60(3):305-6. doi: [10.1002/uog.26037](https://doi.org/10.1002/uog.26037).
19. Bruce M, Miyazaki Y, Bell MA. Infant attention and maternal education are associated with childhood receptive vocabulary development. *Dev Psychol*. 2022;58(7):1207-20. doi: [10.1037/dev0001365](https://doi.org/10.1037/dev0001365).