Reviewer's report

**Title:** Assisting informed decision making for labour analgesia: A randomised controlled trial of a decision aid for labour analgesia versus a pamphlet.

**Version:** 1  **Date:** 15 April 2009

**Reviewer:** Lynn Callister

**Reviewer’s report:**

REVIEWERS REPORT

1. Is the question posed by the authors well defined? **THE QUESTION POSED BY THE AUTHORS IS WELL DEFINED**
2. Are the methods appropriate and well described? **YES**
3. Are the data sound? **YES**
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? **YES**
5. Are the discussion and conclusions well balanced and adequately supported by the data? **YES**
6. Are limitations of the work clearly stated? **COULD BE CLARIFIED**
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? **COULD BE STRENGTHENED**
8. Do the title and abstract accurately convey what has been found? **YES**
9. Is the writing acceptable? **YES**

DISCRETIONARY REVISIONS

An interesting qualitative descriptive study was conducted in the United States on women changing their stated plan on admission to be un-medicated or "wait and see" about having or not having an epidural with 33 primiparas. Themes included wanting an un-medicated birth; changing to a medicated birth; feeling disappointed, ambivalent, or satisfied; and reflecting on the change. The citation is:


A follow up study was done with labor and delivery nurses asking them why they thought women changed their minds about childbirth analgesia. This qualitative study focused on the perceptions of these nurses. Themes included: nurses’ aversion to birth plans, barriers to the provision of supportive care for birthing women, differences in caring for women who were medicated versus those who were un-medicated, and the rewards of caring for birthing women. The citation is:


MINOR ESSENTIAL REVISIONS
The term "adherence" should be used throughout rather than "compliance"--more up to date and politically correct terminology. We need to change our birth terminology: replace "C-section" with "Caesarean birth" so the focus is on the birth rather than a focus on the surgical procedure and replace "vaginal delivery" with "vaginal birth" and "delivered" with "giving birth" so that the woman is the central figure in the process of actively giving birth rather than passively being delivered by a caregiver.

Women give birth: pizzas are delivered! Use of language is a tool of power. A woman-centered paradigm for childbirth should be utilized. See the following citation:


MAJOR COMPULSORY REVISIONS - NONE

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests