Author's response to reviews

Title: Crying babies, tired mothers - challenges of the postnatal hospital stay: an interpretive phenomenological study

Authors:

Elisabeth Kurth (elisabeth.kurth@unibas.ch)
Holly P Kennedy (holly.kennedy@nursing.ucsf.edu)
Spichiger Elisabeth (elisabeth.spichiger@unibas.ch)
Johanna Biedermann (jbiedermann@uhbs.ch)
Irene Hösli (IHoesli@uhbs.ch)
Elisabeth Zemp (Elisabeth.Zemp@unibas.ch)

Version: 2 Date: 30 November 2009

Author's response to reviews: see over
November 30, 2009

Resubmission of the article No. MS 3038722792858197

Crying babies, tired mothers – challenges of the postnatal hospital stay: an interpretive phenomenological study

Dear BioMed Central Editorial Team,

We are very pleased about the positive feedback to our manuscript, and would like to thank the reviewers for their attentive comments. We revised the manuscript accordingly, and described every point of revision in the attached table. These revisions surely added to the quality of the paper, and we hope the revised version will meet the expected standards of your journal.

We look forward to hearing from you.

With best wishes on behalf of all the co-authors,

Elisabeth Kurth, CM, PhD(c)
University of Basel, Switzerland
<table>
<thead>
<tr>
<th>Reviewer Virginia Schmied</th>
<th>Authors’ comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abstract</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>In the abstract I would suggest that the aim is outlined as a separate point rather than as part of Background</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 2  | The methodology and methods are appropriate to address the research aim. The study is informed by interpretive phenomenology and while the authors do give a brief mention of what interpretive phenomenology is, I would suggest that a little more detail about the methodology be given. What is currently provided “human beings are situated in a lifeworld, which sets the contours of possible thoughts and actions” … except for the term ‘lifeworld’. This could in fact apply to a number of ‘constructivist’ approaches. A little more detail would be helpful to unfamiliar readers. | We understand the need for more methodological information and added details about the approach of interpretive phenomenology:  
The theoretical background and method for this study derived from interpretive phenomenology as described by Heidegger [28] and Merleau-Ponty [29], and applied to nursing research by Benner and her colleagues [25-27]. According to this phenomenological approach human beings are situated in their life world. They both create and are created by their situation [30]. Therefore, interpretive phenomenology takes into account the situatedness of human beings in time and space, the taken-for-granted cultural meanings and the personal concerns which constitute what matters to a person [25, 26, 31]. Methods of interpretive phenomenology are especially suited to explore human learning processes, transitions, and everyday comportment [25-27], which all are important features when a woman is becoming mother and day-to-day caregiver for a baby. |
| 3  | It would be helpful in the data collection section to provide some description of what type of events or interactions were observed and recorded in field notes as well as some indication of the interview prompts or questions used in relation to the care in hospital. | We further added additional information about the content of the observations and the interviews:  
Participant observation was selected to gather data on the postnatal ward because it is less obtrusive and thus, well suited for investigating childcare behaviours and social interactions [34-37]. The focus of the observation was mother-child interactions (including crying and soothing behaviours, facial and vocal expressions, eye-contact, and body positions) and interactions with family members and health professionals, if they were present. The first author visited mothers and babies around the fourth day after birth on the postpartum ward. With the participants’ permission she stayed in their room and took field notes of her observations. When the baby was quiet and no visitors were present, she had conversations with the mothers and noticed how they engaged in accounts about their birth and postpartum experience. If not spontaneously mentioned prompts were used to elicit information about mothers’ experience of tiredness and sleep. With the participants’ permission, the investigator occasionally tape recorded longer narratives. During the second and third visit at the participant’s home each mother was encouraged to share stories about her baby’s crying and her experiences of tiredness and rest using a semi-structured interview guide with open ended questions. The goal of the interviews was to allow mothers to recount their experiences and reflect on them in the presence of an empathic, non-directive facilitator [26]. Prompts used to elicit memories of care experienced in the hospital included, “When thinking back on your stay at the postpartum ward, what do you remember about those days? How did the professionals react when your baby was crying? Was there something, which the professionals could have done to make your stay better?” The interviews were tape recorded and transcribed verbatim. To maintain participant |