Author's response to reviews

Title: Women's experiences of the first childbirth: development and evaluation of a Swedish questionnaire

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Author's response to reviews: see over
Dear editors!

Thank you for considering our manuscript 1933056644422833: *Women's experiences of the first childbirth: development and evaluation of a Swedish questionnaire*, for publication and for very valuable comments from reviewers! We have revised the manuscript according to these comments and responded to each question, please see below. Changes in the manuscript and in tables are highlighted in yellow.

- The paper is copyedited.
- Statement of ethical approval is now moved to the Methods section.
- A Swedish and an English version of the questionnaire will be uploaded together with the revision.
- We have made an adjustment of the title after reviewers’ comments.

Referee 1, Ellen Hodnett:

Thank you very much for revision and comments!

- We have revised the Background section, please see page 3 paragraphs 2 and 3.
- There is a reference to the problem of negatively skewed measures of health care personnel in the discussion section, please see page 10 par 3.
- The items were derived from literature searches, from interviews with mothers one month postpartum and after discussions with experienced personnel. Items were tested for face validity among first time mothers, as described in the text, 1\textsuperscript{st} paragraph in Methods section page 4.
- Green 1990 and Brown 1994 are now referred to in the manuscript.
- The derivation of domains is more clearly described now in the methods section, page 5 par 3, and a brief description of included items in results, page 7 paragraph 2.
- The sampling was due to the study design and is now more clearly described in the Methods section, page 4-5.
Referee 2, Ingegerd Hildingsson:

Thank you for very valuable comments!

INTRODUCTION:

• The mix-up with references nr 1 and 10 is now attended to.

METHODS:

• The recruitment process is now described in the Methods section.

• Sampling was due to the study design, as now described. Only healthy nulliparous women with a spontaneous onset of active labour were included.

• Please see above regarding the recruitment process, page 4-5.

• The section of ethical approval is now moved to the Methods section, page 6.

• The anchors of the VAS-scales are now inserted as footnotes in Table 2.

• The VAS-scales were divided into categories. We wanted to have 4 categories, similar to the other items in the scale. Very few women scored low values on VAS, especially in the VAS-scales about security and pain. Therefore, we chose to expand the interval of the lowest scores. The distribution was better with this categories and the correlation between the 100-scale and the categorised 4-scale was quite good. We wanted the same categories in all VAS-scales.

• We hypothesised that at one month the mothers would have come over the first relief phase but still have the childbirth experience in fresh memory. They were not dependent on the childbirth care givers, please see first paragraph in Methods.

ANALYSIS

• The strategy for number of factors to maintain was decided by the rule of Eigenvalue more than 1 together with the interpretability of domains, as described in the Method section. The screeplot was not used. Please see page 5 par 3.

• Parallel analyses were performed, both Varimax and Promax, page 5 par 3.

• Internal consistency was assessed with Cronbach’s alpha – above 0.70 was regarded as good, and with item-scale correlations corrected for overlap, please see Table 3. Only one sub-scale, Participation, had a low Cronbach’s alpha which is discussed on page 10 par 3. Item-scale correlations are presented on page 7 par3.
RESULTS

• The caesarean section rate was low at 5%. It was expected to be lower than in a Robson 1 group, due to the selection of women with a spontaneous dilatation rate of 4 cm, no CTG-changes at admission, not being admitted in the latent phase and not having prelabour rupture of membranes.

DISCUSSION

• We have now started the discussion section with a summary of the results.

• The former first section in discussion is now moved.

• We would like to keep the section about high ceiling effects, now on page 9 par 3.

• We have discussed the clinical implications in the last section of discussion, please see page 10-11.

• In Table 1, days is changed to weeks.