Reviewer's report

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

Version: 1 Date: 4 September 2010

Reviewer: Ingegerd Hildingsson

Reviewer's report:

Major compulsory revisions:

Introduction
This section provides a useful introduction to the topic as a whole with the description of existing scales.

However, the reference about 9% of primiparas is not correct. The article mentioned (1) refers to women's assessment of intrapartum and post partum care measured two months after birth.

From the reference list article no 10 would be more appropriate, but the assessment of the birth experience is measured one year after the event. Please check this.

Methods
It seems like this paper builds on a larger study (originally a RCT) and it would be interesting to know more about the recruitment process. When, where and how the participants were approached.

Minor essential revisions:
Another question is why women with planned CS were excluded from the study. Their birth experience would be interesting to know more about. I guess this is due to the study design, but it should be recognized as a limitation of the study.

It is also possible to interpret the section about study sample as the women included in the RCT were re-contacted and mailed a new questionnaire. This must be clarified.

Major compulsory revisions:

Has the study been reviewed by an ethical committee? If so, please provide the no of the protocol. If not, why?

Please provide information about the anchors of the VAS-scales.

What was the basis for diving the VAS-scales into these specific categories (0-40, 41-60 etc)?

The time point of data collection, one month post partum, what is the rationale for this chosen period? What about women's memories of birth? Were they still dependent of caregivers?
Analysis
This section is well described and sufficient methods used for the factor analysis. However, in this section some additional information should be included concerning the criteria used to assess the number of factors to be maintained. Besides the Kaiser criterion information about scree plot and parallel analysis are important. It is particularly important that parallel analysis are conducted and reported.

The criteria used to determine adequate internal consistency should be reported along with a supporting reference. This is done perfectly for the known group validation and calculating of effect size.

Discretionary revisions:

Result
5% CS seems to be low and could be an indication of a skewed sample selection which could at worse limit the generalization of the findings. Looking at the numbers reported for the catchment areas of the study at least 7% would have been emergency CS. This should be noted.

Discussion
Please start the discussion section with a comprehensive summery of the major findings of the study. In the limitations it should be noted that women with elective CS are excluded which also could limit the generalization of the findings. The first section seems a bit misplaced and does not connect to the findings. It seems more like a rational for the study and could be placed prior to the aim in the introduction.

Page 11, middle section, where the authors discuss the items with high ceiling effects could be removed as it wasn’t used in the factor analysis.

Clinical implications should be discussed. When and where and by whom should the instrument be used?

Major compulsory revisions:
Table 1. says gestational age, days, mean but it seems to refer to weeks

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.