Author's response to reviews

Title: Patient perceptions of safety and quality of maternity clinical handover

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Author's response to reviews: see over
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To the Editorial Committee of BMC Pregnancy and Childbirth,

RE: MS: 1350783654516050 Patient perceptions of safety and quality of maternity clinical handover

Thank you for considering this revised manuscript for publication in your journal. We are glad that you have shown interest in this study and this paper.

Changes to this manuscript have been highlighted in yellow for your reference.

The summarised issues/ revisions from the last reviewers’ reports and our responses are listed below:

- There has been a query regarding the presentation of ‘qualitative data’ in a ‘quantitative’ manner and whether the use of patient citations can be included. However, one reviewer mentioned that the presentation of the data in this way ‘reads quite well’.
  
  **RESPONSE:** On the whole, patient citations have not been used in this article as their interviews were recorded through written notes and not audio-recorded. Frequencies of collected similar responses were shown to illustrate how widely given responses were described. As with qualitative research, less frequently reported responses do not necessarily indicate that they are unimportant. We have included those which have clinical significance as they add greater understanding to this complex area but also give insights to further explore in future handover improvements and research. This is particularly important given the lack of literature that explores these areas within handover.

- There was a comment that some results were presented quite strongly although only the number of responses within the group were quite small.
  
  **RESPONSE:** These statements have been revised to reduce the emphasis of these responses.

- How many women observed ‘cross-checking’?
  
  **RESPONSE:** 53% of the interviewed sample mentioned cross-checking. Please see revision in the manuscript.
• There were a couple of comments that results appeared to contradict each other at times. (e.g. “Comparing results, 20% plus 13% seems a lot, who do not agree with results that are described earlier in the article”)

  **RESPONSE:** The numbers reported were of those who specifically mentioned those observations. These were in response to open-ended questions within the semi-structured interview format. Participants did not always give yes/no answers but expanded according to their perceptions and experiences. Not giving a particular response did not mean they did not hold that perception or have a similar observation.

• One reviewer questioned the value of including paragraph 3 on page 3 in the manuscript as this was a qualitative piece of research.

  **RESPONSE:** We believe that setting the context is important in qualitative research and as such we have included this paragraph.

• There was a query of the value of including table 2 referring to cognitive artefacts.

  **RESPONSE:** We have removed this table as suggested.

• There was a request for better coherence in the report between sections.

  **RESPONSE:** We have revised the manuscript with special attention to both the aims and conclusions as suggested to give better coherence between sections of the manuscript.

• Clarification of what is ‘the next step’ following these results.

  **RESPONSE:** This has been covered within the conclusion. We suggest that there is merit in further exploration of involvement of patient and support people’s role in handover and the evaluation of improvements to this process in the future.

• Revision of the limitations section to the most important limitations.

  **RESPONSE:** This section has been revised.

Thank you again for considering this manuscript and we look forward to your response.

Yours Sincerely,

Georgiana SM Chin, Narelle Warren, Louise Kornman and Peter Cameron.