Reviewer’s report

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

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Reviewer: Ans Luyben

Reviewer’s report:

1. General impression
Interesting and original study, with sound data. The description of the process and the results however should be improved.

2. Originality
Good idea, the question is an original one.

3. Structure
Generally well-structured, and good to read.

4. Title
The title describes the content of the study

5. Abstract/ Essential revisions
The abstract describes the main outline of the study. However, like in the study, there are some descriptions which are not quite coherent with the intention and outline of the study. I feel that in the “Conclusion” at the end of the article the results and conclusions are better described.

Such as:
Background: not the paper “seeks”, but the study did. Next to this, the study intended to explore patients’ perceptions of maternity care handovers, and how they interpreted this. Based on the reported data and process quality/safety was not part of the research question.

Methods: Why were medical record data analysed? I can not find that in the study.

Results: The way the results are described does not always highlight that these are patients’ perceptions and interpretations of behaviour of care providers. For example the last sentence “these human factors” however create the idea that these are facts, and not perceptions. In the results I miss anything about the people with different perceptions (see eg. Table 2). Your data are no proof that it really enhances quality and safety (related to such indicators).

Conclusions: I would suggest “behaviour” instead of “particular strategies”. Based on the study findings, I can not discover anything about “support people” being interviewed. Neither that involvement of patients enhances quality and safety of care. My feeling is that a large part of the women perceived aspects of the
handovers as contributing to their safety, but not all. What do you do with women who do not want to be involved? Therefore the conclusion would be: “It emphasises the importance of taking patients’ views into account while planning maternity handover improvements and evaluation”.

6. Background / Discretionary revisions
In the background, generally a well-readable introduction to the study is described. Previously work is acknowledged.

Few comments:
First paragraph: The impression is given that the transition is limited to pregnancy, eg.
1. the normal physiological change is not only “(pregnancy)” but includes childbirth and postpartum,
2. not only “pregnant women’s levels”, but I would suggest “women’s levels”
As described above, I feel that your question of the study has been “postnatal patients’ perceptions of maternity handovers”- and not the quality and safety of this process. Latter would probably call for a different design.

7. Methodology / Essential revisions
The methodology and methods are appropriate, but need to be described in a bit more detail;
- Setting: well-described
- Participants and recruitment: what process? how were they chosen? what recruitment criteria?
- Methodology and method: why did you choose these? what did you do with the medical records; why and how were they analysed? you used constant comparison; were the interview carried simultaneously, or after the analysis of a previous one?
- Ethical considerations: were there any others than only the ethical approval? Anonymity, data protection? Last sentence: approval from “one hospital”; why “one”- I thought it was just one hospital, were there more than one? Otherwise the description of the setting has to be changed.

8. Results/ Essential revisions
The data seem sound, but sometimes the numbers seem to contradict the description of the results.
Information about the participants is short, but more detail has been provided in Table I. I miss some critical comments on the characteristics of the participants, for example most had a tertiary education (“middle class”). This is this affect your results?
Handover awareness: obviously the focus of the study is smaller than suggested prior to this paragraph: “all reported instances of handover during their current admission”. It might be good to mention this earlier in your manuscript.
As you used Constant comparison, I am a bit surprised about the generalising statements of the results, for example: “participants” (not “some participants”), followed by quite small numbers. Latter numbers created an impression of a thematic content analysis, whereas constant comparison would call for saturation of categories and thick description. Currently the description does not support this. Can you explain, check and/or change your texts?

Cognitive artefacts:
Paragraph I: again in Table 2, the numbers are very small. Do they support your findings?
Paragraph II: “Cross-checking”- how many times did this happen?
Paragraph II: are these Some participants or All participants ?, see also Paragraph III?
Paragraph IV: “Although cognitive artefacts was perceived by many participants as a mean to enhance.. “ This paragraph as well as the next one highlight the other side of the findings, but these seem to get lost in the positive descriptions. How large was this number? Can you contrast and balance these (more negative) findings with the other texts? I miss a critical stance to the merely positive findings

Patient and support people:
Paragraph I: this is what patients perceived, and thus “how they felt it impacted on their quality and safety”
Paragraph II gives the impression that the focus is merely “postnatal handover”
Paragraph III: the numbers are confusing. Is it all participants or some participants? How about the other 87% and 93%?
Paragraph IV: similar. I do not understand specifically mentioned by only 2 out of 30?
Paragraph V: well- described. Compared to the other results, 20% plus 13% seems a lot.

9. Discussion/ Essential revisions
At this moment, I feel that the discussion is aiming to match the literature with the results, whereas it would be better the other way around(Findings/ results as a starting point of the discussion). What did you do? What are the limitations? Highlight the main result, and then add some literature? And at the end; what are you going to do with it?

Paragraph I: this needs to be rephrased based on what the study really did (see Conclusion at the end of the manuscript. Could you also shortly summarise what the main findings of the study on patients’s perceptions were?
I miss a description of the limitations of the study. Of course the lacking voices of the support people could be one of them.
Paragraph IV: the importance of Birth plan from women’s points of views would highlight one of your main findings
Paragraph V: the importance of the hand-held notes is not really supported by your findings, and I could not find evidence that this enhanced quality and safety in your study.

Paragraph VI: and then suddenly here comes everything that is not coherent with your findings...- which seems a lot

Lacking paragraph VI or VII; and now ? what do you do with it ?

Conclusion/ Essential revisions

Your conclusions are coherent with your results, and a better fit to these than your abstract. However it stays very general. This could be a bit more concrete. And then suddenly there is this “one size does not fit all”- this seems almost a contradiction of the findings (?)

10. Table/ Figures/ Discretionary revisions

Table 1: I miss details on the age range, otherwise fine

Table 2: this Table is a bit confusing. In the text the use of these artefacts is highlighted, whereas from this Table I get the impression that the use was very low (N = 30). Secondly, is the number “n” or the percentage ( %) ? To consider: Is this Table necessary ?

11. References

Correct

12. Grammatical errors/ typos

The writing is acceptable.

13. Ethical issues

Hardly mentioned, excepts for approval

14. Recommendations details

Essential improvement needed in regard to:

1. Revise abstract; coherency with results, discussion and conclusion. Check that the descriptions are about what patients perceive, not facts about safety and quality

2. Revise of methodology; add more details, including ethics

3. Check and revise results: coherency of description and numbers and their relationship to the used methodology and methods. Consider necessity of Table 2

4. Revise and check discussion with the Findings as a starting point

5. Check and concretise conclusion

**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