Author's response to reviews

Title: Maternal Obesity Support Services: A qualitative study of the perspectives of women and midwives

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Author's response to reviews: see over
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Dear Dr Declane

Thank you for your response to our manuscript submission, entitled 'Maternal Obesity Support Services: A qualitative study of the perspectives of women and healthcare providers', manuscript reference MS: 3583372505791147.

We were pleased to note that the editor's and reviewers' comments suggested that, with some revisions, the paper would be suitable for publication. We would like to resubmit the manuscript and have addressed comments as indicated overleaf, with all changes tracked, as requested. Please note the change of title to 'Maternal Obesity Support Services: A qualitative study of the perspectives of women and midwives.'

We hope the changes will meet the requirements and expectations of the editor and reviewers. We look forward to hearing from you in due course.

Yours sincerely

Penny Furness, Kerry McSeveny, Maddy Arden, Carolyn Garland, Andy Dearden, Hora Soltani.
Response to Reviewer Comments

Formatting changes

- Title page: We have made author affiliations clearer and ensured all author addresses included street name, city, postcode and country.

- Ethics: The names of each ethics committee has been added (p. 4)

Reviewer 1 Minor Essential Revisions

- Demographics: We have added in some more information about pregnancies and general health / demographic information relating to the study location / population (p. 5), which we hope helps to describe the obstetric population more clearly.

- Midwife involvement in care: Yes, midwives who took part in the study were involved with all aspects of pregnancy care. We have made this clearer in the manuscript.

Reviewer 1 Discretionary Revisions

Thank you for your comments.

- Sample size: We agree that the study has a small sample size, but have not expanded the numbers prior to resubmission. The rationale for this are that this study had two aims, of which one was reported in this paper, and is the first stage in a service development project. Regarding study aims, we wished to learn from service users and practitioners their experience of weight management and maternity services (reported here); however we also wanted to hear their ideas about service development and specifically about the use of a proposed text messaging service to support obese pregnant women with weight management (under review elsewhere). Following these focus groups, work has been carried out, based upon participants' ideas, to develop the service and produce a prototype. This has been presented to the same participants for their evaluative input and, following a mini feasibility trial, it is intended that a larger sample RCT will be conducted. At this stage, we felt that adding additional participants retrospectively to a single stage of the data collection / developmental process might prove counter-productive. Further papers are planned, detailing the development of the service, evaluating the mini feasibility trial and, in due course, reporting findings from a large sample of maternity service users.

- Overweight women: We agree that overweight women are also relevant to the aims of this study (and the subsequent stages described above). The research team has discussed this issue at some length early in the design stages of the project. We have decided to maintain the focus on BMI ≥ 30 for the present, but if feasibility / RCT studies were successful with this group, we would consider expanding the service to a wider group, including overweight (BMI 25-30) pregnant women.

- Obstetric involvement: We agree that obstetric non-involvement in the study was very disappointing. In the experience of some members of the team, however, difficulty engaging medics is not isolated to this study. A recent practice-based interprofessional learning project involving PF had similar problems in some clinical areas. In that case, it seemed that a lack of time and a tendency to prioritise projects with immediate relevance to their medical / surgical practice were the issues. It is not yet clear whether obstetricians we tried to include in this study had similar
concerns. We are making further strenuous efforts to engage obstetricians in evaluations of the service prototype at present.

Reviewer 2 Minor Essential Revisions:

- Correction of terms relating to BMI and healthcare providers: Thank you for pointing out these inconsistencies. We have made amendments to the paper throughout, correcting the BMI references to BMI ≥ 30 kg/m² and changed 'healthcare providers' to 'health care providers'.

- References to practitioners involved in the study. We have tried to make this clearer. In the study abstract, we have altered terms to demonstrate that only women and midwives were involved. We have changed the title to reflect the fact that midwives were the only health care providers who participated. In the aims (p. 4), we have changed 'health care providers' to 'midwives and obstetricians' since these were the 2 groups approached to participate. Once we make it clear that only midwives responded to invitations to participate, we have checked / amended any references to participants to make it clear that findings relate only to women and midwives.

- Involvement with 'Monday clinic': We agree with this comment. One of the midwives and two of the women had direct involvement with this service, and we have made this clearer.

- References to participating women in Results section: We can see how some confusion might have been created by this and have made a number of amendments throughout the section to make the distinction clearer.

Reviewer 2 Discretionary Revisions:

Thank you for your comments.

- We have retained the demographic information because we feel that it is useful for readers considering the results to know the ethnicity (i.e. that an all White sample was not unrepresentative of the locality) and rough ages of the sample of women (i.e. we did not have women post 40 and teenage pregnancies in the sample), and that midwives had varying levels of experience, even though this information was not formally gathered. We have included information about their experience of Monday clinic, as you request and, following comments from Reviewer 2, reference to their roles and some more general demographic data.

- Details regarding Monday clinic: We have added a few more details regarding the clinic plus an extra reference (p. 5) and have made it clear that some but not all participants had experience of this clinic. I hope this also helps to reassure you that it would be difficult to identify individual participants.

- Implications points: Although we have not addressed every point made here, we have tried to make more of the Monday clinic and make suggestions regarding motivation and training. We hope this will to some extent address the issues you have raised.

- Focus group methodology: Focus groups were used because we wanted the women and midwives to discuss not only their experiences of obesity in pregnancy and services for obese pregnant women but also their perceptions of how services could be improved and the notion of a text messaging service to support women with weight management. We separated women and midwives so that
participants in each group had much in common including potentially sensitive issues such as the experience of being obese and encountering negative responses from others. This reduced the potential for confrontation and distress which can arise when people with very different experiences and perspectives are brought together. It seemed to us important to bring participants together so they could share their ideas and experiences with one another and not just us. This helps to broaden (although, admittedly, not always to deepen) the discussion. Focus groups allowed us to hear not only individual perspectives but enabled these perspectives to be aired before and discussed with others who have similar experiences. They also reduce the 'voice' of the interviewer and to emphasize the opinions and concerns of the group. Focus groups can be very positive, creative, and synergistic when carefully managed.

Obstetrician involvement: Please read the response to Reviewer 1 who also raised this issue. We have made a brief comment in the discussion regarding this limitation to the study.