Author's response to reviews

Title: Silent loss and the clinical encounter: Parents' and physicians' experiences of stillbirth--a qualitative analysis

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Author's response to reviews: see over
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Re.: Resubmission of MS: 697107767887446  
Research article: Silent Loss: Parents' and physicians' experiences of stillbirth--a qualitative analysis  
Maureen C Kelley and Susan B Trinidad  
*BMC Pregnancy and Childbirth* (Section: Biomedical aspects of pregnancy)

Dear Professor Butler:

Thank you for inviting a resubmission of our revised manuscript, now with a slightly revised title: “Silent loss and the clinical encounter: Parents’ and physicians’ experiences of stillbirth—a qualitative analysis.” We are grateful for the detailed and constructive feedback. Below we summarize our specific revisions in response to both reviewers.

1. First and foremost we tried to address the second reviewer’s concerns about bias in interpretation, and specifically, that the interpretation was “pro-parent/anti-physician”, a concern we took very seriously.

   a. Since the second author, ST, joined after the initial qualitative coding and member check was completed, we took the extra time for her to return to the original transcripts and code the data independently. MK and SB then compared and discussed interpretations and revised the results section accordingly. We also asked two colleagues in Obstetrics and Neonatology to review the manuscript with an eye to potential imbalance or bias. We took care to delete/exclude any interpretive comments in the results section and discussion section that were not directly and clearly supported by the data. All but two of the parents in both focus groups had very difficult experiences at their hospitals or with their physicians. We were careful to include in depth comments from the two parents who had very positive experiences with clinicians (relatively, given the inherently terrible experience of losing a baby). We looked again at the angrier comments from parents and were careful to review the full context and to try to counterbalance with quotes from the physicians that could potentially shed light on the misunderstanding. For example, several parents reported feeling “shut out” from information or what was happening immediately following the stillbirth. We presented this with the concern of some physicians to find out what happened (for example, with autopsy or lab tests), precisely to try to give the parents answers. We hope that the resulting revision seems a fair representation of what both parents and physicians had to say.

   b. We also took the second reviewer’s suggestion to collapse the parent and physician focus group data and to integrate the results. Ironically, we had started with that structure and felt that it was unfair to the physicians to juxtapose their comments with the sometimes very emotional comments of parents. Physicians talking amongst themselves may feel free to use
more clinical or technical descriptions than would be used in the presence of parents. We were concerned that the side-by-side comparison would make the physicians sound inaccurately and unfairly insensitive. However, we made the change and integrated the data. We were careful with the juxtaposition and where needed we offered an explanation of what physicians or parents were saying in context, as best we could discern from transcripts. We do feel that the integration strengthens the paper by offering a shorter, more streamlined results section, and a more direct comparison of parent/physician perspectives during and following a stillbirth. We revised the title to reflect the more integrated focus on the clinical encounter between parents and clinicians.

2. Related to the second reviewer’s concerns about bias were two concerns raised about the reporting of results and the interpretation offered in the discussion section. The concern was that the results section contained “simply text describing all the subsequent quotes rather than looking at a more sophisticate level at overall themes”, and the discussion section went beyond the data. In presenting qualitative data there is a slight difference of opinion on whether it is best to present the main findings and offer integrated interpretation and analysis within the results section, or thematically present the findings with very light, almost descriptive presentation, followed by a more substantive interpretation in the discussion section. We opted for the latter in this paper in part because of concerns about presenting what the parents and physicians each said in a fair light, and in part because we felt many of the participants’ comments (physicians and parents alike) were very powerful and poignant on their own. The risk in this approach is that the more analytic interpretation is not presented immediately following supportive or representative quotations. We carefully reviewed and revised the discussion section with an eye to not going beyond the data. We also hope that streamlining the results section will make it easier for the reader to keep the central themes and supporting quotations in mind. Table 3 is also a substantive table, drawing thematic comparisons between parents and physicians across key practice domains.

3. Both reviewers asked for more details on the methodology so we offered more detail on the coding process, including the additional phase of analysis and peer-checking that we conducted for this revision. Unfortunately no data was collected on SES or ethnicity, as mentioned previously, but we did add a more explicit acknowledgment of this limitation in the discussion section, and the likely demographics of the participants based on the population served by the hospitals represented in the focus groups. Where it could be discerned from the transcripts, we offered more quantification of results (roughly how many in the group said or agreed to a point.)

4. In response to reviewer 2 and our colleagues, we excluded all data from the two focus groups with pediatricians to avoid confusion. They were initially included, not to pad numbers, but because they were asked about caring for parents who had a history of stillbirth, and three of the pediatricians offered observations relevant to the follow-up care and fears surrounding subsequent pregnancies or care of siblings following a stillbirth in a family. Again, on balance, we agreed with the criticism regarding direct relevance and excluded that data, reporting just the focus groups with Obstetricians and parents. Table 1 has been revised accordingly.

5. In the abstract and background we deleted the opening references to the global context, in response to reviewer 2’s comment that this is a U.S. study. We opened with the U.S. data (some of which is reported in two international papers). We kept the international epidemiological references in support of one sentence in the opening just to orient readers to the scope of active research on stillbirth, and more recent efforts to increase the visibility of stillbirth on the broader global health research agenda.
6. Regarding the study population and scope, we revised the methodology and limitations section to make it clear that this was a small group of parents and physicians from one U.S. urban region. At the reviewer’s and editors’ discretion, if those descriptions of the study scope are not sufficient, we would also be happy to revise the title to include the location in the title—e.g., “Silent loss and the clinical encounter: Seattle-area parents’ and physicians’ experiences of stillbirth—a qualitative analysis.” Adding further specificity does get to be a mouthful, but we would be happy to consider other suggestions.

7. In response to reviewer 2, midwives were included in the original needs assessment. However, their programmatic input was offered in an informal discussion with a regional midwifery organization and the conversation was not structured as a focus group or audio recorded. Unfortunately there are no transcripts from that conversation to include in the secondary analysis. Any prospective study on this topic should certainly include midwives and other clinicians (e.g., family practice physicians, nurses, social workers). This analysis focused on parents and their Obstetricians, though one parent mentions her midwife in passing.

8. We also read and incorporated the additional references suggested by both reviewers, and made additional minor revisions in response to reviewer 2 as well as feedback from our colleagues.

Thank you very much for your consideration and for the opportunity to improve the manuscript. If we can answer any additional questions from you or the reviewers or make additional changes, please let us know.

Sincerely,

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