Author's response to reviews

Title: Antenatal education and the birthing experience of Brazilian women: a qualitative study

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Author's response to reviews:

Campinas, April 30, 2013

Dear Dr. Butler

Please find enclosed the revised version of the manuscript MS: 1737266958937467
Antenatal education and the birthing experience of Brazilian women: a qualitative study.
We believe we have responded to most of the comments and corrections suggested by the reviewers. The modifications made in the manuscript are in red.
The response to the comments and corrections suggested by the reviewers are also in red.

Reviewer's report

Title: Antenatal education and the birthing experience of Brazilian women: a qualitative study
Reviewer: Rosemary Mander
An article whose findings are important to those with closely related research interests.
Needs some language corrections before being published Done
1. Is the question posed by the authors well defined? Yes
2. Are the methods appropriate and well described? Attention to the type of qualitative research is needed.
3. Are the data sound? The weakness of collecting data in the maternity unit
needs to be mentioned. Done
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Largely
5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes reasonably well-balanced, but claims of autonomy are not well-founded. Reformulated.
6. Are limitations of the work clearly stated? No Reformulated.
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? The lit review is reasonably comprehensive. Some omissions are annotated. Included a reference to another research conducted in the same setting.
8. Do the title and abstract accurately convey what has been found? Yes
9. Is the writing acceptable? Occasional lapses in comprehensibility are annotated. Corrected

Discretionary Revisions (D)
Minor Essential Revisions (ME)
Major Compulsory Revisions (MC)

Methods: The type of qualitative study employed should be named and discussed, including details of its theoretical basis. (MC) Done
The timing of the women’s consent to involvement must be stated. (MC) Done
Study sample: The organisation of the study is not entirely clear. There should be a diagram showing when the various forms of information were given to the experiment group and the control group. (D) I am concerned that information about psychosocial matters, such as locating support, does not seem to have been provided. (D) Explanation improved in the text
Data Collection: the location of the interview matters because (ME), as Anne Oakley has shown, women feel pressured into giving more acceptable responses while they are still in the maternity unit after the birth. Discussed in the Method section and in limitations of the study
Discussion: It is not safe to assume that all women received comparable support from staff because they were in the same ward. There are many factors which may affect midwife-woman interaction, but they tend to act randomly so are unlikely to have had any systematic effect on the research. (ME)
Conclusion: the possibility that autonomy has been increased by this intervention in such a seriously medicalised setting, as evidenced by the seriously high
analgesic rate, is unlikely. (MC) Discussed in the discussion section.
A seriously large majority of the women were administered ‘anaesthesia’. I have
to assume, because it is not discussed, that this means a regional anaesthetic
being used for analgesic purposes. It sounds like the preparation techniques
described merely functioned until the woman was administered the regional
anaesthesia. This scenario is not mentioned and I’m not convinced that the
intervention really has any effect on factors such as autonomy. (MC) Discussed
and clarified in the discussion section
Were the statements of satisfaction genuine or because the women were still in
the maternity unit?
More information about the precise timing of regional anaesthesia would give a
better indication of the benefits of this intervention.(ME) Discussed and clarified
in the discussion section
There is no mention of the women having a companion of their choice (or birth
partner) while in labour. If such a person was involved, their role (both during
pregnancy and during labour) should be discussed. If such a companion was not
permitted this should be mentioned.(MC)
What is the reason for the long delay between the publication of the RCT findings
(2007) and the preparation of the current paper? Is it possible that this
‘qualitative’ study was not planned as such? This may explain the lack of detail
about the qualitative research methods, including the limited information about
how the data were analysed. Either way, if more than six years have elapsed
since the study, this paper is likely to be past its ‘sell by’ date. There may be a
misunderstanding regarding this issue, in 2007 a previous research was
published: Miquelutti MA, Cecatti JG, Makuch MY: Upright position during the
first stage of labor: a randomised controlled trial. Acta Obstet Gynecol Scand
This qualitative study was conducted simultaneously with a Randomized
Controlled Trial (RCT) between June 2009 and September 2011. This
information has been included in the method section.
Minor Issues – Not for Publication
Presentation
While the presentation is generally all right, there are some points (indicated on
the attached file) where the material is not comprehensible. Done
Level of interest: An article whose findings are important to those with closely
related research interests
Quality of written English: Needs some language corrections before being
Published Done

Reviewer's report
Title: Antenatal education and the birthing experience of Brazilian women: a qualitative study
Reviewer: Joanne Lally
This is an interesting study which explores well the experience of labour and delivery from these two groups of women.

Major revisions
1. The methods used are appropriate for this study. However, they need some clarification in the methods section. There is lack of clarity when there is discussion of links with the wider RCT. Done
2. The date(quotes) are sound – although often there is no link between the paragraph before and the quotes used – needs some linkages adding
3. The discussion and conclusion are relevant to the results – although more linkages referring specifically to the data would help to see where the discussion points come from. Done
4. The limitations of the work are stated. However, I think a further limitation that ought to be considered is that of interviewing before discharge, it may be that women feel unable to be open whilst still an inpatient, also the euphoria of birth may still be affecting their accounts. Done
5. A previous study was referred to in the discussion which this study supports – but more details needed to be able to consider the implications of this. Done

Minor Essential Revisions
6. The title is a good reflection of this study. The opening paragraph of the abstract is confusing and needs clarification and the grammar needs some checking. Done
7. The English, grammar and typing errors throughout sometimes make this a hard paper to read. This needs some work with special note being taken of the abstract, do the authors really mean pain prevention or management We believed we improved the flow of the manuscript
I am unclear about the word ratter in this context. The word ratter was changed
There needs to be opening paragraphs Done and summary paragraphs at the end of each results section to make the clear the points being made and improve the overall flow of the paper.
Level of interest: An article whose findings are important to those with closely
related research interests
Quality of written English: Needs some language corrections before being Published Done
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare I have no competing interests

Best regards,

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