Reviewer's report

Title: Adverse outcomes in maternity care for women with a low risk profile in The Netherlands: a case series analysis

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Reviewer: Marie Hatem

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Report: October 9th, 2013 Marie Hatem
Adverse outcomes in maternity care in the Netherlands: a case series analysis
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I would like to express my appreciation to the authors for having taken the time to address the reviewers' comments and suggestions; this reflects their determination and their will to share their results with the professional and scientific communities. As mentioned by the authors, such analysis of unintended or unexpected care related events - which they qualified as a “standardized” one, “can provide additional information” (p.15)

Nevertheless, I unfortunately still think that their methods lack the scientific rigor to provide results that can be exploited efficiently. The authors themselves are contradictory on the basis of their approach. In fact, while they mention early in their justification that:

Such insight can be provided by a case-by case analysis of care for pregnant women with adverse outcomes. The database of the Dutch Health Care Inspectorate (DHI) contains these cases with unexpected untoward outcomes and is therefore a valuable source for analysis of critical incidents. (p.5)

In the section entitled “limitations” of the study, they recognise that:

“Our current analysis and the description of the incidents in this article were thus restricted to the reports and data that were available in the database. It is difficult to draw firm conclusions from a case by case analysis but we were able to extract some highlights”. (p.14)

What can the reader conclude from this incoherence? What is the level of rigor of the methods applied by the authors in order to attain their objectives?

This contradiction which impacts the rigor of the methods is confirmed also by the authors in their conclusion where they wrote:

“We used a standardized instrument and aimed for the detection of potential causalities and consequences of high risk” (p.15)

It is well known in the research methodology that the best way to address the
causality is attributed to the experimental approach (experimental design and randomised trial) which is not the case in the present study! In fact a case series is a medical research descriptive study which limits statements on the causality of observed correlations.

Finally, the authors conclude that by applying the “standardised analysis” they obtained “additional information” (p.15); additional related to what kind of information?

We still doubt that this additional information contributes rigorously to the development of knowledge in the field of the study.

It would have been important that the authors get through their study to the conclusion that their “standardized analysis” be generalised, and to the recommendation which provide the conditions for applying the standardized analysis. By the contrary, the authors mention that:

In most cases the DHI imposed the improvement of written protocols followed by improving the organization of urgent care and better communication between care providers. (p.12)

These recommendations are already provided by the DHI. What can be provided through the standardized analysis… some insights which don’t reflect the expected causality?

I am sorry for not being able to give a high appreciation of the paper.