Author's response to reviews

Title: Reliability tests and validation tests of the Client Satisfaction Questionnaire (CSQ-8) as an index of satisfaction with childbirth-related care among Filipino women

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29 November 2013

Ms Janelyn Ann Cruz
Journal Editorial Office
BMC Pregnancy and Childbirth

Re: Changes to the manuscript based on reviewer’s comments.

Dear Ms Cruz,

Thank you very much for your email response on 5 November 2013 regarding our manuscript (MS: 2059286734891630) entitled, ‘Reliability tests and validation tests of the Client Satisfaction Questionnaire (CSQ-8) as an index of satisfaction with childbirth-related care among Filipino women’, by Matsubara, Green, Astorga, Daya, Jervoso, Gonzaga, and Jimba.

The manuscript has now been revised as per the reviewers’ comments. We hope that these changes will meet the requirements for publication in BMC Pregnancy and Childbirth.

We appreciate your kind consideration and look forward to hearing from you soon.
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Please note that the following changes have been made to the original manuscript (2059286734891630) entitled, ‘Reliability tests and validation tests of the Client Satisfaction Questionnaire (CSQ-8) as an index of satisfaction with childbirth-related care among Filipino women’.

Response to comments from Referee 1

1. Another main concern is the hypothesis “Mothers whose last two babies had been delivered at hospitals have higher CSQ-8 scores regarding their 2nd-to-last baby’s delivery, compared with mothers whose 2nd-to-last baby had been delivered at home but whose last baby had been delivered in a hospital (assuming that all deliveries were without complications).” and the way the authors tested it.

To begin with, this hypothesis provided little value to healthcare providers or policy makers. Then, the authors assumed that all deliveries were without complications, but did not offer any justification for making such assumption. This is a big assumption that is unlikely to be true for all participants. Finally, the authors did not acknowledge the inherent limitations for using such as self-selected sample (those who chose to use the hospital for current delivery) to
test the hypothesis.

We acknowledge that the words, ‘assuming that all deliveries were without complications’, may have caused a misunderstanding. In this study, our inclusion criteria were ‘those who delivered their last baby at hospital’, ‘those who were multigravid’, and ‘those who did not have any complications’. From this, those who had complications were excluded from this study. The interviewers asked the mothers whether they were multigravida and followed up by asking about any complications during their pregnancies. Then we have tried to document the hypothesis more explicitly (page 10).

We also acknowledge the limitation caused by the self-selected nature of the sample, even though we did not ask the mothers about the name of the hospital where their 2nd-to-last baby had been born, so that the mothers could easily answer the questions. We added this factor to the limitations in the Discussion (page 16).

Finally, we are aware of the reviewer’s concern regarding the value of the hypothesis to healthcare providers and policy makers. We also understand that the wording of the hypothesis can make its value obscure. Although it is expressed in a complex way, it is the operational definition of a validation test for the CSQ-8 in this context of childbirth services. As with all validation studies, the results of this hypothesis test indicate whether the instrument (in this case, the CSQ-8) actually measures what it is intended to measure. If the results are consistent with the hypothesis, then we can reasonably conclude that the CSQ-8 does measure satisfaction of these women with the childbirth services they received. In that case, healthcare providers and policymakers can have confidence that CSQ-8 scores in fact are an index of satisfaction with childbirth services.

2. There is no justification for the sample size; how did the authors choose the sample size?

Regarding the sample size, we ensured that the person-to-item ratio would be at least 10:1, which is a common rule for multivariate analyses including factor analysis [29]. We incorporated this justification regarding the sample size into the manuscript, together with a reference [29] (page 8).

3. There is no information on response rate; how many women did they approach, and how many agreed to participate?

All of the mothers who met our inclusion criteria participated in this study. It was possible for the participants to cease their involvement as the interviewers had informed the participants of the aim of the study and explained that they could choose to no longer participate. We added this point to the manuscript (page 12).

4. There is no information on inclusion/exclusion criteria; is being multigravid the only criterion?

The inclusion criteria were ‘those who delivered their last baby at hospital', 'being multigravid' and 'delivered without any complications at both of the last and the
2nd-to-last pregnancies and deliveries’. We truly appreciate this comment of the reviewer, and we clarified this issue in the Methods (page 8).

Response to comments from Referee 2
One weak point of this study is that the interviews were done in the postdelivery rooms of the two hospitals. In that case, it seems very difficult for mothers to express dissatisfaction to the services of the hospitals. Therefore, satisfaction to the delivery care at hospitals may be overestimated. As authors mentioned in page 15 (second paragraph), further validation testing is needed for mothers who gave birth at home.

We do agree that this is a weak point of the study and we acknowledge this as a limitation in the Discussion (page 16). We conducted the interviews in the post-delivery room because, if there was nothing wrong, the mothers returned home directly from the post-delivery room after the long hours they had spent in the post-delivery room.