Author's response to reviews

Title: International Migration and Caesarean Birth: A Systematic Review and Meta-Analysis

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Author's response to reviews: see over
Dear Dr. Frith,

Please see below for the point-by-point responses to the reviewers’ comments.

**Reviewer:** Anne-Frederique Minsart

1. page 5... I think it should mention that all included studies did not have the same methodology, as maternal origin, country of birth and citizenship may not cover exactly the same reality.

On page 5, under the Methods section the following sentence was added: “No restrictions were applied based on migrant origin, status or length of time in receiving-country.”

2. Regarding mechanisms/indications for North African...The discussion should focus on emergency CS when giving hypotheses, or discuss why it [caesarean section rate for North African women compared to non-migrants] is not consistent across studies.

On p. 17 in the Results section in the second paragraph beginning with: “For North African/West Asian migrants, hypothesized mechanisms..” possible mechanisms gleaned from the literature for the North African group are provided. However whether these are specific to emergency caesareans wasn’t possible to determine.

In the discussion section on p. 20, in the second paragraph beginning with: “Our findings also suggest that receiving-country is an important variable to consider...” we provide additional explanations on why results for caesarean rates might differ across studies. These include differences in policies, care, or cultural factors that differ across the receiving-countries/regions.

3. In the discussion...gestational diabetes is more common in many studies but not all of them, and not in every subgroup of immigrants. In brief it is correct but I would be more cautious when giving this explanation (as reason for caesarean).

To moderate the strength of our statement we changed to sentence to read as: “.gestational diabetes mellitus (GDM) and feto-pelvic disproportion are known to complicate delivery and increase the risk of caesarean and these are more common in some migrant women…” (see p. 18 of main text).
4. I would insert the paragraph: “Finally, confirmation and further understanding of social support…. Appear to be more common among migrants” before “research to establish evidence for risk factors …” following other hypotheses.

The paragraphs were re-organized as suggested by the reviewer (see p. 20 of main text).

**Reviewer:** Sonja Merten

1. Abstract and introduction: omit the quotes of 'Western industrialised'.
   
   Quotes were removed.

2. p. 15 low socio economic status (SES); high body mass index (BMI)
   
   Formatting of brackets was adjusted as per reviewer’s suggestion.

3. Could you provide some more information about CS rates in the receiving countries?
   
   We were not clear about what additional information regarding the CS rates in the receiving-countries that the reviewer would have liked to see. However, a paragraph in the discussion section does discuss how context in each receiving-country (i.e., policies, healthcare system and cultural factors) could explain varying results in CS rates (between migrant and non-migrant women) across receiving-countries (see p. 20 of main text).

4. The quality of the figures is low, can this be improved?
   
   To improve the readability of the figures they were enlarged and put into separate files.

Thank you again for your consideration to publish our manuscript in *BMC Pregnancy and Childbirth*

Sincerely,

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