Reviewer’s report

Title: A Survey of Access to Trial of Labor in California Hospitals in 2012

Version: 1 Date: 28 January 2013

Reviewer: Eugene R. Declercq

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General Comments
This is an interesting study that addresses a question of clinical and policy interest. I would recommend publication after some straightforward revisions as noted below. The interplay of clinical and non-clinical factors in shaping hospital practices regarding trial of labor after cesarean section is captured in the survey at the center of this research and while a small study, it will be a valuable contribution to our understanding of policy and practice around TOLAC. The research does have limitations and the authors should note them systematically in the Discussion.

1. Is the question posed by the authors well defined? – yes

2. Are the methods appropriate and well described? – it is a straightforward survey and the methods are clearly described

3. Are the data sound? – assuming respondents were not being deceptive and there was no reason to assume that.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? -- yes

5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes, authors are reasonable and don’t go beyond their own findings

6. Are limitations of the work clearly stated? – No and that section needs to be added

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes but such work is limited.

8. Do the title and abstract accurately convey what has been found? Yes

9. Is the writing acceptable? Generally clear and easy to follow. Methods and findings not too complex to understand.
   • Discretionary Revisions -- see specific comments below
   • Minor Essential Revisions – see specific comments below
   • Major Compulsory Revisions – addition of a limitations section

Specific Comments
Discretionary Revisions

1. P. 5 5th line from bottom. Minor point, but there’s a reference to the potential changes in response to the new ACOG Guidelines; only a little use is made of the earlier hospital survey that could provide more before/after comparisons. Not clear how much overlap there was in survey questions. There is a nice examination of questions in the current survey about change.

2. P. 6 last line – this is just an observation that it’s interesting nurses didn’t want to respond online – fear of putting comments in writing?

3. P. 8 6th line from bottom. Curious – how often did nurses indicate mothers were referred to another hospital for TOLAC when that hospital did not actually provide it?

4. P. 9 4th line. The authors may want to indicate how many of the 509,000 births involved women with a prior cesarean to make the rate of 8.2 clearer.

5. P. 9 line 8. Can a hospital with zero VBACs actually claim to offer TOLAC? Did the authors stratify any of their results by the VBAC rates of the 139 TOLAC hospitals to distinguish those that really offered it vs. pretenders? Might be interesting to look at.

6. P. 10 3rd line. Instead of “likely to require” would the phrase “have a system to ensure” be more appropriate?

7. P. 10 3rd line from bottom. The finding about operating room is very interesting. Any systematic exploration of it beyond the one comment cited?

8. P. 12 2nd line. More appropriate for the US audience to cite distance in miles?

9. P. 12 after 8th line. One way to consider capturing the impact for policymakers of these practices would be to calculate the number of women in California who would have to travel > 50 miles for a chance at a VBAC. Could be based on the number of births to women with a prior CS in hospitals > 50 miles from one that does TOLAC.

10. P. 13 middle. Not sure point about Kaiser is that persuasive as stated. Since their hospitals only take their clients, how is that different from another hospital that does or does not offer TOLAC to whatever their potential clients. Policy is still enforced at the hospital level.

11. Pp 14-16. There are fascinating individual responses noted from the nurses interviewed. What is regrettable is that the points raised about physician behavior and operating room availability, etc., were essentially individual responses and hard to see as systematic trends.

Minor Essential Revisions

1. p. 4 4th line – authors should move ref 1 back in the sentence and provide a second reference to support the comment on malpractice. The McMahon research (ref 1) doesn’t study malpractice.

2. P. 4 8th line. The authors should present CS data through the most recent available (2011), though the rate has changed little since 2007.

3. P. 5 middle. Add a parenthetical note to explain what is meant by Level C
evidence for readers not familiar with that classification.

4. P. 6 line 5. If their sample of 243 hospitals represents all births in 2010 the authors should note that – the proportion of all births is more important than having 96.8% of all birthing hospitals. The authors are to be commended for their diligence in reaching such a large proportion of hospitals.

5. P. 7 middle. Need an “and” between ownership and geography.

6. P. 8 6th line. My experience with the race/ethnicity variable in hospital discharge data is that it is poorly recorded and unreliable. What was the authors’ experience with it?

7. P. 9 middle. Does the fact that 14 of the TOLAC hospitals had rates <2% while 18 of the non-TOLAC hospitals had rates >2% suggest anything about the quality of their survey responses? Might want to discuss in limitations section, if there were one (which there should be). Were these seeming incongruities explored systematically in the interviews? They do cite a comment by one nurse later in the paper, but if a strange finding like these came up were respondents questioned about it?

8. P. 13 top – striking finding that the NIH report and ACOG guidelines had so little impact. The finding is noted, but should be made more prominent in the abstract.

9. Table 1 . Just use 1 decimal place in last two rows.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests'