Author's response to reviews

Title: Obstetric outcomes for nulliparous women who received routine individualized treatment for severe fear of childbirth - a retrospective case control study.

Authors:

Gunilla Sydsjo (gunilla.Sydsjo@lio.se)
Caroline Lilliecreutz (Caroline.lilliecretze@lio.se)
Marie Bladh (Marie.Bladh@lio.se)
Anna-Maria Persson (annamaria.p.persson@gamil.com)
Hanna Vyöni (hannna84@hotmail.com)
Adam Sydsjö (Adam.Sydsjo@lio.se)
Ann Josefsson (Ann.Josefsson@lio.se)

Version: 2
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Author's response to reviews: see over
Dear Editor-in-chief,

Thank you for giving us the chance to revise our manuscript entitled “Obstetric outcomes for nulliparous women who received individualized treatment for severe fear of childbirth” by G Sydsjö, C Lilliecreutz, M Bladh, A-M Persson, H Vyöni, A Josefsson for publication as an original article in the *Pregnancy and Child Birth*.

We have tried our very best to make the suggested changes made by the two reviewers. We look forward to your decision concerning publication of our manuscript.

Sincerely Yours,

Gunilla Sydsjö
Professor Gunilla Sydsjö
Division of Obstetrics and Gynaecology
University Hospital, SE-581 85 Linköping
Sweden
Phone +46 10 103 3167 Fax +46 13 14 81 56
E-mail Gunilla.Sydsjo@lio.se

Gunilla Sydsjö Research idea, design, preparation of the manuscript, responsible for the final preparation of the manuscript

Caroline Lilliecreutz Analysis of data, preparation of the manuscript

Anna Maria Persson Data collection, preparation of the manuscript

Hanna Vyöni, Data collection, preparation of the manuscript

Marie Bladh Preparation of the manuscript, analysis of data.

Ann Josefsson Data collection, design, preparation of the manuscript, analysis of data

Reviewer’s report

Title: Obstetric outcomes for nulliparous women who received routine individualized treatment for severe fear of childbirth - a retrospective case control study.

Version: 1 Date: 12 October 2013
Reviewer: Wendy Hall

Reviewer's report:

Thank you for the opportunity to read this manuscript. It is important to offer interventions to women with fear of childbirth (FOC). Your manuscript suggests that women with FOC have the potential to deliver vaginally when offered such interventions.

Major compulsory revisions:

You have not clearly acknowledged previous published work in your manuscript. Done

Incorporate adequate referencing in the background and discussion sections.

Many statements are made with no substantiation from the literature. Corrected

You need to define your research questions. Done

Your aim is not clearly stated Changed

No incorporation of the reference group. Now incorporated

Conduct a more sophisticated statistical analysis that controls for differences in outcomes related to nature of care provider, obesity, and obstetrical complications requiring in-patient stays.

We do not fully understand the nature your questions is it a regression analysis you would like to see? A multinomial logistic regression has been performed with non-instrumental vaginal delivery as reference level. Dependent variable was mode of delivery and independent variables group, age, BMI smoking, complications during pregnancy and inpatient care during pregnancy. Unfortunately inpatient care during pregnancy could not remain in the model due to “singularities in the Hessian matrix” (too few observations to properly estimate the parameters). This has been added to the methods section as well as to the results section.

Compare your index group with your reference group on characteristics when delivered by elective c-section. Create a binary on treatment session frequency that is mutually exclusive, 1-4 and 5 and above. Done
If you do not undertake the statistical comparisons I have requested, include your lack of attention to those in the limitations section. Incorporate some non-European samples in your references.

We have chosen the literature describing samples from Nordic and European countries (and one sample from Australia) since we think they are comparable.

Your abstract needs to better incorporate the reference group. Done

Minor Essential Revisions:

Request an editor examine your paper to correct the grammatical problems. Done

Clarify early in the paper who made the diagnosis of childbirth fear. Please see the two first sentences under the heading Treatment/counseling. We have made changes.

How does that diagnosis compare with scores on the WDEQ?

The WDEQ was not used since it is not manageable in the clinical setting. We use a clinical diagnostic interview based on DSM IV criteria.

It would strengthen your manuscript to present the background data to support no differences in groups between the two hospitals.

There was no difference between the two hospitals and we have stated that in the method section.

Refer to the significant difference in age between your index and reference group.

We have chosen to have age categories defined as < 25, 25-34 and 35>years and the very small difference between the groups is therefore not of clinical importance.

Indicate whether there were any significant differences in sessions by care provider.

What proportion of the sessions were with the psychotherapist and the physician?

The information asked for is present in the results section.
You need to clarify on p. 7 that the women with FOC gave birth more frequently via elective c-section.

The information asked for is stated in the first sentence in the discussion section.

Take the reference out of your concluding section. We do understand this suggestion.

Clarify the sentence where you cite references 4 and 5 on p. 7. Done

To better balance your discussion, you need to make a stronger statement that the reason women with FOC who had more in-patient care had an elective c-section was the result of antenatal obstetrical complications.

Please see discussion section. We can not make a stronger statement since the decision on an elective CS might be multifactorial.

More clarification needs to be provided about the comments about midwives' and obstetricians' approaches to caring for women and recommendations for type of delivery.

Please see the next sentence on page 8 were we discuss this and also gives the reader references on studies made on the issue.

Discretionary revisions:

Avoid statements like is not supported by the facts. Findings are not factual truths. 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
Review: Obstetric outcomes for nulliparous women who received routine individualized treatment for severe fear of childbirth—a retrospective case study.
Reviewer: Carola Eriksson, Midwife and PhD in medical science.

General comments:
This is an interesting paper, not only because of the empirical data, but also in relation to how severe fear of childbirth best may be handled in practice. The objectives under investigation, i.e. to explore whether pregnancy and delivery outcomes differs between nulliparous women “treated” for severe fear of childbirth and nulliparous women without such fear. And if the numbers of “treatment” sessions do any difference within the group with severe fear, are important topics. However, the paper will be improved by some additions and changes, these are listed below.

1. Is the question posed by the authors well defined?
The question is well defined, but I miss the rationale or hypotheses behind the question. In the first paragraph of the introduction section the authors’ state that women with a primary fear of childbirth are a challenge for the staff in ANC clinics and in the delivery wards without saying what these challenges may imply (Major Compulsory Revisions).

The readers of this journal are mainly obstetricians and midwives therefore it seems unlikely that any of these professional do not know what challenges women with FOC constitute thus we have not further elaborated on this.

2. Are the methods appropriate and well described?
My greatest concern is about the methods and especially about how severe fear of childbirth was “diagnosed” and also way the cutoff number of “treatment” sessions was set to 5 when the average number of sessions was 3. If a woman needs 5 or more sessions one can assume that she has problems more difficult to treat and therefore we used this cut off.

Table 2 illustrate this.

In the introduction section, the authors describe the reported prevalence of “fear of childbirth” (FOC) without giving any definition of what is meant whit FOC, and also uses the terms severe FOC and tokophobia without explaining their substantial differences, giving the impression that these conditions are synonymous.

The text has been altered.
However, in the Methods section, paragraph 2 the authors explain that in this study, severe fear of childbirth was equal with having been referred by an ANC clinic to the special unit at the Department of Obstetrics and Gynecology for “treatment” of severe FOC, and then been “diagnosed” as having severe FOC by an obstetrician in accordance with DSM-IV.

Please see altered sentence.
As far as I know DSM-IV criteria do not differentiate severe fear of childbirth from other conditions with features of physical and emotional signs of avoidance, strong fear, anxiety and panic, and to my experience at least, obstetricians are not that familiar with DSM-IV since this is a manual of mental disorders.

Please see our explanation in the sentence “the Symptoms of phobia can range from mild to feelings of.....

It would therefore have been interesting to know in the methods section how this was done.

The text has been altered.

A short description of how psycho-education and cognitive behaviour theory was used in the “treatment” sessions would also be of interest since this study somewhat evaluate the effect of such “treatment” in relation to pregnancy and delivery outcomes (Major Compulsory Revisions).

Done

3. Are the data sound?
Not really, see above. Especially I miss the range of the number of “treatment” sessions, as to my experience at least, more than 5 sessions is uncommon, although in this sample 15% had five or more sessions.

To our knowledge there are no studies on the recommended number of treatment sessions for women with severe FOC.

I also miss information about the occupation of the main “treater”.

Please see Results section and also our description of the specially trained midwife, obstetrician and psychologist.

This is especially important since the women in the index group, due to the authors’ definition of severe fear of childbirth had a phobia-like fear and then, according to national guidelines should have been offered psychotherapy. See Sjöberg N-O. Förlossningsrådsla. Svensk förening för obstetrik och gynekologi (SFOG), 2004. (Major Compulsory Revisions).

All members of the special unit at the dep of Obstetrics & Gynecology are trained in psychotherapy please see text.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Mainly, in table 2, I would suggest changing the heading for the first column to 1-4 sessions instead of 0-5 (Minor Essential Revisions) Done

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Somewhat, the authors’ do not really discuss the meanings of the results, i.e. that the majority of the women who had been “diagnosed” as having severe fear of childbirth and underwent “treatment”, regardless of the number of sessions, delivered vaginally and
without any statistical differences compared to women without severe fear, except of the pain reliefs being used.

We could not follow this statement from the reviewer therefore we have not commented on this. These results are double-faced; on one hand they might show that “treatment” of severe fear of childbirth may reduce the risk for complications, on the other hand, as the number of sessions did not do any difference, the “treatment” per se might not be the answer. Although, I do appreciate that the authors have taken the attitudes and knowledge among midwives and obstetricians in to account in the discussion as it is known that fear sometimes great fear, which could explain the differences with regard to used pain relief (Major Compulsory Revisions). ?

6. Are limitations of the work clearly stated?
Limitations are stated, but the methodological limitations of the study are not especially discussed (Major Compulsory Revisions) Changes have been made.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Not really, there is no explicit information concerning other studies that have evaluated the outcome of “treatment” for severe fear of childbirth. The theories, which the “treatment” sessions were built on lack information and references (Major Compulsory Revisions).

We have not used any unpublished studies or data.
We think that we have acknowledged relevant work, e.g. a well-designed study that we refer to is Rouhe RCT study.
The theories, which the “treatment” sessions were built on lack information and references.
We can not follow this this statement?

8. Do the title and abstract accurately convey what has been found?
I don’t think so, but it depends on how the results are interpreted. However, according to the abstract the authors seem to regard severe FOC as a medical, rather than a psychosocial problem.

This study did not investigate the psychological outcome after childbirth in women with severe FOC. The aim of this study was to investigate pregnancy and delivery outcomes, i.e. obstetric outcomes. FOC is not a psychosocial problem. On the contrary FOC belongs to a group of psychiatric disorders i.e. anxiety disorder according to DSM-IV.

I would therefore suggest a title that more clearly state what was found from an obstetrical angel (Discretionary Revisions). ?
Kind regards

Carola Eriksson