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.perssson@gamil.com)
Hanna Vyöni (hannna84@hotmail.com)
Ann Josefsson (Ann.Josefsson@lio.se)

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Author’s response to reviews: see over
Report on Obstetric Outcomes for nulliparous women who received routine individualized treatment for severe fear of childbirth – a retrospective case control study.

Report submitted by W. Hall

The authors have provided a detailed response to my request for changes to their manuscript. All of the points I raise below are major compulsory revisions.

The research questions proposed by the authors are clearer.

The methods appear to be appropriate and the aim is now clearly stated.

The data appear sound. The reference group has now been incorporated. Information needs to be provided to clarify some variables. I assume city refers to city of residence. This is clarified as suggested.

I would appreciate a definition of civil status. Done.

The authors responded to my request to use more sophisticated analyses by indicating they conducted a multiple, multinomial logistic regression analysis. They did not provide any details about how they undertook that analysis. Actually, the analysis is described in the methods section.

If Table 4 is intended to represent the analysis, it is not adequately labelled and the Betas are not presented. In Table 4 the Betas are not reported. However, the Exp (Betas) (more commonly known as Odds Ratio) are reported with the corresponding 95% confidence interval. Since the multivariate analysis was a multinomial logistic regression, this is what one should report. If you only report the Betas, the reader will have to calculate the OR themselves in order to properly interpret the numbers.

How are complications during pregnancy defined? There’s a footnote under Table 3 that explains which conditions were included in the dichotomous variable “complications during pregnancy”.

The authors have now created a binary on treatment session frequency that is acceptable. It would have been useful to incorporate the number of treatment sessions in the logistic regression analysis. A significant difference on age between 25 and 34 was reported in Table 1 but not reported in the results. We have now incorporated a sentence about that in the results.

The authors do not include a limitation that refers to the large number of women lost from the index group. Please see our comment below.

That should be done. In the results section, why were the data underlying the finding for inpatient care not shown? Please table 3. We choose to give this information here.

What is severe MB Bechterew in paragraph 5 under methods? There is no statement about severe MB Bechterew in the method section but we added this in the results. Bechterew is an autoimmune disease - a chronic inflammatory disease of the axial skeleton with variable involvement of peripheral joints and nonarticular structures. It mainly affects joints in the spine and the sacroiliac joint in the pelvis, and can cause eventual fusion of the spine. So this disease can have an impact of mood of delivery.

The introductory and concluding sections still suffer from a lack of referencing to support statements made by the authors. For example, in the background section, references are missing from the second sentence in the first paragraph and from the first sentence in the second paragraph. We do not see the need of a reference to the sentence.

References are missing from the 1st and 2nd sentence in the 5th paragraph and from the 2nd sentence in the 6th paragraph in the background.
In the methods section, there is no reference or specification supporting the statement about the semi-structured diagnostic interview. 

We do not see the need for a reference about a semi-structure interview – it is asked for earlier by the reviewer how the interview was conducted so we have added that the interview was semi-structured.

There are also no references for the 5th and 6th sentences. References are needed to support exploration of women’s severe FOC and requests for caesarean section in the first paragraph of the discussion. **Done**

There is literature available. What were the contradictory results mentioned in paragraph 2 of the discussion? **Please see the text above this sentence.**

References are needed to support claims in paragraph 4 of the discussion. No comment is made in the discussion about half as many women in the index group with more sessions having an emergency caesarean section. **Please see the reference in the end of the paragraph.**

The limitation of the number of women lost from the index group needs to be incorporated in the discussion section of the paper. **ALL women that gave birth at the university hospital and at the county hospital were investigated and included. We have not lost any of these. BUT we could not follow up women who moved out of the area or had spontaneous abortions etc. They are not drop outs - please see the method section.**

The last sentence in the conclusion needs to be moved to the first sentence in the conclusion. **Done**

The whole paper requires editing by a native English speaker. There are still many grammatical errors. **The paper has been edit by professor Lawrence Lundgren a native American.**