Author's response to reviews

Title: Childbirth assistance in Catalonia. An analysis of obstetric interventions in two groups of hospitals

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Author's response to reviews: see over
In Spain and Catalonia, work has been carried out to implement evidence-based practices for childbirth assistance and to reduce unnecessary interventions in normal births. The study highlights the need for further work in this line and may be useful for health professionals, health managers and policy makers involved in normalising childbirth.

**Description of the changes made:**

**Version 1.** Included an Ethics statement in the methodology section

**Version 2.** Reference citations reviewed

**Version 3.**

**Reviewer 1.**

**Major compulsory revisions:**

Phase 3 analyses: includes births under classification of Normal Birth, according to coding proceedings manual. This grouping was decided as important for our analysis. We need to know about interventions being performed when labour has been completely normal.

Funding differences and type of hospitals explained.

**Minor essential revisions:**

Paragraph sentence revised and number of public hospitals corrected.

Included comments on different percentages of normal births between two groups

Table 2. New explanation of results and table 2.b has been removed. New flow-chart to explain groupings and births considered for analysis of episiotomy

Parity has not been considered. This is a limitation of available data in our database

Number of hospitals has been corrected.

**Reviewer 2.**

**Major compulsory revisions:**

Objectives have been modified. Now two objectives

Number of hospitals has been rectified. And included total number of private hospitals

Included representativeness of births recorded in MBDS. We remain confidence intervals to easier identify statistical significance in graphs.

Missing records are not known because they are not recorded. We can only assume underreporting. We include excluded cases due to inconsistent coding in phase 3.

Variables amniotomy and induction have not been included and comments on results have been excluded from this study.


**Discretionary revisions:**

Flow-chart has been included.

Relevant results from SANC evaluation have been included. We decided not include SANC recommendations to not expand text. SANC is easily accessible and also available in English.

Comments on poor recording of normal birth included limitations section

**Reviewer 3.**

Data quality and analysis

Comments about episiotomy rate analysis in phase 2 and phase 3. We wanted to know the episiotomy rate in “normal vaginal birth”. Normal birth code is restrictive, so when it is recorded we can certainly know that there wasn’t found any problem and that’s why we think it is important to know episiotomy rate in births reported as completely normal.

Inconsistent reporting of episiotomy has only been identified in tree private hospitals. This is now explained in limitations

Table 2.b has been removed and comments included in Results section.

Comments on C-Section rates in low volume hospitals

Graph 2 (previous) has been removed and comments include in Results section

Variation rate is kept to illustrate variation in practice patterns.

Graph 2 (previous 3) shows episiotomy rate on all vaginal births without instrument. Table 3 shows episiotomy rate in vaginal births that have been coded as normal.

All tables have been reviewed and comas have been replaced.

Parity and previous mode of birth where not considered. This is a limitation of available data included in our database. Explained in limitations

As main objective of this study was to compare intervention rates between this two groups of hospitals, age we did not consider stratifying by age. But findings suggest us a further analysis to be made in next study involving data from 2007 to 2012.

Section “volume of activity of hospitals” has been modified

Included new comments on funding arrangements.

Limitations: classification is uniform, but not recording.

Quality of writing: English has been reviewed.