Reviewer's report

Title: Transfers to hospital in planned home births - a systematic review

Version: 1 Date: 21 January 2014

Reviewer: Patricia Janssen

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Major Compulsory Revisions

In the background – could the authors indicate their rational for focusing on the three reasons for transfer that are outlined, i.e. fetal distress, hemorrhage, and respiratory problems in the infant. Why do the authors look back as far as 1985 (almost 30 years ago) and why do they limit studies to Western countries?

Under the assessment of methodological quality, how did the authors combine the various factors assessed to decide whether to keep a study or not? If any of the evaluation criteria were not met, was the study excluded?

The authors note that it is difficult to assess what transfer rates should be to give the best outcomes. While the recommendations for uniform definitions for emergency transfers, and consistent methods or defining rates of transfers are important, the actual rates of transfers are not indicators of either quality of care or potential for adverse outcomes. In some settings, for example, high rates of transfer may be due to adverse weather conditions in winter seasons with the need for anticipatory planning in case of further weather deterioration. The ultimate relevant outcome is how the overall outcomes from planned home birth compare with planned hospital birth, with transfer protocols being part of the continuum of care for planned home births. I strongly disagree with the statement that outcomes should be assessed after transfers. Of course outcomes for this group are likely worse. The relevant question for evaluation of programs of care and policy making – is what the outcomes are based on the woman’s decision to plan home or hospital birth overall. The transfer is one component of home birth. If there are negative outcomes associated with transfer, home birth can still have better outcomes overall if care in the hospital setting is less than ideal. Also, what do the authors mean by “too strict criteria for transfers” and how would they recommend that this be evaluated?

Minor Essential Revisions

In the abstract, the authors need to define the word “transfer.” In some settings, this means a physical move to hospital, in others it means transfer of care to a physician whether or not a patient is in hospital. This is clarified in the beginning of the background session but also needs to be clear in the abstract. Also, in the methods I would leave out the reference to “Western countries” – this term is not defined and has to be justified.

Much of the language is not clear and needs editing by someone fluent in English, for example, indications for emergency transfers instead of definitions of
transfers. Is “authorized” midwife the same as licensed midwife?
In the discussion, page 7 in the paragraph starting with “there was less variability ….. there are two references given (19, 20) for one Canadian study – only one of these references is correct.
In the discussion, the authors have a paragraph mentioning the importance of women’s satisfaction with their birth experience if a transfer took place. This is outside the scope of this paper and could be eliminated.

**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

**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.