Author’s response to reviews

Title: Intelligent Structured Intermittent Auscultation (ISIA): Evaluation of a decision-making framework for fetal monitoring of low-risk women

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Author’s response to reviews:

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Dear Executive Editor BMC Pregnancy and Childbirth,


Thank you for the comments and feedback from the peer reviewers of our revisions to the manuscript. We have made the recommended changes to the manuscript and files. Below are details of the revisions made in response the peer reviewers concerns. The responses are made for Minor Essential Revisions, Discretionary Revisions, and Additional Editorial Requests. The peer review comments are in black and our responses are in blue.

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We look forward to hearing from you.

Yours sincerely,

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Reviewer 1

I have reviewed this revised version and considered the changes made by the authors; I am satisfied that the authors have attended to all reviewers' comments.

Reviewer 2

Minor Essential Revisions

The authors should state the reason why only a proportion of medical records were available for the audit (93.8% pre intervention and 82.1% post intervention).

There were 2148 births in the calendar year 2009 with 188 births in January, 189 in February, and 173 in March giving a potential sample size of 550 births (25% of total births for the year 2009). Of the 550 births in the study time period, we had access to 516 medical records (93.8%), whilst 34 medical record were in current use elsewhere in the hospital and therefore unavailable for the review. Five records were excluded (four babies were born before arrival at hospital and another was 23 weeks gestation) leaving a sample of 511 medical records.

The post-intervention RMRR took place over a three month period from 1 April to 30 June, 2010. There were again 2148 births in the calendar year 2010, with 177 in March, 167 in April, and 170 in May, giving a potential sample size of 514 births. This represents 24% of total births for the year 2010. Of the 514 births in the study time period, we had access to 422 medical records (82.1%). The lower rate of medical record availability in post-intervention phase was related to an inability to access 92 medical records involved in another clinical audit occurring simultaneously during the study period.

Discretionary Revisions

Abstract and finding (pg 8): the authors state that a "relative change of 12%" in the use of IA was found. This could be more clearly and strongly worded, noting the direction of the change e.g. "a 12% reduction in use of IA was found...". Is this result provide in a table? I could not locate it. If not then perhaps note (result not shown).

Abstract

Results: Following the intervention, medical records review revealed an increase in the use of IA during labour represented by a relative change of 12%, with improved documentation of clinical findings from assessments, and a significant reduction in the risk of receiving an admission CTG (RR 0.75, 95% CI, 0.60 – 0.95, p = 0.016).

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On-going intermittent auscultation and documentation. Following the intervention, there was an increase in the use of IA during labour represented by a relative change of 12% (result not shown), with improved documentation of clinical
findings from assessments, and a significant reduction in the risk of receiving an admission CTG (RR 0.75, 95% CI, 0.60 – 0.95, p = 0.016).

End paragraph two of background: stem does not match list. Eg CTG has been shown to....(should read) falsely IDENTIFY fetal distress and... OFFER no benefit...

The admission CTG has been shown to have poor predictive value of adverse fetal outcomes, a high rate of error, falsely identify ‘fetal distress’, and offer no benefit in low-risk women [4].

Additional Editorial Request:
Figures: We note that the figures have been included in the manuscript file. Please upload the figures as separate figure files using the "upload" form on the submission system only, and delete the figure from the manuscript file. The figure file should not include the title (e.g. Figure 1... etc.) or the figure number. The legend and title should be part of the manuscript file, given after the reference list. Please ensure that the order in which your figures are cited is the same as the order in which they are provided. Every figure must be cited in the text, using Arabic numerals. Please do not use ranges when listing figures. For more information, see the instructions for authors: http://www.biomedcentral.com/info/ifora/figures.

These changes have been made.

Consent statement:
Please state in the Methods section whether written informed consent for participation in the study was obtained from participants or, where participants are children, a parent or guardian.

Written informed consent by individuals was not required for the medical record review due to its audit status, however, the RMRR was conducted within an ethical framework including maintenance of patient and staff confidentiality, anonymised information in the final report, no unnecessary data collection, and destruction of data collection forms once they had served their purpose. A confidentiality agreement was signed by all involved in the RMRRs. District Health Board (DHB) and local M#ori (indigenous people of New Zealand) approval to conduct the research was granted. Ethical approval for the study was granted by the Health and Disability Ethics Committees (Central Region) New Zealand in November 2009 (CEN/09/10/077).