Reviewer's report

Title: Misclassification of diagnosis and mistreatment of prolonged labour

Version: 2 Date: 23 February 2014

Reviewer: Soo Downe

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Major revisions

The authors have responded to the comments made by all the reviewers, and I would like to congratulate them for all the work they have put into this paper so far. I know it is really frustrating to have made revisions, and to still be asked to do more. However, I'm still not convinced that there is a clear enough message, or that it identifies the most important elements in the data.

In places the authors have, as requested, made the point that the diagnosis of prolonged labour, and labour that is actually dystocic, are not the same thing. However, this message is still somewhat lost in the text. For example, under the results section there is a statement that every 5th woman experienced prolonged labour. It is highly unlikely that 20% of women actually have a labour that is so prolonged that it is dystocic, requiring intervention. This statement therefore raises the question as to whether the negative effects found in the women's experiences are a consequence of having a labour that is, per se, pathological, or whether they are a consequence of being diagnosed as having prolonged labour, and therefore having unnecessary interventions, including oxytocin. I note that one of the other reviewers made reference to this general point.

The observation that women with a diagnosis of prolonged labour have longer labours, and that they are more likely to be distressed by this is not very novel. Indeed, although there are some associations in the data that suggest this, the actual numbers of women affected are not, apparently, very high (again, as noted by one of the other reviewers).

I think that, if they were inclined to do this, the authors could be advised to restructure the paper to make something like the following points, as this will make it an important paper, with new observations that challenge current maternity care norms and practices, and that will definitely be worth publishing:

1. Diagnosis of prolonged labour is very variable, and, in some settings, implausibly high.
2. Current norms of diagnosis do not seem to reflect true dystocia or pathology.
3. It is known that women experience higher levels of postnatal distress following a diagnosis of prolonged labour. It is not clear if this is because of the length of the labour, or because of the interventions consequent upon a diagnosis.
4. This study provides new insight into this issue, by presenting the prevalence of the following in a cohort of women sampled consecutively in one hospital in Sweden:

a. diagnosis of prolonged labour based on standard codes, where true labour dystocia is also evident through observation of the clinical records.

b. diagnosis of prolonged labour based on standard codes, but true labour dystocia is not evident through observation of the clinical records.

c. prolonged labour not diagnosed on standard codes, and there is no evidence of true dystocia in the clinical records (the reference group)

d. prolonged labour not diagnosed on standard codes, but there is evidence of true dystocia in the clinical records

5. It then goes on to analyse the rate of use of oxytocin, and women's views and experiences, in these 4 distinct groups.

This would then provide an analysis of the accuracy of current diagnosis of prolonged labour against the incidence of true dystocia, which I don't think has been done before. It also allows for an analysis of whether it is long/dystocic labours that predict maternal postnatal distress, or the consequence of diagnosis (when it is accurate or inaccurate).

If the data are analysed and presented this way then I think this will provide a very interesting and unique perspective on a persistent iatrogenic problem in maternity care.

I'm aware that this is not necessarily what the authors set out to do, and they may not wish to (or even be able to) reanalyze or, at least, re-present their data this way. If they decide to work with the data as they currently have it, unfortunately I think the paper still needs to be rewritten again, to ensure that the message they are presenting is clear. This means that they need to further clarify the difference between labours that are just long, and those that are truly dystocia, and then to make the argument either:

- that they are accepting the diagnosis of prolonged labour as a ‘true’ diagnosis of pathology, and, having accepted this, they are then describing the consequences of this diagnosis on the use or not of oxytocin and the consequences for women’s experiences, with the conclusion that there is no need to change the use of the diagnosis, but that staff need to pay attention to the (few?) women who are severely affected by it:

- or

- (reflecting the new title of the paper) that they are critiquing the current inaccuracy and overuse of the diagnosis of prolonged labour and overuse of oxytocin for women in normal labour along with underuse of it for some women with long labours, and that, because of the psychological consequences for women, this imprecision of terms and overdiagnosis needs to be reduced. In this
In this case, I would recommend that they don't focus in the discussion and conclusions on the need for staff to respond to women's experiences, but that the conclusion should be a call to reduce the overdiagnosis and overuse as a means to improving women's experiences. This second argument is more like the one I have proposed at the beginning of this comments section.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests: I declare I have no competing interests