Reviewer's report

Title: Diverse definitions of prolonged labour and its consequences with sometimes subsequent inappropriate treatment

Version: 3  Date: 19 May 2014

Reviewer: Susan McDonald

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Minor Essential Revisions
In the recruitment section- Sample size. Can you please clarify how many questionnaires were distributed in total? Providing this information would provide a response rate percentage for your study and therefore an indication of the generalisability of your results.

I am still unclear as to why the prolonged labour rate (21.7% overall) was so high and if the reasons for the 7% who were diagnosed with prolonged labour had a reason recorded.

While you have described women's responses to pain to be significant if they had a prolonged labour and/or if they did not have a prolonged labour but the labour was augmented with oxytocin. You have not offered any explanation or view as to why that might be or to have asked the women to expand on that sensation. Is it possible that the women, as has been described anecdotally, experience the onset and intensity of labour pain as greater as the body is not afforded the same timeframe to accommodated the normal process of progressive increase in length and strength and intensity of the pain accompanying contractions?

I feel there needs to be a better qualification of what you mean by (page 11) the comment that in the post hoc analysis, that women used an epidural to a high extent also in the normal groups suggest that women within the group of normal labour are exposed to unnecessary interventions and treatments. How so? Are women not given the option of epidural as an acceptable pain management strategy of choice? Are your results able to show that the women would have had a different or better outcome without the use of epidural?

I feel you should still be cautious in your interpretation of augmentation without a diagnosis of prolonged labour as abuse or misuse unless you have clear data that shows that the oxytocin augmentation was implemented for no other reason.

I think you need to be cautious with the interpretation of your questionnaire responses. In reviewing the way in which your questions were structured, 8 of the 12 questions were structured negatively. I would suggest that a recommendation for future research may be that a more balanced approach to the questionnaire structure could be considered so that it may allow women to expand on their
views and perhaps give more depth to their experiences in their responses.

Your conclusion paragraph is quite good. Just one suggestion for consideration would be to replace the wording ... avoid mistreatment... with ... promote best care.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests