Author's response to reviews

Title: Birth setting, transfer and maternal sense of control: results from the DELIVER study

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Author's response to reviews: see over
Dear Dr. Andrew Symon,

Please find enclosed our revised manuscript entitled “Birth setting, referral and maternal sense of control: results from the DELIVER study” which we submit for publication in BMC Pregnancy and Childbirth.

We have received additional comments from referee 2 and referee 3, and we have responded to them point by point. You can find this at the bottom of this letter. After each comment of the referees we have stated RESPONSE after which our response is written down. If applicable, the responses refer to changes that we have made in the manuscript. We thank the reviewers for their useful comments.

The changes that we made include a few language corrections, and some additional explanatory sentences when necessary.

All authors have read the manuscript and approved submission; the manuscript has not been published and is not being considered for publication elsewhere, in whole or in part, in any language, except as an abstract.

We hope that you will find the revised manuscript of interest to the readers of BMC Pregnancy and Childbirth.

Yours sincerely,

Caroline Geerts

Attachment (below): response to referee 2 and 3.
Reponse to referee 2

Content:
1. at the bottom of page 3 is stated: ‘Therefore, the hypothesis of this study was that women who plan a home birth have lower feelings of control during labour than women who plan a hospital birth.’ Although it may seem superfluous, because you have already said so much about the influence of transfer, I would like you to be very clear about this hypothesis: do you include all women in this hypothesis, whether or not they experienced a transfer? Or do you include only the women who experienced a transfer? If you include all women, then it feels counterintuitive, and I think you should at least relate it to the (high) percentage of transfers. Because, although in your next sentence you explain that women who are transferred might be more disappointed, this need not influence the feelings of control in the group as a whole so much, if it only concerns a few.

RESPONSE We agree that feelings of control in the overall group of women would not be affected too much if it would only concern a few. In the Netherlands, the rate of transfer during labour is relatively high. We have added this preceding our hypothesis, in the introduction section, the last sentence of page 3 and the first words of page 4 “In the Netherlands rates of transfer…who plan a home birth.” We have also addressed the comments of the reviewer, by specifying that the hypothesis concerns all women who plan a home birth, line 1, 2 page 4, “……among the total group of …. whether or not they experienced a transfer, overall…”

2. Following up on this, I would appreciate it if you clearly stated in your discussion that your hypothesis could not be confirmed.

RESPONSE To address this comment, we added a sentence in the discussion section, to clearly state that our hypothesis could not be confirmed, page 11, 2nd paragraph, line 11 and 12 “Our hypothesis, that…..could not be confirmed.”

Language
3. You changed the word ‘deliver’ throughout the manuscript, but have overlooked that in two places: the first sentence of the abstract and the third sentence in the Introduction. Or, if you didn’t overlook it, but left it there on purpose, it is interesting to know why.

RESPONSE We indeed have overlooked this, thank you for noticing. We have changed the word deliver to giving birth, in both the first sentence of the abstract, and the 3rd sentence in the introduction section.

4. On page 5 a word is missing (one line from the bottom): add the word ‘on’ after: 5.5 points ...

RESPONSE In agreement with the reviewer, we have added the word “on”, because it was missing. Page 6, 3rd line.

5. On page 8 I would advise you to rephrase the sentences about the number of participants, because it is not really clear now. The sentence beginning with: ‘Of the remaining women, 3561 started labour …’ I would change into: ‘Of the remaining 3561 women, 3479 started labour in midwifery care, for 82 women this could not be defined with confidence.’ Then start a new sentence: ‘the postpartum questionnaire was not returned by 1301 women and in 66 questionnaires (not women!) the LAS was not filled in completely.’
RESPONSE Thank you for the suggestion to make this more clear. We have adapted the 3rd-6th line of the result section, page 8.

6. On page 10, the tenth line from the bottom: I would say 'associated with', not 'associated to'.

RESPONSE The word ‘to’ has been changed to ‘with’, first line of page 11, as suggested by the reviewer.

7. On the same page, fifth line from the bottom: the sentence starting with: 'Women who were transferred...' this gives the impression it is a result from your study, but it isn’t. Please add that this is based on an earlier study.

RESPONSE To address the comment of the reviewer we have added “A previous study reported that…” page 11, 2nd paragraph, 1st line.

Figure and Tables

8. Table 1: Heading: please change 'at the starting of labour' into 'at the start of labour' or 'at the onset of labour'. The last line beneath the table stating that values are means and standard deviations does not belong there, since the table provides numbers and percentages.

RESPONSE We have addressed this suggestion and in the heading of table 1 we have changed “at the starting of labour” to “at the onset of labour” on page 17.

9. In figure 1 a word is missing from the second exclusion box: Start of labour in primary care not certain?

RESPONSE The word ‘certain’ probably was not readable in the pdf format, I will pay attention to this when the figure is converted for submission.

Response to referee 3.

1. Overall, this paper is much more clear and easier to read. In the introduction, paragraph 7, the authors state that women who plan a home birth have lower feelings of control during labour than women who plan a hospital birth. This contradicts current research from which it is well known that women choose a home birth to enhance their sense of control over their surroundings. It would make more sense to have the opposite hypothesis.

RESPONSE We agree with the reviewer that women who plan a home birth are more likely to feel in control, because they can control their surroundings. In addition, home birth leads to preserved authority and autonomy whereby the women themselves rule the situation. However, a recent report suggested that the overall positive effect of the home environment on birth experience is negatively influenced by transfer of care during labour which requires transport from home to hospital. In the Netherlands the number of women that need to have their care transferred during labour is relatively high. Therefore, in our study we aimed to identify whether the high rate of transfer during labour overshadows the overall birth experience of women who plan a home birth. However, to emphasize the rightful comment of the reviewer, that home birth itself is likely to lead to a higher sense of control, we have added a few sentences preceding the hypothesis, 7th paragraph, line 1,2,3.” Giving birth at home……over their surroundings. However,.. “
Minor Essential Revisions

2. In the limitations section, it is important to indicate that scoring of the LAS scale was done retrospectively for two different time points in labour, six weeks later. This raises the possibility of recall bias.

**RESPONSE** We have added this comment to the limitation section, 2nd paragraph of the discussion section, page 10, line 3-6 “The LAS was filled…3 months postpartum [12].”

3. In the section on confounding factors in the methods, could the authors provide a reference for the score derived from postal code, based on education, income and employment rates?

**RESPONSE** We have added a reference for the score derived from postal code, based on education, income and employment rates, page 6, section on confounding factors in methods, line 6.

4. Also in methods, the authors should say what proportion of subjects had missing values imputed for anxiety.

**RESPONSE** PRAQ-R was missing in 31.4% of nulliparous and 23.3% of parous women, because not all women filled in the first questionnaire. We have added this in the section on data analysis, methods, page 7, line 15 and 16.

Additional changes

Additional changes include that we have changed the word “pharmacological pain relief” into “medicinal pain relief” throughout the text. Finally, we have added a reference (number 34 in the updated reference list) on page 6, paragraph ‘Potential explanatory factors’, 4th line: “Furthermore, we evaluated the effect…between planning a hospital birth [34],...”.

Reference