Reviewer's report

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

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Reviewer: Patricia Janssen

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This is an important paper which addresses women’s sense of control after transfer to referral care according to planned place of birth. This question has not been addressed in the literature to date.

Major compulsory

The authors need to include details of how the DELIVER questionnaires were given to clients and how clients were followed up if a questionnaire wasn’t returned, given that the return rate was 62%.

Social status is included in table one – how is this determined?

The only major concern I have with this paper is figure 2. It is extremely difficult to read. In the legend it is stated that 2nd stage is denoted by “I” but this is not the case in the diagram – there are clear circles. This information would be much better presented in a table or at least a table to accompany the diagram. First and second stage should be presented separately in different tables or in different sections of a table. The categories (home-home) should be more explicitly defined. The findings from the primary hypothesis should be clearly presented i.e. planned home and transferred vs. planned hospital and transferred.

Minor essential

The abstract would be more clear if the last sentence read “…..we studied sense of control among women who were transferred to physician care during labour according to planned place of birth: home vs. hospital. Other than this the abstract is clear and concise.

In the methods what was the sampling framework for choosing the 20 practices? – more details needed.

Given that linkage to the Netherlands Perinatal Register was 86% is there anything you can tell the reader about how non-linked subjects differed from linked subjects?

Under data analysis it is stated that analyses for explanatory factors was done using an adjusted multilevel model. The nature of the model was not explained, nor how it was decided which variables should be retained in the model.
The authors should give a brief description of the Predicted Mean Matching method. To say that the number of imputations was based on the percentage of missing values is not enough information. Was there a cut-off – i.e. if a certain number of responses were not answered was that questionnaire deleted or were all missing values imputed no matter how many?

Under planned place of birth and LAS score, it is stated that the association between planned place of birth and sense of control during first stage of labour was partly explained by pain relief – the authors should be more specific– what was it before adjustment -were there more pain relief measures given in the planned hospital birth group? – this needs more clarity. One might also question whether this should be adjusted for because pain management or lack thereof would be on the causal pathway to sense of control and adjusting for it would decrease the ability to see valid differences between groups. The authors make this point in the discussion.

In table 1, symbols for footnotes should be superscripts – they are difficult to read in the table.

Discretionary

4th paragraph in introduction, last sentence is not clear. It could read “the positive experiences associated with planning and beginning labour at home may be mitigated by the experience of moving to hospital if transfer of care to a physician is required.”

6th paragraph in introduction, last sentences would be more clear if it stated that women planning home vs. hospital birth might be more disappointed if care was transferred to a physician because it would mean that they would have to move to hospital and thus not give birth in their chosen setting.

Was the translated LAS back-translated into English to check on accuracy of translation?

I am curious to know why women from Indonesia or Japan were included with Europeans and North Americans in the ethnic background categories. This may require some explanation for non-European readers because it is different than census categories in North America.

The transfer rate was extremely high at 60.5% for nulliparous women. Can the authors include reasons for transfer of care?

In the discussion the authors cite reference 10 as essentially giving the same results as this study. It is important to say how this older study differed from the current one; i.e. they did not use the LAS.

Table 2 – p values are not necessary as confidence intervals are given for differences in scores.

Level of interest: An article of importance in its field
Quality of written English: Acceptable

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.