Author's response to reviews

Title: A qualitative descriptive study of the group prenatal care experience: perceptions of women with low-risk pregnancies and their midwives

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Author's response to reviews: see over
We are grateful for the reviewer's thoughtful comments, and have responded to each below.

**Reviewer: Denise Lawler**

**Reviewer's report:**

**Minor Essential Revisions**

This is a well constructed paper with a clear focus and structure. It details how the qualitative descriptive study was conducted in an ethical sound manner. The results are interesting and once published, the paper will contribute to the extant literature regarding GPC. The study is methodological and ethnically sound and the actions taken to ensure rigour were clearly articulated. The purpose of the study is clearly stated. Data was presented succinctly under eight categories and a number of subcategories, using participant exemplars to validate inclusion in a specific category and subcategory. The discussion and conclusion sections are appropriate and recommendations for future research and practice are made.

The table presented is very helpful.

In summary, a well constructed paper that when published will contribute to the literature regarding the subject matter. I recommend that if minor essential revisions regarding methodology, formatting and grammar were addressed (see below) this paper be published.

**Methodology**

1. Sampling is not discussed, although implicit it is not discussed explicitly, I think this should be addressed.

   **Response:** We appreciate that the reviewer has highlighted this issue, and we have now added to the Recruitment and Sampling section of the Methods (line 227) that we used a convenience, purposeful criterion sampling (Patton, Qualitative Research and Evaluation Methods, 3rd edition, 2002).

2. A profile of the participants is not presented; this would be very helpful if presented at the beginning of the results section. A brief description would be sufficient if supplemented with a table providing details such as age, marital status, gestation, parity etc.

   **Response:** Thank you for pointing out this important issue. We have added information on this information in the first paragraph of the results (lines 267-271). These women were drawn from a larger study of GPC (unpublished data) in which study participants had a mean age of 30 years, and the majority of whom were first time mothers (78%), self-identified as Caucasian (90%), had a combined household income of at least 60,000 CDN dollars (90%) and were either married or in common-law relationships (100%).

3. Although ethical principles of informed consent and confidentiality were addressed other principles e.g. protection from harm, right to withdraw from the study were not addressed. I think reference must be made to the other ethical principles that guided and informed the conduct of research.
Response: We have added: Participants had the right to withdraw at any point during the focus group. (lines 236-237) Risk of psychosocial or other harm was deemed as negligible and hence there was not a formal protocol for protection from harm, however, the research staff are trained to deal with emotional concerns.

4. A semi-structured interview guide was used during data collection but how this guide was developed or populated was not discussed. A brief discussion on its development is needed.
Response: The interview guide was developed based on our previous qualitative research on the quality of prenatal care and after reviewing the existing GPC literature (qualitative and quantitative). The questions addressed broad content areas such as reflecting on women’s and care providers’ experience with GPC, motivators for participating, concerns, perceptions of benefits and of processes that contribute to health outcomes, suggestions for change, challenges and comparisons of GPC to other models of care and ways of promoting it.

5. The paper describes how participants recorded their own BPs (line 112); I suggest that clarity be provided on whether the apparatus used was an automated or manual machine. If manual, although the participants were described as very low risk, a brief discussion on the accuracy of such practice warrants some discussion. Specifically if the BP reading obtained by the woman was confirmed as accurate by the midwife. Likewise I suggest a similar discuss on the practice of urinalsysis. Additionally a definition of very low risk would be useful.
Response: We have added in line 207 that the blood pressure was measured with an automatic cuff, and in line 208 that reagent strips to detect protein were used for urinalsysis. (Please note that line 139, the first time blood pressure is mentioned, refers to the published literature on GPC, and typically these studies did not specify whether automatic or manual.) To line 196, we have added that the women were healthy without anticipated complications.

Formatting and grammar – this needs attention
1. There are a number of extra spaces throughout the paper (see lines 150, 21-.336, 487, 492, 506, and 700).
Response: Thank you for this observation; we have amended the spacing.

2. If the woman/midwife cannot be identified I suggest you do not use the quote but with such a small sample number are the participant’s not identifiable? (see lines 404, 510, 511, 665).
Response: We have clarified this point by adding to the methods: During transcription, participants were assigned a number sequentially in the order in which they spoke, except for when the specific individual who was speaking was not discernable in which case the comment was labelled “unidentifiable”. (lines 246-249)

3. Although the categories and subcategories are labeled it might be useful to number and possibly bold the categories (1-8) and then italic the subcategories.
Response: Thank you for this suggestion; we have adopted the suggested formatting.

Additionally the name of the said category is different in the body of the paper
Response: We have amended to ensure consistency between the text and table and table 1, which detail the categories and subcategories. The ‘learning from others’ subcategory (category 1) is not labeled in the body of the paper.
Response: Thank you, we have amended to ensure consistency throughout the text.

4. There are some grammatical errors (see lines 167 (Sandelowski), 304, 722 (also)).
Response: Thank you for noting these. We have amended lines [167] to remove the “(2000)”, and 722. Since line 304 contains a participant quotation, we believe that the grammar is best left as is, since this is a direct quotation. (“They've just got...a bigger knowledge base and more confidence”)

5. The major formatting issue is the inconsistent presentation of participant quotes, some are indented, some are not, some have quotation marks, some do not, this inconsistency is throughout the paper. 
Response: We had followed the convention, as per the APA: “If the quotation includes fewer than 40 words, incorporate it in text and enclose it with double quotation marks. If the quotation includes more than 40 words, it should be treated as a block quotation, meaning that it is displayed in a freestanding block of text without quotation marks.” ([http://www.apastyle.org/learn/quick-guide-on-formatting.aspx](http://www.apastyle.org/learn/quick-guide-on-formatting.aspx)). We also followed some recent BMC qualitative articles (Dhingra BMC 2014, Peterson BMC 2014), which followed this convention.

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

Reviewer: Deborah Turnbull
Reviewer’s report:

Major Compulsory

This is an important report that helps to put into context, an emerging approach to antenatal care. It should prove useful to maternity care providers from a range of settings. The rationale for the work is couched in terms of examining facilitators and barriers to group based prenatal care but in reality the presentation of results exceeds this fairly narrow scoping and I would encourage the authors to re-phrase their purpose more in line with the results as they are presented. 
Response: Thank you for this comment. We sought to explore reflections on their experience with in a recently established GPC setting. Beyond areas previously examined including certain aspects of the GPC experience, such as women’s and care providers’ motivation for participating in GPC, concerns about the model, perceived benefits of GPC, suggestions for change, challenges to providing GPC, and comparisons of GPC to other models of, we sought to expand upon these areas particularly in the early phases of implementation of GPC. Unique aspects are emphasized below in the next response. We have revised lines 160-170 and 707-709 to emphasize this.

On this point, I really did struggle with the originality of this paper. From the research referenced in the paper, it is evident that there are existing qualitative studies examining the issue and these have also taken place in Canada. I didn’t find the explanation about what sets this paper apart, very compelling. That’s not to say that the study is not important but the reason for doing another study needs to be crisper.
Response: Thank you for highlighting that the reasons for the study needed to be more clearly iterated. We have revised these areas to emphasize that we wanted to understand experiences with GPC particularly in the early phases of its implementation for care providers and a lower risk group of women than has frequently been the target of GPC, within a universal health care system. Additionally we sought to understand other aspects of the experience not yet studied, such as perceptions of processes that contribute to positive health outcomes, strategies to promote GPC and elements that enhance the feasibility of GPC. (lines 160-170, and 707-709)

The sampling frame requires greater attention; just how robust an approach was used?
Response: We appreciate that the reviewer has highlighted this issue, and we have now added to the Recruitment and Sampling section of the Methods (line 227) that we used a purposeful criterion sampling (Patton, Qualitative Research and Evaluation Methods, 3rd edition, 2002).

Was a theoretical sampling frame used for both groups or was it convenience based?
Response: We did not use a theoretical sampling frame; rather it was a convenience sample and have added to the Recruitment and Sampling section of the Methods (line 227) that we used a purposeful criterion sampling (Patton, Qualitative Research and Evaluation Methods, 3rd edition, 2002).

What are the characteristics of the women and midwives?
Response: Thank you for pointing out this important issue. We have added information on this information in the first paragraph of the results (lines 267-271). These women were drawn from a larger study of GPC (unpublished data) who had a mean age of 30 years, and the majority of whom were first time mothers (78%), self-identified as Caucasian (90%), had a combined household income of at least 60,000 CDN dollars (90%) and were either married or in common-law relationships (100%).

Did the researchers really achieve theoretical saturation? Existing research would suggest that this is unlikely with such a sample.
Response: Our intent was not to achieve theoretical saturation in this qualitative descriptive study. Theoretical saturation typically is an aim in grounded theory studies, and is linked to theoretical sampling. We added to the Recruitment and Sampling section of the Methods (line 227) that we used a convenience, purposeful criterion sampling approach (Patton, Qualitative Research and Evaluation Methods, 3rd edition, 2002). This approach fit with our interest in exploring reflections on the experiences of women and midwives in a recently established GPC setting. As such, we might not have reached data saturation. However, we have reported on the high-frequency codes that emerged in the analysis of the three focus group interviews, for which there were robust data.

The comment is also made about the clinical risk profile of the women included in the study. This could do with some explanation.
Response: To line 196, we have added that the low-risk women were healthy without anticipated complications. We have also added information in the first paragraph of the results (lines 267-271). These women were drawn from a larger study of GPC (unpublished data) who had a mean age of 30 years, and the majority of whom were first time mothers (78%), self-identified as Caucasian (90%), had a combined household income of at least 60,000 CDN dollars (90%) and were either married or in common-law relationships (100%).
I also wondered about the methods that were put in place in order to ensure quality such as the use of an audit trail.  
**Response:** An audit trail was kept throughout the study, which included documentation of data collection process and modifications to the interview guide, memos generated during data analysis, analytic decisions, and coding reports.

I think that the paper can be reduced somewhat and also that the discussion could be made less descriptive and repetitive, with a greater emphasis placed on the implications of the results.  
**Response:** Thank you for this observation. We have trimmed the background literature and discussion sections. We have emphasized the implications.

The presentation of the results in the abstract is somewhat weak and does not really capture the actual findings.  
**Response:** We have revised this as suggested.

**Level of interest:** An article whose findings are important to those with closely related research interests  
**Quality of written English:** Needs some language corrections before being published  
**Statistical review:** No, the manuscript does not need to be seen by a statistician.  
**Declaration of competing interests:** nil