Author's response to reviews

Title: The Canadian Birth Place Study: Examining maternity provider attitudes and inter-professional conflict around planned home birth

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Author's response to reviews: see over
June 12, 2014

Editors
BMC Pregnancy and Childbirth
Re: Manuscript Submission

Dear Sir or Madam,

Our team is pleased to hear that our paper entitled, *The Canadian Birth Place Study: Examining maternity provider attitudes and inter-professional conflict around planned home birth* is being considered for publication.

Please extend a warm thank you to the reviewers for their favourable assessment, encouraging words, and valuable suggestions for improvement. Reviewer 1 did not recommend any changes, so we have focused our revisions on the changes/clarifications that were requested by reviewer 2.

Response to reviewer’s comments:

1. Figure 1; y axis label should be rewritten; x axis titles should be written out. (Table legend is well-written).

   *We have labeled the axes as requested.*

2. Methods: study design, para 2: Please expand up the sampling strategy. From which source were these samples obtained? Is there perhaps some central registry that contains contact information for the population of provider groups that spans all provinces?

   *Thank you for pointing out the lack of information about the sampling strategy. Full details are reported in our article describing the development and administration of the survey in the Canadian Journal of Midwifery Research and Practice. To address this oversight in the current paper, we have added the following section:*

   We obtained direct mail and fax contact information for all registered midwives in Canada (N759) via provincial regulatory college rosters, and all obstetricians who provided intrapartum care (N800) via the Society for Obstetricians of Gynaecologists of Canada (SOGC). A random and geographically stratified sample of family physicians (10% of total) was generated, using a national physician directory. Potential respondents were invited to participate in the survey, via multiple avenues (e-mail, direct postcards, posters, and fax), and reminders (at 2-3 week intervals) [24]. The Canadian Association of Midwives and SOGC sent an email link to the survey to their memberships, on behalf of the researchers.
3. Results – para 2 – seems counterintuitive to all other data in this narrative that being female was NOT associated with favorable attitudes toward home birth among midwives. Please explain or defend this!

You are correct in saying that overall being female is associated with more positive attitudes (as all midwives in our sample were female and female obstetricians had higher scores). However, we computed covariates separately for midwives, family physicians and midwives in the paper. For family physicians, being female was not a significant covariate and for midwives we did not compute gender, b/c all midwives were female. The text in parantheses ‘(but not among family physicians and midwives)’ is confusing, making it sound like we found the opposite for family physicians and midwives. We were trying to say that that the same covariates were not associated at the < 0.05 level with higher scale scores for midwives and family physicians. We have taken out the text in parentheses to avoid confusion.

4. Results: paras 3,4,5 (scale scores by care provider group). This section in the first in which we see the actual population and sample sizes, and the respective response rates; although the reader has to perform the actual mathematical computation. Please provide the figures for all three groups (e.g., FP-139 respondents out of a random sample of 3000, out of a population size of ???) at this point in the narrative. Authors do discuss the low response rate for FPs, but only at the end of the narrative – after having engaged in a full discussion as if the information was, in fact, generalizable….and it is not.

Thank you for this observation. We have added the following sentence in the results section:

We received responses from 825 care providers: 451 midwives, 235 obstetricians and 139 family physicians. The overall response rate was 18.1% (of invited care providers). Response rates were highest for midwives (59.4%) and lowest for family physicians (4.6%).

5. The content of Table 2 is very obscure. The content is discussed in Data analysis; para 2. Do the 18 content items in Table 2 represent ALL of the remainder of the attitude statements that were written and then tested (of which 17 were retained to comprise the PAPHB-M), or only some of them (given that Table 2 title states “with selected attitude items?” Authors should devote a bit more explanation/rationale for exploration of these “additional” attitude items, which did NOT have sufficient robustness to be retained within the PAPHB-M –but are treated in Table 2 as if they do in fact, have some important meaning.

This is a very good point. We have provided a stronger rationale for the analyses presented in Table 2 and added the following paragraph in the data analysis section of the manuscript.

After 17 items were summed to form the PAPHB-M attitude scale, 31 Likert items remained. All survey items including the remaining Likert items had been subjected to rigorous content validation by maternity care experts and deemed important to the measurement of home birth attitudes [24]. Although these items were not included in the scale, many assessed important dimensions of attitudes towards home birth, such as inter-professional practice and relationships, perceptions of the safety of home birth, educational exposure to planned home
birth and liability concerns. To assess the relative importance and association of these factors with the PAPHB-M scale score, we excluded factors that would differ according to location (such as regulatory status and availability of emergency services), and calculated Pearson’s r (correlational coefficient) for the remaining 18 items across care provider groups.

6. Some reference citations require expansion to enable retrieval. Note # 10 (already published); 19 (needs publisher/state), 20 (lacks specific date); 26 & 27 (lack a date); 20 (lacks all journal information), 43 (already published) 46 (needs publisher/state); 47 (needs journal information); 48 (typo “best”) and lacks volume and page; 53 (needs publisher info or URL), 55 (uncertain what this is and could not retrieve from that URL)

Thank you for your thorough read of the references. We have added the missing information, found a better reference for citation # 26 and deleted reference # 53 (as we already had enough support for the statement from other references). Please note that citation 20 refers to a newspaper article in the Vancouver Sun, a local paper.

Sincerely,

Saraswathi Vedam, RM, MSN, FACNM, SciD (hc)