Reviewer's report

Title: Pain relief in labour: A qualitative study to determine how to support women to make decisions about pain relief in labour

Version: 2 Date: 29 April 2013

Reviewer: Nicky Leap

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MAJOR COMPULSORY REVISIONS
1. Background Paragraph 3

‘When we discus [sp] supporting women in developing their expectations for pain in labour, we need to be clear about which particular expectations we are referring to.’

The use of ‘we’ in this sentence is problematic; changes should identify the identity of ‘we’ throughout the article, eg: ‘it is debateable [sp] whether we should be asking them…’

2. Background Paragraph 4

Women use the information they have gathered from various sources during their pregnancy [8] and combine this with how painful they expect labour to be, how effective and acceptable the various forms of pain relief are, and how they think they will cope with the pain to form their own antenatal expectations—their assessment of the most likely outcome for them [7].

In this sentence the references used are studies that did not look specifically at pregnant women’s expectations: Leung et al (2009) [7] conducted a literature review on hopes and expectations in relation to healthcare generally. Also, I am not sure if you meant to reference Kravitz et al (1996) [8] here. The respondents in their study were all attending for medical care due to concerns about symptoms of illness; there is no reference to pregnant women. You may want to word the sentence differently or choose other references here.

3. Background Paragraph 4

‘The expectations formed by pregnant women include how painful they think labour might be [12]; whether they are expecting labour pain to be a positive [13] or negative experience [14]

The reference to Lundgren and Dahlberg’s study [13] does not support the statement about whether women are expecting [my emphasis] labour to be a positive experience. There is no reference in their study to expectations that labour would be positive, rather it was women’s reflections following labour.

4. The reference to Shetty et al [17] needs reconsideration as the study was looking at women’s expectations in relation to their labours being induced.
5. Further explanation is needed about how the interviews were conducted, with examples of the questions that were used. Were the interviews structured or semi-structured? Was there a guide to the questions that were posed and were these open or closed questions? The language that is used around the complex area of pain and childbirth can influence women’s opinions – indeed it has the potential to influence how they approach pain in labour. It would be important to address this in order to show how the researcher was sensitive to these issues.

6. All of the quotations need to be reviewed for punctuation: commas, full stops, apostrophes and ellipses (to show hesitation and uncertainty).

7. Reference 30 [Halldorsdottir S, Karlsdottir (1996) Journeying through labour and delivery: perceptions of women who have given birth].

I have re-visited this paper and can find no reference to the research showing that a woman’s involvement in decision making ‘may burden them with an overwhelming sense of responsibility that they do not wish to have’.


This study did not find that: ‘despite attendance at … antenatal education classes, women are not adequately prepared for the decisions that need to be made during labour’. Direct quote from the paper: Nonattendance at classes preparing for childbirth and parenthood decreased the risk of having a negative birth experience (Table 2). This was probably not a causal relationship, but reflected the fact that these classes in Sweden are mostly attended by women expecting their first baby, and primiparity was associated with a negative birth experience… Of the established methods to improve women’s birth experience, childbirth education and obstetric analgesia seemed to be less effective, whereas support in labor and listening to the woman’s own issues may be underestimated.

A more useful reference here might be the Cochrane systematic review of antenatal education:


9. The title of this paper reflects only part of the stated aims. Within the paper various descriptions include: ‘to explore how women’s hopes and expectations are formed during pregnancy, and how and when decisions about pain relief in labour are made’; ‘to draw upon the interviews with women to identify how they can be better supported in preparing for and making these decisions, in collaboration with their midwives and other healthcare professionals, during pregnancy and labour’ and ‘to explore women’s perceptions, expectations and ‘to experiences of childbirth and their decision making process regarding pain relief in labour.” It would be useful to consolidate all of these into a cohesive aim or divide them into objectives with an overall aim, so that the research question is
clear.
10. Please see attached document for a general review that invites a response.

MINOR ESSENTIAL REVISIONS
1. Background Paragraph 1
Remove space before comma after ‘healthcare,’

2. Background Paragraph 2
Consider re-phrasing:
‘A patient’s expectations about their treatment, experience and outcomes are important in most decisions, especially so in [relation to] pain relief in labour’

3. Background Paragraph 3
Remove second comma after ‘outcomes [7],’

4. Background Paragraph 3
Spelling: ‘discus’

5. Background Paragraph 4
This sentence construction needs attention:
‘Many of the decisions women make during pregnancy about how they wish to manage their pain in labour are based on what they expect labour and labour pain to be like [10], using Thompson and Sunol’s definition, their predicted expectation [9].’

6. Background Paragraph 4
This sentence needs attention:
‘Women use the information they have gathered from various sources during their pregnancy [8] and combine this with how painful they expect labour to be, how effective and acceptable the various forms of pain relief are, and how they think they will cope with the pain to form their own antenatal expectations—their assessment of the most likely outcome for them [7].’

7. Background Paragraph 4
This sentence needs attention [mixed single/plural]
A pregnant woman’s expectations are continually refined and developed as they receive and review new information [11], hence their expectations change throughout pregnancy. Also consider how the next sentence starts in relation to changes made.

8. Methods Paragraph 2
‘Purposive sampling was used to capture a range of different views and experiences [19, 20]. The references to textbooks here would benefit from at least an identified chapter or page numbers so that the reader can find specific
text relating to ‘purposive sampling’.

9. Methods Paragraph 3

‘All interviews were audio recorded and transcribed verbatim (Bryman and Burgess, 1994; Pope and Mays, 2000).’ These in-text references need removing – they do not need to be moved to the reference list to validate audio recording and verbatim transcription, given that these processes are self-explanatory.

10. Results Paragraph 1

These sentences either need a verb or incorporating into the stem sentence:

‘Firstly, the degree of uncertainty surrounding the level of pain and the effect of different methods of pain relief. Secondly, how decisions were made and the degree to which women felt comfortable making these decisions. Finally, women’s perceived levels of control over both themselves and the decisions they were making.’

11. Results: First paragraph

In the phrase ‘the degree of uncertainty surrounding the level of pain and the effect of different methods of pain relief’ I think you mean during pregnancy? This probably needs to be made clear. The same applies to the heading: ‘Level and type of pain and pain relief.’

Reference 26: Kitzinger (1978) needs consideration. There is a wealth of more contemporary literature about labour pain being a ‘positive pain’ and therefore being seen by women as different to the pain of injury and illness.

12. Decision making

‘Although some research reports that all women want to be involved in decision making for labour [28], others argue that women may wish to defer to someone else in this matter [29], claiming that a woman’s involvement may burden them with an overwhelming sense of responsibility that they do not wish to have [30].’

Reference 29 [Yearby M (2000) Pain in childbearing: Key issues in management.] As this is a book, it is probably unreasonable to reference it without a page or chapter – there are many issues discussed in this book and the argument that women may wish to defer to someone else regarding decision making is not the theme of the book.

13. Types of control during labour

‘There is an view expressed’ [a view]

14. Entonox

After the first time Entonox is mentioned and a definition is given in brackets there is no need to keep defining it whenever it’s mentioned.

15. Findings – Types of control during labour
Insert ‘in’: … in surroundings in which she could control both herself and how she laboured

16. Discussion Paragraph 2
Niven and Gijsbers supported this reluctance with women in their study expressing difficulty in making these decisions when they didn’t know how painful it would be.

17. Discussion Paragraph 3
‘However, the data from this study and others suggest (REF) that, despite attendance at these antenatal education classes, women are not adequately prepared for the decisions that need to be made during labour [35]’
[Reference missing]

18. Discussion: Penultimate paragraph
‘Any decisions, especially those made antenatally, are done so with a degree of uncertainty, a situation under which an absolute decision cannot be made reliably.’
This sentence needs attention: gap after uncertainty, double commas and possibly some words have been omitted to link the second half of the sentence.

References
Space needed between ‘patients’unmet’. Also, Issue 9 needs to be added to this reference: 125(9):730-737

DISCRETIONARY REVISIONS
1. Method
‘This chosen approach enabled an interpretation of the different ways in which women make sense of their experience [18], which adds to our understanding of this complex obstetric setting.’
You may want to consider re-wording this phrase, as the intention was presumably to add to our understanding of women’s experiences in order to be able to give them appropriate support, rather than our understanding of ‘this complex obstetric setting’. If you do mean the latter, then maternity care setting is a more inclusive term.

2. Results: ‘Level and type of pain relief
This section appears to be about pregnant women’s uncertainty about what to expect and difficulties with making choices in advance of labour. The beginning paragraph and two quotes exemplifying the two different approaches to pain therefore seem a bit out of place as an introduction to this section, particularly the first quote which is Mary’s reflection after she has given birth.
3. It was not clear to me why this particular scenario requires ‘the woman being fully informed regarding the risks and benefits of each of the options before labour begins’:

‘The woman is still taking part in the decision, but the midwife is explaining the best options available to the woman given the stage of labour and the ability of the woman to cope with pain. This form of decision making relies on the woman being fully informed regarding the risks and benefits of each of the options before labour begins.’

4. You may want to revise your definition of a ‘birth plan’. A good birth plan should not involve women deciding in advance the position they would like to adopt for birth – rather it should identify a range of options they might like to consider at the time, depending on circumstances and their intuitive responses. [See: Simkin P. (2007). Birth Plans: After 25 Years, Women Still Want to Be Heard. Birth 34(1):49-51.]

5. End of Results section
Consider changing/deleting this sentence at the end of the results section on control – it reads as though it’s the researcher’s point of view/conclusion rather than what the women said [If staying, address repetition in this section]:

‘Control means different things to different women and is a value which needs to be discussed with their midwives when discussing choices for pain relief in labour.’

6. Discussion Paragraph 2
Consider deleting/changing/re-wording to aid clarity and avoid repetition:

‘The major issue raised by all women was their lack of insight relating to labour pain’ [Do you mean pregnant women’s inability to imagine what the pain would be like?]

‘Women highlighted their difficulties in making decisions about how to relieve a pain many of them had never experienced before. Even those who had experienced labour pain before found it difficult to remember what the pain was like.’

7. You may want to consider substituting ‘delivery’ with ‘giving birth’ or ‘birth’ throughout the article and review the use of ‘patient’ for women engaging with maternity services, given the literature about the imperative to use woman-centred language.

**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:**

I declare I have no competing interests.