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: 3 Date: 27 August 2013

Reviewer: Nicky Leap

Reviewer's report:

Major Compulsory Revisions
The revisions you have made have strengthened your paper and placed your findings in a context that will make an important contribution to maternity care research. There are a few things that still need attention in my opinion.

L241 This reference is incorrect – Dodwell has been omitted (also in reference list). This paper can be easily accessed online:


I think this reference is inappropriate here as the paper’s an overview of the evidence underpinning the case for developing a ‘working with pain’ approach to the care and support of women during labour. In the overview we drew on Green, Baston, Easton et al 2003 Greater Expectations? Inter-relationships between women’s expectation and experiences of decision making, continuity, choice and control in labour and psychological outcomes: summary report. Mother and Infant Research Unit, Leeds. [See Table 3 Preferences for coping with pain during labour]. Green et al identified that four out of five women wanted either no drugs or a minimum of drugs. One in five said their priority was for their labour to be as pain-free as possible. You may therefore want to use this reference instead of our review.

L302 The first sentence with the reference to Hodnett’s study on pain and women’s satisfaction with the experience of childbirth does not fit with the rest of the paragraph, which is about women in your study not wanting to make decisions about specific options for pain management during pregnancy. Hodnett’s study refers to the involvement of decision making during labour (not pregnancy). I suggest you incorporate the reference to Hodnett’s systematic review to your discussion about the relationship with midwives during labour in the next section and/or in your Discussion. It applies to L372-374.

L483 This sentence needs attention. Do you mean that this study explores decision making in relation to the provision of maternity care, rather than in relation to healthcare settings generally and hence addresses the uncertainty that women face throughout pregnancy, given the difficulties in predicting the sort
of labour they will have and how they will respond to pain? Or something else? It isn’t clear.

The Discussion
In my opinion the Discussion still requires revision.

The three themes that are identified in the Findings are now much more clearly articulated but I think they need to be discussed separately in relation to relevant literature – discussing what other researchers have found about these issues and how your research fits in relation to studies that have explored uncertainty in pregnancy, women’s concerns about control, preparation for labour, support in labour for decision-making and coping strategies, women’s reflections on their experiences of labour in relation to pain, pain relief, support, and decision making, recommendations from NICE, DoH, RCOG, RCM etc regarding preparation and support for pain in labour. I suggested research articles that could be drawn on in my previous review. Some of these have been incorporated into this version of the paper, but the findings of this study still need to be synthesized in relation to others related to maternity care and women’s experiences.

The Discussion still returns to evidence and theory regarding decision making in broader healthcare contexts, even though the authors have identified in their introduction that the context of childbirth has different features. A stronger link with the interview data and the rationale for exploring values and expectations needs to be made, particularly how this fits with such a strong and important message from women that they did not want to make decisions hard and fast decisions in advance of labour.

In order to address rigour in qualitative research, particularly where interviews are undertaken with pregnant women and new mothers, researchers need to engage in reflexivity in the discussion of their findings. This may include identifying the potential dynamics of the relationship between the researcher and the woman and how this might have affected women’s responses, for example, consideration of the researcher’s professional status/role/occupation, age, parity, social class, related experience and values. There are strong recommendations from NICE, RCOG and DoH identifying the importance of all maternity care providers questioning how their own values and attitudes might affect how they support women in labour, particularly around pain and coping strategies. Although the researchers state that women in this study tended not to discuss non-pharmacological methods of coping with pain, there is no discussion of how the prepared questions in the guide might have focused the discussion on ‘pain relief’ rather than a ‘working with pain’ approach. I encourage the researchers to identify their awareness of the complexities and uncertainties in this area in the Discussion – this can only strengthen the paper and does not have to be presented in any way as limitations.

Discussion could also address the tension between, on the one hand, women identifying that they would favour a ‘wait and see approach’ since there is always uncertainty around preparing for labour and, on the other hand, the assertion of
professionals that more information in pregnancy will lead to better experiences for women in terms of how they reflect on their experiences of pain in labour - plus the lack of evidence that this will be the case.

The new Cochrane review (Sandall et al, published this week) provides valuable information about the importance of midwifery continuity of care for women at many levels; in relation to this paper there is strong evidence that could be cited in terms of reducing the use of drugs and epidurals and increasing a positive experience of labour for women. It may be that as Hodnett found in her (2002) systematic review, the quality of support and women’s sense of involvement in decision making by care providers in labour is what matters to women, more than the quality of pain per se – and that this is enhanced where there is an already established relationship, one that has allowed for discussion, trust and confidence building throughout pregnancy.

I hope these comments are taken in the spirit in which they are offered, which is that I believe this research is important and needs to be published. I understand how disconcerting it can be to have to make further revisions at this stage but trust that you will engage in them with confidence that your work will be respected. I have no doubt that your research will provoke further important discussion as well as promote understanding about directions for practice development.

Minor Essential Revisions
L55 – how women’s can be
L110 reduce
L110 patient’s
L127 options,
L145 it’s
L149-150 a woman’s/their single/plural
L 163 consider processes
Figure 1 Add question marks to 4 & 5
L 226 delete the before pharmacological
L227 needs to be continuous with previous sentence
L244 replace comma with semi-colon
L296-297 Although some research reports that... others found that
L302 Generally, ‘a positive experience of childbirth’ is used, rather than ‘childbirth satisfaction’
L342 an way
L343 enabling them
L346 and to act
L349 ... to order
L358 it is better
L382 … control; this or: … control. This
L467 not only to
L468 but also to
L518 did not

Discretionary Revisions
L. 61 and again [add: within 6 weeks] postnatally [or: within 6 weeks of giving birth – to give the time frame ie – not immediately after giving birth
L.69 In order to make it clear that the second theme refers to the postnatal interviews you might want to consider the following: Secondly, women reflected on how decisions had been made …. And the degree to which they had felt comfortable….
L.72 The sentence about final theme is a bit confusing in terms of whether it refers to women’s views in pregnancy, postnatally or both. Did the women discuss the perceived levels of control over their bodies that they both wanted to have and experienced and which period does ‘decisions they were making’ refer to?
The above also applies to the wording between Lines 210-222
L.81... in terms of pain relief... is it also coping strategies and/or support to enable a sense of control – given your findings?
L.158 … to consider how women’s expectations [suggest add ‘may’] influence the decisions they make
L.166 consider in order to be able to offer them appropriate support [rather than give]
The paper would be strengthened by some re-organisation of quotes so that they lead on as an example of text:
Linda L250-255 would fit well after L241.
L.262 some suggestions for additions in [] Women reported the difficulties of making explicit decisions [add during pregnancy] about [the] type of pain relief [they might want during labour].
L286 Consider deleting ‘time is limited’ as this is an opinion and does not apply in all situations where women receive antenatal care.
L289 as was reported by the women in this study needs deleting as the sentence started: ... women felt that...
L226 Is this during the interviews in pregnancy? If not then ‘would provide’ needs changing in L229 as it suggests a projection. The next sentence reads as though it’s postnatal reflection. Is that right?
The way a woman views labour pain antenatally will shape the choices she makes regarding pain management as labour begins. That sounds like a reasonable intuition, supported by the example in the next sentence - but it would be good if there were a reference to strengthen this statement. Also, it’s not clear how this leads into the next statement about how women in the study were uncertain about many aspects of labour in spite of having been to classes.

It needs to be made clear that this was Pauline’s wishes for explanation during labour, not pregnancy.

Consider adding reference 35 (Green et al on control) to reference 34 at the end of this statement that women want to remain in control during labour.

Rather than starting this section with what research says, it might be more appropriate to start with a statement (supported perhaps by Lynne’s or Joan’s quote) about the women in your study having strong opinions about not wanting to be out of control.

Consider deleting ‘Firstly’ and ‘in relating to pain relief’ as these are not followed up; may I suggest the sentence would read better if it started: Women in this study had a wide range of expectations regarding how different forms…

The three quotes that are positioned together between lines 389-404 could do with being divided up and attached to relevant text. Susan’s quote seems to more about the support she had from her midwife to manage pain without drugs or an epidural than a loss of control per se – consider re-organising.

Your refuting of Lynne’s perspective on how Entonox might help her during labour by quoting Green & Baston’s findings probably needs to be in the Discussion section, not part of your Findings. The quote from Lynne needs to be moved to after you mention her views. The statement about Naomi’s comments needs to start a new paragraph and be followed directly by her quote.

Throughout the findings section it would help if it were very clear in the text whether women are predicting in pregnancy or reflecting on their experiences in the postnatal interview (extra to this being made clear by how the quotes are referenced).

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 that I have no competing interests.