Author's response to reviews

Title: The early postnatal period: exploring women's views, expectations and experiences of care using focus groups in Victoria, Australia

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Author's response to reviews: see over
Dear Editor,

Re: response to reviews on the paper entitled “The early postnatal period: exploring women’s views, expectations and experiences of care using focus groups in Victoria, Australia”.

Thank you for the reviews of the above paper. Please find below a detailed point by point response to all the reviewers comments.

Please let us know if there are further changes that should be addressed.

Thank you again for considering this paper,

Yours sincerely

Della Forster
Reviewer one: Ingegerd Hildingsson

1. The role of the father in postnatal care in not well described – do father’s have the opportunity to stay overnight on the postnatal ward?

There is no one statement that could describe the role of father’s in postnatal care in Victoria – it is likely to be very varied by hospital, therefore we would prefer not to comment on this aspect. We can say however that in general there is little opportunity for partners to stay overnight in hospitals in Victoria. Thus a sentence has been added to the end of paragraph three of the background section:

In general it is rarely an option that father’s have the opportunity to stay in hospital overnight in the postnatal ward – with the exception of Birth Centre models, although very few women in Victoria have access to this model of care.

2. The reader could get a broader understanding of the whole process [the analysis], i.e. Step 1. Coding the text using a coding framework and/or from the issues raised in the text, Step 2 identifying themes with abstraction and refinement and 3. Constructing the network. The findings could be more understandable if the previous steps are described.

The paragraph describing the analysis has been amended to reflect the above concern, and now reads as follows:

“All discussions were transcribed verbatim and the transcripts checked against the audiotape for accuracy. A thematic network was constructed using electronic and paper copies of the transcripts from the focus groups, as a way of organizing the thematic analysis, providing emerging basic, organizing, and global themes to describe the data [18]. Transcripts were read and reread to gain an overall perspective then this step by step approach used. Firstly, a coding framework was developed to reduce the text to meaningful and manageable parts, then basic themes that emerged from the text were identified; these formed the ‘lowest order’ of ideas emerging from the text [18]. These basic themes, which on their own provide very little information about the data as a whole were then summarised into more abstract groups, called ‘organizing themes’ [18] in order to cluster the basic themes together where they related to similar issues. Finally the organizing themes were summarised as overriding metaphors, or global themes to enable us to make sense of the clusters of lower order themes [18]. Thus the global themes are a summary of the main themes, as well as our interpretation of the data from this analysis. Data analysis proceeded with extensive re-readings of hard copies of the transcripts to ensure the texts were fully explored to guarantee emergence of new basic themes. The initial thematic network was derived by SR and JR. Cross-checking of analysis was undertaken with two other members of the research team (DF, JY). Preliminary themes were presented to the whole team with the transcripts for further discussion and agreement.”

3. Another statement that caught my eye was that the observer registered body language – was it of any use? If so, how?

We did note body language in our field notes, i.e. the second person at each group took notes. In the field notes the main way that this was noted was around animation
of conversation in relation to the expressed views of others, e.g. in support of views expressed about a topic such as the need for care to be individualized, or the different needs of first-time mothers. This was accounted for in the analysis although not explicitly stated. I have therefore not altered anything in the paper. There were no instances noted where any body language was in opposition to the general views being expressed by the group or an individual.

4. My personal view is that a text like this will be better without question marks in the headings.

The first two headings in the results section (where this applies) have been altered. The first was “Who participated?” and has been changed to “Participants”. The second was “What did participants say?” and as been changed to “Emerging themes”.

5. In the description of who participated it says that a number of strategies were used to recruit fathers – what were the strategies? I’m curious.

An addition has been made to the sentence to describe some strategies (2nd paragraph of results, 3rd sentence). The sentence now reads: “Similarly, only two partners were included in our study, despite strategies such as fliers, letters of invitation, and offering groups at different times and locations.”

6. The themes described seem relevant and the issues raised mirror the international literature on postnatal care and the factors contributing to a negative experience of it. It’s very interesting that women want to have this type of care when they think they have access to staff, which is not the real truth. Being forced out is a theme recognized in studies both with qualitative and quantitative approaches and of course professional support.

I agree and paragraphs four and five in the discussion address some of these issues.

**Reviewer two: Susan Watt**

7. I believe that there is a methodological problem with collecting information from women at different stages in their pregnancies on both expectations and experiences in the same focus group (particularly since there is strong evidence that expectations are set by things like past experience, social class, ongoing professional relationships etc). There is a contamination issue that arises by mixing the group membership.

While it is true that women at different stages of pregnancy as well as women at different stages in the postnatal period will have different expectations and experiences, particularly if comparing women having their first and subsequent babies, we do not consider this to be an issue in this study. If anything, having diversity of participants could help promote discussion in focus groups in this area. The aim of our work was to “explore women’s expectations and/or experiences of postnatal care in the early postnatal period, in hospital and at home”. There was no intention that this should be specifically exploring the experiences of only one group of women, e.g. only primiparous, low income women having their first baby. Our aim was to explore a range of views, and consider that this was achieved – with the exception of the limitations to our sampling, which is described in the paper.
8. The questions later appear to have been more about the gap between expectations and experiences than about either independently. These issues should be clearer in the article.

I am not sure which questions the reviewer is referring to; however we did not seek to explore the gap between expectations and experiences. We sought to explore the expectations of women who were currently pregnant, and the experiences of those women who had already had their baby (or babies) and who had thus already experienced postnatal care. To increase clarity about this the fourth sentence in the section in the methods called ‘data collection and analysis’ has been amended to include the words inside the brackets below:

In this half of the discussion the aim was to explore participants’ experiences (for women who had already had their baby), or expectations (for those women who were pregnant), of postnatal care in hospital.

9. Given a reasonable literature in the field, I was a bit surprised at the exploratory nature of the study. The literature from Sweden, Canada, and the US provides quite adequate documentation of the expectations of women about childbirth, the antenatal period, and about postpartum care. For example, 1st time moms are well known to experience more/higher levels of anxiety about breastfeeding and infant care than women with more than one child. Is there some argument that women in Australia would have had different expectations or experiences therefore creating the need for a more exploratory approach?

While there has been work undertaken on women’s experiences of new motherhood and also on expectations of care, none of this has led to a change in how women rate the care they receive in hospital after having a baby. Postnatal care has been consistently rated more poorly than all other aspects of maternity care, and this has not changed over quite a long period of time. Our longer term aim was to systematically implement and evaluate a new approach to postnatal care in a randomised controlled trial. We hypothesised that an alternative approach may significantly improve: women’s experiences of postnatal care, breastfeeding and maternal confidence; and would not increase rates of depression nor decrease women’s overall health status or health outcomes for babies. We planned to further inform the intervention development by offering women some alternative packages of care to comment on (reported elsewhere), but at the same time exploring their expectations and/or experiences of postnatal care in the early postnatal period, in hospital and at home.

This type of work has not been a focus in the Australian context, where very little is known on women’s views, with the main exceptions being those described in the first paragraph of the background section of the paper. We are not making an argument that women in Australia might have different expectations or experiences; rather, we are attempting to take a comprehensive approach to trying to improve postnatal care for women. Thus, we asked women about their views. What this paper adds is that the women in this study perceived that staying in hospital was the way to ensure their baby was safe and that they could learn the things they needed to care for their baby. We also had some specific focuses that have been less widely explored – particularly
around women’s expectations and experiences of length of hospital postnatal stay, and around what they expected to get from postnatal care.

10. The authors report a highly structured and rigorous qualitative methodology for analysing focus group data. However it is impossible to know whether information relates to first time mothers (the majority of participants) or to the group as a whole. Despite this problem the authors draw conclusions in the discussion (e.g. paragraph 4) that distinguishes primiparous from multiparous moms. This is again where a mixed methods approach would have yielded clearer and more informative results. This issue needs more resolution before publication.

The information in paragraph four of the discussion does not pertain to the women in this study – it is about the women who participated in a state-wide survey of new mothers. The work has been referenced at the end of the paragraph again to ensure that this is clear. However, the views found in this study related to the needs of first time mothers being different to the needs of mothers having subsequent children was held by all the groups, regardless of parity – and this is mentioned at the beginning of paragraph six of the discussion, i.e. “The participants were generally of the view that there should be different care options available for first time mothers compared to women who had already had a baby.”

11. Generally the discussion pushes the results as far as is reasonable and in some instances beyond.

I was not clear if any changes or comments were required here, so have not made any.

12. It would be helpful for the authors to clearly articulate what this research adds to our understanding of this event/period in the lives of mothers, or in relation to the policies about length of postpartum stay, or to clinical practice with this client group.

There are already a number of comments in the paper on these issues, however, we could add more if required. Some points already mentioned e.g.:

In the last paragraph of the discussion it states: “The results of this research suggest that there needs to be adequate antenatal support and preparation, a focus on individuality, and some flexibility built into postnatal care options.

In the conclusion there are the following:

“The women in this study were generally concerned about the safety and wellbeing of their new baby. They expressed a lack of confidence in themselves as new mothers and their ability to care for their baby without professional support. There was a consistent view that the physical presence and availability of professional support helped alleviate these concerns, and this was especially the case for women having a first baby.”

“...women understandably have concerns about any moves to shorten postnatal lengths of hospital stay. It is crucial that women’s concerns and needs be considered when service delivery changes are planned. Hence it is important that any move towards a shorter postnatal length of stay is evaluated, in terms of the physical and
mental health of both mother and baby, and the mother’s satisfaction with the care received. If alternative arrangements for the provision of postnatal care are introduced, evaluation should be undertaken and include an examination of the impact on the health of women and babies, including health outcomes as well as parental anxiety and confidence; the views of women and service providers; and the economic impact on health services and women and their families.”

Reviewer three: Marie Berg

13. [The question is] not enough clear as it is part of a larger project. Needs to be more distinct related exactly to the aim of this sub-study. Abstract and aims as explained at the end of the background should be more congruent.

The end of the background section has been amended to address this issue and now reads as follows:

“To inform the further development of this research program, we aimed to gain a more in-depth understanding of women’s expectations and/or experiences of postnatal care in the early postnatal period, in hospital and at home; and to elicit women’s reactions and views to proposed alternative postnatal care ‘packages’. This paper reports on the findings of the first aspect, i.e. the exploration of women’s expectations and/or experiences of postnatal care.”

The start of the second sentence in the same paragraph has also been amended to increase clarity, and now reads: “In the longer term we aim to…”

14. The description of the method is not enough clear. I need a better definition of what is a basic theme, an organized theme, and a global theme according to the methodology used (reference 18).

See response to item 2 above. I would be happy to add more description if required, but hope this is enough.

15. The authors also use the concept ‘category’ – how does this relate to themes?

This has been deleted and replaced within the revised paragraph describing the analysis.

16. A table is needed giving an example of the analytic process from text/meaning units to basic theme, to global theme, including the categories.

If possible we would prefer not to include a table such as this – it may not add significantly to the paper, and much of the items that would be included are already in the text under the various sub-sections. However, if this is still required then we will provide a table.

17. [The data are sound but] there is an incongruence in that two fathers were included as participants but the way of describing and discussing the results does not
include the fathers, usually the word ‘woman’ is used. This should be clarified, or perhaps the best is to just delete the two fathers in this study.

We would prefer not to delete the two fathers – these men particularly wanted to come along and discuss their views. The views put forward by the men were not different from those by the women – instead they occasionally added another perspective. Where men are quoted (which occurs twice) it is noted in the descriptor following the quote. The text at the start of the second last paragraph of the methods has been amended to make this clearer:

“To maintain participant confidentiality, names of individuals and institutions were not included in transcripts (pseudonyms used as necessary) and in this paper all participants (male and female) are referred to as either women or participants. The exception to this is where male partners are directly quoted – in these instances it is noted in the quote descriptor that it was a partner who had made the comment.”

18. The authors use a footnote and I do not know if this is in accordance with the principal of the journal.

This description could be moved to somewhere else if this is more appropriate – but it does seem important to include it. I could not see on the website any mention of footnotes so have left this is for the moment.

19. Some information in the discussion should be mentioned in the method, see paragraph 8 in discussion, about recruitment.

I am not sure exactly which aspects the reviewer means – the paragraph in the discussion is largely an explanation of, and reflection on, what happened in practice, that is, a discussion of the limitations. This seems to be an appropriate place for this. The start of the methods has been amended to mention that there were two hospitals where recruitment took place, as this was not previously clear.

20. The abstract is not clear enough. Could be more distinct. For example describe the time after postpartum by describing that the xx participants were interviewed xx-12 months after childbirth with a mean of xxxx. This should also be clarified under method/or beginning of results.

It is not possible to be more specific in the details requested above. We did not ask women to complete demographic questionnaires, thus do not have detailed knowledge as requested. Our aim was to obtain a range of views of pregnant and postpartum women. We were not conducting a study where we hypothesised that women might have different views at different time points. We were interested in variety. With new mothers groups we needed to be somewhat opportunistic – we had to fit in with the scheduled groups that were in place – and with what suited the maternal and child nurses who helped with recruitment.

21. [In the abstract in the sentence commencement] “Groups were audio-taped…” the word group does not fit, should be interviews or discussions.

This has been changed to “discussions”. 
22. [Re results]: Incongruence with the unclear description of what is the different levels of themes, and which are these, the results are unclearly described. There are several reasons for this conclusion. For example the global themes are mentioned in different ways in text and in title; in text as anxiety/fear, and as title ‘women’s anxiety and fear around caring for a new baby’. I prefer the last one, note here that the men are not included.

The way the first global theme is written has been amended to be more consistent as well as less gender biased. It is now written wherever it occurs as “anxiety and/or fear”.

23. It is not clear what is a (sic) organized theme, what is a basic theme. I want a table in results giving an overview of themes on different levels.

See response to items 2 and 16 above.

24. The title ‘first time mothers compared with those who had experience’. What is this? It has the same title level as the global themes however it is not mentioned as a global theme.

Within the theme of ‘transition to motherhood and parenting’ there were the cultural concepts about motherhood and parenting, and within both global themes there was a strong sense that the needs of first time mothers were different to the needs of women who had already experienced motherhood. Thus we added a section on this issue as it was very relevant to the global themes, and is mentioned as such at the start of the section on ‘transition to motherhood and parenting’. The heading could be demoted to a lower level if this is considered necessary but this has not been done at this stage, however a new phrase has been added at the start of the paragraph to ensure that is it clear this issue relates to both global themes (this may have not been clear previously). The paragraph now starts off:

“A recurrent theme related to transition to motherhood and parenting as well as to anxiety and/or fear around caring for a new baby…”

**Reviewer four: Edwin van Teijlingen**

25. Remove first sentence in main body of paper which is neither helpful nor relevant. The paper could start with low levels of satisfaction with hospital stay.

The first sentence has been removed as suggested.

26. The last sentence of the first paragraph refers to higher levels of satisfaction reported by women who stay longer. That statement needs a proviso. As I assume women stay longer if the severity of their problem is greater. I.e. they stay longer in hospital because they are ill/ recovering. Because they are ill the hospital does more for them so they feel more satisfied with the care they receive (as they needed more care/ or a different kind of care). So comparing women with different lengths of stay is not necessarily comparing like with like!
The suggestion regarding length of stay being generally related to being in more need of care does not apply in the Australian health care system in terms of postnatal care (except in case where women were really unwell, which is rare). A further description of the main reasons for variations in length of stay is given in paragraph three of the background.

27. The explanation as to how Vic (sic) public hospitals work needs a little more detail for the international reader. For a UK reader it is a little odd that hospitals have to provide PNC (sic) at home; that is a task for community midwifery, which as an organisation might or might not be based in a hospital.

Some changes have been made to incorporate this suggestion. Two sentences have been added at the start of paragraph five:

“In the public system in Victoria, after women are discharged home following their postnatal hospital stay, most receive some routine domiciliary midwifery care. This is not routinely provided for women choosing private maternity care.”

A further sentence has been added to the footnote describing the Maternal and Child Health Nurse system that says:

“There is no other extended postnatal care in Victoria such as that provided by the community midwifery model in the UK.”

28. Last paragraph of page 3 needs rephrasing. It is odd to have the notion of hypothesis in the same paragraph as conducting an exploratory study. The latter qualitative research is because you don’t know what to expect.

Please see response to item 13 above. The paragraph has been reworded and hopefully adequately addresses the above concern.

29. Interestingly, the authors do not mention the Dutch system of maternity care assistants who support women at home for up to eight days after a hospital or homebirth. As the UK system is reasonably well referenced it might be useful for an international readership to refer to the Dutch system, or at least point out why they don’t refer to it.

Thanks for that suggestion. Two sentences have been added that raise this system, at the end of paragraph five in the discussion. The last three sentences now read:

“These findings suggest that for many women, being in hospital for the days following the birth is perceived to be the only safe option for their baby. It may be that women experiencing a different system of care such as that in the Netherlands, where there is a system of maternity care assistants who support women for up to eight days might not feel the same way [Teijlingen van, 2000 #227]; they may feel more confident to go home sooner after the birth. No such system exists in Australia currently, and to implement a major change such as this, even in an evaluative framework, would require a change in how funding was provided.”

30. It is not always clear to me whether the authors talk about postnatal care in hospital only, or about postnatal care offered by the hospital, i.e. in hospital and in
the community after discharge. This needs to be made clearer as it has implications for the conclusions.

In the section in the methods called data collection and analysis it is stated that (in this half of the discussion) “the aim was to explore participants’ experiences (for women who had already had their baby), or expectations (for those women who were pregnant), of postnatal care in hospital and in the first few days at home”. This is therefore made explicit up front. Throughout the findings women talk about both issues – they are related – e.g. even in the discussion about where should postnatal care take place, both hospital and home are included by definition. In terms of the last sentence of the reviewers comment above (re the implications for the conclusions) I am not sure that this is the case – even in the last paragraph the issue of alternative ways of providing postnatal care is raised. We therefore would prefer not to amend any aspects of the paper related to this.

31. The authors made an interesting and convincing point at the bottom of page 2 about ‘Many mothers of women giving birth today experienced postnatal care in the 1970s and 1980s, when a postnatal hospital stay of up to 10 days was normal’. However it is not coming out in the themes. Did the authors ask women about expectations of their mother (and mother-in-law)? Did the women feel their mothers had an ideal of PNC (postnatal care) in mind that was outdated? Or is this sentence simply a red herring?

This sentence was included in the background as part of the context about length of postnatal hospital stay and what influences might be present. The sentence is not intended as a red herring, nor were women asked about their mothers’ views.

32. Methods need a short explanation why focus groups were the most appropriate method. Their strengths and weaknesses etc.

This has been added. The start of the methods now reads:

“This sentence was included in the background as part of the context about length of postnatal hospital stay and what influences might be present. The sentence is not intended as a red herring, nor were women asked about their mothers’ views.

33. The authors don’t say anything about having used the interview method for the four individual face-to-face interviews. This needs clarification. The sentence about this in the first paragraph of the results should probably be added and expanded upon in the methods. The authors claim that ‘interviews took place on a few occasions where only one participant attended for a focus group or a participant was unable to attend their nominated session but requested inclusion in the study; in these cases the focus group guide was followed for the interview’ (page 5). This is all very well and probably works reasonably well, but the interviewer came prepared with two additional research team members to a focus group, there are three interviewers and one interviewee in the room, who might feel rather uncomfortable. Also focus groups have as their key strength that group members trigger off ideas in each other and
Deliberate about issues, something which obviously can’t happen in individual interviews. Hence changing the nature of the data.

In the methods we describe what we aimed to do and how we planned to conduct the study. It was our intention that all data collection was by focus group in the same way that it was our intention to have more men included. This was not how things worked out in reality, and we have made this transparent. It would be preferable that we do not add anything on this in the methods – it is covered in the findings. None of the ‘interviews’ had three research team members present; and there were no signs that any of the participants felt uncomfortable. All freely agreed to participate – there was no pressure. It is true that we may not have gained as much data from the individual interviews, and that there was no chance of discussion or debate, but data obtained from these did not differ from that obtained in the focus groups – the emerging themes were the same.

34. There is a cryptic comment on page 3 about an additional regional location, that was considering restructuring postnatal care services, was included on request. Whose request was that, was there pressure put on the research team to add this site? Does qualitative research not start from a different way of sampling, e.g. purposive, theoretical, etc?

There was no pressure put on the research team – we were pleased to include another site as it enhanced our ability to explore potential differences in another regional location. Our initial sampling strategy was purposive, and our view was that this opportunity enhanced our strategy. Additionally, it is preferable and certainly more efficient to work with providers who want to be part of a study, and who facilitate its implementation.

35. I was expecting a comment somewhere that hospitals are expensive hotels and that managers/planners want women out of their hospital ASAP (sic), unless they are private patients and they (or their insurance company) pay by day.

No we did not comment in this way.

36. The discussion needs a little more discussion of the medicalisation of childbirth. The authors hit at it occasionally, but it seems a sub-theme which is partly hidden in the two key themes identified by the authors. For example, the quote of page 6: “I am six months pregnant and have heard a rumour that hospital stays will be two nights only [soon]. Being a first time mother I find this a little overwhelming. I feel anxious and slightly nervous that I won’t feel confident with what I have to do. I believe all the books in the world can’t prepare to the help, advice and support from midwives and staff in the hospital. Please keep it three nights for first time mums!!! Please!” It is a great example of the medicalisation of childbirth that we have managed women to think they can’t do it, that they need PNC in hospital and that three days is much better than two. The authors miss quite a few opportunities to take this analysis a little bit further.

The conclusion brings up the concept of the medicalisation of childbirth as it was written previously, so has not been changed. Three new sentences have been added to the third paragraph of the discussion after the initial sentence (shown below). I am not
sure that there is otherwise enough data to further expand on this discussion, and this issue is possibly more complex than just the medicalisation of childbirth.

“It may be that views such as these are a consequence of the medicalisation of childbirth; that many women believe they need health care professionals around them in order to allay their anxieties or fears during their transition to motherhood and parenting. On the other hand it may be more a reflection of the fact that in most developed countries many women have very little contact with babies prior to becoming a parent; the opportunities to learn from others is limited. Further, many women lack support when they return home with their new baby.”

37. In the conclusion the authors make a comment to the medical model in Australia without having really discussed this concept in the discussion. There is a wealth of literature on the medical/social model to which the authors could have linked their observations/analysis, see for example [four references given].

I am not sure that it is necessary to add more into the discussion on this topic. What is presented in the conclusion is some suggestions as to why our findings might be as they are. The start of that paragraph is “It seems likely that there are a number of societal factors contributing to women’s views of hospital as the safest and most appropriate place to be after giving birth.” Examples are given. This does not seem inappropriate.

38. Using the same quote as above [see item 36], one could ask whether this refers to the idea that patients can’t see past the status quo, i.e. they want to kind of care they are used to receiving. There is quite a bit of literature on this, e.g. [four examples given].

This is a good point, and was alluded to, but possibly not explicitly enough. This idea has been added to a sentence in paragraph seven of the discussion, following the words “Women who had given birth to only one baby did not want to consider experiencing different postnatal care to what they had received…”. The sentence now reads:

“Women who had given birth to only one baby did not want to consider experiencing different postnatal care to what they had received”, which may be related to the concept of ‘what is must be best…’”

39. I expected a little more discussion about women wanting hospital PNC because it meant someone was there 24/7 (sic) and the kind of comments made by some that when it was actually needed they could not get it (when they needed it).

Paragraph six of the discussion does address this issue. It is not possible with the length constraints of the paper to address every issue in detail.

40. The discussion is very poorly referenced. There is a wealth of literature related to the various themes and sub-themes that can be referenced.
We consider that in the discussion we have pointed out the major findings in the study and have related them to some of the vast literature that exists. As mentioned above, it is not possible with the length constraints of the paper to address every issue in detail.