Reviewer's report

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

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Reviewer: Edwin van Teijlingen

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

Please make your review as constructive and detailed as possible in your comments so that authors have the opportunity to overcome any serious deficiencies that you find and please also divide your comments into the following categories:

â¢ Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

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â¢ Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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 stayâ…

The last sentence of the first paragraph refers to higher levels of satisfaction reported by women who stayed 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 received ( 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 explanation as to how Vic 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 at home, that is a task for a community-midwifery, which as an organisation might or might not be based in a hospital.

Last paragraph of page 3 of Background needs rephrasing. It is odd to have the notion of hypothesis in the same paragraph as conducting an explorative study. The latter qualitative research is required because you donâ##t know what to expect.

â¢ Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)
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 home birth. 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. Some useful references might be:


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.

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. Hence, they may be suggesting to their daughters that a long stay is ideal, and that shortening the length of stay is related…” However, this is not coming out in the themes. Did the authors ask women about the 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 the sentence simply a red herring?

Methods

Needs a short explanation why focus groups were the most appropriate method. Their strengths and weaknesses, etc.

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 researchers and one interviewee in the room, who might feel rather uncomfortable. Also focus groups have as 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!
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.?

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

The discussion needs a little more discussion on 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 compare to the help, advice and support from midwives and staff in the hospital. Please keep it three nights for first time mums!!! Please! (primiparous, metropolitan, public, antenatal)

It is 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 the analysis a little bit further.

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:

- Teijlingen van, E. (2005) A critical analysis of the medical model as used in the study of pregnancy and childbirth, Sociological Research Online, 10 (2) Web address: http://www.socresonline.org.uk/10/2/teijlingen.html
Using the same quote as above, one could ask whether this refers to the idea that patients can’t see passed the status quo, i.e. they want the kind of care they are used to receiving. There is quite a bit of literature on this, e.g.


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

More general the Discussion is very poorly referenced. There is a wealth of literature related to the various themes and sub-themes that can referenced.

**What next?**: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest**: An article whose findings are important to those with closely related research interests

**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’