Reviewer's report

Title: Postnatal quality of life in women after normal vaginal delivery and caesarean section

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Reviewer: Marie Hatem

Reviewer's report:

(1) General comments
The authors address a very important issue in the maternity care: the impact of Caesarean section on women's postnatal quality of life. In fact, there is an epidemic even more a pandemic of planned Caesarean sections as if the women are no longer able to deliver naturally. Addressing the question is a very good choice to contribute to the development of knowledge of the decision makers in the field, at the different levels of the health system, starting from the stakeholders, the health institution administrators, the physicians and of course the women and their families.

The authors designed a prospective study and considered a sample of 100 women who delivered normally (50) or by caesarean (50). They measured the quality of life of these women at two points in time (time 1: 6 to 8 weeks after delivery; time 2: 12 to 14 weeks after delivery). Data were analyzed to compare quality of life in the two study groups.

(2) Specific comments
2.1. Is the question posed by the authors well defined?
The question is well defined: the authors sought to measure the health-related quality of life of women after normal delivery and caesarean section.

2.2. Are the methods appropriate and well described?
The methods are appropriate: the authors constituted a sample of 50 women who delivered normally and 50 women who had a caesarean section and questioned them about their health-related quality of life in the postpartum period, using a validated questionnaire. Criteria for inclusion and exclusion have been considered. A trained female nurse collected the data in face-to-face interviews. But the calculation of the sample size is not clear.

2.3. Are the data sound?
The instrument used for the data collection has been already validated. Nevertheless, it assesses the general health-related quality of life and not that related to the postpartum period while the literature announces the existence of instruments that covers such issue. One can wonder why the generic instrument has been chosen.
Regarding the analysis, it would have been interesting to have a comparison of the difference of the means of the two times (X1nd-X2nd) vs (X1cs-X2cs): are these differences significant within the groups and between the groups. In fact, the tables show a higher positive difference in the means for the caesarean section group vs vaginal delivery (role physical 17% vs 7%; vitality 10% vs -2%; role emotional 22% vs 11%; mental health 6% vs -1%; social functioning 8% vs -2%). It would have been important to discuss these issues; one can consider that Caesarean section is better than vaginal delivery on the long run!!

2.4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Globally yes, it seems that the manuscript respects the relevant standards for reporting and data deposition.

My unique comment goes to the references to the Iranian studies on page 6. I think that it is important to mention the year of the references 8 and 9.

2.5. Are the discussion and conclusions well balanced and adequately supported by the data?
Considering the analysis, the discussion is well written. Nevertheless, the conclusion may differ if the authors have to consider the comment in 2.3.

2.6. Are limitations of the work clearly stated?
The discussion covered mostly the sample size and the generalisability. It did not cover the choice of the instrument.

2.7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes.

2.8. Do the title and abstract accurately convey what has been found?
The title is fine.

In the abstract, it is mentioned in the methods that “a sample of women with normal delivery and matched cases with caesarean section… were entered into the study”. If the matching was really done, it is not obvious from the paper: there is no mention of such method in the text of the manuscript.

2.10. Is the writing acceptable?
Globally yes. As I am not perfect in English, it would be preferable if an English speaking person does the assessment.

I can mention a few obvious error:
P. 7. “The aim of the study was to examine whether postnatal health-related quality of life was differed among…” eliminate was, or consider: was different
P. 10. “The primary physical health… of new mothers are also equally important” (use also or equally!)
P. 10. “Although these differences were disappeared in the second
assessment…”

P. 11. “and child related factors (for example the condition of the baby)” maybe specify what you mean by condition.

P. 11. “It is argued postpartum mothers…” please add “argued that”.

P. 11. “This is consistencet with recent findings…”

P. 11. In two three areas, women after caesarean section scored… and vitality and social functioning at second evaluation (Table 2 and Table 3)” (even if it is not too high for social functioning, it is higher!).

P. 12. “A review of the literature showed a small numbers of women would request a caesarean section and these this request is influenced by a range of…”

P. 12. It seems that still there is a need to carry…” (or make some other changes in the phrase…)

P. 13. Indeed in the absence of medical indications, normal vaginal (add delivery) might be better…”

P. 13. AK contributed (please add to) the statistical analysis…”

P. 14. (9) “… hospital in Tehran, Iran).

Level of interest: An article of importance in its field

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.