Author's response to reviews

Title: A case study evaluation of implementation of a care pathway to support normal birth in one English birth centre: anticipated benefits and unintended consequences

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Author's response to reviews: see over
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Dear Editor

Re: MS: 3716260532675858 : A case study evaluation of implementation of a care pathway to support normal birth in one English birth centre: anticipated benefits and unintended consequences

Thank you for the extremely useful feedback on the above manuscript. We are pleased to submit our revised manuscript which has taken account of the reviewer’s concerns. Our point-by-point responses to their feedback are set out below. We hope that our paper will now be considered as acceptable for publication in your journal and we look forward to hearing your response in due course.

Yours faithfully,

Debra Bick
Professor of Evidence Based Midwifery Practice
MS: 3716260532675858 : A case study evaluation of implementation of a care pathway to support normal birth in one English birth centre: anticipated benefits and unintended consequences

Response to reviewer’s comments

Reviewer 1

Background - the background provides a very useful overview of the drivers for the use of pathways and highlights a number of interesting issues which cannot be answered in this one paper but raise important questions for future research.

Thank you

Design - the study appropriately uses a Realistic Evaluation approach. The authors do provide an explanation of the principles of this method. However, the principles underlying Realistic Evaluation are not easy to understand - even on reading the relevant text book. Is it possible to describe this more fully perhaps by signposting the various aspects through the findings or by linking the elements in paragraphs one and two on Page ?? For example paragraph one describes outcomes, mechanisms and contexts - while the context element is easy to follow, the mechanisms and outcomes are a bit lost. What is the "embedded unit" is that the mechanism?

We have included further information on the study design

Setting - The authors do make clear that the reported study is part of a much larger study, but it would be interesting to have a clearer understanding of the way in which this particular birth unit was chosen within the larger study sampling frame. The sample was purposive but within that approach how were possible sites chosen? Did they self select, were they particularly accessible to the research team, were they the only units using pathways?

We have included more information on how the study site was selected

Midwives - it would be interesting to know about the midwives who worked in the birth unit, as this may help understand the relationship between birth unit and labour ward. For example had these midwives come from labour ward or community practice? What training had they had in using the pathway?

Most of the midwives had elected to work on the Birth Centre when it opened and had previously worked for the same NHS Trust on the main delivery suite or were based in the community. When the pathway was introduced, the Lead Midwife for Normal Birth who managed the Birth Centre had taken the midwives through use of the pathway and it was piloted for several weeks. Training as such was focused on practical aspects of documentation rather than training to support normal labour and birth which were viewed as core midwife skills.

Methods - the methods were appropriate and well explained, with the exception of collection of relevant documents and subsequent documentary analysis. The findings of the documentary analysis aren't apparent in the results.

Findings are presented based on analysis of qualitative data from study interviews and observation of women in labour. Evidence from documentary analysis has been used where appropriate to provide context for reported findings and offer other insights into findings.

Findings - a very interesting finding of this study is the problematic relationship which may exist between birth unit and labour ward even within the same hospital, and they way in which introduction of the pathway or different documentation between units exacerbated the problem - this finding is highly relevant to clinical practice. The study highlights a number of very interesting things about the use of pathways in particular the love/hate relationship which birth unit midwives appeared to have with them. 1. they wanted to have the pathways. 2. they reported that although they wanted the
pathway they didn't really need them because they would have been practicing that way anyway. 3 they kept them outside the room, so they had to leave the woman to write in them. 4. they completed the pathways retrospectively - presumably after they had made their clinical decision. Despite this, the pathway was anticipated to improve involvement and engagement with women and to support midwives decision making - how?

*We feel we have addressed this in the Discussion*

Documentation - pathway documentation and the lack of additional record keeping was clearly in important issue - do the research team have a recommendation for practice about this issue, or do they feel that further research is necessary?

*We feel further research is warranted as there are a number of potential implications for women, practice, clinical skill development and research if documentation of labour is minimised. As far as we are aware this has not been addressed as a primary research project.*

I would be interested in the authors reflection on the relative importance of the pathway and the positive clinical leadership of the birth centre manager – which was the mechanism or active ingredient?

*As we highlight, a number of factors were viewed as important to support normal birth and promote midwifery skills. Positive clinical leadership was viewed by some of the midwives as an attribute in this study but it is difficult to assess the extent to which this was the mechanism or active ingredient. The role of leadership has been identified in a number of studies as important to support use of evidence in practice but as far as we are aware this has not been examined in midwifery practice.*

I think that the statement about care pathways attributed to Rycroft-Malone et al (2007) is a bit enigmatic, could the authors explain this a little more? (end of page 26).

*Further explanation has been provided.*

Reviewer 2

Setting (page 7) is confusing. Whilst the section above ‘Design’ speaks of “For the purpose of this study a ‘case’ was defines as the clinical setting (the Birth Centre) and ....”, in Setting, the reader is told “Sites, including the Birth Centre, were purposively samples ....” Reading the rest of the paper it becomes clear that there is only one case and hence one setting. I think this confusion comes from the authors trying to incorporate too much unnecessary information about the wider study. I advise to cut the last two sentences of page 7 and the first on page 8. Rewrite the setting clearly focusing on the case study.

*We have cut the sentences as suggested and have added further information to the description of the study setting.*

Methods section is poorly referenced, having all these references to Realistic Evaluation, there are no references to ‘non-participant observation’ or ‘interviewing’.

*References have now been included.*

The sentence (page 10) “A decision was taken … to be included.” On what basis was this decision made/evidence that this is ‘correct’ decision?

*The basis for this decision has been provided in the text. In terms of this being a 'correct' decision it was very much a pragmatic consideration given practicalities of undertaking research on women in labour.*
The last sentence of data analysis should tell the reader about identifiers in quotes. What does SO2 mean or MO4?

An explanation has been provided.

Ethics section is too detailed. BMC Pregnancy & Childbirth is an electronic journal so word length is not too important, but we need to keep articles interesting for the average reader. Cut out all the text staring from “Once a woman had agreed …..” Until the end of the paragraph. Interesting stuff for an application to the MREC, but not here.

The text has been cut as recommended.

Results:
I don’t like authors presenting a point and then listing three quotes. I have had arguments with fellow qualitative researchers on this matter and don’t always win the argument, but as a rule the quotes illustrate the point made by the author. If the quotes are highlighting (slightly) different points the authors should tell the reader this. Hence I expect at least a few words if not a sentence introducing each quote. If two quotes are making the same point remove one of them!

Some quotes have been deleted where we have considered that they did not add a new insight.

I’m a little worried that many quotes are from SO3, I used a highlight pen on a paper copy to show how many words came from one interviewee. This is not a problem, but needs to be mentioned in the discussion (E.g. was this a particularly insightful interviewee? Or just talkative?)

This was a particularly insightful interviewee and it has been mentioned in the Discussion.

References

In the text don’t mix Harvard and Vancouver style. E.g. Hunter (2007) [23] is very ugly, why is ‘(2007)’ needed in this style of referencing?

Note et al. not et al.

Revised

Ref. 9 on page 34 needs a place of publication.

Revised

Competing interests: did none of the authors work in the Birth Centre?

No

Minor comments  (these have been addressed)

The authors are fond of the word ‘including’ where one could use, for example.

Leave a space before the reference [1], not[3].

Second line page 4 should read “.. on the provision of a ….”

Authors could be more consistent in their use of hyphens, e.g. page 8 has “midwifery-led unit”, but the hyphen is missed out in the expressions “consultant led maternity unit” and “three part document”.

First sentence on page 28 (which starts on page 27) is too long / confusing