Reviewer’s report

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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Reviewer: Helen Cheyne

Reviewer’s report:

Thank you for giving me the opportunity to comment on this paper. The paper is well written and although it reports the findings of a small part of a much larger study it provides timely and important insights into two issues (in particular), which are of interest and relevance to midwives and maternity service providers.

The first issue is the use of pathways in maternity care - the primary purpose of the study. The second issue - which comes across even more strongly in the paper is the troubled relationship between birth unit and co-located labour ward. Many midwives will relate strongly to this issue.

My comments are all in the category of discretionary revisions

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. For example, by what mechanism do pathways stimulate improved engagement with service users?

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 7? 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?

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?

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?

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 - 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?

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?

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?

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).

**Level of interest:** An article of importance in its field

**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