Author's response to reviews

Title: Cesarean and VBAC Rates among Immigrant vs. Native-Born Women - A Retrospective Observational Study from Taiwan

Authors:

Jung-Chung Fu (ufifuh@yahoo.com.tw)
Sudha Xirasagar (sxirasagar@sc.edu)
Jihong Liu (jliu@mailbox.sc.edu)
Janice C Probst (jprobst@sc.edu)

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Author's response to reviews:

Item-wise response to review comments:

Reviewer's report

The authors have made significant improvements to the manuscript and with some editorial changes I think it is acceptable for publication. In general they have eliminated the assumption for which they have no direct data – that maternal request must be driving the differences in rates. They occasionally slip back into that language as noted below and that is where I would urge more caution in avoiding becoming too assertive about inferences concerning maternal attitudes based on analysis of birth certificate records which have no direct attitudinal data and concerning the quality of the data. I'm not asking that they change their findings – just to be more humble about them. In line with that I do have a number of specific suggestions:

Response: We are extremely grateful to Dr Declercq for his very thoughtful and detailed comments to help us improve the manuscript. We really appreciate his time to provide detailed guidance to address several issues, including undue attribution of the findings to cultural preferences. We have attended to every one of them in line with the respective suggestions.

- Page 6 first line of new paragraph – I'm not sure it is accurate to say VBAC is a
little documented issue. They may want to limit their comment to Taiwan. See evidence report referenced below for examples of scores of studies on the topic. The contention that VBAC may reflect cultural preferences may be true in Taiwan, but would be decidedly mistaken in settings (e.g. the US) where provider & hospital preferences largely determine the rates.

Response: We have addressed this important concern in making the modifications. Line 1: We have noted “…. in Taiwan.” We have modified the next statement to indicate that provider preferences are important factors in VBAC, and clarify that differences in VBAC among immigrant vs. native born mothers may partly reflect cultural preferences. Our sentence now reads as follows: “While provider preferences remain important factors in successful VBAC, differences in the rates among immigrant mothers relative to native-born mothers may partly reflect differences in maternal cultural preferences regarding cesarean delivery.” We hope that this statement now addresses the concern.

• Page 6 bottom of 2nd paragraph – rather than use a single study (ref. #40) to report uterine rupture rates I would suggest the authors use the evidence report developed for the March, 2010 NIH meeting on VBAC rates. (Vaginal Birth After Cesarean: New Insights Evidence Reports/ Technology Assessments, No. 191 Investigator Team: Jeanne-Marie Guise, MD, MPH, Karen Eden, PhD, Cathy Emeis, PhD, CNM, Mary Anna Denman, MD, Nicole Marshall, MD, Rongwei (Rochelle) Fu, PhD, Rosalind Janik, BA, Peggy Nygren, MA, Miranda Walker, MA, and Marian McDonagh, PharmD Oregon Evidence-based Practice Center, Oregon Health & Science University, Portland, Oregon Rockville (MD): Agency for Healthcare Research and Quality (US); March 2010. Publication No.: 10-E001.

Response: We have now changed reference #40 to the one suggested above. Correspondingly, the uterine rupture rate is revised to “about 1% or less” rather than the specific range of “0.7% to 0.98%” cited earlier.

• P. 8 – 4th line from bottom – I would add the national VBAC rate (apparently 4.1%) after the number of VBAC births, making clear at some point that the rate is based on women with a prior cesarean.

Response: We have added information on the national VBAC rate in the paragraph describing Table 2 which has this information. Because p. 8 4th line from the bottom does not address this item, we have added this sentence in the paragraph that describes the VBAC rates by ethnicity. We have made it clear now that the rate is based on women with a prior cesarean. The sentence reads:
“The nation-wide VBAC rate was 4.1% (2,294 VBAC births among 55,480 births to women with a previous cesarean).” This sentence appears in p. 9, the last sentence of the paragraph that begins with “Table 2 presents…”

• P. 11 – 2nd line of discussion. I would eliminate the word “strongly” since the authors still don’t have any direct evidence of maternal attitudes. The data support but hardly confirm such a hypothesis without actually hearing from mothers.
Response: We have eliminated the word “strongly.”

• P. 12 1st line – again I would remove the words “strongly” and “major” from the sentence. It may be true but that can’t be asserted from this data.
Response: We have eliminated the words “strongly” and “major.” The sentence now reads: “Collectively, therefore the evidence suggests maternal cultural mindset as a possible factor driving these consistent inter-ethnic differences.”

• P. 12 line 4 – change “accounting the most influential” to “accounting for most of the influential”
Response: We have made the suggested change.

• P. 12 line 7 delete “adjusted” and add “even after adjustment”
Response: We have made the suggested change.

• P. 12 2nd line from bottom – replace “obliterating” with “reducing.”
Standardization of payments or even small VBAC bonuses, won’t eliminate financial incentives for cesareans. The time management benefits of cesareans (predictable schedule rather than awaiting an uncertain length of labor) would offset all but a large bonus payment for VBACs.
Response: We have made the suggested change.

• P. 13 3rd line from top. After “However,” add the following phrase with appropriate reference – “since studies have shown (ref) that Taiwanese obstetricians interact in a similar fashion with all cultural groups,” this is unlikely…
Response: We were unable to locate any reference about Taiwanese physicians’ interactions or delivery preferences across cultural groups. Therefore we have now changed this sentence to read: “However, physicians’ preferences regarding delivery type are unlikely to vary systematically by patient ethnicity, although no documented studies from Taiwan are available on this topic.”

• P. 13 6th line down. Replace “preempts” with “reduces the likelihood of” nonrandom bias. From our work in the states we regularly find cases of individual
hospitals with coding anomalies which are neither random nor that are “preempted” by having a single system. If they have a reference to studies that demonstrate the validity of this data on co-morbidity in Taiwan they should include it here.

Response: We have made the suggested change.

• P. 14 line 4 -- add a reference after “obstetric complications.”
Response: We have now added Ref. # 43 for this statement.

• P. 14 line 5 – add a reference after “selection bias.”
Response: We have now added Ref. # 44 for this statement. (Consequently the subsequent references are renumbered in the text as well as the reference list.)

• P. 14 final sentence on breech rates double international averages – I’d recommend dropping the sentence – it reads like unsubstantiated speculation.
Response: We have deleted the suggested sentence (“However, such under-reporting is likely random across ethnicities.”).

• P. 15 -- 7 lines from bottom – not having parity involves more than grand multiparity leading to cesareans. For example, nullips (at least in the U.S.) have higher rates of primary cesareans than multips. I’d recommend dropping the final sentence on low rates of grand multiparity.
Response: We had earlier deleted references to low rates of grand multiparity. We have now modified the related sentences as follows: “Parity is another important missing variable with grand multiparity being a risk factor for cesarean. Parity differences are possible across ethnicities which may confound our findings.”

• P. 16 2nd line – as noted earlier I’m not sure all reporting errors are random. May be more accurate to say “there’s no reason to expect bias” in these problems.
Response: We have made the suggested change.

I’d also recommend that the authors add a paragraph summarizing any studies that are available on mother/obstetrician relationships in Taiwan. Their assumptions of uniform behavior from OBs to all clients because of payment systems needs to be supported with other research or made less assertive and citing such research would enhance their case.

Response: We are unable to locate any documented study of mother/obstetrician
relationships in Taiwan, generally or by ethnicity. To highlight this lack of information in the literature, we have noted earlier that no documented studies are available (as noted above). In addition we have added a note prior to the Conclusion section that provider–patient relationship differences and the consequent differences in delivery methods remains a possible confounder. We have added just prior to the Conclusion section: “Because our study is based on secondary data analysis, our study is inadequate to specify the factors underlying the observed differences. While culturally conditioned preferences of mothers may be a factor, another likely factor is systematic variation in provider-mother interactions by maternal ethnicity. Currently no documented studies are available on mother-obstetrician relationships in Taiwan.”

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.