Reviewer's report

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

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Reviewer: Eugene R. Declercq

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:

• 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.

• 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.

• 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.

• 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.

• 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.

• P. 12 line 4 – change “accounting the most influential” to “accounting for most of the influential”

• P. 12 line 7 delete “adjusted” and add “even after adjustment”

• 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.

• 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…

• 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.

• P. 14 line 4 -- add a reference after “obstetric complications.”

• P. 14 line 5 – add a reference after “selection bias.”

• P. 14 final sentence on breech rates double international averages – I’d recommend dropping the sentence – it reads like unsubstantiated speculation.

• 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 multipips. I’d recommend dropping the final sentence on low rates of grand multiparity.

• 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.

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.

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.