Reviewer's report

Title: Trends in Prenatal Care Settings: Association with Medical Liability

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Reviewer: Peter Bernstein

Reviewer's report:

This is a well designed study and well written. The topic is quite interesting and provocative.

I do have some comments and queries for the authors:

Major Compulsory Revisions

1. I am concerned that the multivariable logistic regression model could not control for other variables that might have an impact on the conclusions drawn by the authors. For example, there may be temporal trends by region for where obstetricians and maternal-fetal medicine specialists are practicing. In the area where I practice, fatigue by providers in dealing with the business side of practice (e.g. having to battle payors) is driving providers to sell their practices to hospital OB departments and become employees of the department. Then the hospital billing office can battle the insurance companies and the HMOs. My sense is that trend mirrors the trend of more women entering obstetrics and their tendency to not want to work full time. I guess that my larger point is that the authors need to acknowledge that a weakness of their study is that their conclusions must be tempered a bit more since their model could not control for other confounding variables. Providers may be moving their practices into hospital outpatient departments for other reasons that they have not been able to identify in this study. And these trends might be occurring in different ways in different regions of the country.

Minor Compulsory Revisions

2. The authors did explain how the NAMCS and the NHAMCS do their sampling—but I found the explanation a bit cursory and vague and therefore was not entirely convinced by their description that the data collected in those surveys is representative of the country as a whole.

3. I was somewhat concerned whether the sample size ultimately used in the analysis was large enough: about 21,000 patient visits overall and about 5,800 complicated ones. Is this sufficient to draw conclusions about the nation as a whole? Was there any way to be sure that no patient was counted more than once since complicated patients typically have greater numbers of visits?

4. Were these visits only in obstetricians offices? What about family medicine providers’ offices?
5. In my area of the nation (the Northeast)—maternal-fetal medicine specialists tend to be hospital based providers and not in private practice. That might explain why more complicated patients are seen in hospital clinics. Additionally, the trend that more complicated patients are being seen in hospitals may be a sign that these patients are receiving better care now that they are being seen in hospital outpatient departments. Thus, the implication in the manuscript that the shifting of care into outpatient departments is not a good trend—may not be true. It may be a sign of better care being delivered.

Discretionary Revisions
6. The authors speculate on why there was a trend for patient care to move into outpatient departments in regions with high medical liability—but why do they believe that in low risk regions that the trend was out of the hospital outpatient departments and into physicians offices? I would guess that in low risk regions it would remain stable.

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.