Author's response to reviews

Title: Oral healthcare of preschool children in Trinidad: A qualitative study of parents and caregivers

Authors:

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Author's response to reviews: see over
Dear Miss Majithia,

**RE: Oral healthcare of preschool children in Trinidad: A qualitative study of parents and caregivers (Naidu, Nunn, Forde). MS26812687291462**

We have submitted a revised version of the above-mentioned manuscript which includes changes based on the reviewers comments.

The specific responses to the reviewers comments are listed below, point-by-point (5 pages), giving page / paragraph / line numbers where changes have been made. For ease of reading these changes are also highlighted in the text of the revised manuscript by use of underlining, which we hope is acceptable.

We are very grateful for the advice and suggestions made by both reviewers and have attempted to address all their comments. We believe the revised manuscript is now stronger and more clearly reports the findings of this study.

Sincerely,

**Rahul Naidu**

*(Corresponding author)*

**RESPONSE TO REVIEWERS COMMENTS:**

**REVIEWER 1**

- It would be a valuable contribution if the authors (perhaps in their discussion) could be more explicit and offer other specific recommendations based on the information in the focus groups, that could alleviate the major issues noted (Knowledge, practices and access).

Response:

We have addressed this point in the last section of the discussion, now subtitled ‘Recommendations’ where in addition to increasing availability of care via Dental Nurses/Therapists we propose several other dental public health strategies *(page 23, paragraph 3&4).*

(These include school/preschool-based dental health education and oral health promotion using counselling type interventions such as Anticipatory Guidance and Motivational Interviewing, to address issues highlighted in the focus groups).
REVIEWER 2

Abstract

- The authors could consider adding some mention of parents’ own negative dental experience into the research results section of the abstract.

Response:
This has now been included in the Abstract (Results - line 4-6).

Background

- Generally Severe early childhood caries (S-ECC) is a sub-class of ECC that is associated with negative health outcomes and is a more rampant subtype.

Response:
This information is now included in the Background section (page 3 paragraph 1, line 5-9).

- Based on the literature cited in the introduction it would be worthwhile for the authors to reorganise the aim and purpose of the study.

Response:
Specific reference to the issue of ECC has been included in the Aims / Objectives of the study (page 5, paragraph 4, line 5-7, and Objective 3, page 6).

Objectives

- Some objectives could be combined to refocus the manuscript.

Response:
The stated objectives of the study have now been reduced from four to three by combing some of the original. (page 5 and 6).

Method

- What was the approximate number desired to participate in the focus groups?

Response:
The ideal and minimum of participants for the focus groups has now been stated on (page 6, paragraph 4, line 6).
Method (cont)

- Were all the topic questions eventually asked in each of the three focus groups and is there a need to comment on this in the ‘limitations’ section of the manuscript?

Response:
This issue is now discussed in the ‘Limitation of the study’ (page 24 paragraph, 3, line 1 - 3).

- How did the team modify the focus group questions to be culturally appropriate?

Response:
This issue is now mentioned in the ‘Method’ (page 7, paragraph 3, line 6-8).

- Is there any chance that the sequence of questions might have influenced the discussion?

Response
This issue is now discussed in ‘Limitations of the study’ (page 24, paragraph 3, line 4-7).

- Were any questions in the guide follow-up questions to the preceding question?

Response:
No, the topic guide was not sequenced such that some questions would be follow-up questions. This enabled changing of the sequence when required.

- Was there a follow-up question about when to take your child to the dentist for the first time?

Response:
Not really, the specific recommendation of dental attendance by 12 months was not discussed in detail as part of the topic guide.
Results

- Was any data captured on number of children in the immediate family and how many were single mothers?

Response:
This data was not formally collected and hence not reported in the results. However some impressions were gained on the matter and this is now mentioned in the ‘Discussion’ (page 18, paragraph 1, line 2-4).

- The section on ‘dental health advice from other health professionals’ could possibly be removed without negatively affecting the manuscript?

Response:
That section has been removed from the results.

Discussion

- Some re-sequencing of paragraphs may improve the flow of the discussion with emphasis on key themes. For instance the second paragraph on page 19 could come earlier.

Response:
This paragraph which refers to dental care experiences, has been moved to earlier in the discussion (page 19, paragraph 2 & 3, lines 1-17).

- It may be useful to provide a very short overview of key outcomes from the results section.

Response:
An overview of the key findings has been included at the beginning of the discussion (page 18, paragraph 2 – Bullet points).

- There were instance the authors start paragraphs with references to other studies and then later in that paragraph relate that to their own findings...Perhaps consider revising to first start the paragraphs with the original data from this study then draw comparison with the published literature.

Response:
We have now restructuring several paragraphs in the discussion to make it clearer to the reader, what are the findings of this present study before making comparison to the literature:

  page 19, paragraph 2&3,
  page 20, paragraph 1 & 3
  page 21, paragraph 2 & 4
  page 22, paragraph 2 & 3
Discussion (cont)

- How do the findings directly change the way health information is provided to parents and how do they see this changing the way oral health care for preschool children is delivered.

Response:
This is now addressed in the last section of the discussion, subheading ‘Recommendations’ (page 23, paragraph 3 & 4, line 1-12).

- Have they shared the findings with key stakeholders such as the dental profession in Trinidad?

Response:
We now discuss this as one of the recommendations in relation to designing appropriate oral health promotion interventions (page 24, paragraph 1, line 1-5).

- Some of the literature on the impact of ECC on childhood health and well-being is a bit old.

Response:
References 3, 4, and 6 have now been replaced with more recent studies that have similar findings.