Reviewer’s report

Title: The Confidence and Trust in Delivery Questionnaire (CTDQ): A pilot validation study.

Version: 1 Date: 9 December 2010

Reviewer: Albrecht Jahn

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This study with its aim of developing an instrument for the assessment of maternal perceptions and confidence in child birth addresses a very important issue. However, the study is a pilot indeed and thus cannot provide a proper validation of the instrument contrary to the statement in the abstract (“Our data suggest that the CTDQ is a short, reliable and valid instrument to assess confidence and trust in delivery”).

Major Compulsory Revisions:

1. the authors rightly classify there study as a pilot study; as such I cannot validate the instrument; the conclusions should be adjusted to this situation

2. Methodology - Selection bias and representativeness of study population:
The authors acknowledge the observation, that their study population is not representative because of the high proportion of women with higher education. Beyond that women were recruited in the maternity ward in a hospital, while antenatal care in Germany is generally not provided by hospitals. Thus, these women had a special reason, to attend a hospital in pregnancy, most probably because of a complication. In addition, the hospital’s focus on integrative medicine may have attracted a very selected clientele. There is an issue whether a question like “When I think of labor and its pain I tend to eagerly anticipate it” (what was the wording in German?) would work with all groups of pregnant women. It is advised to attach the original questions as an accompanying file.

3. Methodology – the rationale for using the Visual analogue scale for external validation is not obvious and needs justification or omission

4. Results – data from SOC
these data figure only in table one (under a misleading heading) with an overall mean of 151,5. Not all readers will be familiar with the SOC and the way it is analysed. It is recommended that the data are presented in more detail and that the process of calculating correlation coefficients per subcategory is explained. Which values were compared?

5. Results – table 1
The heading talks of demographic and socio-medical information. The table
should stick to this heading and provide background variables, including major risk factors and hospitalisation in pregnancy. The results of the SOC (and VAS if deemed important) should be presented in a separate table, comparable to table 2.

6. Results - table 3
Firstly there are some inconsistencies: How can the total with trust in medical competence by + 0.308 while all subcategories are negative? It is also surprising to see a negative correlation between CTDQ Trust in medical competence and SOC manageability. The direction of the correlation is impossible to judge, because it is not shown if the direction in the seven level scale (from 1 to seven) of the respective questions was the same or opposite. The figures have * or ** without an explanation of the meaning.

Minor Essentiel Revisions:
The issue of epidural anaesthesia (EA) is mentioned in the methodology but not taken up later
There use of acronyms need to be restricted in order to improve readability.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
I declare that I have no competing interests