Author’s response to reviews

Title: Quality of life, coping strategies and support needs of women seeking Traditional Chinese Medicine for infertility in Australia: a mixed methods approach

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Author’s response to reviews: see over
Dear editors,

Thank you for the opportunity to revise our manuscript. We have made the following amendments in response to reviewers’ comments (highlighted in yellow in the revised submission):

1) Title and study design:
As suggested by all reviewers we have changed the title to:
“Quality of life, coping strategies and support needs of women seeking Traditional Chinese Medicine for infertility in Australia: a mixed methods approach”
We believe that the amended title more accurately reflects the study design and research question. As outlined by reviewer 1, the study involved women who sought TCM therapy for infertility and explored the quality of life, coping strategies and support needs at the time of TCM therapy.

The study design and research question are also summarised in the last paragraph of the introduction:
“In this paper, we expand on our previously reported findings describing women’s experience of infertility and TCM treatment and outcomes, and explore specifically the quality of life, coping strategies and emotional and instrumental support needs of women with infertility seeking TCM therapy.”

For further clarification, we added more detail in the methods section:
Participants: “A purposive sample of 25 women with infertility who had consulted TCM practitioners for 1-6 months participated in the study.”

Questionnaires: “….. One questionnaire assessed the quality of life and the second questionnaire assessed women’s coping strategies at the time of TCM therapy. Women reflecting on their experience were given the questionnaires in the past tense, and women undergoing TCM therapy at the time of the interview were given the questionnaires in the present tense.”

2) Definition of infertility (Reviewers 1 and 3):
As Reviewer 3 suggests we have added the reference by Larsen 2005 for clarity in the introduction and methods sections.
We have used the broader definition of infertility, including the inability to achieve a live birth for recruitment in our study. This definition is also in line with the ‘condition of infertility’ in Traditional Chinese Medicine. Different pathophysiology in Western Medicine such as clinical infertility, recurrent miscarriages or stillbirth, may be caused by similar underlying imbalances or TCM pattern, and would be treated according to the underlying TCM pattern diagnosis.
To better reflect TCM diagnostic methods and treatment principles, we have added the following section in the introduction:
“Traditional Chinese Medicine treatment encompasses herbal medicines, acupuncture and lifestyle counselling based on the individual’s underlying TCM pattern diagnosis using tools such as pulse, tongue, general physical and emotional wellbeing, and menstrual history [15, 16]. In TCM, different conditions, such as idiopathic infertility, polycystic ovaries, recurrent
miscarriage or unexplained stillbirth, may have similar underlying imbalances or TCM pattern (e.g. Kidney Yin Deficiency Heat), and treatment would therefore be approached with similar therapies [15, 16].”

3) Questionnaire analysis (Reviewer 1 and 3):
For better clarity, we have deleted the statistical comparisons of questionnaire responses:
Quality of Life questionnaire (Table 2): Our study vs Gebert 04 study (women with infertility in Germany); and COPE questionnaire (Table 3): Our study vs Carver 85 study (college students without infertility)
The amended Table 2 summarises the responses in regards to quality of life of all participants and the subgroups of women in our study.
The amended Table 3 summarises the coping strategies of all participants in our study and compares responses to a study of women with similar characteristics, to facilitate interpretation of responses of our group of women in the wider context. Validity of statistics and comparability are assured and are described in the methods section:
“Scores of our group of women were normally distributed and comparable between the subgroups. Using the t-test we compared scores of our group of women (n=25) to a group of women with infertility in the UK who underwent ART treatment (n=43) with similar characteristics to our group including age (mean (SD) = 33.2 (4.4) years), years of infertility (mean (SD) = 5.0 (4.1) years), and infertility history (e.g. unexplained infertility of 41%) [30].”

4) Ethnicity of study population (Reviewer 1):
Most women in our study were Caucasians and two (8%) were Latin Americans. None of the women in our study were of Asian/ Chinese background.
The information on ethnicity has been added in Table 1.

5) ART treatment costs (Reviewer 3):
Two references have been added to clarify the cost breakdown.
“....in 2009, the Australian Government spent approximately A$250 million for ART services [3, 5, 6] ...”
Please note that the ‘Australian Government’ constitutes the national government body.
The report by Fraser et al. includes an in-depth cost breakdown of ART services in Australia until 2005, and estimates cost increases in the coming years. In combination with Wang et al. reporting on the ART services actually undertaken in 2009, one can estimate the national Australian Government expenditure on ART services in Australia in 2009.

6) Referencing of systematic reviews of TCM versus WM management of infertility (Reviewer 3):
‘Western medical drug therapy’ has been added in the corresponding sentence:
“Recent systematic reviews of TCM herbal therapy for female infertility revealed a 2 to 3.5-fold higher likelihood of pregnancy within a 4-month treatment period compared with Western Medical drug therapy or IVF [17, 18].”
Ref 17 and 18 report on meta-analyses of RCTs comparing TCM and WM drug treatment, and ref 17 also includes a meta-analysis of cohort studies using TCM treatment, which is compared to a cohort of women undergoing IVF treatment.

7) Reviewer 3: The referencing style on page 9 in the result section has been corrected: “In addition, women learned that diet can play a pivotal role in influencing fertility, in accordance with the literature [15, 31].”

8) Reviewer 3: Abbreviations on page 10 in the result section have been spelled out: “....through the hospital and local and national support programs, including ‘SIDS (Sudden Infant Death Syndrome)and Kids’, SANDS (Stillbirth And Neonatal Death Society) and the Teddy Love Club [32-34].”