Author's response to reviews

Title: Quality of life, coping strategies and support needs of women seeking Traditional Chinese Medicine for infertility and viable pregnancy 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 would like to acknowledge that Reviewer 1 found the previously revised manuscript (MS: 7217939887579339. R1) acceptable as is, and did not request any further amendments.

We have made the following further amendments in response to reviewers’ 2 and 3 comments (highlighted in yellow in this revised submission):

**Reviewer 2:** We have added more detailed information and amended the section in the discussion on fertility networks in Australia, including ACCESS, as follows:

“While online information and discussion forums exist in Australia and were used by women in our study, existing local support groups may be less accessible and relevant for some women. The ACCESS Network in Australia, for example, provides information closely linked to fertility clinics, and contact details to groups limited to specific needs, e.g. single women, donor eggs [5]. Professional support may be limited at some locations, for example, ACCESS lists one fertility support counsellor in South Australia and one in the Australian Capital Territory compared to about 15 in Queensland or Victoria. The ISIS Fertility network links to a few specialised support groups, including Monash IVF, endometriosis, donor sperm groups. The ISIS Fertility network also refers to online support groups run by commercial organisations (for example: www.essentialbaby.com.au, www.bubhub.com.au, www.bellybelly.com.au), but to date does not list local support groups in all states [42].”

**Reviewer 3, comments 1 and 2:**
We have added the reference including the definition of clinical infertility by ICMART and the WHO, and have amended the title, introduction and methods for clarification of inclusion criteria in our study. Thematic saturation was reached in the all subgroups.

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

**Background/Introduction:** “Infertility, defined clinically as the failure to conceive after one year of unprotected intercourse or demographically as the inability to achieve a live birth [1-3], affects a large number of couples in Western societies.”

**Methods:** “A purposive sample of 25 women with infertility or difficulty of viable pregnancy participated.”

**Reviewer 3, comment 3:**
Please note that the two references by Ried & Stuart (2011) and See et al. (2011) contained meta-analyses of randomised controlled trials on the effect of TCM herbal therapy compared with Western drug therapy for female infertility. In addition, the reference by Ried & Stuart (2011) also contained a meta-analysis of cohort studies using TCM herbal therapy for infertility.

To clarify the findings described in the references, we have amended the section in the introduction as follows:

“Recent meta-analyses of randomised controlled trials 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 [18, 19]. In addition, a meta-analysis of cohort studies involving more than 600 women suggested a mean clinical pregnancy rate of 50% using Chinese herbal medicine [18].”
Reviewer 3, comment 4:
Women were eligible to be included in the study if they had consulted a TCM practitioner for 1-6 months at the time of the interview. Participating women may have received treatment for a longer time period, but this was not an inclusion criteria or a primary outcome measure in the study. In this qualitative study we explored women’s experience of TCM treatment and support needs for fertility management.

To clarify we have amended the section in the methods as follows:
“Women had consulted a TCM practitioner for 1-6 months at the time of the interview.”

Reviewer 3, comment 5:
We have deleted the statistical comparison of the COPE questionnaire responses of our group of women to a group of women in the UK. Our findings are compared to the literature in the discussion.

“However, our study sample was highly motivated, given that they were actively seeking alternative support for their ‘problem’. They were less accepting of infertility as incurable, while applying similar coping strategies to a comparable group of women who underwent conventional treatment for infertility and who had similar characteristics including age, years of infertility, and infertility history [37].”