Reviewer's report

**Title**: Quality of life, coping strategies and support in infertility: Women’s needs and experiences with Traditional Chinese Medicine in Australia: a mixed methods approach

**Version**: 1  **Date**: 10 December 2012

**Reviewer**: Malika Patel

**Reviewer’s report:**

*Major Compulsory Revisions:*

1. The title leads suggests that Traditional Chinese Medicine (TCM) makes an impact on quality of life (QoL), coping strategies and needs of women with infertility. The paper only answers the impact of TCM on TCM led professional support groups. It fails to answer how TCM affects QoL or coping strategies. The article elaborates on how infertility affects QoL.

2. The definition of infertility used in the introduction is not referenced. This is not the clinical definition of infertility but that used by Larsen in 2005 (Larsen U. Research on infertility: which definition should we use? Fertil Steril. 2000; 83: 846-852). This article is not referenced. Further in the text (page 3, materials and methods, participants, paragraph 1) the authors’ reference this definition as reference 22, which is incorrect because the conclusion from the referenced paper is that the definition of infertility should be based on age and duration of attempting pregnancy. In the text this reference also states that the outcome of choice should be pregnancy and not live birth. (Gurunath S, Pandian Z, Anderson R.A, Bhattacharya S. Defining infertility-a systematic review of prevalence studies. Hum. Reprod. Update. 2011; 17 (5): 575-588).

3. The cost implication of Assisted Reproductive Technology (ART) in Australia is not explained; therefore the reader can’t understand the cost breakdown given. Is it partially state funded? This needs to be put into context.

4. A definition of TCM in the introduction will give the reader a sense of what this treatment option offers. (herbal medication, acupuncture, counseling etc) The article does not tell elaborate on how long these women were having TCM and where in their TCM treatment cycle these interviews and questionnaires were done. Is it a once off visit or a six month intensive follow-up?

5. Further in paragraph 4 of the introduction……

The authors misquote their previous paper and reference another paper incorrectly. Pertaining to references 14 and 15.

The authors state that “….recent systematic reviews of TCM herbal therapy for female infertility revealed a 2-3.5 fold higher likelihood of pregnancy within a 4 month treatment period compared to IVF”. Reference 14 compared TCM to any western medicine drug therapy or in vitro fertilization (IVF) and not to IVF alone and reference 15 only compares clomiphene citrate in combination with TCM to
clomiphene citrate alone in anovulatory infertility and not in IVF cycles. Comparing TCM to IVF is very general as there are many causes of infertility that require IVF and TCM would be more successful in attaining pregnancy when there is tubal factor infertility with completely blocked fallopian tubes. Therefore this line needs to be more specific and properly referenced. This referencing is concerning.

6. Materials and methods – Incorrect referencing of reference 22 should be Larsen U. (as noted previously).

7. I have to question the methodological soundness of using data from other studies. Why use those studies and not others that apply these instruments? Was permission granted to use the data? Does it shed more light on the research question? Are the cohorts comparable? Is the entire data set known? When the differences are statistically significant what are the reasons for this? Why not use a control/comparison group from the Australian population? This is much more representative and reliable than historical data from different countries. There is no reference to these results in the discussion. Comparison to the data from other papers does not answer the research question posed by this paper.

8. The group with secondary infertility n=4 is too small to draw any conclusions from QoL instrument, is it necessary for it to be included in Table 2?

9. Infertility, recurrent miscarriage and stillbirth have different pathophysiology in western medicine and therefore should not be categorized together in a research question which is addressing infertility.

10. On page 9 first paragraph, last sentence- 2 names appear in brackets. Is this is a reference? The referencing style is incorrect and this sentence does not need to be referenced because it explains the input the women received from the TCM practitioners.

11. Page 10…. SIDS, KIDS and SANDS…… Readers outside Australia do not know what these abbreviations stand for.

This manuscript needs major revision and resubmission. It is recommended that the authors only address their own study population in a descriptive study.

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

**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.