Reviewer's report

Title: Medical students' personal choice for mode of delivery in Santa Catarina, Brazil: a cross-sectional quantitative study.

Version: 1 Date: 5 April 2012

Reviewer: Kathrin Stoll

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Compulsory Revisions

1) P.4, 2nd paragraph: CS rates do not ‘account’ for 50% of live-born infants. Write instead: …50% of live-born infants were delivered via CS.

2) Same paragraph: Do all or some of the studies of CS preferences pertain to Brazilian women? Pls. clarify!

3) P. 5, first paragraph Avoid polarizing language such as ‘the medical community is responsible for the CS culture’. What do you mean by medical community? Obstetricians? Midwives? Please explain. Also, one seldomly hears the term ‘culture of CS’ in North-America.

Could you rephrase the paragraph, stating something along the lines of the obstetric community promoting elective CSs for x, y, z reasons.

4) P.6, first sentence: Implementation of a model of medical training adjusted to the strategy of primary healthcare has been a subject of debate for decades.

What does this mean? Please elaborate. I think the issue lies with the way ‘primary healthcare’ is defined in Brazil. Is it equated with community based, or less interventionist maternity care? An international readership needs to know this.

5) The paper would benefit from a clear distinction between CS for medical and for non-medical/cosmetic reasons.

6) P. 7 Avoid the wording: Cesarean sections rather than normal deliveries.

See my comment above. What do you mean by normal ?: spontaneous vaginal delivery for low risk women? The issue is that low risk women without solid medical indications are being offered CS...you need to make this very clear in the paper.

7) P. 7, last paragraph: descriptive/control variables should not be conflated. Only use the term control variable if you are controlling for potential confounders when computing ORs.

8) P.8, third paragraph: although it is impossible to state whether the odds ratio is
exactly the same as the relative risk. [27]

Sure, but that is an accepted and well-known disadvantage of using ORs, especially in outcomes that are not rare, like CS. I would delete that sentence.

9) P.8 This approach can be used to eliminate any possible effect of variables that were not homogenous to the two groups of students: monthly family income, skin color and gender (Table 1), thus attributing greater importance to the variable concerning the year of medical school in which the student was enrolled.

For the reasons you stated above, a logistic regression analysis may not be the best choice; why not stick with bivariate analyses, like Fisher’s Exact and student t test to look at co-variates of CS preference? Or at the least, check for co-linerarity of predictor variables by running a correlational matrix.

If you keep the logistic regression analysis, move the section above to “Limitations of the study”.

10) Discussion: I would not refer to the first year students as adolescents. Studies of preferences for mode of delivery among young adults have been published and should be incorporated, for the purpose of comparison.


Please take a few minutes and perform a quick literature review on the topic of CS preferences among young adults.

Rates of CS preferences among the student population I studied and more than 6000 nulliparas that were included in a meta-analysis by Mazzoni are almost identical (9 versus 10%), thus contradicting your statement that the age difference may have affected attitudes towards mode of delivery.

11) Bottom of page 14: The present study provides some insight into the probable effect of medical education on the increasing rates of Cesarean sections.

You need to provide more support for this statement. What is it about the medical education that contributes to increasing CS rates. Are students being socialized into a medicalized birth culture during training?

12) Please move the methods section BEFORE the results section.

Publication of a manuscript (at least in the North-American context) that includes a variable called skin colour and the categories white/yellow and black/brown is very problematic and may offend some people. What is your rationale for collapsing white and yellow? What does that mean? You need to refer to cultural/ethnic identification rather than skin colour, and if that is not possible, please exclude any reference to this variable.
13) In the methods section, you make some very general statements. For ex, you say that you collapsed some variables when necessary. You need to provide more detail. Also, provide more detail on how you analyzed comments from students.

14) Table 3: We refer to unadjusted, rather than gross OR’s. Please correct.

Discretionary Revisions
Consider deleting Table 4. One would expect these significant relationships.

**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:**
No conflict of interest.