Reviewer's report

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

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Reviewer: Simone Diniz

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Review for the paper Medical students' personal choice for mode of delivery in Santa Catarina, Brazil: a cross-sectional, quantitative study by Watanabe and cols.

This is a very interesting and innovative paper on a relatively neglected issue: the role of medical training on the increase (and lack of control) on the cesarean section rates, and the learning of fear of childbirth in medical education. These subjects are specially important in Brazil where c-sections are now the majority of births.

A few comments:

On page 7, more recent data on rates of c-sections in the services, can be used as must be easily available (data from 2007, 5 years ago). In the same paragraph: it is 3.727deliveries/year (the year missing?)

On page 9, and later on the discussion, the fear of anatomical alterations is mentioned, specially in students of the 6th year. This is discussed later as hidden, implicit argument, that sounds like an important reason to justify the apparently paradoxal situation ("vaginal birth is safer for mother and child, but I prefer the riskier alternative"), with several references from studies in other countries, as this being the main reason for a c-section. For a Brazilian study on how the real or supposed perineal harms in childbirth are perceived by doctors and its role on the cesarean epidemics, see Diniz and Chacham, ref. below.

There is little mention to the high rate of aggressive, non-evidence based interventions in childbirth used in vaginal birth in Brazil, where routine care includes episiotomies, augmentations and inductions with oxytocin, immobilization in the lithotomy position and fundal pressure. This situation tends to be worse in training hospitals, where students have a number of interventions to accomplish, and may be important on students perceptions of vaginal birth as painful and full of suffering, as these interventions "multiply the sorrows". The high rates of report of several forms of institutional violence in childbirth care, specially verbal abuse, as part of the medical training, may help explain the fear of childbirth. See Aguiar (2010) and Hotminsky (2007).

On page 15, it is not clear if the prenatal psychological preparation would be for students to learn how to provide for patients, or for the students/doctors
themselves - both very much in need.

A very relevant and timely paper, I hope to see it published soon.

Suggested references


Aguiar Janaina Marques de, d'Oliveira Ana Flavia Pires Lucas. Violência institucional em maternidades públicas sob a ótica das usuárias. Interface (Botucatu) [serial on the Internet]. 2011


Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare I have no conflict of interest