**Author's response to reviews**

**Title:** Cesarean delivery on maternal request: can the ethical problem be solved by the principlist approach?

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**Author's response to reviews:** see over
Letter to Editor

Dear Sir

Re:

Thank you for forwarding the referees’ comments on our manuscript. Below we detail how we responded to the points raised.

**Referee 1:** Recommended that the manuscript be accepted without revision.

**Referee 2:** We are pleased about the acknowledgement that the suggestions made on the original version have been addressed for the most part. With regards to the remaining requests for clarification:

1- We have amended the sentence in line with the referee’s suggestion to clarify the meaning.

2- We addressed the referee’s concern, and referred to the “standard of care” rather than policy.

3- The sentence “we do not advocate mandatory vaginal birth” has been deleted. We stated clearly our view: namely, that in the absence of medical indication the standard of care should remain vaginal birth.

4- As acknowledged by the referee, we had said previously (Autonomy, Physician) that a physician’s autonomy may imply the right of referring the patient to a colleague, provided that quality of care is not jeopardized. We feel it is not necessary to repeat it here.

5- We stated that referral may be acceptable provided that patient’s care is not jeopardized. This implies that an appropriate obstetrician accepting the patient may be identified, and that there is the time to safely carry out the referral. If this is not the case, than referral is not an option. In general, however, we believe that labour is not the appropriate time for shifting medical care provider; therefore, we recommend that, whenever possible, discussions about mode of delivery are initiated early in pregnancy.

6- We now explicitely answered the question raised by our paper answer: we believe that the ethical problem at hand can be fruitfully analyzed and solved by the principlist approach. We also explained how considerations related to a) beneficence/non maleficence; b) autonomy; and c) justice lead to our conclusion that the standard of care should remain vaginal birth, and not be replaced by CDMR. The latter should be remain an exception, requiring additional justifications (we provided examples of such possible justifications, on the basis of results from empirical studies).

We trust these alterations address the points raised by the referee and look forward to receiving your approval in due course.