Author's response to reviews

Title: Risk assessment and decision making about in labour transfer from rural maternity care: a social judgement and signal detection analysis

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Author's response to reviews: see over
Dear Ms Gerobin

Re: MS: 416435856530741 - Risk assessment and decision making about in labour transfer from rural maternity care: a social judgement and signal detection analysis

Thank you for advising me of the comments of the reviewers on the article, which I am delighted to see are very positive. I note that two of the reviewers required no revisions. I have been very happy to address the required revisions as detailed below.

Reviewer 1

1. A wide variation in transfer rates between similar rural maternity units has been reported suggesting different decision making criteria are employed – I would like to know if the variations are between communities of like size, population, isolation and usual weather patterns.

The variation in transfer rates referred to concerned community maternity units based over a diverse range of geographical and demographic areas and included units with annual births ranging from 2 to 192. Some characteristics were similar between units for example, eligibility criteria for women booking for care at the units would have been the same across units as would model of maternity care provided. We agree with the reviewer’s point that many factors will have contributed to the wide range of transfer rates reported and differences in decision making may be only one of these. However, some striking differences have been reported between units that appear to be very similar in size, geography, and distance to consultant led care and population demographics. In these cases it did seem reasonable to suggest that some differences in decision making practice was involved. The text has been amended to describe similarities between units and make clear that we are suggesting only that different decision making criteria may be involved in the variation in transfer rates reported (page 5 lines 4-5).

2. In the introduction there is a lack of clarity regarding whether or not the rural services referred to offered local surgical back up. Maternity services provided in rural communities vary widely, the references to rural services in the introduction relate to maternity care in Canada, Australia and Scotland; some areas may have provision of general surgical back up while most do not. Within Scotland only two areas had routine local surgical back up and these were excluded from the study. The focus of this study was on rural services where no local surgical back up is provided; the introduction has now been amended to clarify this (page 4 paragraph 2 last line).

3. I would like to see some discussion of the role of clinically traumatic events on decision making thresholds. Thank you this is now discussed in the text (page 19 paragraph 2).

4. How did recognition of social issues influence the process? Did interviews reveal any attention to this? The interviews focused on factors that were considered in the decision to transfer and the analysis showed that clinical factors were dominant; however the participants did also consider a wide range of social and contextual factors including the woman’s preference for place of birth, the
impact – financial and logistical on the wider family. These aspects were included as part of three non-clinical factors in the vignettes (Agreement, Partner and Transfer). We have now included some additional description of the interview findings as well as some quotes to illustrate this more clearly (page 13). *Was it different between the midwives and consultants?* In the interviews the obstetricians tended to describe information amalgamated from typical cases while midwives focused on specific cases, this has been clarified in the text (page 12 line 3). There were no differences between the obstetricians and midwives in the stage two data analysis.

5. Box 4 has been re-formatted

6. The paper has been re-proof read and typos corrected.

Reviewer 2

1. *A couple of sentences needed on method of random selection on midwives.* Additional sentences have been added to clarify the procedure used (page 10 paragraph 3 lines 3-6).

Obstetricians weren’t so much purposively selected so much as convenience sampled. Of the 17CLU in Scotland four provide the main service for intrapartum transfers from rural units. Consultant obstetricians with key responsibility for the labour ward, maternity team working and clinical governance were purposively selected from these four receiving maternity units across Scotland. This has now been explained more clearly in the text (page 10 paragraph 2, lines 11-14)

**Discretionary revisions – use of guidelines and factors that should result in transfer.** We agree that this is a very interesting point and one that we would like to explore/discuss more. Use of guidelines was discussed by the midwives in stage one of the study, this aspect was not developed in stage 2 as we wanted to select a scenario where more uncertainty was involved in the decision making. We feel that to fully discuss these issues would make the current paper over complicated however; we will address them in a paper that includes more of the qualitative data. However, we have added some sentences to the discussion relating to the use of guidelines in this context (page 18 last paragraph and page 19 first paragraph).

The paper has been proof read and now conforms to the journal style. I have obtained permission from Russell House Publishing for the reproduction of figure 1 – the General Model for Assessment and Decision Making.

Please let me know if you require any further information. I will look forward to receiving your final decision about this paper as soon as possible.

Yours sincerely

Helen Cheyne