Reviewer's report

Title: Timing of Maternal Decision for Cesarean Delivery and Differences between Taiwanese Women Undergoing Different Modes of Delivery: A Longitudinal Questionnaire Survey

Version: 1 Date: 8 November 2009

Reviewer: Jenny Gamble

Reviewer's report:

It is worthwhile to investigate when women make the decision that they would prefer to have a caesarean section however the paper would be strengthened by specifically explaining the significance.

It was useful for providing some background the health care system in Taiwan.

Major Compulsory

1. The conclusion lacks sophisticated understanding of women’s role in decision making. They say “If the women responded that their cesarean delivery was at their request rather than at the doctor’s suggestion or if the reasons given for a cesarean delivery were not among those on the NHIS list, the delivery was classified as a cesarean delivery without medical indication.” While this is a reasonable assumption there is implication that without medical indication equates with women’s request. This becomes apparent in the phrases, “We found a much higher rate (24.5 percent) based on women’s reports in our study (p16)” and “More than 60% of women who had cesarean deliveries without medical indications decided to have cesarean deliveries during the second trimester of pregnancy (p21)”. These phrases ignore the complex interplay between medical practitioners and women about decisions regarding mode of birth. Grouping women requesting CS with women having a CS in the absence of a medical indication and implying that this group, as a whole, reflects women’s request for caesarean section is misleading.

While there is acknowledgement that “The differences could be attributed to differences in background cesarean rates, practice styles, and social-cultural contexts”, this need explanation.

The conclusions are really recommendations for practice. These recommendations are not based on evidence and need reframing to reflect the uncertainty of these approaches in reducing unnecessary caesarean section.

Minor Essential

1. Some loose use of language. For example, “spousal age appeared to be older” should be specifically reported using statistical analysis (i.e. were they older or not?). These possible differences should be statistically examined and reported.
2. I found the information in the Figures 1-4 difficult. Tracking the gestation at which women make the decision that they prefer a CS, subsequent actual mode of birth and reporting differences between women with difference obstetric histories is valuable. It just needs to be done differently.

3. Title needs to be shorter and consequently is a little clumsy and does not capture the main findings of the paper.

Discretionary

1. The phrase “timing of the maternal decision to have a caesarean delivery” should be included in the abstract. The terminology becomes clear however it is not particularly clear from the outset. Consider alternative terminology eg ‘the gestation at which women decide they prefer a CS’ or a phrase that refers to gestation rather than “timing”.

2. The differences between women preferring different modes of birth should be more fully conceptualised and justified – why were those characteristics examined and not others.

3. The paper would have been strengthened by a chart audit of medical practitioners stated indication for caesarean section (or other health practitioner generated source of data).

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

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 that I have no competing interests.