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

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Reviewer: Maralyn Foureur

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This study addresses an aspect of maternity care with international relevance. Rates of birth by cesarean section (CS) have increased throughout the developed world with concern that part of the rise is due to CS without medical indications. The authors clearly identify the purpose of their study was to explore the timing of the maternal decision to have a CS; examine the rate of CS without medical indications and compare background and perinatal factors among women with different modes of delivery. This study has the potential to inform the timing of interventions to influence women’s decisions about mode of birth and to identify subgroups of women to receive targeted interventions.

The prospective, longitudinal study design with data collected by self administered survey at 3 time periods is both appropriate, well described and well written; inclusion/exclusion criteria indicate the population recruited is essentially well women; the remarkably high response rates to the three questionnaires reveal that the women participating were interested and engaged in the study; the check made of non responder demographics to establish there was no potential bias in non responders improves the external validity. The limitations of the work are clearly stated.

The authors acknowledge a previous NHIS study in Taiwan conducted in 2000 and consider why this current study found a lower rate of CS. They appropriately suggest this is due to the current lower fertility rate in Taiwan with 60% of study participants being primiparous.

The title and abstract accurately convey what has been found.

However, there are several aspects of the study design that need to be reconsidered by the authors.

Major Compulsory Revisions
1) The inclusion/exclusion criteria establishes that prior CS is considered ‘a medical indication for CS’, but in Table 1, seven women are identified as having had a prior CS and a CS ‘without medical indication’ in this study. This is not congruent with the list of exclusion criteria provided. Can the authors please clarify why this is so? Since the number of women who have a CS without medical indication is only 37, the incorrect identification of these 7 women may
(2) There is no discussion of how the power of the study and therefore sample size was calculated. The representativeness of the study population is not described therefore external validity or generalisability to all Taiwanese childbearing women cannot be established. I recommend the authors address this issue.

(3) Self-report surveys may be subject to several forms of bias with respondents reporting what they think the researchers want to hear in order to be seen as a ‘good’ participant. No attempt was made to validate the mode of birth reported by the women as the authors suggest this was not possible. With only 151 women experiencing a CS and even fewer, a CS without medical indication, it does not seem too challenging a proposition to examine the casenotes of these women to establish the validity of the reasons for CS. I recommend this be done to strengthen the study. This could be done for a random sample of the 151 women with CS, if not for the whole sample.

Minor Essential Revisions

(1) The manuscript adheres to the relevant standards for reporting and data deposition with the exception of figures 1-4 which are blurred and need to be redrawn.

Without addressing the issues of sample size and internal/external validity, no decision can be made as to the appropriateness of the discussion and conclusions.

This study sits with others that see the ‘problem’ of CS without medical indication, as solely the responsibility of pregnant women, and do not attempt to gauge the role or responsibility of the health provider in such decisions. Clearly this is a jointly reached decision as women cannot receive a non medically indicated CS without the agreement and surgical expertise of a doctor. Therefore it is critical that the perspectives of both parties to the decision are critically examined.

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

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I have no competing interests