Author's response to reviews

Title: Critical views on postpartum care expressed by new mothers

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Author's response to reviews: see over
Dear Ms Jazayeri,

Thank you for the comments and suggestions regarding our manuscript. We have made every effort to comply with them. Each change is marked in the manuscript in red text and we have dealt with the reviewers’ comments point by point in the text below.

We sincerely hope that you will find that after these necessary improvements to our manuscript now meets the high standards of your journal.

Yours sincerely,

Ann Rudman
Ulla Waldenström

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Critical views on postpartum care expressed by new mothers

We thank the reviewers for valuable comments and suggestions. We have adjusted our paper accordingly as follows:

Reviewer #1: Susan Watt
Accept without revision

Reviewer #2: Caroline Homer
Minor Essential Revisions

A. The questionnaires were distributed 7-8 years ago. Is there any evidence that the model of care or hospital-based care have improved?

Unfortunately we have no reason to believe that postnatal care has improved since the data collection of the KUB study. On the contrary, a recent Swedish study suggests that dissatisfaction with postnatal care has decreased. Maternal overall dissatisfaction with postnatal care was 34% in the more recent Swedish study (Hildingsson IM. New parents’ experiences of postnatal care in Sweden. Women Birth. 2007 Sep;20(3):105-13.) as compared with 26% in the KUB sample (Waldenström U, Rudman A, Hildingsson I. Intrapartum and postpartum care in Sweden: women's opinions and risk factors for not being satisfied. Acta Obstetrica et Gynecologica Scandinavica. 2006;85(5):551-60).

We now address the reviewer’s question with a paragraph in the manuscript on page 23-24.
B. The data were taken from two questionnaires. Is there a chance that the same responses in each of the questionnaires could have been duplicated and therefore give greater weight to some themes over others.

Two women responded with a negative comment at both time point 2 and time point 3. The texts of both their comments were analysed as one. In this way the risk of duplicating the same concern twice and giving greater weight to some areas than to others was avoided. We now address the reviewer’s concern in two newly added sentences on page 8.

C. The definition of ‘positive’ and negative’ comments requires clarification. How was it determined that they were positive or negative?

The point raised by the reviewer is certainly important, and in order to clarify how it was determined that comments were positive or negative, two paragraphs have been added to the manuscript on page 9.

D. The maternity hotel requires further clarification. It seems that this was not just for postnatal women but this is not clear.

In most cases the patient hotel is a hotel where other patients and/or their relatives can stay near the hospital. This clarification has been added in the paper on page 14.

Reviewer #3: Marie Berg
Minor Essential Revisions

Method, participants
1. Row 9-11. “The background characteristics of the respondents at T1 were compared with those of the total Swedish birth cohort of 1999...”. Were the respondents in your study population taken away from this Swedish cohort? If not, please mention this in method as it is not a correct way of doing epidemiological research.

Additional clarification of the procedure of comparison has now been added on page 7.

2. Participants page 6: In total 192 women commented on their postpartum experience; 42 positive statements and 150 with negative statements. Of these, 28 with negative statements also had positive statements. Accordingly, the group with positive statements should be 42+28= 70 persons. Now you have decided to put the group with both positive and negative statements in the "negative group". This is misleading and should be further clarified.

The rationale for comparing all 150 women who gave a negative statement (and are subsequently used in the present study) with the KUB sample was that they were the focus of interest in this study. The inclusion of women with both negative and positive statements in the background comparison is now further explained under the heading: ”Background data” on page 10. It is further stressed that only the negative meaning units expressed by the women with both negative and positive statements were included in the content analysis (pages 8).
Findings 1. Consists of six categories with subcategories presented in Table 2. However there is an inconsistency in the way of formulating the subcategories "Physical environment in general", and "Postpartum care in a hotel". All other subcategories explain in which way the category is negative which unfortunately is lacked in the expression of these two subcategories which are more "neutral described". To be logic in the "expressions of subcategories, please change/add a word clarifying in which way it negative.

We address this point by adding a word to each of the former subcategories "Physical environment in general", and “Postpartum care in a hotel" in order to clarify in which way it is negative (Organisation and environment, Table 2).

Description of categories and subcategories:

2. The structure of the presentation of the six categories, one by one, could be developed by consequently in the text mentioning the "proper expression of each subcategory" according to Table 2, and by "pointing out" the subcategories by for example using italic bold letters.

To accommodate the second part of this recommendation, we have highlighted the subcategories using italic letters (pages 11-20). The recommendation to structure the text by using the "proper expression of each subcategory" from Table 2 was harder to comply with. This would change the text to a great extent in certain sections and would most likely make it harder to read.

3. According to Table 2 there is a great variation between the different categories concerning how often they have been "described" by the respondents (from 8 to 91). I prefer this to be mentioned in the text of "findings" somewhere. For example pointing out that the category "attention to the mother" was the most mentioned category, and "the role of the father” the least. This "overall description" of the categories could be placed in the beginning of "Findings", subtitle "six categories". A comment on this in "discussion" is valuable.

We address this point by adding two sentences in the beginning of "Results", subtitle "six categories" (page 11). Some categories are broader than others. For example, the category "attention to the mother" captures a broad range of experiences, including aspects of care partly described in the former categories. This overlap was illustrated in a quotation on page 21.

The rationale for choosing to present how often a category had been "described" by the respondents was to somehow show the number of times a problem was mentioned. This is however not necessarily an indication of significance of the problem. This paragraph has now been added to the discussion on page 22.

References

In some places; page 20 and page 22 references are mentioned using year of publication instead of a number according to the proposed reference system.

This has now been corrected in the manuscript.
Language First quotation page 13: A Swedish version of the quote is used before the English one.

This has now been removed.

Reviewer #3: Eva Nissen
Minor Essential Revisions

P 11:4 line bottom of page: quotation should read “your” instead of “you”.

Unfortunately we did not understand which word or quotation the referee refers to. This has therefore not been corrected in the manuscript.

P 13:4 top of page: I see no reason to keep the quotation in the original language.

This has now been removed.


This has now been done on page 23.

Discretionary Revisions

1. In the discussion section the authors do not comment on future research in post partum care.

A comment on possible future research in postpartum care has now been added in end of the discussion section under a new heading “Future studies” (page 31).

2. The mothers' negative experience may not only be caused by inappropriate behaviour and attitudes of midwives but also in lack of knowledge of post partum pain relief, support and advice during the establishment of breastfeeding.

The point raised by the reviewer is important. Unfortunately it is not clear to us specifically what or where the reviewer suggests that changes should be made in the manuscript. One additional sentence has been added under the discussion section on page 27.

3. I think the focus on negative statements should be reflected upon in the method section of discussion. –positive experience may help a lot in improving the post partum care.

The reviewer is certainly right. Following this suggestion we now provide a very brief description of the positive comments at the end of the “Findings” section under a new heading called “Positive comments” (page21-22).