Author's response to reviews

Title: Midwife-led debriefing after operative birth: four to six year follow-up of a randomised trial [ISRCTN24648614]

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Author's response to reviews:
Thank you for the opportunity to respond to reviewer comments and to revise our manuscript.

The following revisions have been made in response to the reviewer comments:

1) More details have been provided about the tracing and follow-up of trial participants (page 4).

2) A table demonstrating the comparability of the responders in the two arms of the trial has been included (Table 1) as this provides the relevant data for the statement made in the text of the submitted manuscript (page 5). The Abstract has been revised to reflect this (Results, sentence 2). Responders at 4-6 years did differ from non-responders - in similar ways as they had done at 6 months postpartum - with responders older, better educated, on higher incomes and more likely to have private hospital admission (BMJ article, reference 5).

3) Acknowledgement has been made (page 3) of the selection of women on the basis of trauma symptoms in the Gamble et al trial as a possible explanation for the high rate of depression in the control arm at three months (32%, vs 4% in the intervention arm; there were no differences in depression at 4-6 weeks postpartum, both arms around 33%). However, this does not rule out a possible adverse effect of assignment to the control arm. Selecting women who identified trauma symptoms may indeed increase such a possibility. In this trial women were asked on four occasions about trauma and mental health issues: first in the third trimester of pregnancy, then within 72 hours of birth, again at 4-6 weeks postpartum and finally at three months postpartum, with no response to reporting of problems offered to women in the control arm.

The intervention did not reduce the prevalence of Post Traumatic Stress Disorder at 4-6 weeks or at 3 months, though a small difference in mean number of trauma symptoms (2.54 vs 3.83) was found at 3 months favouring the intervention group. The confidence intervals around these estimates were, however, overlapping. Given the lack of effect of the intervention in relation to PTSD and the fact that no differences in depression had been detected at 4-6 weeks postpartum, the continued high level of depression in the control arm at 3 months with a significant reduction in the intervention group, seems difficult to explain in terms of the intervention alone.

4) The second reviewer believes our conclusions to be possibly misleading by referring to the hint of adverse findings at six months, claiming that our earlier results showed debriefing to be ineffective, 'not harmful'. A reading of our BMJ paper will show that our conclusions then referred specifically both to the ineffectiveness of debriefing and, to quote: 'we are not able to rule out the possibility that debriefing contributed to poorer emotional health' (p1046) - a statement based on the consistent trend of our findings on all measures and one significant finding (the role emotional sub-scale mean scores on the SF-36) favouring the control group. This was one of the reasons for conducting the longer-term follow-up of the
debriefing trial participants, as we state in this manuscript. We have therefore not amended the statement referring to the hint of adverse effects found at six months postpartum.

Yours sincerely

Rhonda Small
for the authors