Reviewer's report

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

Version: 2 Date: 14 December 2005

Reviewer: Debra Creedy

Reviewer's report:

General

This paper presents results of an important longitudinal (4 to 6 years) follow-up study to an earlier RCT. The response rate of 51% is good for a mailed survey and there were no significant differences in the proportion of women allocated to the original trial arms in terms of demographic and birthing variables as well as depression at 6 months. The original trial suggested that participating in a single structured debriefing session in the early postpartum period, prior to discharge from hospital, did not reduce the prevalence of depression or show improvements in health as measured by the EPDS or the SF-36 sub-scales. The authors now conclude there are no longer-term adverse effects of debriefing after an operative birth.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The authors correctly identify the controversy surrounding debriefing following a traumatic event. Critique of debriefing in the childbirth literature concludes that that studies [6] & [9] reported unusually high levels of depression in the control arms and attribute this to possible adverse effects of assignment. In the case of the Gamble et al study, women were screened for trauma symptoms as an inclusion criteria. As there is a high level of co-morbidity between anxiety and depression and no significant differences were reported between cohorts in the trial, this statement should be amended as the rates of depression reflected the cohort not assignment.

The conclusions drawn are possibly misleading. The statement in regards to a "hint" of adverse effects for women of debriefing at the intial follow-up at 6 months postpartum needs to be revised. The earlier trial concluded that debriefing was ineffective not harmful. It is also not feasible to conclude that short debriefing interventions do not improve mental health outcomes for women when the initial trial did not screen for trauma symptoms as an inclusion criteria nor did it measure anxiety or trauma symptoms as an outcome variable.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No