Reviewer's report

Title: Ambivalence towards a prospective pregnancy among contraceptive users

Version: 1 Date: 31 July 2009

Reviewer: Eleanor B Schwarz

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Major Compulsory Revisions

1. The 1st question of “whether fertility desires change over time” is not new. Rather, it is generally known that fertility desires do change over time. Perhaps exploring whether there are variables (such as age? Or parity?) that predict the degree to which fertility desires change over times might be of interest. Alternatively, cut this material from the manuscript.

2. The second question is more novel, but needs to be better defined. As I understand it, the authors have tried to understand the reasons some women may continue to use contraception despite having no strong desire to avoid pregnancy AND the reasons why women who strongly desire to avoid pregnancy may not use contraception. To me the word “ambivalence” does not clearly convey the issues the authors are actually exploring. “Ambivalence” and “change in desires over time” are the same thing. In addition, as the authors state on page 15, “ambivalence towards contraceptive use” is not the same thing as “ambivalence towards pregnancy;” yet in much of the paper these 2 concepts are not clearly distinguished. If you opt (as I think perhaps you should) to use a term other than “ambivalence” you will need to revise the title (and of course the abstract).

3. In describing your methods, it would be helpful to more formally distinguish between the qualitative and quantitative parts of this project.

4. It would be helpful to clarify whether the initial survey was distributed to a random sample or a convenience sample of clinic patients. What fraction of clinic patients served over a unit of time did participants represent?

5. More description is needed of the women who did not complete the follow up survey, how these women may differ from the women who did, and what bias these differences may introduce into your findings.

6. The authors need to discuss the extent to which some of women may be using “contraceptive” hormones despite “no problem” with pregnancy to control menstrual symptoms or bleeding.

7. Is any data available on which (or how many) contraceptive methods women used previously to the woman’s current method?

8. Table 2 would be more informative if contraceptive use was placed in the context of women’s pregnancy intentions. <It may be a good thing that a woman stopped using contraception, if it means that she has found the man of her
dreams and won the lottery and is now ready to have all the kids she desires>

Minor Essential Revisions

1. The manuscript is rather long and would be strengthened by being shortened in a number of places. For instance, on Page 9-Delete “as mentioned above,” and pick only one place to present this information

2. Be careful about organizing material into the methods vs. results vs. discussion sections. For example, on page 9-delete “at baseline, all women were asked how big of a problem it would be if they got pregnant” (this information belongs in the methods section).

3. Similarly, on page 10- “The extent of changes in contraceptive method use between baseline and one-year follow-up is indicative of potential problems with the methods (e.g., side effects, problems with access) as well as changing pregnancy desires in the period.” This type of commentary belongs in the discussion section.

4. Currently, much of the discussion seems to repeat (rather than summarize) the results section.

5. Page 10- “Table 3 shows that women’s attitudes about pregnancy are changing;” This statement should be in the past tense.

6. Page 12-statements such as “Among the 278 women who were ambivalent, 21 gave multiple answers.” Would be more clearly expressed using % (ie 9% of women gave multiple answers…)

7. Table 1: I would delete the last 2 columns.

8. It would be interesting to see more discussion in the text of the baseline pregnancy intentions of women who subsequently became pregnant. I’d also be interested in how women classified these pregnancies at follow up.

9. Table 1: I would separate nulliparous women from women with 1 child. (the difference in having 0-->1 child is much greater than from 3-->4)

10. Why do you think at baseline 50% said becoming pregnant would be a big problem and at fup 50% said it would be no problem (did these rows perhaps get mislabeled?)

11. Table 5 needs more detail if it is to be understood independent of the text (ie “unmet need” for what?)

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:
I declare that I have no competing interests.