Reviewer’s report

Title: Improving patient-centredness of fertility care using a multifaceted approach: study protocol for a randomized controlled trial

Version: 2 Date: 15 August 2012

Reviewer: Lone Schmidt

Reviewer’s report:

Review

"Improving patient-centredness of fertility care…"

This is a study protocol describing an important randomized controlled trial for investigating the impact of a multifaceted approach to fertility care. This study will provide important knowledge that is most needed in order to improve fertility clinics’ patient-centred care.

The study design is adequately to investigate the aims of the study. Sufficient details are provided to allow replication of the work and the planned statistical analyses are appropriate. The manuscript is well-written.

I have a few suggestions for minor revisions-

Minor essential revisions

1. Abstract/Background – please explain “QoL” when used for the first time.

2. Background, p. 4, line 89-90.

The author states that infertility affects 9-15 % of the childbearing population when referring to Boivin et al., 2007. However, the infertility estimates in this publication by Boivin et al. are based on population studies also including women/couples who have not (yet) tried to become parents. To my opinion it would probably be more relevant to present the estimate of lifetime prevalence of infertility among those women/couples who have tried to achieve parenthood; in this case the lifetime prevalence of infertility in population-based studies from developed countries varies from 16-28 %. Alternatively, keep the reference to Boivin et al. and clearly explain that these infertility estimates are based on studies including women in certain age groups irrespectively whether they have tried to become mothers or not.

3. Background, p. 4, line 89.

The author states that infertility is an “increasing medical problem”. Very few studies have conducted repeated measurements of the infertility prevalence in a population in identical geographical regions over time. These studies report conflicting results – indicating either no changes in infertility prevalence or a slight prevalence increase in younger cohorts. There is no doubt that the number of fertility patients increase across all countries – but I will recommend not to
state that infertility in itself yet has increased.

4. I am aware that the concept “dropout” is frequently used when patients terminate treatment while treatment options – from a medical stand point – still exists. However, studies have shown that patients have several reasons for deciding to terminate treatment before all treatments options have been used. Furthermore, that early treatment termination often is a serious process involving negotiation between the partners and frequently also fertility clinic staff. In respect for the fertility patients and the process leading to early treatment termination I find it more appropriate to label this as e.g. decision-making about early treatment termination instead of characterizing it as “dropout”.

Discretionary revisions
Background, p. 4, line 89.
The author describes infertility as a “medical problem” and not as a reproductive disease. Probably it could be relevant to adhere to the revised ICMART and WHO terminology where infertility is defined as “a disease of the reproductive system ….” (Zegers-Hochschild et al., Human Reproduction, 2009).

A question
The authors have planned to use the SCREENIVF questionnaire to measure the emotional adjustment. To the best of my knowledge this instrument is developed to screen women in ART treatment. Has this instrument now been tested among men as well? We know from a large number of studies that women and men frequently report the emotional consequences of infertility and treatment differently.

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

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

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