Author's response to reviews

Title: Best practice in bereavement photography after perinatal death: Qualitative analysis with 104 parents

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Author's response to reviews:

Dear Mr. Carlo Rye Chua, Mr. Gilbert Tacbobo, Dr. Limbo, and Dr. Klass:

Thank you very much for your time critiquing and assisting with this manuscript. All required changes and one discretionary change have been made and are described below. The manuscript has also been corrected for miscellaneous typographical errors and reformatted as instructed.

Changes made to respond to minor essential revisions requested by referee #2:

Line 37. Changed text to be more specific as to technique used, whereas the prior language addressed overall methodology.

Lines 155-156. Added citation to clarify data analysis technique as suggested by reviewer, and added the additional citation specifically requested by reviewer. Adjusted subsequent citation numbers accordingly.


Changes made to respond to discretionary revision #3 suggested by referee #2:

Lines 123-126; 461-462. Added citation suggested by reviewer and revised text to make statement reflective of additional source material. Adjusted subsequent citation numbers accordingly.

Lines 629-657. Reference list updated.

We respectfully decline discretionary suggestions #1 and #2 offered by referee #2 with the rationale that follows:

[Suggestions were as follows: 1. Create a table for results (percentages and numbers of those with photos and those without, those with who had “positive thoughts” (l. 176), those without who expressed “some degree of desire for them” (l. 177). 2. Create a “Clinical Implications” table. These findings are richly nuanced and answer questions that bedside care providers in particular repeatedly ask: Do we need consent? Should I ask again? How do I ask about photos?]
While we agree that tables provide powerful impact and allow readers rapid access to key ideas, we feel the nuances of present study data and complexity of clinical implications on these points elude concise summaries such as are effective in table headings.

Regarding suggestion #1, manuscript text reads, "Of the 93 parents with postmortem photographs, 92 expressed overall approval and varying degrees of positive thoughts or feelings about them. Of the 11 parents without photographs, nine expressed some degree of desire for them."

The wording here was very specific to account for nuanced data. It would be difficult and likely somewhat inaccurate to summarize "varying degrees of positive thoughts or feelings" and "some degree of desire" further into pithy headings such as one finds typically in a table. For instance, in probably the weakest example on the point of parents without pictures wanting pictures, one parent who was strongly urged by providers not to take pictures due to birth defects said that in retrospect she finds herself "thinking a lot about how she [her daughter] would have looked." This parent stated “It's possible that I would have regretted going the other way, but I don't know for sure, and that is hard.” She went on to suggest that providers "should suggest all options, if they are medically reasonable.” Her comments taken in context suggest "some degree of desire" yet never explicitly declare "wanting photos." We have concern that a table may suggest more homogeneity than exists in the data, which could be construed as oversimplification or misrepresentation.

Similarly, we hesitate to provide a table on the subjects suggested in suggestion #2. Because mindful, relation-centered care inherently defies formulas and easy summaries, we are concerned to imply there is a shortcut to a best approach—especially on a critical issue such as consent. Additionally, upon attempting to answer the questions often posed by providers and mentioned by referee #2, we found the answers did not seem compactable to table format (see answers below). While not presented in concise table form, these points have been addressed in the abstract, discussion, and conclusion sections.

"Do we need consent?"

Yes, though this can be tricky. One fifth of present study respondents reported initial misgivings or even declining photography, with most changing their minds shortly thereafter, and all but one grateful for photos later. Provide appropriate information along with ample time and support to help parents process the idea. If one parent is incapacitated, approach another parent or authorized decision-maker. In every case it is important to inform and prepare parents prior to making the photos available.

"Should I ask again?"

In many or perhaps most cases this is a good idea. Again, one fifth of present study parents reported negative initial feelings about pictures. One third of all respondents without priming suggested assertiveness on the part of providers. Many parents who initially declined photos expressed appreciation for the opportunity to overcome misgivings and create memories they now cherish.
Once the opportunity for photography is gone it can never be recovered. In some cases having a different team member speak with parents who have declined photography may be appropriate. However, strong clinical wisdom must guide providers. Some parents have clear cultural or personal reasons against bereavement photography and could feel pressured by providers who present as insistent.

"How do I ask about photos?"

Clinician mindfulness in a relation-centered context is the best guide to all aspects of provider-parent interaction. Parents in multiple studies appreciate compassionate yet direct communication. Parents in the present study expressed appreciation for gentle education on the value of photos when providers broached the subject. This helped normalize bereavement photography, which many had never considered. Parents appreciated support that made the decision and the entire process easier. Some parents also appreciated family being involved in the decision process.

We truly appreciate the time and attention spent by reviewers and editors on this important manuscript. Thank you for considering it for publication in BMC Psychology.

Best regards,
Cybele Blood and Joanne Cacciatore