Dear Editors,

Thank you for your feedback for the submission of “Victorian Paramedics' Encounters and Management of Labouring Women: An Epidemiological Study”.

As previously mentioned this manuscript is part of a PhD exploring paramedics’ provision of emergency maternity care. During the analysis of the overall data set it was found that nearly half the pregnant women encountered were in labour. Labour is a dynamic process which requires substantial clinical skills to assess progress from early to established labour to imminent birth. Although paramedics are not usually considered one of the health professionals who manage women in labour, they are providing clinical care and transporting these women. However, there have been very few publications specifically exploring paramedics care of women in labour and we thought that this needed further exploration.

We apologise if there has been a delay in resubmitting the manuscript but we need to perform substantial reanalyses of the data to include the women in labour that resulted in births. This also resulted in extensive changes in the manuscript.

Below are the responses to the issues you have raised:

1. Terminology.
   - Do not refer to women as cases. "Case" is used to refer to women (pregnant/labouring/attended), documentation (case-note or case-reports would be better) and clinical scenarios. The text need substantial revision to ensure that women are not called cases.

We agree that the term “Case” has been broadly used throughout the manuscript. We would prefer to use the term “woman” when referring to the patient but we were concerned because there is no way to identify if the same woman is repeated in the data. It is highly conceivable that one woman is has been seen by paramedics more than once. The term “Case” is often used by Ambulance Victoria to refer to both the patient and the patient record. We have altered the text to be clearer about when we are referring to the woman or the...
patient record.
- Replace "premature" with 'preterm'

We have replaced the term premature with the term preterm.

2. Methods

- Line 189 - why are women who gave birth excluded? If a paramedic attended a
women in labour and she birthed during the care there seems no reason to
exclude them. If the birth had occurred before paramedic arrival it seems
reasonable to exclude. Please clarify and report the number of exclusions

We debated about including the women who birthed with paramedics present
early in the preparation of the manuscript. However, decided against it because
when we initially categorised the larger dataset we categorised any birth
attended by paramedics as “birth” rather than “labour”. As we are currently
preparing a manuscript on paramedic’s management of mother and baby during
and after birth we were concerned with duplication. However after your feedback
we have decided to include the births that occurred when paramedics were
present. For this reason there has been a delay in resubmitting the manuscript as
we needed to completely reanalyse the data to include these births. Although it
made very little difference to the demographic data, we have found that there is a
significant difference in the on scene time when paramedics a present at the
birth. This has been noted in the results section and highlighted in the discussion.

We have reported the number of cases for each of the exclusions.
- Lines 303-307 belong in the methods

We agree that 303-307 belong in the methods so have changed this accordingly.
However, when discussing the “further analysis” in the results section the first
paragraph did require some repetition to remind the reader about the purpose.

- Most of the demographic characteristics are not normally distributed as reported
in Line 236. The appropriate descriptive statistic is a median and interquartile
range. This needs to be corrected in Table 2 and the text

With the inclusion of the births occurring when paramedics were present, the
demographic data required reanalysis. The descriptive statistics have included
mean, media and interquartile range. Other than the gestation, the mean and
median for age, gravida and para are very similar.

3. Tables

- Table 3: Please ad the total N to the Column heading 'Number N=??'
This has been attended.
- Table 4: the measure of interest here is the column % (Not Row). Again better
to put N in the Column heading
This has been attended.

4. Other issues

- Grammatical error Line 59
This error has been fixed and the manuscript has been checked again for other
grammatical errors.
- Define 'dispatch' (Line 250)

“Dispatch” is the term used by Ambulance Victoria to send ambulances to a location following an emergency call. We have rewritten those sentences to try to be clearer in the terminology.

- Avoid using acronyms that are not well recognised eg BBA, AV, PIPER and PER. The section on PIPER and PER (Lines 137-141) does not seem relevant to the paper or an international audience. In the discussion (lines 384-389) is would be better to generically describe what service is available

We have removed acronyms throughout the manuscript. As advised, we have removed the section specifically on PERS and PIPER. Additionally, we have mentioned the service more generically.

Thank you for reviewing this manuscript.

Regards

Gayle McLelland