Author's response to reviews

Title: Knowledge, attitude and experience of episiotomy use among obstetricians and midwives in Viet Nam

Authors:

Anh T Trinh (trinh.anhhvh@gmail.com)
Christine L Roberts (christine.roberts@sydney.edu.au)
Amanda J Ampt (amanda.ampt@sydney.edu.au)

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Author's response to reviews: see over
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Dr Allisyn Moran
BMC Pregnancy and Childbirth

Dear Dr Moran

We thank the Reviewers for their comments on our manuscript entitled “Knowledge, attitude and experience of episiotomy use among obstetricians and midwives in Viet Nam”. (MS: 9679762441401742). Our responses to the comments have been made point by point below, and in the manuscript with track changes. We believe that we have satisfactorily addressed the reviewers’ concerns.

Please don’t hesitate to contact me if you have any other questions about the manuscript.

Yours sincerely

Anh T Trinh
Obstetrician
Hung Vuong Hospital
128 Hong Bang Street, Ward 5,
Ho Chi Minh City, Viet Nam
Telephone: +84 937 202 456
Email: trinh.anhhvh@gmail.com
Reviewer 2: Michael C Klein

Minor essential revisions.

Response: We thank Dr Klein for his support of our study and additional reference list. We have not included the reference (#1) to the randomised controlled trial (RCT) as this is incorporated in the Cochrane Review along with other relevant RCTs. The third reference is a description of the difficulties encountered in obtaining funding for the RCT and getting it published. While extremely interesting, we do not consider the latter paper pertinent to our manuscript. The other three references (2, 4 and 5) are now cited. We have also made more specific recommendations about workshop content, as recommended. It is heartening that practice has changed in Canada and we hope that similar change can be achieved in Viet Nam.

Reviewer 1: Alice Rumbold

Major compulsory revisions:
1. Discussion: include comment on the possible limitations of the study, such as the potential for social desirability bias in responses, particularly if there were no processes to ensure the confidentiality of survey responses (see point 4 below).
Response: We have expanded the limitations section of the discussion (page 12) as well as the study procedures in the methods (page 5). The surveys were completely anonymous and we do not consider there was any social desirability bias. In contrast, we hoped that clinicians would express opinions that were consistent with evidence-based medicine, but the opposite was true.

Minor essential revisions:
2. General comment: The manuscript needs further editing, as there are quite a few spelling errors and grammatical errors related to either incorrect words, missing words or incorrect tense, for example line 54 “using” should be “use” and lines 60-62 should be “With a view...”.
Response: The manuscript has been carefully reviewed for spelling and grammatical errors.

Methods
3. Please confirm that the total number of eligible staff (n=168) is correct, as this seems a small number (particularly the number of midwives) for a hospital with approximately 20,000 births per year.
Response: We confirm that the number of eligible participants (those who provide delivery care and likely to perform episiotomies) is correct. Unlike many high income countries the midwife:woman ratio in the delivery suite is 1:4 or 5.

4. Include more detail on how eligible staff members were approached about the study and given a copy of the survey. The manuscript states that the survey was “distributed through each of the hospital departments that included staff who provided care during labour and delivery”, however, this is vague and as no identifying information was collected it remains unclear whether all eligible staff actually received the survey. For example, was a personal cover letter addressed to each individual staff member used? And was it a paper based survey?
Response: We have expanded the Methods to provide more detail on how the paper-based questionnaire was distributed (page 5). The potential limitations of the study recruitment are addressed in the discussion (page 12, also see Point 1).

5. Include further detail on how participants returned the survey, including the processes followed to ensure the privacy and confidentiality of participant responses (see also point 1 above).
Response: We have expanded the Methods to provide more detail on how the paper-based questionnaire was collected (page 5). The survey was anonymous. There was no way to identification of participants and participants were reassured that there were no right or wrong answers.

6. What statistical tests were used to compare the mean knowledge scores between obstetricians and midwives?
Response: Use of two sample t test has been added to the methods (page 6).

Discussion:
7. Include comment on whether the sample is representative of the total eligible sample, in terms of gender and experience.
Response: A comment has been added indicating the representativeness of the sample to the total eligible sample and the HVH workforce in general (page 12).

Discretionary revisions:
8. In the introduction, it would help to give some background information about how common episiotomy is in South East Asian countries and contrast this with figures from other countries where selective episiotomy is the norm.
Response: Episiotomy rates from some South East Asian and high income countries has been added to the Introduction.

9. For ease of reading, consider dividing Table 1 into two or three separate tables.
Response: Table 1 had been separated into three.

10. The authors suggest that concern about 3rd and 4th degree tears was the primary reason for episiotomy reported by both obstetricians and midwives, however, obstetricians were significantly less likely to say this than midwives (42.6% vs 63.6%, p=0.03). Does this mean that obstetricians were more likely to report a range of reasons for episiotomy? And does this suggest that training may need to be tailored differently for obstetricians and midwives?
Response: The difference was largely that obstetricians frequently report operative delivery as a main reason for episiotomy. Midwives in Viet Nam do not do operative deliveries so this response was less relevant for them. This has been clarified in the results (page 7).