Author's response to reviews

Title: Qualitative Website Analysis of information on Birth after Caesarean Section

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Author's response to reviews: see over
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The Editor
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Dear Editor,

**MS: 4017138191625667**

**Qualitative Website Analysis of information on Birth after Caesarean Section**
Valerie L Peddie Mrs, Natalie Whitelaw Dr., Mairead Black Dr., Grant P Cumming
Prof. and Siladitya Bhattacharya Prof.

With reference to the above manuscript, please see below, our response to the most helpful and detailed points made by the three reviewers. The manuscript has been amended to address the comments received, and we trust this now meets with the recommendations for publication.

I look forward to hearing from you in due course.

Yours sincerely

Valerie L Peddie

**Reviewer1 Comments**
I really enjoyed reading this paper; it addresses an area of interest in modern maternity care and it is very well presented. My reservations lie in relation to some of the finer points of the methods.

How many women provided information about the types of search terms they might use in undertaking an internet search?

*We obtained seven responses (from six ante-natal clinics), and have included this information in the methods section (Page 4; lines 123-128).*
Exactly how was this information obtained? Was it through some general questioning of the group overall as part of the course of the class and is that why ethics approval was not obtained? (I would probably require clearance for this at my institution.)

Women attending a routine appointment at a ‘birth after CS’ clinic were approached by clinical staff and asked if they would answer a question (in writing) whilst waiting for their appointment. The question covered what search terms they would expect to use if searching for information on birth after CS on the internet (Page 4; lines 123-128).

REC provided written confirmation that formal ethics approval was not required to involve women in this way, and we have added explicit text in the methods section (Page 4, lines 126-128).

Also a reference is required for the previous study that identified keywords.

We have now included this (Page 4, lines 128-131).

I am also concerned that while the codes were decided by a team, the interpretation appears to have been done by one investigator. Is this right? Did anyone independently check the interpretation at all?

Whilst the analysis was done by one member of the research team with qualitative research experience (VP), a second member of the team (MB), who also has qualitative research experience, checked a subset of codes/themes against relevant text. We have therefore included this information in the methodology section (Page 5, lines 157-161).

All of this is compounded by the fact that the sampling frame is somewhat confusing. Purposive sampling criteria were used but apart from the source of site, the other criteria are not provided.

We have now added further details of inclusion/exclusion criteria in the methods section (Page 4, lines 116-123), and also included additional information in appendix (Figure 1).

The authors refer to a sample and a final sample. What are these exactly? How are they different? How many sites were identified from which the sample of 10 was selected?

The initial sample refers to a total of 100 Google search results obtained using the 10 search terms detailed in Figure 1 (first 10 results per search term). This provided 68 unique web pages from 44 individual websites (35 if all NHS websites are grouped together). Predetermined purposive sampling criteria outlined in our methods were applied to the sample of 44 websites to select the ten most frequently returned websites that met these criteria. These ten websites then became our final sample for qualitative analysis (Page 4, lines 132-141).
A comment is also made about content analysis. This is a particular type of qualitative analysis and it was not undertaken in this study.

We believe that we did apply conventional content analysis in this study (therefore left reference to methodology in the manuscript), whereby coding categories were derived directly from the text data. We have verified this against published methodological articles on content analysis.

Overall, I think this is a very useful study and the findings need to be disseminated but the nature of the methods and the potential limitations need to be clarified.

Reviewer 2 Comments
Thank you for the opportunity to review this interesting paper.
The provision of information to women on publically accessible websites is important and this paper addresses an important area.
There are a number of small changes that I recommend before the paper can be accepted for publication.

The opening sentence of the Abstract needs rewriting to spell out the abbreviations and also to avoid the use of the word ‘procedures’ as it was not clear to be initially about what that referred to.

We have written text in full, followed by abbreviations, and also reworded this sentence; ‘The UK CS rate is largely determined by a reluctance to augment trial of labour and vaginal delivery’ (Page 2, lines 44-45).

I presume the sampling criteria also included English language?

Yes it did, and we have now included inclusion/exclusion criteria in the methods section (Page 4, lines 116-123).

Can the word ‘delivery’ be replaced with ‘birth’ throughout, as this is more acceptable language.

We have changed this in the main text, however left the word ‘delivery’ if extracted as direct quotation or comment from websites in the results section.

How was ‘scaremongering’ determined (page 5, line 152). What is seen as scaremongering to one person might just be presentation of evidence by another.

We agree with this reviewer’s perception, and have re-worded this sentence to reduce the potential for ambiguity; ‘On occasion, the way in which information was presented had the potential for raising anxiety levels beyond that which is arguably justified by the low absolute risks risk involved’ (Page 5, lines 167-168).
I presume that the 2 websites that were funded by “membership” were publicly accessible? Yes they were, and we have now addressed this in the methods section (Page 4, lines 120-122).

The websites were from the UK, US and Canada. What relevance do these have for other countries?

We believe that the content is applicable across the developed world where public health provision is the norm. However, while the content may be applicable, the websites themselves may not be accessible in a number of countries around the world. We appreciate that the content of the websites are unlikely to apply in developing countries where patient choice and risks associated with childbirth are not comparable with developed countries.

This needs to be addressed in the Discussion and also in the limitations section.

We have now done this (Page 11, lines 400-402; Page 12, lines 421-424).

**Reviewer 3 Comments**

I feel this paper is fundamentally flawed due to the limited number of websites reviewed and dominance of highly reputable ones at that. I am not sure what at the end of this is achieved. For me it is the so what that is missing.

We strongly argue that looking at only the ten most frequently returned sites is justified as this addressed our actual study question. Without requesting additional researchers’ in different countries to perform independent searches, we felt that the use of ten different search terms leant itself to ensuring a broad range of websites were analysed. This argument is strengthened by the fact that lay persons are unlikely to look beyond the first page of search engine results when looking for information (Eysenbach & Kohler, 2002). results.

Also missing is reference to other papers and literature about this issue that would have given the paper more depth.

We felt we had acknowledged published literature (to date) at time of submission of this manuscript. We are aware that further literature on this topic has been published since we submitted this article.