Author’s response to reviews

Title: Identifying maternal needs following childbirth: A qualitative study among mothers, fathers and professionals

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Author’s response to reviews:

Authors’ response: Dear reviewers, thank you for all your comments. They were very constructive. We have revised the manuscript to respond as well as possible to all of them.

Editor Comments

Susan Crowther:

1. The literature review needs further developing and lead to a robust justification for the topic under investigation. Both context and peer reviewed literature needs expanding and be explored using a critical appraisal to strengthen this section.

Authors’ response: Thank you for this comment. The background section has been completely reworked to have a robust justification of our research topic.
2. It is unclear the theoretical underpinnings of this study. It is evident that mixed methods was employed yet there is no explanation of methodological approach/lens adopted through the analysis. Attention to this would add depth and value to the paper as a whole.

Authors’ response: We fully agree with the reviewer’s comment. The methods section has completely been reworked and clarifies now our methodological approach for a better understanding (see comment 9).

3. Overall it was challenging to position where this paper sits within the wider literature and context. The discussion section would improve if the above points were to be addressed.

Authors’ response: The discussion section has also been reworked to integrate more of our research findings within the literature.

4. The use of language and flow in places was also unclear. Further proof reading before future submissions may rectify this issue.

Authors’ response: The manuscript has been revised again for the English language and grammar (www.aje.com).

5. Finally this does not provide new knowledge or uses a novel methodologically to add to the existing information robustly.

Authors’ response: To the best of our knowledge, this study is the first to 1) evaluate the mothers’ needs during the postnatal period and 2) to compare those needs of mothers who reported symptoms of a psychological disorder, including depression, with those who did not report any of those symptoms.

We agree that the qualitative method was not original but we used some original methods for the focus groups like the mind mapping which is a co-creative methods not often used in this type of research.

Editorial Feedback

6. Please ensure that your paper is copyedited. This is important to ensure that the clarity and understanding of you paper is improved. If you require assistance with, please visit: http://bmcpregnancychildbirth.biomedcentral.com/submission-guidelines/language-editing-services
Authors’ response: The manuscript has been revised again for the English language and grammar (www.aje.com).

7. Please confirm if you obtained written informed consent from the participants

Authors’ response: We confirm that we obtained written information consent from each of the participants.

8. Please ensure that your paper is formatted according to the journal guidelines

Authors’ response: The manuscript text now uses double line spacing and we included line numbering.

Reviewer reports:

Lorraine Walker (Reviewer 1):

- Major Compulsory Revisions

9. The authors address a very neglected aspect of women's life course. Thus, the topic of this paper has important. My major concern is that there does not seem to be an established guiding methodology: how were the number of interviewees and focus group participants determined? Many studies require "saturation" of thematic material. How was the coding done? Were there multiple coders? How was coding credibility assessed? There are numerous methodological texts and articles on how to conduct such research, but it is not clear that any of these were applied in this study. For example, only 2 fathers were interviewed but is unclear what the rationale for this number was. Also, there was no rationale given (methodological basis) for starting some of the focus groups with the word association with "postnatal". Is there an interview method supporting this, or was this something the authors just implemented on their own? It would also be helpful to know if any of the authors were trained in qualitative data analysis.

Authors’ response: We are grateful for the interest of the reviewer about our research topic. We totally agree with the reviewer’s comments. The methods section has completely been reworked to be better understood and to be clearer:

- The interviews and focus groups were audio-recorded using a dictaphone (dictor Philips LFH8200) and then transcribed verbatim and thematically analysed. The data analyses began before all of the interviews were conducted so that the researcher could control for
topic saturation [22]. Topic saturation occurred after the 17th interview. Therefore, the interviews were complete after only 22 of the expected 40 participants had participated. An identification number was allocated to each interview participant. To ensure confidentiality, all identifiable information was removed from the transcripts. The transcripts were checked twice by 2 researchers (the main research and a second researcher who was also a midwife and epidemiologist) to ensure the accuracy of the transcription before encoding. During the focus groups, handwritten notes were also captured and later analysed to help identify the different themes. A qualitative content analysis was conducted according to Neale [23]. The transcripts were systematically coded by topic. The categories of needs were developed inductively based on the material of the first interviews. Specifically, the transcripts were summarised and then key words were labelled and classified into groups of similar issues (i.e., categories). Categories and sub-categories were then attributed to the transcripts passages. These passages were also categorised under common themes. In the results section, selected direct quotes extracted from the interviews or focus groups are provided to illustrate each theme. When necessary, these quotes are contextualised by parity (i.e., the number of children born), the presence of maternal depression, or the focus group involved. The first researcher analysed and coded the data without computer software; next, the second researcher used NVivo 11 for Windows (a qualitative data analysis computer software package produced by QSR International). Ultimately, the coding was discussed between the two researchers to ensure the validity and credibility of the results.

- The interview guide has been prepared and constructed by the main researcher who is a midwife and a Ph.D. Candidate in Public Health with the contribution of a psychologist, a gynaecologist and an epidemiologist.

- The researcher used the interview guide presented in Figure 1. The main researcher who is a midwife and PhD Candidate in Public Health prepared and constructed this interview guide with the help of a psychologist, a gynaecologist and an epidemiologist.

- All of the advantages of including a mind map in qualitative research are described in the article by Burgess-Allen and Owen-Smith [21].

- Finally, we agree that a focus group of 2 fathers is small. We had great difficulty recruiting participants for the paternal focus group and we cancelled two earlier focus group dates due to a lack of participants. This limitation is now discussed in the discussion section.

10. There needs to be a section on study limitations in the Discussion

Authors’ response: We fully agree with the reviewer. We added a “strength and limitations of the study” section in the discussion. “To the best of our knowledge, this study is the first to evaluate maternal needs during the postnatal period and compare these needs across mothers with and
without reports of psychological distress. Our qualitative method was well adapted to explore mothers’ needs and obtain rich results. This study also explored (via focus groups) original co-creating methods that were drafted and exploited in collaboration with a group of experts via a co-created study design. Independent researchers analysed the results, which ensures their strong credibility. Therefore, the methods were rigorous. Our study also has possible limitations. First, the sample was composed of volunteers, which might limit the generalisation of the results to all mothers in Belgium. In fact, we hypothesise that mothers who returned to work or those who experienced an intense postnatal depression were less likely to participate in our study. Nevertheless, our individual interviews’ data allowed us to arrive at topic saturation. A second limitation of our study might be the representativeness of the focus group results. Although it was easy to recruit participants for the maternal and professional focus groups, we had great difficulty recruiting participants for the paternal focus group. In fact, we cancelled two earlier focus group dates due to a lack of participants. We decided to organise this group despite the presence of only 2 fathers, knowing that we would only have a limited number of paternal opinions. The results concerning the comparison of maternal needs and fathers’ perceptions about these needs should therefore be interpreted with caution.”

- Minor Essential Revisions

11. Cite the key studies that relate to the comment on page 4 that: "…very few studies have assessed…"

Authors’ response: References of the studies related to this comment have been added on page 4.

12. On page 4, where the 4 groups are described, insert the numbers of these groups (e.g., "group 1), so that these can be associated with the data in Table 1.

Authors’ response: The numbers of the groups of the individual interviews were already associated to their description in the methods section:

• a group of mothers who had given birth 4 to 6 weeks earlier who did not report symptoms of a psychological disorder including depression (group 1);

• a group of mothers who had given birth 4 to 6 weeks earlier who showed signs of a psychological disorder including depression (group 2);

• a group of mothers who had given birth 10 to 14 months earlier who did not report symptoms of a major psychological disorder after childbirth and for whom postnatal depression had not been diagnosed (group 3);
• a group of mothers who had given birth 10 to 14 months earlier who had an (undiagnosed) major psychological disorder after childbirth or for whom postnatal depression had been diagnosed (group 4).

- Discretionary Revisions

13. Change (on page 4) "several qualitative steps have been undertaken" to "a multi-stage qualitative study was undertaken, which involved individual and focus group interviews of mothers, and focus interview of health professionals and fathers." [or something along this line.

Authors’ response: The sentence has been changed into: “A multi-stage qualitative study was undertaken that involved individual and focus-group interviews of mothers as well as focus-group interviews of health professionals and fathers. Each stage undertaken in this study is represented in Figure 1”. The figure 1 has also been reworked (see comment 23).

14. There are a few obscure terms used in the manuscript that need an author clarification or comment:

Page 9: white blouse, maxi-cosy, food evolution

Page 10: I regretted Africa.

Authors’ response: Thank you for this comment. The “white blouse” corresponds to health professionals. The babies’ food evolution means “introduction of novel foods”. These precision have been added in the corresponding sections. “Maxi-cosy” and “I regretted Africa” have been removed of the manuscript.

Karen Benzies (Reviewer 2): Thank you for engaging in research with women in the year following childbirth.

Please see the following suggestions for improvement of this paper.

15. The second portion of the title seems to be missing something

Authors’ response: The title is now changed into: “Identifying maternal needs following childbirth: A qualitative study among mothers, fathers and professionals”.
16. Please double-check grammar throughout

Authors’ response: The manuscript has been revised again for the English language and grammar (www.aje.com).

17. Key words could be more descriptive, try to use words used frequently in your abstract and throughout paper

Authors’ response: The key words have been rethought to be more descriptive: postpartum period, needs, information, psychological support, sharing experiences, practical support.

Abstract:

18. Lines 3, 8: How would you delineate between "psychological discomfort" vs. "psychological distress"?

Authors’ response: This is an important point and we thank the reviewer for pointing it out. We think that the psychological distress is a more advanced stage of the psychological discomfort. It is the psychological distress that is targeted in our study. The manuscript has therefore been reworked to better match with the study’s goals.

Background:

19. Page 4, Line 7: Is not clear from your abstract or this introduction whether your paper is about post-partum depression, maternity blues, or psychological distress. Could clarify by saying something like "throughout this paper, we will focus on postpartum psychological discomfort," or what you have determined your focus is

Authors’ response: We totally agree with the reviewer. The focus of our study was not clearly explained. The introduction has been reworked to clarify our focus: “Throughout this paper, we focus on maternal depression and major psychological distress”. We also clarified our objectives: “The objectives of this study were to (1) explore the needs of mothers during the year following childbirth; (2) compare these needs between mothers who did not have a psychological disorder including depression and those who did; and (3) compare the needs expressed by mothers with the perceptions of professionals and fathers about the mothers’ needs. Our long-term goal is to examine whether it is possible to reduce psychological distress during the postnatal period by better meeting the needs identified in this study.”
20. Inclusion of research questions, interview questions and focus group questions would have been helpful

Authors’ response: We added our research question in the background section: “To what extent does the experience of an episode of psychological distress during the year following childbirth influence the needs of mothers during this period?” Interview questions and focus group questions have been added in the methods section (Figure 1).

Methods:

21. Page 4, Line 41 Figure 1 - is this your research, or research completed elsewhere? The distinction is not clear in text or in the label for the figure

Authors’ response: The Figure 1 represents each of the qualitative stage undertaken in this study. Some explanation, clarifying this point, has been added in the methods section:

• “A multi-stage qualitative study was undertaken that involved individual and focus-group interviews of mothers as well as focus-group interviews of health professionals and fathers. Each stage undertaken in this study is represented in Figure 1”.

• “The first step (step 1) of this study consisted of conducting individual interviews with four different groups of mothers to explore their maternal needs”.

• “The second step (step 2) of this study consisted of validating the measurement of maternal needs. Therefore, a focus group was organised with mothers willing to share their opinions and experience”.

• “The third step (step 3) of this study consisted of comparing maternal needs with the perceptions of professionals and fathers. Therefore, two additional focus groups were organised and conducted”.

The figure 1 has also been reworked (see comment 23).

22. Page 4, Line 47: From descriptions of groups of mothers for interviews it seems that your study may also be focused on depression, and/or major psychological disorders, needs to be clear in the abstract and background.

Authors’ response: The background and the abstract have been reworked to better express the focus of our study (also see comments 19).
23. Inclusion of interview questions/guide would be helpful

Authors’ response: We would like to thank the reviewer for this suggestion. The interview guide and some examples of questions are now presented in the Figure 1.

24. Focus group of 2 fathers is small

Authors’ response: We agree that a focus group of 2 fathers is small. We had great difficulty recruiting participants for the paternal focus group and we cancelled two earlier focus group dates due to a lack of participants. This limitation is now discussed in the discussion section.

Results:

25. Quotes are helpful and interesting, but there are a lot of them.

Authors’ response: We totally agree with the reviewer. Several quotes have therefore been removed from the manuscript.

26. Maybe some type of figure organizing the Needs would help with structuring the results section, which is very long.

Authors’ response: We constructed a table structuring our results during their analysis but we did not think of putting it in our manuscript. We agree that the manuscript is clearer and easier to read with this table (Table 2). Thank you for this comment.

27. Page 14 Line 43 Comparison between Maternal Needs and Perceptions of Professionals and Fathers is an especially interesting section, could include if you decide to make a figure of themes

Authors’ response: We totally agree that such a figure could be very interesting. Nevertheless, we think that we do not have enough information to implement such a figure. Indeed, we only have two fathers which is not really representative so it would be difficult to build a figure on these results.

Discussion:

28. More integration of your research findings with the literature is needed here
Authors’ response: Once again, we agree with the reviewer. The discussion section has been reworked and more integration of our research findings within the literature has been added: “The mothers of this study reported feeling a lack of overall information after delivery. In fact, several studies have already noted the need for information during the postnatal period [13–17]. Primiparous women felt this lack strongly with regard to many perspectives (e.g., medical, administrative, with regard to existing services, and so on). The need for information was reduced but more specific for mothers of second- and third-born children. In fact, mothers who already had children sought out information concerning what they had not previously experienced with their first child. Nevertheless, they would have liked more information for their first child. New mothers felt unprepared for the realities of motherhood (especially those having their first infant) [15,18,19] and searched for reliable and realistic information. […] The need for psychological support and that to share experience have been discussed in the literature. In fact, women often have many fears and anxieties concerning the early motherhood period and their changing role [4]. One study showed that mothers feel a lack of control over their lives, incomplete maternal feelings and unstable relationships with their husbands and others during the first year after childbirth [18]. Mothers experience an important paradox: They are happy to be mothers but unhappy at the loss that early motherhood inflicts upon their lives (i.e., the losses of autonomy, time, appearance, femininity and sexuality, and occupational identity) [30]. Therefore, women must be surrounded, reassured and understood during this difficult period [5,6]. This study showed that mothers wanted to have the possibility to discuss issues with other mothers, especially to determine whether what they are experiencing is normal. The concept of normality was important during this period of life. Mothers rejected the idealisation of motherhood and stated that they were unable to meet that ideal. In fact, they reported that everything (e.g., images, photos, society, other mothers and so on) encourages the belief that becoming a mother will generate happiness. Therefore, when a mother is unwell or when she is tired, she does not dare to admit it [31]. […]”.

Conclusion:

29. Conclusion seems to indicate that the research was more about social reorganization. Still unclear regarding whether the study was about depression as well, as it was not mentioned in the conclusion.

Authors’ response: The conclusion has been reworked too: “All mothers (those who experienced psychological distress and those who did not) had similar needs during the postpartum period but at different levels of intensity. In fact, young mothers felt a lack of support at different levels during the postpartum period. Women felt neither sufficiently informed about this difficult period of life nor sufficiently supported, not only psychologically but also practically (e.g., with regard to household chores). They are often tired and have many questions. They have a need to share with their family, friends and other women about their experiences and they must be
reassured and made to feel understood. This study helps to understand what women experience after childbirth. By providing ways to meet these women's needs, this study also offers ways to prevent psychological distress during the postpartum period. It is necessary to lift the taboo associated with the postnatal period and stop idealising motherhood. Mothers should not be afraid to discuss their needs or ask for help when they need it. Health professionals, fathers and the mother's family and friends should be more attentive to her needs”.

30. Reference to the "new health reform" should have been introduced earlier in the manuscript.
Authors’ response: The new health reform has already been introduced in the background section. We reworked the background to be better understood: “In addition, health authorities in various countries decided, primarily for economic reasons, to implement health reforms in which the length of stay in maternity units after childbirth was reduced [12]. This measure might have changed or increased women’s needs after childbirth”.

31. What are the practical implications for health care professionals, new mothers, and/or fathers? Could be summarized in this section.
Authors’ response: The practical implications for health care professionals, new mothers, and/or fathers have been added in the conclusion: “It is necessary to lift the taboo associated with the postnatal period and stop idealising motherhood. Mothers should not be afraid to discuss their needs or ask for help when they need it. Health professionals, fathers and the mother’s family and friends should be more attentive to her needs”.

32. The link between meeting women's needs and alleviating psychological distress should be made clearer throughout the manuscript.
Authors’ response: The manuscript has been completely reworked. We hope that this link is clearer now.