Author’s response to reviews

Title: TRIAL OF LABOUR OR ELECTIVE REPEAT CAESAREAN DELIVERY: ARE WOMEN MAKING AN INFORMED DECISION AT KENYATTA NATIONAL HOSPITAL?

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AUTHORS’ RESPONSES TO REVIEWERS’ COMMENTS

Reviewer 1 comments

It is very nice to see a study from Africa that advocates women’s’ right to make informed choices on their own health. Although some comments can be made on possible bias in women not receiving the questionnaires the results are clear: in most cases no real informed choice is made.

One could add to the discussion that the use of prediction models and shared decision aids can be helpful in counseling women with previous CD and make some additional references to the practice variation internationally.

Responses

The following statement has been added in the discussion part of the manuscript (page 7): There are no established criteria to use for counseling pregnant women regarding TOLAC or ERCD in Kenya. A number of patient-oriented information and decision aids are available to help patients make an informed decision about TOLAC versus ERCD. In the United States, patient information is available from the American College of Obstetricians and Gynecologists and from the National Library of Medicine1, 5
Reviewer 2 comments

This is a good study of knowledge about, and decisions regarding trial of labor versus elective repeat cesarean delivery among TOLAC-eligible women seeking care at an antenatal clinic at a single hospital (KNH) in Nairobi. In addition to describing TOLAC rates that are similar to many academic institutions in the US (which also could be increased if women were provided tools to help ensure informed, shared decision making regarding approach to delivery after prior cesarean), the authors were able to identify numerous factors associated with decisions to undergo TOLAC versus ERCD, as well as knowledge gaps that often underlie these decisions.

My suggestions are as follows:

1) Please include an appendix providing the questionnaire that was used in this study. It is difficult to grasp precisely what was asked of these women based on the results presented in Table 4 - e.g., what exactly were the questions, and what were their response options, for the categories under "women's knowledge on risk associated with repeat c/s than TOLAC) where it indicates "increased blood low"

Responses

The questionnaire that was used in this study has been added in the appendix of the manuscript (page 22). We edited the table 4 and now appears as table3 ; the question and possible answers were the following : Are you aware about the risks associated with cesarean delivery ?

a. No

b. If yes, which one of the following complications is more associated with repeat C/S than a VBAC (vaginal delivery after C/S) ? Tick all applied

i. Increased blood loss

ii. High risk of infection

iii. Complication of anesthesia

iv. Rupture in case of big baby

v. Injury to organs (in the mother)

vi. Recovery is longer

vii. Others. Specify

viii. Don’t know
2) What does the title for Table 7 (Minimum criteria for a woman . . . to make and informed decision . . .) mean? Again, it is not clear what the rows under "women informed on mode of delivery" mean - how was a woman categorized as "TOLAC «"?

Responses

Thank you for a good observation.

- We have edited the table 7 and now appears as table 6 with the following title: the essential knowledge for a pregnant woman with a prior cesarean delivery to make an informed decision on mode of delivery at KNH (page 19)
- The rows under ‘’women informed on mode of delivery’’ has been also edited and now appears as: Women informed on available options of mode of delivery (page 19)
- A woman was categorized as TOLAC based on the decision made through ANC guided by the counseling doctor. The answer of the woman on the following question of the study questionnaire helped to categorize as TOLAC or ERCD: What is the decision made on mode of delivery during ANC?
  a. Trial of labor
  b. Repeat C/S
  c. Not yet

3) It would be easier to read the tables if they were consolidated and condensed. E.g., Tables 1-3 could all be one table, with subheadings.

Responses

Thank you for the comment. The table 1 -2 merged (page 12)

4) Why are all the knowledge items explored individually? Would it be possible to combining them into one knowledge score, reflecting knowledge of both of the approaches?

Responses

From the design of questionnaire and responses, it was not intended to combine these into a single score. Individual elements are all essential for further exploration.
5) The authors should consider conducting a multivariate analysis of predictors of delivery approach, with patient and provider characteristics including knowledge as presented in the other tables, included as X variables, rather than just presenting bivariate comparisons in Tables 8 and 9.

Responses

As our aim was not to predict which woman is going to get TOLAC, we did not consider multivariate analysis. Our aim was to show whether women made informed choices only. The rider, is that each individual patient requires comprehensive assessment and decision as per context in real-time. Table 8 and 9 have been edited and now appear as table 7 and 8.

6) The authors indicate a small sample size as a limitation, yet there is no hypothesis and no power calculation to determine what sample size would be needed.

Responses

This was a Cross-sectional study. Therefore, it was not designed to test any hypothesis but rather to generate hypothesis that can be tested through more robust study designs and settings.

7) The reference list is limited, citing primarily guidelines, "up-to-date" articles, and peer reviewed articles from many years ago. There is a much more current literature on patient preferences and decision making in the context of approach to delivery after one prior cesarean and on decision tools that have been developed and evaluated in this context.

Responses

Thank you for a good observation. Some of the references have been reviewed and updated (page 11).

We have tried to edit our manuscript and we hope that the current state is suitable for publication.