Reviewer’s report

Title: Why some women choose a childbirth setting against medical advice in the Netherlands: A qualitative analysis

Version: 0 Date: 23 Feb 2017

Reviewer: Helen Haines

Reviewer's report:

Thank-you for the opportunity to read and review this very well written and extremely interesting study. This is a most important topic of investigation not only in what it tells us about the attitudes and beliefs of women who choose birth settings outside of medical advice, but in what it tells us about the attitudes of caregivers and the culture of mainstream maternity services. It is extremely pertinent coming from the Netherlands as the authors rightly point out and demonstrates some universal themes that I feel apply across many populations. I enjoyed reading this paper very much.

I have a few questions, some concerns and some points that I would like the authors to address.

Abstract

Please state an aim to his study.

The first line of the conclusion uses the term 'counseling'. That is out of place here given there has been no focus in this study on counseling. I would recommend something more like:

'The main goal of working with women whose birthing choices do not align with medical advice is not to coerce them into the framework of protocols and guidelines but to prevent negative choices.'

I would also like to see something in the recommendations that address the now internationally accepted (but poorly practiced!) concept of shared decision making (see my comments below).

Background

Line 43: "They choose home birth against medical advice, with or even without a midwife present (Hollander et al forthcoming). There are no statistical data to support this impression."
Are we to gather from this that the forthcoming article will give this data? Also I am not comfortable with the term 'forthcoming'. What is that to mean? Is this article submitted? Accepted? in press?

Line 66: small grammatical error. Please replace 'to be' with 'as'

Line 86: please estate a clear aim

Methods

Line 89: Ethics was waived? I assume the authors mean granted. Please clarify

Data analysis section needs references to the grounded theory method and the constructivist approach which were detailed in the abstract. This section is only using the term thematic analysis now. Please clarify.

Results

In discussing the theme "Discrepancy in the definition of authoritative knowledge", the authors state that there women fell into two schools of thought 'traditional biomedical framework and a 'nature oriented framework'. The code tree (Table 3) however has the second group as 'Client perspective'. I feel 'nature oriented framework' is the best term.

Line 295: This quote is rather hard to follow. I also wonder about the translation. The term "….is a top broad..." is a very 190s American slang description of a woman.

Discussion

Line 341: please remove "after thematic analysis". It is not necessary and is not a good description of your actual methodology.

Line 357: "Another reason for the current risk discourse can be found in the blame culture, where every error or even unavoidable bad outcome can become subject to reviews, audits and medico-legal consequences." I understand where the authors are going here but 'blame culture' is a very pejorative term. Quality health care is built upon reviews and audits undertaken transparently and ideally in an environment of open disclosure and peer support. This is how health care
determines if in fact bad outcomes were actually unavoidable. Please rephrase this section and if the authors wish to discuss 'blame culture', please see Khatri N, Brown GD, Hicks LL. From a blame culture to a just culture in health care. Health care management review. 2009; 34(4):312-22.

Line 370: Here the authors make a very salient point about the communication of risk. I think this section can be strengthened by adding that health care professionals are known to poorly understand probabilistic reasoning themselves see: Martyn C. Risky business: doctors' understanding of statistics. BMJ : British Medical Journal. 2014;349.

Line 397: This section really needs the term shared decision making (SDM) introduced. It is used in line 551 in the implications for practice section without reference but should be discussed earlier. The discussion on autonomous choice is really about SDM. It is also pertinent to the discussion at line 433 onwards on birth plans. See:


* Nieuwenhuijze M, Kane Low L, Korstjens I, Lagro-Janssen ATM. The role of maternity care providers in promoting shared decision-making regarding birthing positions during second stage labor. Journal of midwifery & women's health. 2014;00.


Strengths and Limitations

Line 566: please rephrase this sentence "are keen' does not sound at all professional. "committed to" is a better choice

Line 572: I disagree that these women are from different socio-economic backgrounds. I would argue that these women actually come from quite homogeneous backgrounds according to table 1.- mostly 25- 30 years, mostly university educated, all either married or living with partner and mostly employed.
Line 583- 591: Please put this in the results. You have given findings from the focus group validation in the limitation section. Refer to it in the limitations but add it to findings as it influences your interpretation of fear.

Conclusion

Given my earlier points on SDM the authors may wish to use that term in the conclusion.

Tables:

The tables are poorly formatted and are not adequate for publication in their current form. Please improve this. Table one must have % included. Table 2 is not actually a table. Table three is also not constructed as a table. It may be better in landscape. Please seek advise on formatting.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

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