Author’s response to reviews

Title: "You just need to leave the room when you breastfeed" Breastfeeding experiences among obese women in Sweden - A qualitative study

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Author’s response to reviews:

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Dear Editor and Dr. Kate Kerber,

BMC Pregnancy and Childbirth,

Thank you for allowing us to revise our manuscript. We have made the improvements of the text according to the comments from you. Changes and additions in the manuscript and in Figure 1 are marked with red letters/figures.

Sincerely

Ing-Marie Claesson,

Corresponding author on behalf of the other authors
You stepped aside when you would breastfeed" Breastfeeding experiences among obese women in Sweden - A qualitative study Ing-Marie Claesson, RNM, PhD; Lotta Larsson, RNM; Linda Steen, RNM; Siw Alehagen, RNM, Associate Professor BMC Pregnancy and Childbirth

Reviewer reports:

Gill Thomson, BSc, MSc, PhD, FHEA (Reviewer 1): Thank you for asking me to review this paper that concerns obese women's experiences of breastfeeding. While there are some interesting insights offered, the quality of the manuscript requires improvement before it is suitable for publication. Suggested revisions have been offered as follows:

Abstract

1. "and long-term health for both mother and child" - need to check and reframe this text - doesn't quite make sense in this context. We have added some adverse outcomes for mother and child.

2. Definition of obesity needs to be included, i.e. BMI of?? Done

Conclusion

3. -Sentence starting….'However, there were practical challenges…' I would add in 'for obese women here' so context is clear. Done

Background

4. Use % rather than percent, i.e. line 38, p. 3. Done

5. Also need to remove 'the' in this sentence, i.e. …..13% of pregnant women …… Done

6. Over-use of acronyms - please write in full for majority of the ones included, i.e. GWG, BF (BMI is fine as well known-established one), rest are confusing/unnecessary. We have removed the abbreviations GWG and BF.
7. As second para of background is presenting and then negating potential association of BMI and breastfeeding - it would be clearer to sum up positive and negative evidence in separate sections - and potentially a rationale for why negative results/no association was found (particularly when your study is based on the premise that this is an area worthy of exploration).

We have added the reference which reviewer 2 recommended which gives a rationale to the negative results concerning breastfeeding and obesity.

We have also added new text and new references: We have not described any positive association between high BMI and breastfeeding. Our choice is to keep the presentation with studies showing both negative associations and where appropriate divergent results.

8. A rationale for your study (rather than just only a few done) would be useful here, e.g. no studies undertaken in Sweden, explored issues at different time-frames?? We have added new text in this section.

Methodology

9. Participants - participant details should be included at the start of the findings section and ideally should include a detailed demographics table. Information about the study participants has now been included in the result section. We have also added a table.

10. Age of most recent child at the time of the interview should be provided.

We did not ask for this data but the interviews were performed between 2 and 18 months postnatal.

11. How did Weight Watchers staff identify women to take part (i.e. identifying the BMI scores?) Obese women were identified and offered participation in the study.

12. p. 6 line 113 It's not really that written material will be confidential (as for example you are intending to report their data in a public domain) - rather should address how anonymity was obtained? The women were not anonymous for the researcher and the participants gave them their information in confidence. The participants were also promised that their identity should not be disclosed. The study was performed in accordance with the Declaration of Helsinki and the Swedish legislation on non-invasive studies.

13. p. 7 line 122 would rephrase 'Interesting subjects in the data' to 'Key issues reported in the interviews…….' We have rephrased the sentence and used the same phrase as Braun & Clarke: “Initial ideas in the data were written down and discussed.”
14. p.8 line 130-131 check/revised last sentence. We have rewritten this sentence.

15. Who were the pilots undertaken with? Two of the authors undertook the pilot interviews. This is now stated in the manuscript.

16. Did these lead to any revisions? No. This is now stated in the manuscript.

17. Need to state where/how ethics approval was obtained (and if not, why not) - not just that you adhered to ethical principles.

Ethics approval was not obtained. In Sweden ethical approval is not compulsory when recruitment outside the health care system. The ethical principles for studies were followed as described in the Method section and the study was performed in accordance with the Declaration of Helsinki and Swedish legislation on non-invasive studies.

18. The lettering A-K is used as participant identifiers - this is not clear in the text. The letterings A-K are used to identify the participators and are used only to mark to whom the quote belongs to. This is stated in the beginning of the result section.

Findings

19. It would be useful to actually link/name the sub-themes in the introductory text for each of the themes so as a reader it is clear what is going to be discussed (this applies to all the three themes). The three main themes and nine sub themes are described in Figure 1. This is stated in the beginning of the result section.

20. Line 162 - 'best for the child' (rather than for the child's best?) Done

21. Line 199-201 - check/re-frame text (last sentence). We have rephrased the sentence.

22. Line 218-219 - check/re-frame text (last sentence) -the following quote also doesn't appear to support the preceding text? We mean that the four previous sentences cover the quote.

23. p.223 - text feels rather repetitive with earlier para/points made this page - i.e. poor attachment at the breast - would look at revising the text/use of quotes in this section. It is written p 223 but we think it means line 223. We choose to not rewrite this part as the first section of this sub theme is the challenges concerning the body position and the following sub theme is about the child’s problem with gripping the breast and the consequences the women stated that this could have.
24. p.13 - quotes should ideally be better integrated, i.e. rather than discussing various issues and then listing quotes below (this also applies elsewhere in the findings).

We choose to keep the content but we have excluded one of the quotes as this is described in the text above.

25. p.14-15 Again issues are being repeated i.e. emotional impact of not breastfeeding has already been addressed in 'unmet expectations'.

In the sub theme “Unmet expectations” the emotional aspects is about the difference between their expectations during pregnancy and the experiences while breastfeeding. In the theme “Support for breastfeeding” the emotional aspects is connected to the support of health professional.

Discussion

26. You should start this section with a clear summary of the key findings from your study and then link into wider literature in proceeding paragraphs.

We have added a summary.

27. Overall, this section is long and repetitive, e.g. issues of closeness/attachment referred to on pages 17 and 18. The discussion should not be a complete reiteration of all the findings (which is how it reads at present), but rather highlighting/discussing key issues, how your findings support or refutes other literature and what new insights your study has generated. As many of the issues you identify are similar to other/non-obese women's experiences it would be more appropriate to just summarise/contextualise these findings (with links to wider literature) and then focus more on issues/difficulties that obesity causes for these women.

We have rewritten some part of the discussion to clarify the similarity and the differences in experiences of breastfeeding between obese and normal-weight women.

28. Credibility does not generally refer to the number of authors undertaking the analysis - rather that plausible/credible interpretations have been generated.

We have rewritten this part and connected trustworthiness to the 15-point checklist for good quality of thematic analysis according to Braun and Clarke (25).
28. Further clarification about the need for further research to focus on the body would be useful - for what purpose?

We have added new text.

29. Grammatical errors:

- Please note that I started to highlight grammatical errors - however, there are too many for a reviewer to address. Careful checking/review by an English native will help.

The manuscript has been revised by a professional linguistic reviewer, a profession British company Anchor English Proofreading. The text has been revised again before this resubmission.

- p.4 line 59 - sentence starting 'high concerns.....' unclear what these concerns are relating too - body image?? Yes, it is related to the body image. We have rephrased this sentence

- p.68 - would change the term 'probably' to 'potentially'. Done

- p.73 - reframe 'failure initiation' to 'non-initiation'. We think that ‘failure initiation’ is not the same as ‘non-initiation’. When you failure to initiate breastfeeding you have tried but there was lack of success. To our opinion ‘non-initiation’ mean that you never initiated breastfeeding.

- p.6 line 101-20 - should be framed as 'purposive sampling' and 'Weight Watchers organisation' Done

- p.6 line 106 - should read 'were given' not 'were giving' Done

- p.6 line 107 - change text to 'and a total of 11 women .....' Done

Rebekah Fox (Reviewer 2): Thank you for sending your manuscript 'You stepped aside when you could breastfeed' Breastfeeding experiences among obese women in Sweden' for review. I found the article very interesting, addressing an important and increasingly relevant topic from a refreshing qualitative angle. Qualitative research on such topics is important, in that it helps us to understand the women's own perspective on their breastfeeding experiences and ways in which they could be better supported to achieve their breastfeeding goals.
Background

1. It would be useful to know a little more about the physical and psycho-social reasons behind lower rates of BF in obese women - e.g. delayed lactation, greater birth interventions, problems with positioning, body image, etc - a good summary of these are given in the article below. This would give a good context as to why obese women may have additional problems in initiating and continuing BF. Thank you for a good hint! We have added the review (by Bever Babendure et al.) and two other studies (by Hauff et al. and Kronborg et al.) in the background section.


2. It would also be useful to have a little more information on the Swedish context e.g figures on breastfeeding rates (initiation and duration). Sweden has very high BF rates and generous parental leave by international standards, which may influence women's intentions to initiate and continue BF. Such factors may contribute to different antenatal intentions in different cultural contexts (as mentioned in line 44) depending on cultural norms - in Sweden BF is largely seen as the norm (evidenced in some of the quotes by the study participants) whereas in other cultures (or sub-cultures) it is not. We have added information about breastfeeding in Sweden in the background section.

3. Rates of obesity in Sweden, although increasing rapidly, are also relatively low compared for example to the US or UK, which may influence perceptions of BMI. Would be useful to have a few figures and comparisons for an international audience. In the two first sentences of the background section, we mention the rate of obesity, in the year of 2015, among female population and in the pregnant population.

Methods

4. The methods and analysis seem suitable for a small scale qualitative study. Did you ask the women about delivery method, birth interventions etc and whether this affected BF? This might have been useful information as these factors are known to influence BF initiation. You also don't mention ethnicity in your description of the sample. All participants stated that their pregnancy and childbirth were uncomplicated. We have no information about any obstetric interventions. All participators were of European origin. This is now stated in the manuscript.
Results

5. The research reveals several interesting themes, many of which are also relevant to non-obese women. I wonder if it might be better to restructure the results a bit to focus upon themes that are specific to obese women, or at least clarify how they are similar / different to non-obese women? This is discussed quite extensively in the discussion section, but could perhaps be integrated better into the results? Sometimes it feels as though the quotes need a little more discussion.

We have worked with this part in the discussion and we hope that we have clarified similar/differences between obese and normal-weight women’s experiences of breastfeeding.

6. Another possible way to do this could be to integrate the results and discussion together (a style used in some qualitative papers) possibly moving some of the background literature to the background/introduction section? (this is not necessary just a suggestion).

We have discussed this possibility but our decision is to not integrate the result and discussion.

Discussion

The discussion addresses some of the points raised earlier and provides a robust discussion of the challenges faced by obese breastfeeding women. A couple of minor points:

7. pg.18 line 356 - reference for individual postnatal breastfeeding support? This sentence refers to the author’s own reflection about individual breastfeeding support.

8. pg.19

Line 383 - 'disgusting' not perhaps quite right word? We have changed to ‘loathsome’.

Line 388. is it appropriate to refer to 'artificial' milk? We have changed to ‘formula’.

Line 400. 50% seems very high numbers against public BF - would this figure be similar in Sweden? (I'm guessing not?) We have unfortunately no information about this opinion in Sweden, but probably is the rate significantly lower.

Conclusion

9. The conclusions could do with being extended a bit - perhaps focusing on what support could be provided both antenatally and postnatally, building upon the last section of the
discussion and perhaps a bit more detailed summary of the findings and their implications. We have added new text in this section.

10. The whole manuscript needs to be language edited by a native English speaker to ensure flow and readability (fully appreciate that you a writing this in a second language!)

See our answer to reviewer 1, question 29.

11. The quote used in the title 'you stepped aside when you would breastfeed' does not translate easily into English (I'm guessing it means that women wanted to be out of the way when breastfeeding?) but could be interpreted in several ways - perhaps a less literal translation would work better?

We have discussed this with the linguistic reviewer and we changed it to:” You just need to leave the room when you breastfeed”