Reviewer’s report

Title: Definitions, measurements and prevalence of Fear of Childbirth: A systematic review

Version: 0 Date: 25 May 2017

Reviewer: Kathrin Stoll

Reviewer’s report:

Reviewer Comments to Author

In this paper, the authors describe findings from a systematic review of studies that report the prevalence of childbirth fear.

To my knowledge, no previous systematic review has been published on this topic and as such the paper fills an important gap in the literature.

Please see below my comments.

Background

In the abstract and the background section, the authors report that FOC often leads to requests for caesarean. While this is true, I would encourage the team to provide a few more references, to back up this important point.

The manuscript is generally well-written, but needs to be reviewed one more time by a native speaker, to correct minor issues, such as the first sentence in the background section: 'However, the research field is large, scattered and difficult to overlook'

Methods

The methods are described clearly and the authors follow PRISMA guidelines. I was surprised that your search strategy rendered so many records, especially since you were looking for very specific studies (prevalence studies of childbirth fear).

The following two sentences in the methods section were confusing to me. 'We only included studies who were the first to report prevalence in a population and at the same time point. Studies with double reporting of the same prevalence…'

What is double reporting and why did you only choose studies that first reported prevalence in a country? Would it not be more important to choose studies with the most representative samples?
I have used the EPHPP tool for a couple of systematic reviews and like it. However, it is better suited to evaluating the quality of intervention studies. For a systematic review of prevalence studies it would have been preferable to choose a tool that focuses on the validity of the survey instruments and the representativeness of the samples on which the prevalence estimates are based on e.g. http://ebmh.bmj.com/content/1/2/37). There are dimensions of the EPHPP (e.g. the section on confounding) that are not relevant for your review. I would suggest that you either point out the deficiencies of using the EPHPP as a quality assessment tool for prevalence studies in your paper or add a sentence in your methods, indicating how the tool is suitable for the purpose of your review.

Results

Your results are clearly described and illustrate the range of FOC measures that have been used. I appreciate that you distinguish between different WDEQ cut-off scores in your results section.

Table 2 is very useful, but please report confidence intervals along with the prevalence rates (whenever possible).

Your comparison of FOC rates across countries is interesting, but I wonder whether the samples from which those rates were derived are representative of the population of childbearing women in those countries?

Discussion

Your review fills an important gap in the literature, but does not acknowledge important problems with the published FOC literature to date.

There are two major issues that require critical reflection: First, the WEQ is not a good measure of childbirth fear, as it assesses a range of emotions about childbirth (and fear is only one of many feelings captured by the WDEQ). The WDEQ contains a childbirth fear subscale, but few researchers use it. Wijma & Wijma (as far as I know) did not perform factor analysis in 1998 when they first introduced the scale, but other researchers have since identified subscales (including a fear subscale).

The cut-off scores that are used for the WDEQ (and other fear scales) are based on percentiles, usually the 75th or 90th percentile, to define elevated/severe childbirth fear. To my knowledge, none of the fear scales have been validated against diagnostic interviews with women (to determine clinically relevant cut-off scores). Hence, the utility of childbirth fear scales to identify women with levels of fear that require intervention is very limited.

Finally, most childbirth fear scales do not take into account important dimensions of fear, such as fear of medical interventions and fear of mistreatment by healthcare providers and loss of autonomy and control. It would be good if your discussion and recommendations could include some acknowledgment and/or critical reflection of these issues.
Thank you for the opportunity to review your paper.

**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.

I am able to assess the statistics

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Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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