Reviewer’s report

Title: Few women received a specific explanation of stillbirth - an online survey of women’s perceptions and thoughts about the cause of their baby’s death

Version: 1 Date: 14 Jan 2018

Reviewer: Louise O’Brien

Reviewer's report:

This manuscript presents data regarding women's thoughts about the cause of stillbirth of their baby. It raises some important issues. However, I have some reservations about its current form, as detailed below:

Methods:
- There are no inclusion/exclusion criteria listed. It is important for the reader to understand who was eligible (i.e., only singleton pregnancies? how long ago could the stillbirth have occurred? etc). Currently it is only listened as "a dead baby after 28 completed weeks". With regards to the latter phrase, it would be better stated as "experienced a stillbirth after 28 completed weeks".
- It would be helpful to provide the complete survey in an appendix as there were 87 questions asked but only 4 are reported here. What else did the other questions address? Have data from this 87 item questionnaire been published?
- One question asked if the woman believed that her healthcare was responsible for the baby's death, with response variables of either yes or no. Why was there no option for "unsure"? The option of only yes or no forces participants to answer dichotomously when the reality could be more blurred.

Analysis:
- Is there a method of qualitative analysis that could be cited?
- Which of the authors coded the data and what happened if there was disagreement?
- The text states that descriptive analyses were conducted but does not expand any further.
Results:

- How many women answered the survey, how many were excluded and why?

- There is no table providing demographic data such as maternal age, educational level, parity, how many weeks/months/years since stillbirth, how many stillbirths were pre-term vs term vs post-term, how many women had medical problems, etc.

- Throughout the manuscript it should be made clear that this is maternal report/perception. For example, rather than say that 173 women did not receive any explanation, it would be more accurate to state that 173 REPORTED that they did not receive any explanation. This issue is found throughout the manuscript and would add clarity if it was addressed.

- Regarding cause of death, how many babies had a post-mortem exam?

- Unclear why 10 women reported SIDS as an explanation given to them by a healthcare provider. I find it difficult to comprehend that this is true given that SIDS and stillbirth are mutually exclusive. If this is not an error, it gets back to the point that this is the woman's perception of what she was told, rather than what she was really told.

- Similarly, one woman described that her high blood pressure was ignored; this is her perception (which without information from her midwife, is difficult to reconcile)

- Throughout the results the word "many" or "some" is used to describe the women. These terms are not helpful as the reader has no idea what this really means. Consider being more specific with the description and state how many women (n=x, y%) reported each of the concerns. Knowing these numbers and proportions will be very helpful.

- How many women reported multiple reasons for death - as it is assumed that not everyone fell into one category.

- How are the findings altered by stratifying by preterm/full-term/post-term? Are there differences in the explanation or perceived causes if babies were preterm vs not?

- How are the findings altered by those who had a recent stillbirth vs those who had time to receive full information and maybe follow up discussion with their healthcare provider?

- The issue of women's opinions regarding healthcare being responsible is an important issue; can the authors provide more details (i.e the number of women that thought something was wrong, how many talked to their midwife, how many midwives were perceived to be "ignoring" the woman etc?)
Discussion:

- The discussion could be better synthesized with existing literature and should include comparison with Warland et al BMC Pregnancy & Childbirth 2015 who also looked at perceived vs "told" cause of death.

- Under the header "getting an explanation", it is stated that "we found that not receiving an explanation for the stillbirth bothered women and made them create their own explanations"; where are the data to support this statement? It would be helpful to see how self-blame differed (or not) between those who had received an explanation vs those who had not.

- Several "results" are stated late in the discussion. Results should be in the appropriate section, not stated for the first time in the discussion

Limitations: a significant limitation that has not been mentioned is that this is women's perception of their care, not necessarily what really happened. Indeed, the authors acknowledged another part of the discussion that women may not take on board everything that was told to them in the immediate period, yet this is not mentioned as a limitation in the current study. Also this study was only available to women with internet access. There are some

- The main aim of the study was to investigate whether mothers received an explanation for the stillbirth but there is no mention of this in the conclusion. The conclusion could align better with the aims and main findings.

Appendices

- Why is fetal growth restriction classified together with Down Syndrome? Would this be more appropriately listed with obstetric conditions?

- Appendix 1 and Appendix 2 could be better aligned. For example, Appendix 1 separates placenta and cord but Appendix 2 collapses them together. It would be helpful for the reader to see the same general categories in each appendix. "Diseases and complications is children" is probably better described as ".... in the fetus". The Risk Factors section for appendix 2, "flattening growth curve (assumed to be referring to the fetus - or is the fetus described in Disease and complications in children?) is listed under pregnancy complications but large for gestational age is listed under the maternal risk factor section. Better organisation would be helpful. It would also be helpful to the reader if the sample size could be stated for each of the variables stated in the appendices.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

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

Yes

Are the conclusions drawn adequately supported by the data shown?
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