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: 20 Mar 2018

Reviewer: Lucy Higgins

Reviewer's report:

Thank you for the opportunity to review this manuscript. My review is slightly impaired by not having been involved in the prior review, which means that many of the things that I have commented on might have been easily taken care of in the prior round of revisions. It is an interesting topic and certainly something that healthcare professionals involved in the care of bereaved parents should be aware of. However, in its current format (mainly in terms of the level of interpretation/discussion/self critique conducted) I do not feel it is yet ready to be published as a useful piece of reference literature. I have tried to be specific in terms of my feedback to aid the publication of a valuable piece of work.

1) Correct spelling is fetal, not foetal.

2) The manuscript could do with a proof read by a native English speaker to correct subtleties such as "proportions", were/are instead of was/is etc

3) It is difficult for me to use line numbers as these do not appear to line up with the text in the PDF I have.

4) In the introduction, the sentence beginning "Flenady et al (2011) described major risk factors of stillbirth in high-income countries..." appears as a paragraph in its own right and rather out of place - suggest this need merging into another paragraph as appropriate

5) The only reference list I can access is the one from the original submission - are the authors confident that nothing has changed in this respect? In this, reference 7 is incomplete. as is reference 15 and reference 20. Those references with hyperlinks should have a date of access with them. Book chapter references would be better formatted in English e.g. English for things like Editors, Chapter number, Publishing company etc (I am not suggesting translating the title of the chapter or book). Meta-analysis is incorrectly spelt in ref 5 and there is inconsistent referencing e.g. inclusion of a month in ref 9, PLoS references still have a traditional year:issue:number reference system (has a reference software been used?),
6) Final paragraph of the page entitled "background" (page numbers would have been very useful): The data relating to sleep position is in the middle of data relating to RFM and would be better moved.

7) Final paragraph of the Background section - have you looked at the STARS cohort study? This should be included.

8) Aims should be plural, and they should either be bulleted or commence each sentence with "To investigate"

9) In the Methods subsection entitled "analysis" the second part of the paragraph is confusing with terms (e.g. Codes) being introduced before they are explained. Could do with a re-structure

10) Results - first paragraph - I believe you should really describe these results as "XX women reported" or "XX women believed" etc. As this data is based on perception, and may have several explanations e.g. explanation may not have been given at all (no attempt), there may have been no explanation after extensive investigation, the explanation given may have conflicted with their own health beliefs and ideas etc ... Without comparison to documented (or contemporaneously witnessed) events/discussions it is not possibly to try to verify that no explanation was given at all or how solid the explanation was.

11) Where does N=116 come from in terms of "women who reported a cause for the stillbirth from healthcare professionals"? I cannot derive 116 from any of the numbers given before this (e.g. total of solid and uncertain explanations = 183).

12) "Almost half the placental complications were abruptions" - please provide numbers/percentage

13) Would a HCP really say that SIDS was responsible for a stillbirth? Does this reflect the mother's own interpretation of what was actually said? or is it something that has got lost in translation?

14) "six (5.2%) women did not receive an explanation or stated that they were still waiting for an explanation." - This feels out of place in a paragraph that begins with the premise the N=116 women reported a cause from HCPs. Indeed there are many more who stated they did not receive an explanation (you mentioned N=173 at the start of the results section).

15) Women's opinions about healthcare being responsible for the stillbirth: You should note the number of women who declined to answer this question (as I see from the methods section
that there was not an option to select "unsure" or "neutral"). A significant proportion of women did not answer - N=113. Also, the given %s for yes/no have been derived from the number answering the question (N=243) not the total population (N=356) as stated. Is it possible to quantify how many of the 73 women responding yes reported being ignored, or staff ignorance / arrogance?

16) Final paragraph of the results section appears to be rather jumbled - could do with a re-ordering

17) First paragraph under "Feeling of being neglected" the sentence starting "Another study clarified..." currently is presented as a standalone paragraph and needs incorporating in another paragraph or further expanding if the authors feel that it is a separate point to the prior paragraph.

18) "Getting an explanation" - there is a lack of consideration in this section as to whether the lifestyle factors blamed by mothers are proven to be contributory to an increased risk of stillbirth - snuff for example is a definite risk factor. It may not have been the ultimate cause, and as professionals we instinctively want to protect women from a feeling of blame for the loss of their child, but is it not neglect if we deny the contribution that things that could be changed have had? Equally, in the previous subsection, I would like to have seen some consideration of whether the actions that the woman had expected/wished for would have made a difference. This is very difficult, but at the very least you should acknowledge if lack of corresponding clinical data has made it impossible to verify these feelings. Tests of fetal wellbeing are notoriously imprecise / poor negative predictive value at advanced gestation e.g. very rarely have UAD PI >95th let alone AREDF, predictive value of amniotic fluid volume poor, the best that could have been hoped for is likely to have detected a small baby but USS is not 100% perfect at that and we have no idea from the data collected here whether the child was born small for age or not. Essentially, what I am saying is that the majority of your discussion section appears to be a repeating of the data presented in the results section without much critique/interpretation of the data.

19) One-fourth is a quarter in English

20) "Getting an explanation" 2nd paragraph, final sentence: this does not make much sense in English. I think you meant that in the initial period immediately following a stillbirth women are at their most vulnerable and that this may impair absorption and processing of information. Do you have a reference to support this?

21) Again, the following sentence is presented as a stand-alone paragraph and would be better incorporated into another paragraph.
22) "The medical staff reported" is not strictly true. The women reported that the medical staff had told them.

23) "The healthcare explained the stillbirth..." : I think you mean healthcare professionals, also explained rather than explained. This sentence needs a re-write as it does not make sense in English. I think you are trying to say that the proportion of stillbirths reportedly attributed to placental and umbilical cord complications by healthcare professionals was more than double the proportion attributed to the same pathologies by mothers.

24) "Diseases and complications in the fetus..." - you need to specify which % relates to mothers and which to HCPs

25) The final sentence of that paragraph needs a re-write as it does not read properly in English

26) Final paragraph of that page beginning "However, due to the unstructured data collection..." appears to be a direct continuation of the prior paragraph of just one sentence. This should be combined

27) The manuscript would benefit from a more detailed consideration of its strengths and weaknesses. What little is presented so far fails to really consider how the results may have been affected by these. e.g. the lack of a date range for the stillbirth experienced by respondents means there may be a natural range of level of provided explanation e.g. if awaiting postmortem or placental histopathology results, whether a debrief consultation has yet occurred, or how long ago that was if it may have been "forgotten". It may also have been influenced by whether a subsequent (successful) pregnancy has occurred, as these pregnancies tend to be managed in a completely different way e.g. serial ultrasound monitoring, early induction of labour, which may give the impression that that is standard care that was neglected in the index pregnancy. It is also impossible from the data collected to know how representative of the wider population of mums of stillborn infants the respondents are - if 427 children were stillborn in 2015 but there were only 356 respondents in a time period since stillbirth of up to 4 years then this is a tiny proportion of the potential population. Were respondents more motivated to respond because of lack of a perceived satisfactory explanation? Also see my comments earlier about the difficulty that we cannot verify what is being reported against the case notes - so everything is very much how things have been perceived by the mum and how her health beliefs may influence the responses she gives about the giving/solidity of the HCPs explanations.
28) The concluding paragraph is rather weak and should be phrased in better English. Ultimately, what do you want the reader to take away from this? What should HCPs do differently or be mindful of?

**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.

Yes

**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

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Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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