Author’s response to reviews

Title: Patient Reported Outcome Measures for use in Pregnancy and Childbirth: a systematic review

Authors:

Fiona Dickinson (fiona.dickinson@lstmed.ac.uk)
Mary McCauley (Mary.Mccauley@lstmed.ac.uk)
Helen Smith (helj_smith@hotmail.com)
Nynke van den Broek (Nynke.vandenBroek@lstmed.ac.uk)

Version: 1  Date: 07 Dec 2018

Author’s response to reviews:

7th December 2018

Maggie Redshaw
BMC Pregnancy and Childbirth

Dear Dr Redshaw,

Thank you for sending us the reviewers’ comments for MS PRCH-D-18-00698 - Patient Reported Outcome Measures for use in Pregnancy and Childbirth: A Systematic Review.

We found the reviewers’ comments helpful and have addressed each of the comments as set out below. We hope the revised manuscript can now be considered for publication.

We look forward to response.

Yours sincerely,

Fiona Dickinson
and

Professor Nynke van den Broek
on behalf of all authors
Editor Comments:
Systematic reviews are an important research method, however, there are major issues to be addressed as raised by the reviewers.

Thank you. We appreciate the suggestions and have improved the manuscript accordingly.

Reviewer reports:
Jane Henderson, BSc(Hons) MSc PhD (Reviewer 1): Patient reported outcome measures for use in pregnancy and childbirth: a systematic review

Thank you for the opportunity to review this manuscript. It is well-written but I do have some concerns, principally about the methods:

Thank you.

Major points
It seems to me that the search strategy was too narrow in focussing on terms related to 'Patient reported outcomes'. Table 2 lists many PROMs which are frequently used in maternity care research, particularly the EPDS. Had these terms been included in the search strategy this would have resulted in many more papers (a small selection from a brief search in PubMed are shown below).

We appreciate this thoughtful point. However, the aim of the review was to identify any specific developed PROM available relating to pregnancy and childbirth specifically as a potential measure of quality of care rather than to map all of the instances of a variety of PROMs. We carefully developed our search strategy according the advice of experts from the Cochrane Review Centre.

In addition, the review would have benefitted from searching Embase, PsycINFO, Applied Social Science Index and Abstracts (ASSIA), and the Grey literature.

We did not have access to Embase or ASSIA. PsycINFO was searched with no new studies included. Grey literature was also searched but did not result in any further studies identified. A statement to this effect has now been included.

Quality assessment - 'Note was taken of any comments relating to the quality…' (p6) - Quality assessment should be carried out by the reviewers not simply taking what the study authors report. Furthermore, no further mention is made of the quality of the included studies.

Thank you for this comment. We have added a section under Methods to explain that we used the SURE – Supporting the Use of Research Evidence guidelines.

It is not clear whether quality assessment and data extraction were carried out by one or more than one person. If only one person undertook these aspects of the work, that is a limitation that should be acknowledged and justified.

We followed the accepted process and practice for systematic reviews. The review of the included studies and data extraction was conducted independently by two researchers with a third researcher able to resolve any disagreements. A statement to this effect has now been included.

Relationship of main findings to other studies (p10) - This section should be putting the review results
in the context of the wider literature but it does not appear to do so.
Implications for clinicians, policymakers and future research (p10) - There is nothing here about implications for clinicians or policymakers.

We have expanded the Discussion section further to clarify the relationship of this review to the wider literature and to highlight implications for clinicians and policy makers better.

Minor points
P4 lines54-60 - The end of the sentence 'and women's' health more generally' is either misplaced or unnecessary. Typo in 'women's".

Apologies. This has now been corrected.

Please give the search strategy as an Appendix/Supplementary material.

The search strategy is fully outlined in the Methods section of the paper.

P7 line 52 - There appears to be an inconsistency in the definition of PPH between this point in the text and Table 1, whether PPH is >1500ml or >2500ml.

The two definitions of PPH are given by two separate studies and are defined by the authors as describing “significant primary PPH” as greater than 1500ml (Thompson et al 2011) and “major obstetric haemorrhage” as 2500mls (Visser et al, 2018). This has been clearly stated in the Results section.

P8 line 23 - typo 'similarly' should be 'similar'.

Corrected

P8 line 31 - typo 'trail' should be 'trial'.

Corrected

P8 lines 31 and 37 - please add references for the Mother Generated Index and the Patient Generated Index.

Thank you for this suggestion. An additional reference has been added.

Table 1 - Inconsistency in use of acronyms/abbreviations. Please add a list of abbreviations as a footnote.

The inconsistencies have been addressed and a list of abbreviations added to Table 1.

Figure - Did no publications result from searches of CROWN or COMET?

CROWN and COMET develop core outcome sets for standardising reporting of intervention studies rather than PROMs. To promote clarity, a statement to this effect has been included.
Felicity Kalu, PhD (Reviewer 2)

Abstract
A reading of the abstract does not provide a clear picture of the type of systematic review conducted and why such review was necessary. The type of systematic review needs to be made explicit in the methods section of the abstract. Although it was mentioned that a narrative synthesis was used to summarise the findings, it is essential that framework that guided the entire systematic review is provided.

Thank you for your review. We have reworked the Background section of the Abstract to reflect this more clearly whilst respecting the need to remain within the word count stipulated by the journal.

Main Body of the Review
Page 5
Methods: The method of the systematic review and the framework that guided the review need to be provided and explained.

We are aware that, and have experience with, frameworks such as PICO which are widely used for systematic reviews of quantitative studies. However, this review sought to identify Patient Reported Outcome Measures (i.e. as defined in a narrative) rather than outcomes as a result of an intervention. As such, we used a more conceptual framework to facilitate a narrative synthesis. A statement to this effect has been included for clarity.

Page 6
Quality assessment and synthesis
What criteria were used to assess the quality of the studies included in the review? Was any quality assessment checklist used to assess the quality of studies included? How was internal validity of the studies assessed? Methodological rigour and scientific quality of the included studies need to be fully addressed.

Thank you for this comment. We have added a section under Methods to explain that we used the SURE – Supporting the Use of Research Evidence guidelines.

Page 10
Relationship of main findings to other studies
This section does not provide enough information to enable readers fully understand the how results of this systematic review relates to other studies.

We have expanded this section relating the findings of this systematic review to other studies. However, it must be noted that there is, as yet, relatively little information about PROMs in the wider literature.