Author’s response to reviews

Title: Consensus on priorities in maternal education: Results of Delphi and nominal group technique approaches

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Editor comments:

In many English-speaking countries the word 'gynecologist' refers to a doctor that specialises in women’s health whereas an obstetrician specialises in pregnancy and childbirth. In some places, they might practice both and are referred to as an obstetrician/gynecologist (or OBGYN). I am not sure of the context in the Basque Country but you might want to consider changing the terminology in your paper to obstetrician or obstetrician/gynaecologist to avoid confusion.

Thank you for pointing this out. We have redrafted the wording of the manuscript, and changed the terminology “gynecologist” for “obstetrician/gynecologist”.
Luisa Cescutti-Butler, Ph.D (Reviewer 1):

Abstract: reads well but should make it clear that the response rate was low. This information has been added to clarify the response of the Delphi study in Conclusion of (Line 28, page 2).

Key words: Antenatal education and prenatal education are the same - suggest utilise one or the other. Thank you for pointing this out. Key words have been corrected and it has been removed “antenatal education”. (Line 2, page 3).

Introduction: reads well although a broad objective is stated there is no actual research question. This potentially weakens the argument made. This information has been added to clarify the actual research question in the manuscript (Introduction section, line 3, page 4)

Methods: It states that a qualitative study was carried out yet quantitative analysis was undertaken on the responses following the second round of the Delphi study - therefore a mixed methods study? The qualitative elements within the study is not well described. No discussion of qualitative research data analysis techniques.

Yes, we have redrafted the wording of the methodology, and have changed “qualitative study” for “mixed methods study” (Methods section, line 14, page 4). The qualitative analysis in the delphi study was not carried out because we were only interested in the order (ranking of the topics)
There is quite a bit of detail within the section pertaining to the internet search which sought information that was typically accessed by women during their pregnancies but there is minimal explanation how the potential topics addressed in maternal education was obtained. By what means was the information obtained - it says 'usually midwives' - therefore how many and how were these midwives recruited?

We have described the systematic review of the internet sites in reference 36 in the manuscript, so we do not consider it to be necessary to detail this revision in this paper.

We have added a brief explanation in the manuscript in Methods, point 1: Description of the potential content on pregnancy, labor, birth, postpartum and childrearing (Line 14, page 5).

The list of topics that were considered important was decided by members of the research team which included nursing lecturers? Why not include midwifery lecturers?

Yes, 7 midwifes of the research team, are midwifery lecturers. This information has been added in the manuscript in Methods, point 1: Description of the potential content on pregnancy, labor, birth, postpartum and childrearing (Line 32, page 5).

The final questionnaires were reviewed by six experts - did the research team not consider asking 'lay members of the public' to review the questionnaires for comprehension? Was the questionnaire subject to pilot testing with potential participants to determine validity and reliability?

To assess whether the questionnaire was written in language that would be easily understood by 'lay members of the public', the questionnaire was reviewed by three sociologists and three journalists. This information has been redrafted in the manuscript in Methods, point 1: Description of the potential content on pregnancy, labor, birth, postpartum and childrearing (Line 4, page 6).

We understand that the questionnaire is only a list of topics that were intended to be prioritized, so they did not require tests with possible participants to determine the validity and reliability
Participants: No actual pregnant or recently birthed women were recruited into the study - this is a great shame - can the research team explain why women who were pregnant or who had recently experienced childbirth were not recruited?

The opinion and individual experience of pregnant and recently birthed women were collected in a previous study by focus groups (reference 9 of the bibliography). In this study we search for women who, in addition to their individual experience as mothers, can offer a broader perspective. Due to their work with groups of women close to motherhood, they know their needs and experiences more globally.

This information has redrafted in Methods point 2.- Prioritization of topics using the Delphi method, in the Selection of participants section, (Line 18, page 6)

The professional participants were identified by the research team based on their 'expertise' and are therefore known by the team and potentially not anonymous. How did the research team prevent bias if personal email addresses were utilised to send out and receive completed questionnaires?

The research team utilized personal email addresses to send the questionnaires, but the participants accessed the questionnaire with a code, with which the questionnaire was anonymized.

This information has been added in Methods, point 2.- Prioritization of topics using the Delphi method, in the First round of the Delphi study, (Line 9, page 7).

4 hospital based postnatal nurses were considered as experts - do midwives not carry out postnatal care within hospitals?

Traditionally, postnatal care within hospitals is performed by nurses, although in recent years the midwives are reassessing this competence, it is not easy.

This information has been added in Methods, Setting section (Line 6, page 5).
Participants within the nominal group technique: How was the convenience sample decided on?

This information has been redrafted in Methods, point 3.- Seeking consensus among experts: the nominal group technique, Participants section (Line 2, page 9).

Again no women who had recently experienced childbirth or was pregnant were invited to participate within the 'seeking consensus' stage? Can the team explain this decision?

The explanation is the same of the selection of Delphi study participants, we search for women who, in addition to their individual experience as mothers, can offer a broader perspective.

How was consent obtained (it states consent was obtained to audio-recording the sessions) but not for joining the panel.

We have added a brief explanation, redrafting this information in Methods, point 3.- Seeking consensus among experts: the nominal group technique, Participants section (Line 1, page 10).

Why were the participants required to sign a confidentiality agreement?

We felt that it was necessary for anyone to be able to speak freely and for their opinion not to be disseminated subsequently, that this commitment of confidentiality be guaranteed, as in any working group

Discussion: A research question rather than an objective would have strengthened this section.

We have redrafted the wording the Discussion section (Line 29, page15).

Is it justifiable to compare the findings of this study with those of Chicalipo's study when healthcare provision is vastly different between high and low income countries?

We have redrafted the wording the Discussion section to clarify these concepts (Line 14, page 16)
In addition the statement re extended families versus nuclear families requires a citation (page 16 lines 9-18). page 17 - line 18-39

Two references have been added to support this information, references 45 and 46 (line 29, page 16)

I am not convinced that I understand how the findings support the statement that there have been changes in the 'attitudes' of professionals and women towards the experience of pregnancy etc?

We understand that women demonstrate a clear need to lead their health and professionals are interested in empowering women's self-care, giving them the protagonism of a physiological process, such as motherhood; an attitude alien to the vision of women as a passive element at the time of childbirth that has been experienced until about 20-30 years ago in our country.

We have added a brief explanation to clarify this concept in Discussion section (Line 1, page 18).

Digital tools for education and information are useful but dependent on literacy issues, access to technology and such like, therefore there is the possibility that some women would not have access to this information. Strengthening the role of midwifery throughout childbirth spectrum in Spain may close the gap?

Digital tools are the most widely used method of finding information at all socioeconomic levels, we have added reference 61 to reinforce this statement. But it may indeed be the task of midwives to advise women on the quality of information available on the Internet; even take this resource into our daily work and generate digital tools that can adapt to the specific needs of different social groups.

We have added a brief paragraph with this interesting reflection in Conclusion section (Line 20, page 20).
Melissa Amyx (Reviewer 2):

This well-written article identified topics of importance for maternal education based on expert and non-expert opinion with the goal of designing future interventions/educational materials. Overall, the authors provide a comprehensive assessment of the opinions of experts regarding important topics for maternal education and identify 5 priority areas. The main limitations identified are the use of convenience samples, potential for non-response bias (as noted by the authors), and lack of direct inclusion of women who would participate in maternal education activities. Specific concerns/clarifications for improvement identified:

Abstract (page 2, line 50-1): Reference to "clear agreement": Agreement was reached, but there was little separation between the 5th and 6th highest rated topics

In fact, clear agreement was reached on six issues. The goal of the Consensus among Experts was to identify 5 most relevant topics, but the goal of this study was to identify and prioritize the most important issues in maternal education, without specifying a number of topics. We have redrafted the wording Results section in Abstract. (Line 22, page 2)

Background (page 3, line 13-17; elsewhere: page 4, line 4-11; page 15, lines 24-7): at the outset, state that including mothers in design of education and prioritization of topics is important, but then in the study itself, they are not directly included. Per methods, non-experts were included to represent the opinions of women (page 6, lines 16-18; page 9, lines 22-27), but few ultimately participated. Should be clearer about why women were not included in this stage of intervention design, expand on/clarify how they would be included in future stages of the research if that is the intention

The opinion and individual experience of pregnant and recently birthed women were collected in a previous study by focus groups (reference 9 of the bibliography). In this study we search for women who, in addition to their individual experience as mothers, can offer a broader perspective. Due to their work with groups of women close to motherhood, they know their needs and experiences more globally. 
This information has redrafted in Methods section, point 2.- Prioritization of topics using the Delphi method, in the Selection of participants section, (Line 18, page 6).

The research team intends to develop tools related to the topics prioritized in this study. Mothers/fathers will participate in the design and piloting of tools in different contexts.

Methods:

Page 5, lines 19-26: To clarify search terms, is there a set of quotation marks missing (were antenatal education and maternal education run together?). As written, the math for arriving at the total number of websites does not add up and the search terms listed are slightly different than those in the article referenced (reference 36).

Thank you for pointing this out, it was a mistake. We have corrected the wording of the manuscript in Methods section, point 1.- Description of the potential content on pregnancy, labor, birth, postpartum and childrearing (Line 19 page 5).

The total number of websites is correct now, when correcting the search terms

Quantitative analysis (page 7, lines 48-55; Figure 2): How differences in ratings were compared between healthcare professionals and non-healthcare professionals is unclear

We have added a brief explanation to clarify this concept in Results section, point 2.- Prioritisation of topics using the Delphi method (Line 6, page 12).
Discussion

Page 16, lines 49-57: By "specific topics" are you referring to the 5 you identified as most important? If so, this conclusion seems overstated; specifically, since the opinion of mothers regarding most important topics was not directly assessed in the study. It is also unclear what the second part of the sentence is intended to convey ("analyzing the magnitude [...] results obtained").

We have redrafted the wording the Discussion section (Line 13, page 17)

Tables and Figures

General: one decimal place would be sufficient

It has been corrected

Table 2: would help to clarify in table/title that you are showing number of participants who rated each item from 0-6

It has been corrected

Table 3: would clarify in title these were topics most highly rated in Delphi analysis; could remove "n" column and put n in title, add footnote for topic with different n

It has been corrected

Table 4: would clarify in title that these are results from nominal group technique; be clearer about how scores were generated, percentages were calculated

It has been corrected

Figure 2: better axis labels needed and more information in figure legend would be helpful; no reference to "ema.Q" questionnaire in methods

It has been corrected