Author’s response to reviews

Title: Listening to women's voices: the experience of giving birth with paramedic care in Queensland, Australia

Authors:

Belinda Flanagan (BFlanaga@usc.edu.au)

Bill Lord (wlord@uc.edu.au)

Rachel Reed (rreed1@usc.edu.au)

Gail Crimmins (gcrimmin@usc.edu.au)

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Response to reviewer feedback

Reviewer 1

Comment 1. Title: I think this should be revised to include the phrase "…in Queensland, Australia." as the setting for this research is important.

Response - accepted

Comment 2. Abstract: Needs revising to reflect changes in the light of comments below.

Response - accepted abstract has been reviewed in light of the changes.

Comment 3. Highlights: Add, "in Queensland, Australia" to point 1.

Response - accepted

Comment 4. Background:

i. As it stands the background section provides insufficient contextual information for this study. First, the decision to situate the topic of the study, unplanned out-of-hospital birth or 'birth before arrival', in the context of other births "occurring in unplanned or unexpected ways" seems odd - I'm not sure what these other births are. I would recommend removing the first paragraph entirely and starting with an explanation that
there are different settings in which women may choose to plan birth, moving on to explain that a proportion of women who plan to give birth in a hospital or birth centre setting end up giving birth before they arrive at their intended birth setting. Describe what it means to give birth before arrival, i.e. the woman might be alone, with a partner, or with a paramedic; she might be at home, in a car at the side of a road or in the hospital car park.

Response – accepted the paragraph has been changed to reflect the reviewer’s suggestions.

ii. Some indication of the extent of the problem needs to be provided, i.e. how many women give birth before arrival each year? In Queensland? In Australia? Elsewhere? What is known about the characteristics of these women and their birth outcomes? The reader needs to know why this is an important topic and to be able to situate this study in the relevant evidence. The authors cite two studies on 'born before arrival', but a quick Google Scholar search identified at least ten potentially relevant studies.

Response – accepted additions made to background to include statistics in Australia.

iii. Is there any other evidence on women's experience of unplanned out-of-hospital birth? If so, this evidence should be referred to. If not, this is important to note since it establishes a gap in the evidence. Why is it important in this context to investigate women's experience?

Response – accepted additions made to the background.

iv. This study was conducted in Queensland, Australia. Most readers will have no knowledge of the organisation of maternity services in Queensland. Some information therefore needs to be provided about the clinical and service context for the decision-making and experience of the women in this study. How many women give birth in Queensland? What are their options for birth and where do most women give birth? Are there issues with location of available birth settings in relation to where women live which might impact on women's decision-making in relation to when to go to hospital in labour, e.g. are there significant populations who live a long way from hospital?

Response - accepted additions made to the background.

v. This section needs to end with a clear summary of the rationale for the study and an explicit description of what this study aimed to do. If there were specific research questions (referred to on page 6 at line 4), these also need to be stated here.

Response – accepted changes made to the background to make the rationale clearer.

Comment 5. Methods:
i. Much of the section on "learning through birth stories" is not really about methods. Some sentences present information that could only be known in retrospect, after data collection, e.g. "the birthing stories often revealed power relations and patterns of oppressive behaviour that are influenced by gender". Other sentences justify the use of narrative enquiry from a feminist perspective and aren't strictly speaking about how the study was conducted. Instead a simple statement about the methodological approach taken is needed, e.g. something like "This study used qualitative interviews, conducted and analysed using a narrative inquiry approach from a feminist perspective, to explore women's experience of unplanned out-of-hospital birth". In fact, some of the information in these two paragraphs might better be incorporated into the background section, as rationale for the methodological approach used, leading up to the aims and objectives.

Response – accepted, changes made to the first paragraph to reflect the feedback provided. Sentence referred to that justified the methodology removed.

ii. At the bottom of page 5 and top of page 6 the authors refer to inclusion criteria used to identify participants in order to ensure that participants had experiences that were relevant to the research questions. As referred to above it would be helpful to know what these research questions were. It's not clear to me how the first three inclusion criteria stated might relate to the research questions - presumably the first two were for practical/ethical reasons. I assume that the criterion that women "had an unplanned out-of-hospital birth" excludes planned home birth and planned unassisted or 'free birth', both of which are planned out-of-hospital birth. However, under "Participants" it is stated that none of the women had planned an unassisted or free birth. This doesn't need stating if this was an exclusion criterion. Some clearer description of inclusion/exclusion criteria would be helpful.

Response – The aims of the study have been reinforced in the last paragraph of the background. Clearer description of inclusion criteria provided.

iii. Please state when recruitment and data collection took place. It would also be helpful to know if the 22 participants simply represent the first 22 women who volunteered to take part in the study or whether any selection was conducted. For instance, was there any attempt to explicitly seek variation in women's experience or in characteristics likely to be associated with experience (maximum variation sampling)?

Response – year of recruitment added. Recruitment was not continued for variability only for when no new themes were identified. Addition made to discuss location as a variable.

iv. The section on participants is not about methods and should form the first sub-section of the Results section. The information that all participants were from Queensland and had originally booked for a hospital or birth centre birth seems unnecessary given that these were inclusion criteria.

Response – accepted paragraph moved.
v. The section on the narrative interview would be better titled "Data collection". Again, the focus needs to be on describing the methods used. So, "women… were asked to give a verbal account of their birth experience" rather than "women… gave a verbal account…". Where did interviews take place? Who conducted the interviews? I would suggest that the authors should try and avoid jargon and instead give clear information about how interviews were conducted such that the study could be replicated by others. For example, the sentence "Narrative understanding informed how interviews were constructed, lived, analysed and interpreted" will not be informative for many readers. What does this mean in practice? The authors refer to "questions or prompts" used to elicit balanced information. Was this an interview topic guide? How was this developed? It would be helpful to see the topic guide, or some examples of questions and prompts used.

Response – accepted changes have been made to reflect the reviewer’s suggestions in data collection.

vi. The subheading "Rigour" is unnecessary. Again, I would just like to know what was done. When was the 'members check' carried out? Was this an extra question at the end of the interview or were interview transcripts given to participants so they could check and add to them later? What were these "supplemental findings" and how were they incorporated? I'm not clear about the relevance of the "audit trail" - how was it used - why it is important?

Response – thank you for your feedback, the rigour has been included in the data collection, I feel there is enough information provided to address the validity of the method used.

vii. The subheading "narrative analysis" should be simply "Analysis". I don't understand the first sentence - again this looks like jargon. Some more detail would be helpful here. The authors present a generic description of how to carry out qualitative analysis, but I am interested in what they actually did, e.g. how did the researcher become "fully immersed and actively engaged in the data"? How were initial codes grouped into themes - could some examples be given here? Also, how do the themes presented in the results section fit in with the overarching "birth knowledge" theme? Were there any 'deviant cases'? How were these managed? Was any qualitative software package used to support analysis (if so, this needs to be described and a reference provided) or was it done in some other way?

Response – accepted, significant changes made to the Analysis to reflect the feedback.

Comment 6. Results:

i. The first sub-section here should describe the participants and their characteristics, which is important context for the findings. Any socio-demographic information about the women, in addition to age and parity, should be presented here. I would also be interested to see what settings the women were planning to give birth in (hospital vs birth centre). Is
distance relevant here? Was any information collected about the distance women had to travel to get from home to hospital? Did they all give birth at home with a paramedic? I'm surprised that none of the women gave birth elsewhere (e.g. in a car) or unattended by any paramedic.

Response – This study is a part of a larger study that explores women birthing with paramedics therefore all women birthed in paramedic care. Demographic information has been moved to the results section. Geographical information has been included but not specific to any individual as distance from hospital was not a recurrent theme in this research.

ii. Any information on the length of interviews should also be presented here.

Response – Accepted, addition made to data collection.

iii. I am unclear what the final sentence in the first paragraph under "Results" means. What are "the results" referred to in this sentence?

Response – Accepted, ‘results’ changed to ‘interview’.

iv. How do the subheadings used in this section refer to or fit with the overarching "birth knowledge" theme? Perhaps some signposting could be used here to explain how the results are going to be presented.

Response – Accepted table added to describe themes.

v. Quotations are generally used well to support the findings, but is would be helpful to have at least a participant ID for each one and, if possible without identifying women, some contextual information, e.g. multiparous/primiparous woman.

Response – accepted ID inserted.

vi. There are lots of references to previous birth experience - I was left wondering how the experience of the four primiparous women fed into these findings, if at all.

Response – accepted, now addressed in the discussion and signposted in the results when necessary.

vii. Under the subheading "The gatekeepers" the first paragraph could helpfully be incorporated into the Background section to give context about the process in Queensland for women going into hospital in labour. Was the term 'gatekeepers' used by women or do you mean that you, as authors, used this term?

Response – This is covered in the paragraph introducing this theme. The authors feel it fits better in this section to provide context for the subtheme.
Comment 7. Discussion & conclusions

i. The first sentence of the discussion is not justified by the findings presented in this paper. Quantitative studies of women who give birth before arrival would be required, and some have been carried out, in order to provide evidence on whether most women in this group are multiparous, have a precipitate birth or lack antenatal care. There is no reason to think that the women who volunteered to take part in this small, purposively sampled qualitative study in one state in Australia are representative of all women who have an unplanned out-of-hospital birth. This is not to say that their experiences are not informative, but the authors need to take much more care when considering their results and the implications not to overstate their findings.

Response – accepted first sentence has been changed to reflect the feedback.

ii. It would be helpful if the discussion could start with a brief statement of the key findings of this study, followed by a consideration of these findings in the context of other evidence. Currently this seems superficial.

Response – accepted changes made to reflect the feedback.

iii. There also needs to be a critical consideration of the strengths and limitations of this study. I am sceptical that the participants in this study are representative of all women who give birth before arrival. All appear to have given birth at home with a paramedic. Their experience, as presented in this paper, seems remarkably homogeneous - that of women who were confident in their ability to give birth naturally, had a strong desire to avoid medicalisation and to remain at home for as long as possible.

Response – Thank you for your feedback but the results reflect the narratives of the participants. All did birth in paramedic care as this is part of a larger study that also explored the experience of the care they received by paramedics.

iv. In my view the authors should consider the limitations of their study more carefully and present more nuanced and cautious conclusions. The research reported does not and cannot "dispel the myths of unplanned out-of-hospital birth". It does highlight the ways in which some women in Queensland might unintentionally increase their chances of having an unplanned out of hospital birth, and some of their motivations for doing so, and in that way it is informative, but these women are almost certainly a sub-set of women who give birth before arrival and should be considered as such.

Response – accepted, the limitations are addressed within the discussion.

Reviewer 2
Comment 1. The study seems to be focused mainly on positive aspects of unplanned out-of-hospital births. After reading this paper it almost seems as if women who have an unplanned out-of-hospital birth are lucky. There are two major problems with this:

- Unplanned out-of-hospital births are unintended and potentially risky. There is evidence that these births lead to higher rates of perinatal mortality for example (See Hemmini 2011: Should births be centralised in higher level hospitals? BJOG, Jauvadin 2019 ). I think it is important to write in the introduction that the main reason for understanding the phenomenon of unplanned out of hospital birth is to prevent them from happening. It may well be true that women feel empowered once the birth went well but they would have felt different probably if there had been complications.

Response – accepted changes made to the background to address this.

Comment 2. Many women identified a need for normal childbirth and several were worried about interventions if they went to hospital too early; midwives also encouraged women to come in late for this reason. Rather than being so positive about unplanned out of hospital birth, I think this exposes some fundamental flaws in the maternity care system. The stories highlight the need of professionals within the system to listen better to what women want rather than impose protocols on them. It also shows that midwives apparently are not strong enough or are not in a position to be advocates for women in their care and make sure that they are listened to and do not receive unnecessary interventions. Instead, they advise women to stay away from hospital care as long as they can. Surely, if the system is so medicalised that professionals working in the system advice you not to go there as long as you can something must be wrong.

- Of course, there are benefits of birthing outside hospitals as the literature shows (literature that is not included in the paper now). Planned births outside obstetric units appear to be safe and lead to fewer medical interventions for low risk women but in a context of good risk selection within a system with well-trained midwives to attend women at home or in birth centres and with a good transportation system and back-up system of hospitals if medical interventions are required. It could be one of the recommendations to enable more planned out of hospital births that meet all these criteria in order to prevent unplanned out of hospital births.

Response – Thank you for the feedback and these comments are very valid. Some however outside the scope of this project. Additions made to the discussion where applicable.

Comment 3. The research question is not quite clear to me: '… to explore women's perspective'. Perspective on what?

Response – accepted additions made to address the aims of the study.

Comment 4. Purposive sampling was used until data saturation was achieved. Was any sampling frame used to ensure enough variety among participants, for example in ethnic background,
maternal age, education and type of birth? I am surprised that women's narratives did not express any significant concerns that something might go wrong. This is not my experience as a midwife; in retrospect women may feel good about an unplanned out of hospital birth, but at the time many are worried (and their partners!). This suggests that the sample may not have captured all the lived experiences of women with unplanned out of hospital births. I would suggest to purposely sample 2 or 3 women who had a less positive experience. For example, who had to be transferred to hospital because of complications or who were worried during the birth.

Comment 5. Many references are very old. In the discussion several statements are made without reference to the literature. A simple search shows that several articles have been written about unplanned out of hospital birth in recent years, which I miss in the reference list. In particular, there is no discussion on other articles on women's experiences of unplanned out of hospital birth. For example, Erlandsson 2015, Women's experience of unplanned out of hospital birth in Sweden, Sex Reprod Health. This article found that one of the main themes was "The lived experience of a pendular movement between the good fortune and pride in managing the situation and the fear of what could have happened when giving unplanned birth outside a hospital environment." This contrasts with the authors' finding that women did not express any concern that things might go wrong.

Response – There is a very small amount of recent literature to draw on. The paper referred to has been added.