Author’s response to reviews

Title: Men’s grief following pregnancy loss and neonatal loss: A systematic review and emerging theoretical model

Authors:

Kate Obst (kate.obst@adelaide.edu.au)
Clemence Due (clemence.due@adelaide.edu.au)
Melissa Oxlad (melissa.oxlad@adelaide.edu.au)
Philippa Middleton (philippa.middleton@adelaide.edu.au)

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Author’s response to reviews:

Dear Dr O’Connell,

Thank you for your recent feedback on our manuscript entitled “Men’s grief following pregnancy loss and neonatal loss: A systematic review and emerging theoretical model” (PRCH-D-19-01275).

In line with the reviewer recommendations for major revision, we provide a revised manuscript which has been extensively edited as per the feedback provided. Please find below a point-by-point to the comments. Specific changes have also been highlighted in yellow and marked with comments throughout the manuscript.

Thank you for the opportunity to provide an improved submission, and we look forward to hearing from you soon.

Kindest regards,
Kate Obst
Dr Clemence Due
Dr Melissa Oxald and
A/Prof Philippa Middleton

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Reviewer 1: Dr Karina Bria

1. The meaning of ‘typical lack’ is unclear
Response: This sentence has been edited for clarification (see lines 34-37).
2. The meaning of ‘legal considerations’ needs to be explained to clarify
Response: This sentence was removed as per suggestion of Reviewer 2 to remove the
terminology section.

3. ‘more traditional models of grief’ – what these are needs further explanation
Response: Sentence has been removed as per Reviewer 2 suggestion to edit the section on
previous literature in the background.

4. ‘216 articles’ does not correlate with ‘218’ articles stated in Figure: 1 PRISMA flow
diagram
Response: 218 articles is the correct number. This paragraph has been edited to reduce length as
suggested by Reviewer 2, however all information is now accurate as per the PRISMA diagram
(see ‘Study yield’ section, lines 106-110).

5. this sentence could be re-worded or leave as mixed methods rather than ‘qualitative’.
Mixed methods n=1 stated in Figure: 1 PRISMA flow diagram
Response: This has been re-worded for clarity, with a reason provided for classification as
‘qualitative’ in the discussion of results (see lines 128-130).

6. The number of papers could be specified.
Response: This sentence has been removed in the process of editing as suggested by Reviewer 2.

7. How many studies could be specified for continuity
Response: Done (see line 141).

8. Inclusion of papers 76, 77 do not align with lines 11 &amp; 12 in the Abstract as being
eligible for inclusion
Response: Inclusion criteria have been updated in the abstract (see line 14).

9. 31, 70-72 does not correlate with numbers (9, 62, 73, 74) in preceding paragraph
Response: This sentence has been removed in the process of editing as suggested by Reviewer 2.

10. 87 is identified as ‘qualitative’ in line 227
Response: Reference removed (see lines 200-202).

11. One quantitative paper (number) missing. Total = 17
Response: Have checked this, however don’t believe references any are missing. Total number
of studies cited is 17 [24, 46, 57-61, 73, 77, 80, 83, 84, 86, 88-90, 93] (see lines 208-209).

12. Only 12 studies identified
Response: Missing study added, total now 13 (see lines 214-215).

13. Only 12 studies identified
Response: Number corrected to 12 studies (see lines 220-221).

14. Wording of this sentence makes it a little unclear
Response: Sentence has been re-worded for clarity (see lines 236-237).

15. Remove ‘in’
Response: Done (see line 250).

16. One paper (number) missing. Total = 14 not 15 as stated in line 300
Response: Changed to 14 studies – one reference (#66) was a repeated reference, so the number of studies was incorrectly stated as 15 (see line 259).

17. ‘instrumental grieving’ is unclear and could be explained in more detail to clarify
Response: Sentence edited to clarify meaning (see lines 266-267).

18. ‘generally’ is ambiguous in this context and could be removed or replaced
Response: Removed (see lines 297-299).

19. Eight studies are identified rather than seven as stated in line 345
Response: Reference #25 is a repeat reference and deliberately listed twice, as it reports two different types of attachment: viewing ultrasound and gestational age. Total n is therefore 7, not 8 (see lines 302-304).

20. Include ‘of’ between ‘number participants’
Response: Sentence re-worded in the process of editing as suggested by Reviewer 2 (see lines 345-348).

21. Total of 8 studies included not seven as stated in line 406
Response: Total number of studies changed to eight (see lines 359-360).

22. Paper 80 is cited in line 466 for a specific outcome and then included in line 467 as one of ‘the remaining studies’
Response: This reference (now #67) is listed twice because some men in this study found the supporter role meaningful, whereas others found it to be a hindrance. Wording has been changed for clarity (see lines 414-416).

23. 11 studies cited although line 471 states ’10 found’
Response: One incorrectly cited reference has been removed. Total is now 10 (see lines 419-420).

24. 11 studies cited although line 503 states ’men in 10’
Response: Changed to ‘men in 11 […] studies’ to match citations (see lines 451-452).

25. ‘supporter role discussed above’ does not appear in the preceding section lines 518-529 – and needs to be removed
Response: Have changed this to ‘supporter role theme’ to clarify what we are referring to. ‘Discussed above’ has been removed as we are not referring to the preceding section, but the theme discussed earlier in the manuscript (see line 477).
26. 13 studies cited rather than 14 as stated in line 535
Response: Changed to 13 (see lines 480-481).

27. Woman-centred care is the preferred term
Response: Changed (see line 491), and throughout the manuscript where relevant.

28. ‘woman’s experience’
Response: Changed (see line 495)

29. ‘other males’ could be explained as this is unclear
Response: Sentence edited for clarity (see lines 503-505).

30. ‘services’ could be explained as this is unclear
Response: Sentence edited for clarity (see line 505).

31. Woman-centred care is the preferred term
Response: This sentence has been removed in the process of editing as suggested by Reviewer 2. However, “women” has been replaced with “woman” where appropriate throughout the manuscript.

32. ‘female loss partner’ is not clear and could be reworded in this context
Response: Sentence has been edited for clarity (see lines 675-676).

33. ‘masculinity’ in this context could be explained in more detail
Response: Sentence has been edited for clarity (see lines 688-691).

34. Table 1: The mixed methods study should be included
Response: Table edited to include the mixed-methods study (see page 41).

Reviewer 2: Nasratullah Ansari

1. The objectives of the abstract should be consistent with the objectives in the background.
Response: The aims stated at the end of the background are to summarise and appraise the literature on men’s grief following pregnancy/neonatal loss (see lines 81-83). The specific objectives are also stated as “to identify: (1) how men experience grief following pregnancy loss and neonatal loss, and (2) the factors and/or predictors that contribute to men’s grief” (see lines 83-85). These do not differ to what is stated in the abstract.

2. The design descriptor of the study should be mentioned in the methods.
Response: The design of the study, “A systematic review”, has been explicitly added into the methods (see line 8).

3. The conclusion in the abstract seems different from the conclusion of the study. Both should be consistent.
Response: Conclusion in the abstract has been re-worded to more closely match the conclusions described at the end of the manuscript (see lines 23-25).

4. It is a lengthy background. It is better to keep it brief and clear. Relate one paragraph to the next. The ideas should flow from one sentence to the next. Consistency of words/terms should be considered e.g. neonatal versus newborn. To avoid confusion, terminology such as newborn/neonatal and infants should properly be used.
Response: The background has been extensively edited to reduce length and provide clarity. Wording has also been updated throughout the manuscript to provide consistency of terms, including removal of “infant”, “newborn”, and “father/s”. Instead, “baby” and “men” are used throughout.

5. Page 4, Line 31-35. It is a complex sentence. It difficult to follow. It needs to be simplified and divided into two sentences with clarity.
Response: This sentence has been divided into two shorter sentences and simplified (see lines 34-37).

6. Page 4: Line 40-42: It is better to provide the number of miscarriages per year to be consistent with the following numbers e.g. stillbirth and newborn deaths.
Response: Although the authors agree with this suggestion, unfortunately the number of miscarriages per year is almost impossible to provide, as statistics are not collected on miscarriage in the same way as stillbirths and neonatal deaths. Many early miscarriages can also go unrecorded, as not all women admit themselves to a hospital or healthcare service. One in four, as a general global estimate, is the best available statistic we have to report.

7. Page 4, Line 43 to 45: Why do the authors compare miscarriage and neonatal mortality in LMIC with infant mortality in high income countries? It is a strange comparison.
Response: We do not seek to provide a comparison as such, but rather to highlight the importance that pregnancy/neonatal loss are a significant issue for both groups. Although the majority of stillbirths occur in LMIC, the majority of research has been undertaken in high income countries (HIC). The papers in this systematic review are also all from HIC, rather than LMIC. Although the prevalence burden is highest in LMIC, this issue remains a significant burden in HIC, and thus an important area of ongoing research. This issue has also been highlighted previously by other leading authors in the field (see references cited).

8. Page 5, 50-53: "Psychological outcome" is not related to the topic of the paragraph or previous paragraph. It sounds ambiguous.
Response: Changed to “grief” (see line 53).

9. Page 5: The "terminology" section can be removed from the manuscript or summarized in the method section.
Response: Removed.

10. Page 5: "Previous literature on grief following pregnancy loss and neonatal loss" topic is too long. It's much better summarize it in one or two short paragraphs.
Response: Edited to shorten – it is now two paragraphs (see pages 5-6, lines 55-85).
11. Page 6, line 79-82: It's redundant. It can be removed.
   Response: Removed.

12. Page 7: Describe the time period of the systematic review.
   Response: Have added that the searches were completed in October 2018 (see line 90).

13. Page 7, line 117: It can be study selection
   Response: Changed (see line 94).

14. Page 9, line 152: It doesn't look pretty to start the results with a reference to the appendix or tables. The results section should start with characteristics of the studies.
   Response: Have moved the references to appendix and table to the end of the paragraph (see lines 137-138).

15. Page 9-12: It is recommended to present the study overview/characteristics in an organized and orderly fashion. This part of the result section is very lengthy alongside complex sentences. The overview of the studies unnecessarily presented in details. It is better to revise these paragraphs and make them shorter and easy-to-read.
   Response: To make this section more organised and orderly, it has been edited into two sections: “design” and “focus”. Unnecessary details and long sentences have been omitted/edited. Overlapping information has also been combined into the “participant characteristics” section below, to reduce length and avoid unnecessary repetition (see pages 8 and 9, lines 126-172).

16. Page 10: 170-173: The definitions are mixed up specifically perinatal period.
   Response: These definitions are quoted from the included papers, they are not the authors’. As such, they cannot be changed. Definitions of miscarriage/stillbirth/neonatal death/perinatal death all varied across the included papers – this section seeks to provide a summary of what these definitions were. This sentence has been edited slightly for clarity (see lines 141-143).

17. There are unnecessary phrases such as "The authors of studies which focused on miscarriage also noted"
   Response: This specific sentence has been edited (see lines 314-315). Extensive editing has also been completed throughout the manuscript to minimise unnecessary phrases and long/complex sentences.

18. The discussion section is very lengthy along with complex and long sentences. The flow logically from one sentence to the next become a challenge in some parts of the section. Examples provided below. It will be nice to make it shorter focused more on the research questions, the main results (not all the results), surprising findings and comparison.
   Response: Extensive editing has been undertaken to reduce the length and complexity of sentences throughout the discussion. The reporting of main findings has been re-structured into two sections: ‘Grief’ and ‘Predictors of grief’, to more closely reflect the research questions. Parts of the discussion have been omitted, to focus more on the main/surprising results, as opposed to all of the results (see pages 25-28, lines 552-653).
19. Page 29, line 633 to 640: Complex and long sentences. The comparison between men and women can simply be presented in one paragraph.
Response: The main comparisons relating to predictors of grief between men and women have been presented in one paragraph (see lines 588-598).

Response: This sentence has been removed through the process of editing (see lines 573-579 for shortened paragraph on "attachment to the baby").