Author’s response to reviews

Title: The effect of midwifery led counseling based on Gamble's approach on childbirth fear and self-efficacy in nulligravida women

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Author’s response to reviews:

Dear Dr. Abedi

Thank you for the opportunity to revise our paper for publication in BMC pregnancy and childbirth. We greatly appreciate the constructive comments and are delighted for the chance to add amendments to improve the manuscript accordingly.

Below, please find the specific comment (in italics) from the reviewers along with our reply (in commons) as well as a suggestion of revision in the text.

All the changes in the manuscript have also been highlighted (yellow) to make it easier to follow the revision.

Editor Comments:

Abstract:
1. Please write BILIFE in full for the first time.
Thank you. We added it.
2. Authors did not mention that the intervention was about fear of childbearing or anything else?
The intervention focuses on the childbirth fear. We mentioned this issue in the background section page 6, first paragraph. It would be redundant to elaborate this issue in the abstract section.
3. While authors did not check the self-efficacy of participants, in the conclusion they wrote about this matter.
We did assess the childbirth self-efficacy of participants and mentioned it in the method and results section of the abstract. That is why we mentioned it in the conclusion section.
“At the post-test, the intervention group showed significantly higher reduction in childbirth fear and higher increase in childbirth self-efficacy compared to the control group. Also, at post-test more women in the intervention group reported that they preferred normal vaginal birth than women in the control group.”
4. This paper has some grammatical and typo errors and should be revised by a native English linguistic. Yes, it is always the problem when the English is the second or even third language of the authors. We asked a native editor to edit the paper.

Method
1. Inclusion criteria: please use fetus instead of embryo. Thank you. We corrected it.
2. What is the mean of author about “via block randomization method using 4-way blocks”? do they mean block size 4. In this case what was the allocation ratio? Yes, we mean block size 4. And the allocation ratio was 1:1. “They were randomly assigned into two groups: the intervention (n = 40) or control groups (n = 40) via block randomization method using block size 4, and allocation ration 1:1.”
3. We usually call studies double blind when the researcher and the participants have been blinded. In this study both of these groups were not blinded, so you cannot call this study double blind. Thank you for the note. We removed this sentences.
4. What did authors do for allocation concealment? The assessors and data analyzer were blinded to the group allocation. In this way, we concealed the group allocation. We added this sentence in the page 8, data collection section. “The assessors and data analyzer were blinded to the group allocation.”
5. Page 8: line 36-37: what is the “fetal of the fetus”? We mean Death of the fetus. We corrected it.

Results
1. First line of result section. Please correct the number for age of control group. We corrected it.
2. Instead of work status, please write employment status. We corrected it.
3. Table 1: It would be better that authors asked about the economic situation of participants. Thank you. We reported the economic status of the participants in the Table 1.
4. Also, readers like to know what was the major of the health provider e.g. midwife, obstetrician, private midwife etc. The intervention was provided by a midwife. We added this information in the page 9, procedure section. “The intervention group received two face-to-face counseling sessions by the first author (she is a midwife) in the 24th week and 34th week of pregnancy.”

References
Please use the abbreviation name of journals. Also, the initial letter of name of journals should start with capital letter e.g. Iranian Journal of Public Health. Thank you. We corrected the references.
Reviewer reports:
Reviewer 1:

1- In the title, it would be good to avoid the name of the protocol.
We removed the name of protocol from the title.

2- In the Abstract (background section), please add a little bit of information on the background of this study. Currently, the authors just stated the objective of the study.
We added sentences to elaborate the background of the study
“Studies showed that childbirth fear is a prevalent problem among Iranian women and most women prefer caesarean section. However, there is no published study that explore effectiveness of psychoeducational intervention on childbirth fear among Iranian women.”

3- The authors have mentioned the name of the protocol is BILIEF which is wrong. The correct name of the protocol is BELIEF. Correct the protocol name all over the manuscript and also elaborate the word BELIEF.
Thank you! We corrected it.

4- In the Methods section (Abstract), it important to include information about the place (e.g. government hospital, private hospital etc.) from where the pregnant women were recruited.
We added this information in the abstract section:
“One-hundred-seventy-one pregnant women who referred to six governmental antenatal clinics of healthcare centers of Zanjan city screened to participate in the study.”

5- Please be consistent in using words all over the manuscript. For example, sometimes the authors mention post-test but sometimes posttest. Again, sometimes they use psycho-education but sometimes psychoeducation.
Thank you for the note. We corrected them.

7- In page 7, the authors mentioned power=%80. Please make the necessary correction of all typos like this all over the manuscript.
Thank you. We corrected these issues all over the paper.

8- It is not clear why the authors incorporate the formula (page 7). If they would like to include the formula, it needs to be linked with the text.
We removed the formula.

9- It looks the section 2.2.1, 2.2.2, 2.2.3 and 2.2.4 have a scope to present more concisely.
Thank you! We summarized this part as follow:
“2.2.1. Sociodemographic questionnaire and child preference: Sociodemographic questionnaire included age, education level, and occupation. Also, childbirth preference was assessed trough following question:” Which method do you prefer for the child birth? A: Normal vaginal birth, B: caesarean section”.
2.2.2. Wijma Delivery Expectancy/Experience Questionnaire-A (WDEQ-A): The questionnaire assesses the intensity of emotions related to the expectations of the childbirth. It consists of 33 items on a 6-point Likert scale (0 = do not agree; 5 = totally agree) (Wijma, Wijma, & Zar, 1998).
The total score ranges from 0 to 165 and higher scores reflect greater level of childbirth fear. A score $\geq 66$ reflects severe childbirth fear. Reliability and validity of WDEQ-A have been demonstrated in different populations (Takegata et al., 2017; Wijma et al., 1998), as well as Iranians (Abedi, Hazeghi, Afshari, & Fakhri, 2016). In the current study, internal consistency of the WDEQ-A was .86.

2.2.3. Childbirth Self-Efficacy Inventory (CBSEI): This 62-item questionnaire was developed to assess maternal confidence in coping abilities during labour (Lowe, 1993). Women were asked to answer the questions based on a ten-point Likert scale. The higher scores reflect greater level of childbirth self-efficacy. Validity and reliability of the Persian version (Khorsandi et al., 2008) of the CBSEI was established. In the current study, internal consistency of the scale was .98.

10- In page 11, the authors have mentioned that participants' mean age for intervention group is 26.27±4.48 and for the control group, the mean is 25.48±4.58 which does not look correct. Please make the necessary correction and also, include information related to age (both participants' and husband) in Table 1.

Thank you for bringing our attention to the correction. We corrected the mean age of control group. However, since Table 1 reported sociodemographic variables in frequency, it would be hard to report the age in this table. In addition, we reported this information in the text, and it would be redundant to reported it again in the table.

11- The authors have written in their result section (page 11), "... Similarly, they were not different regarding pre-test scores of Childbirth Self-Efficacy Inventory ($t (66) = 1.37, p = 0.17$), and childbirth preference ($x^2 (2, N = 68) = 0.000, p = .99$) (Table 1). However, the intervention group got higher scores on Wijma Delivery Expectancy/Experience Questionnaire-A ($t (66) = 2.33, p = 0.02$) than control group at pre-test assessment (Table 1)." However, this information is not available in Table 1. Please make the necessary correction.

Thank you for the note! We corrected the number of the table (i.e., Table 2).

12- Please present only the p-value both in the result section and in Tables. It would be nice if the authors delete all other values (e.g. t, chi, F value etc.).

We removed the values.

13- In page 12, they could present the information like all the p-values $>0.05$.

We edited this part as follow:

"Those who dropped did not differ from those who provided complete data on baseline variables (all p-values $>0.05$), implying that attrition did not bias the results."

14- The authors labelling three sections - "Intervention effects on childbirth fear", "Intervention effects on childbirth self-efficacy" and "Intervention effects on childbirth preference" as section 3.2. Please make the necessary correction. Again, section 3.1 is missing.

Thank you! We corrected it.

15- In page 13, the authors reported, "... After intervention, more women in the intervention group ($n = 29 (82.85\%)$) reported that they preferred to give birth via normal vaginal birth than women in the control group ($n = 19 (57.57\%)$), ($x^2 (2, N = 68) = 7.63, p = 0.02$). Thus, the BILIEF
intervention was effective in increasing desire of fearful pregnant women toward normal vaginal birth (Table 2).” However, this information is not available in Table 2. Thank you very much. Indeed, this information was presented in table 1, and we corrected it.

16- It is not clear how do the authors analyze their outcomes in Table 2? I think the difference in differences technique could be a good option to present the outcomes in Table 2. Changes in mean scores for intervention and control groups for the outcomes WDEQ-A and CBSEI and then the differences of mean changes will demonstrate the findings of this study more clearly. Please make the necessary correction in Table 2 and also re-write the findings in the Result section. Thank you to suggest another option for analyzing data. However, after rigorous considerations and debates between authors, we decided to stay on the current analysis strategy. As we wrote in data analysis section, we used one-way between-groups analysis of covariance. In this strategy, pretest scores used as covariate variable so we could control the confounding effects of pretest differences between two group (Pallant, 2013).

17- Overall, this study is not generalizable to all other settings. This is because the health systems are poor in many developing countries and have a serious shortage of health workforce. I think the authors should include this information in their discussion. We added this sentence to the discussion section to raise this issue. “Finally, the results of the present study could not be generalizable to women who referred to private health care clinics. Therefore, future research should investigate the effectiveness of psychoeducational interventions on childbirth fear in different populations and settings.”

Reviewer 2:
1. In the background part, the researcher explains about the recent study where 48% women in Iran chose caesarean section as a delivery choice. How about your country data? Then, How about the reason women chose CS except feeling worried or fear? This data is about Iran as we saied in the sentence: “However, a recent meta-analysis study in Iran reported 48% of women choose caesarean section (Azami-Aghdash, Ghojazadeh, Dehdilani, & Mohammadi, 2014)”.
About the other reasons of the other caesarean section in Iranian women, we added this sentence to elaborate this issue. “Studies showed previous cesarean, fear of normal-vaginal delivery (NVD) and doctor’s suggestion is the most important common reasons for caesarean section among Iranian women (Azami-Aghdash et al., 2014; Rafiei et al., 2018).”

2. I thought the researcher tend to showed many data and many research from others researcher, however did not explain why the study is needed to do in your country. Explaining about what the effect of CS, process of healing and so on is needed to be explaining. We added this sentence in the background section, paragraph 3 to elaborate this issue more precisely. In addition, in the 3th and last paragraphs of the background section, we noted why it is necessary to do such study. “Childbirth fear results in reduction of mothers’ self-efficacy about pregnancy and childbirth. Also, caesarean section significantly associated with low rate of breastfeeding, muscular pain in mothers, and transient tachypnea in newborns (1, 11, 12).”