Author’s response to reviews

Title: Addressing ethnic disparity in antenatal care: a qualitative evaluation of midwives’ experiences with the MAMAACT intervention

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Version: 1 Date: 19 Nov 2019

Author’s response to reviews:

Dear editor Handling Editor Dr. Mohammed Ali

Concerning revision of PRCH-D-19-00951:

‘Addressing ethnic disparity in antenatal care: A qualitative evaluation of midwives’ experiences with the MAMAACT intervention’.

Thank you very much for your letter and reviewer comments. We are very grateful for the reviewers thorough revision of our paper. We have revised the manuscript accordingly (listed below).

Should you need any further changes please do not hesitate to contact us.

On behalf of all authors

Yours sincerely

Helle Johnsen (corresponding author)

Reviewer comments and response
Reviewer 1

The introduction (line 17-42) would benefit from more international studies outside of Scandinavia.

Thank you. We have elaborated this section and broadened the issue to also include evidence from international reviews and studies outside Scandinavia.

The authors should mention whether or not the interview guide was pilot tested.

We have added information on how the interview guide was pilot tested.

The result section should start with a presentation of the study participants (e.g. demographics, working experiences, recruitment site).

We have kept the presentation of study participants under the methods section to comply with the specifications in the journals’ author guidelines. Under the MAMAACT intervention section, the two antenatal care facilities are described. We have written ‘two antenatal care facilities included in the study’ in subsection 2.1 Data and participants in the methods section. We have also added information on who recruited the midwives, their gender, midwives age and average age.

Data analysis: The authors should provide a more specific description of the analytical steps.

A more detailed description of the analysis process has been added to this section.

Results: The presentation of the main themes should be re-structured, starting with theme 2 (midwives general experiences with working with migrant women), followed by theme 1 (attitudes) and theme 3 (organizational factors).

We have restructured the main themes as proposed. The chronology of the main themes has also been changed in the abstract, the results section, and the discussion.

The presentation of theme 3 should be more specifically related to factors influencing the implementation of the intervention.

We have altered parts of this theme to better reflect factors influencing the implementation of the intervention. These changes have also been integrated into the abstract and in the conclusion.

Discussion:

Line 35-36, page 11: The statement that "suggesting that the intervention was largely feasible under real-world conditions" should be less-generalizing given the small study sample
The term ‘real-world conditions’ relates to conditions that are not manipulated to improve the possibility of implementing a particular intervention. We can see how this may not be clear to readers of the article. We have modified this sentence and included a reference that describes the importance of real-world conditions when assessing intervention feasibility.

Discussion:

The authors have chosen the conceptual framework by Seeleman et al. and should provide a discussion about pros and cons of this model related to other models of culture competence of culture sensitivity (e.g. Foronda et al 2008. A concept analysis of culture-sensitivity)

Thank you for your attention to the debated concept of cultural competence. We have carefully read the framework of Foronda and find that there is a good concordance of this framework with the one of Seeleman. We have decided to elaborate on our operationalization of the training and the term by Seeleman and to include a recent review (Jongen 2018) on the training of health care providers in cultural competence and a 2014 Cochrane review to discuss the different approaches in the discussion section.

Abstract: Please use the abbreviation smartphone application/mobile application (app) in the abstract and throughout the manuscript

We have written ‘mobile application’ in the abstract instead of ‘app’. Under the description of the MAMMAACT intervention (subsection 1.2), we have initially written ‘mobile application’ in full followed by ‘app’ in parentheses and then used the abbreviation in the remaining part of the manuscript.

Line 2: Write "Immigration to Denmark" instread of "the influx of migrants"

This has been changed as proposed.

Line 8-22: The description of the MAMMAACT intervention should start with the main aim of the project.

The aim of the MAMMAACT intervention has been added.

Line 15: The authors should be concise in the description of their interviews ("mini-group semi-structured interviews")

This has been changed as proposed.

Lines 26-29: Move "midwives recruited for the interviews had varying degrees of professional experience..." to the beginning of the result section.

As mentioned above we have retained the presentation of study participants under the methods section to comply with the specifications in the journals’ author guidelines.
Line 57-60: This statement is more related to theme 3 (organizational factors)

We agree that the statement also refers to organizational factors. We have decided to keep the statement in the section on introducing and following up on the leaflet and app, as we feel the statement is relevant for aspects relating to intervention follow up.

Line 15, page 8: Please rephrase "uncommunicative", e.g. "difficult to talk to"

This has been changed as proposed.

Line 39, page 10: "importance/facilitator" would be better suited than "significance"

‘Significance’ has been replaced with ‘importance’.

Reviewer 2

I was looking forward to reading the new evidence that this paper was going to bring about, yet I have to say that there is not much new evidence yet so far. Subsequently, my main concerns regard this lack of evidence

Please see the following responses for an elaboration of which evidence the intervention builds on and which findings the study can contribute with.

introduction: There have been several meta-analyses and reports written with detailed information on migrant maternal and newborn health in Scandinavia and Europe that is now lacking. Please check that literature from the last years, including WHO guidelines and reports and be more precise in describing what the exact risk factors are in these groups. It remains too general at this stage.

Thank you very much for making us aware of this highly relevant and important work. We have rewritten the introduction and included additional studies to better reflect this current knowledge. We are happy to learn that these meta-analyses highlight the need for more interventional research, which investigates how to improve communication and further develop cultural sensitive maternity care systems.

The MAMMAACT intervention itself: it is not described on which evidence the intervention is based, and what exactly the leaflet and app were about and what they targeted to do. There is no description of what the training session dealt with, and how the intervention was designed, what instructions the midwives got, how the evaluation of this intervention was going to be done. Subsequently, the findings were to be expected: it is rather worrisome that the midwives felt the 5-hour training lacked modules on how to use the leaflet and app (=intervention), how to introduce it to the target group (cfr later in results where some introduced it as a research project, others did it differently: where they then not instructed on how to do that?) + also the finding that most of the midwives did only introduce it but did not use the tools in follow-up anymore, again: where they not instructed what the intervention entails,
We agree that the intervention should be explained in more detail. We have added information on how and why the intervention was designed with the specific components. We have also elaborated on the discussion section regarding discrepancies between the aims of the training session and how midwives worked with the MAMAACT material.

and consequently can we then consider this an evaluation of

an intervention research-wise? I strongly doubt that in how the intervention was now described.

Regarding whether we can consider this study to be an evaluation of an intervention research-wise:

1. As similar interventions were not identified in a review of the existing literature, the MAMAACT intervention was built on general existing international and national evidence of maternal and child health among non-Western immigrants in Western countries (Villadsen et al., 2016).

2. Furthermore, quantitative and qualitative studies undertaken during the needs assessment added to the existing evidence base and aimed to improve the adaptation of the intervention to the local antenatal care context (please see description in sub-section 1.2).

3. The procedure described above concurs with the guidance from the British Medical Research Council (MRC). Over the last two decades, MRC guidelines have been highly influential in the development and evaluation of complex interventions within health care (Craig et al., 2019). In the methods section, we cite the MRC recommendations.

4. The design of the study follows recommendations from Eldridge and colleagues (2016) as well as O’Cathain and colleagues (2015) asserting that studies investigating feasibility and acceptability of an intervention should use a qualitative study design. We have added this information to section 2.1.

5. Finally, in the revised version of our paper, the data collection and analysis methods are thoroughly described to ensure transparency in the methods we used to evaluate the intervention.

Furthermore in the results section it is written in 3.1.1: all information was posted online: which information and how does this differ from what is dealt with in the leaflet and the app?

This sentence has been further specified.

Also page 8 about reproductive health literacy and pathways for health information: this is already well evidenced in literature, was this not taken into account when designing the intervention, if so yes: what exactly, if not: why not?

Yes, we did take women’s knowledge about reproduction into account when we designed the intervention by providing women with symptom information as well as illustrations. Please see the revised description of the MAMAACT intervention, sub-section 1.2.
Same page: the quote on anatomy course: also this is quite known to be a barrier: did the intervention not provide this basic info? cfr above

As stated in the previous response, women did receive this information.

All of these elements put some questions to what is brought about in the discussion section: so far this paper does not bring new evidence nor does it question current evidence in this field. When reading the paper as it is now, the intervention seems like a good intention, but not as an intervention that is based on evidence, and an intervention that was meant to be scientifically evaluated from the start.

1. To the author’s knowledge, MAMAACT is the first complex intervention specifically developed to increase response to pregnancy complications among midwives and non-Western immigrant women. For the same reason, we are unable to directly compare results from this intervention study with similar intervention studies in maternity care. We have added this information as well as examples of other immigrant targeted initiatives in maternity care to the first paragraph of the discussion.

2. Previous interventions using the cultural competence framework have primarily been applied within primary care by general practitioners and to populations different from the target group in this study. We have added a discussion of possible challenges and benefits using the cultural competence framework to train health care providers in the third paragraph of the discussion section.

Other corrections

Under section 1.2 we have written ‘Denmark’s largest maternity ward’ instead of ‘large regional hospital’.

We have written ‘immigrant’ instead of ‘migrant’ throughout the article.

The manuscript has been processed by ‘Grammarly’ for spelling and punctuation.