Author’s response to reviews

Title: Online reported women's experiences of symptomatic pelvic organ prolapse after vaginal birth

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Author’s response to reviews:

Manuscript BMWH-D-19-0099 entitled “Online reported women's experiences of symptomatic pelvic organ prolapse after vaginal birth”

Dear Editor,

We are very thankful for the useful advice and constructive comments from the editor and the reviewers. The revisions and responses to all the reviewers’ points are listed below. All changes are highlighted in yellow in the revised manuscript.

I hope that you will find these revisions sufficient and that this will make the manuscript acceptable for publication in the BMC Women's Health

Sincerely,

Authors

Our response to comments from Associate Editor and reviewer(s)

Comments to the Author from associate editor

☒ The author(s) need to address the issues raised by the Reviewers. You cannot do much about information captured from an internet source, but how you address it in the discussion will matter. Please see the important comments of Reviewer 1.
I will suggest that a friendly read by say, a practising UroGynecologist in the author's hospital, will tidy things up. I also suggest that the author underlines the contextual terrain of these perceptions.

Response from the authors: Thank you, we have tried to follow your suggestions.

xia S. Abbas Shobeiri, MD, Professor, the practising UroGynecologist at INOVA Women’s Hospital, Department of Obstetrics & Gynecology, the specialist in Female Pelvic Medicine and Reconstructive Surgery, Obstetrics and Gynecology with 25 years of experience and the author of many scientific articles, books and book chapters has read the manuscript and edited it. Please see acknowledgements page 18 (line 416-418) and the attached file page 25.

We followed your suggestions regarding the contextual terrain of these perceptions and added the text on page 4, lines 75-80.

REVIEWERS’ COMMENTS TO THE AUTHOR(S)

Reviewer: 1

I think that the paper is submitted in good faith and addresses a contentious issue in our everyday life.

The information however is collected from a chat forum that is likely to consist of opinionated group who already have a position on the issue being discussed and therefore does not represent public opinion.

Response from the authors:

Thanks for your reflection and this is true and should be taken into consideration. No qualitative study or method used in qualitative research can be said to reflect the public opinion. Findings from qualitative methods is always influenced by time, place and space.

However, since this is an important methodological discussion, we have tried to raise this issue more clearly and added it as a limitation in the discussion section, page 16, and line 356-362. This text is added: “Furthermore, bloggers may comprise an atypical sample of the population. It could be assumed that women who seek support on the internet forum might have bad experiences encountering healthcare and this may have caused a selection bias by an opinionated group who already have a position on the issue. Women who had positive experiences could
have been overlooked. Therefore, our finding may not reflect the experiences of women with
good pelvic floor recovery postpartum and with good outcomes of conservative treatment”.

Childbirth is a natural process and the percentage of women who develop major pelvic floor
damage is small. From this small group a small percentage will need secondary surgery and these
were not reflected in the paper. There is therefore a tacit hint in the paper childbirth is not safe
and that can misinform women.

Response from the authors:

We totally agree that childbirth is a natural process and we don’t want to indicate women should
be afraid to give birth.

However, these blogs do exist and can nourish inaccuracies. Therefore, midwives and
professionals need to move the dialogue into the health care context to be able to take part in the
dialogue. We believe that if the findings from this study are taken into consideration it improves
the prenatal and postnatal care. We have added text about this in the discussion section, page 14,
lines 315-316 and 318-320.

In the analysis, all forms of surgery for pelvic organ prolapse has been lumped together and
analysed. There are more than 20 types of operations for pelvic organ prolapse. These operations
often reflect the type of injury sustained and so cannot be treated as one.

Response from the authors: I am sorry, but this is a misunderstanding, we have not analysed the
forms of surgery in this study. We excluded all posts that discussed recovery after surgery. This
is now clarified in the data collection, page 4, lines 89-90. However, the participants do mention
POP surgeries but not specific surgery methods. Our results indicate that women have not
understood the information regarding treatment options given by healthcare providers. For
instance, some of women were told that they were too young to undergo the POP surgery.
Unfortunately it was not possible to obtain additional information by asking questions, for
instance about the type of surgery. In order to avoid possible misunderstanding this
methodological limitation is now reflected in the discussion section, page 16, line 353-355.

We have also removed the text: “ The women considered undergoing POP surgery but were
aware of a significant risk of recurrence in future ” from the result section in order to avoid
misunderstanding. It was on page 10 between lines 229-230.
Reviewer 2.

This is a very good study of women's views of a common gynaecological condition.

Response from the authors:

Thank you!

The following are comments that would require minor corrections.

4. Line 117: The comment of participant 22 'should I wear a nappy' suggests that the participant had either urinary incontinence or faecal incontinence and not pelvic organ prolapse. The study focused mainly on pelvic organ prolapse, this need to be either modified or the title adjusted.

Response from the authors:

Pelvic organ prolapse and urinary incontinence commonly coexist and the participant in the study suffered from both conditions. But this is an important remark and we agree that the quote can be misinterpreted because it is not clear for the reader if the woman has both conditions based on this particular quote. We have changed the text according to your recommendation and removed the quote and hopefully the text aims at the purpose of the study more precisely.

5. Discussion: The authors comprehensively reported the participants' feelings but did not provide a balanced view in the discussion. For instance, whilst the participants adduced their 'psychological distress', 'sexual difficulties', 'dysfunctional body' to sPOP, the author should provide other scientific explanations that could also contribute to these. For instance, the demands of childcare, psychological trauma accompanying childbirth could also contribute to lack of sexual desire and performance.

Response from the authors:

Thank you, we have tried to follow your suggestions. We have changed the discussion according to your recommendation and hopefully a more balanced view in the discussion has been provided, lines 362-365.