Reviewer's report

Title: User perspectives on the Swedish Maternal Health Care Register

Version: 3 Date: 5 October 2014

Reviewer: Caroline Homer

Reviewer's report:

Thank you for the opportunity to review this paper. The paper outlines a study that aimed to investigate midwives’ experiences, opinions and use of the Swedish Maternal Health care Register (MHCR).

This is an interesting paper as there is very little written about this topic despite global movements to collecting electronic perinatal data. I recommend publication but a number of major revisions are firstly required.

The references drawn upon are rather limited. I recommend that the authors look at the work of Alison Craswell, an Australian midwife researcher who has undertaken a similar study in a different country. Her doctoral thesis was entitled A grounded theory examination of the factors that influence midwives when entering perinatal data: The Theory of Beneficial Engagement and aimed s to understand the factors that influence midwives interaction with the computer when collecting and entering perinatal data in Queensland, Australia. She has a number of papers/conference proceedings that would be useful to include as they are directly relevant: http://au.linkedin.com/pub/alison-craswell/82/434/a77

The Abstract needs some more explanation so that the reader follows the story. For example, a web application is mentioned in the Results section but the reader is not told in the Background or Methods what this is. I am also not sure what ‘direct transfer of data’ refers to – is this writing the information?

The reader needs to know a bit more about the Swedish context to be able to assess the applicability of this study. For example, on page 3, the number of women per midwife per year is 85. Is this the provision of full scope of care (antenatal, labour and birth and postnatal)? Is this continuity of care provider? Is there only a public system or is there also a private system?

I prefer that abbreviations are not used – as much as possible anyway. This is especially important when they are not common abbreviations to an international audience as using abbreviations detracts from the reading. Please write out phrases like Quality Registers

The terminology related to ‘delivery’ needs to altered throughout. I recommend using ‘to give birth’; ‘gave birth’ or just ‘birth’ depending on the sentence structure. Most perinatal journals have moved away from using ‘delivery’ due to the connotations of power.

It is not clear what training or education the midwives received prior to the implementation of the electronic system. This is important as it could impact on their experiences.
There were a large number of variables included as dependant variables. What is the risk that this large number could lead to Type 1 errors – finding a difference when there is not a real difference? The limitations of the statistical analysis needs to be discussed. What was the alpha level used? I am not a statistician so I recommend that a statistician should review the analyses.

In the findings, groups A, B and C are used. This is confusing to this reader. I would prefer using words that are more descriptive of the three groups. I had to keep going back to remember what the letters referred to.

What does a level of employment of 75% mean (page 10). Does this mean they worked three-quarter time? A more international way of expressing this would be to write 0.75 of a full time equivalent.

I would suggest not using the word ‘executing’ (page 10. It sounds far too harsh and non-woman friendly for a paper about maternity care. Can I suggest ‘undertaking’ instead?

I suggest changing the theme title ‘Comprehending variables’ to ‘Understanding the variables’ as it reads better in English.

Were the midwives aware of what the data they collected was ultimately used for?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests