Reviewer’s report

Title: A Call for Better Care? The Impact of Postnatal Contact Services on Women’s Parenting Confidence and Experiences of Postpartum Care in Queensland, Australia.

Version: 1 Date: 4 May 2014

Reviewer: Virginia Schmied

Reviewer’s report:

This is an interesting paper and well written paper. However there are some issues that need clarification. The recruitment of participants is particularly well described.

Major Revisions

1 Parenting confidence – It is not clear to me whether parenting confidence is in fact a mediating variable or an outcome measure as presented in the paper. Women were asked: “how confident they felt looking after their new baby when he or she was brought home?” This appears to be asking how confident they felt looking after baby upon discharge from hospital. Thus their response would relate to confidence prior to the phone contact or home visit/s within the first 10 days. Please clarify this.

I am also concerned about whether a one item, single question such as this is a good measure of parenting confidence. Were there any other validated measures of parenting confidence used? There are a number of validated measures available.

If parenting confidence is not an outcome measure in this study then the paper is left reporting on satisfaction as another outcome measure, and while satisfaction is important, we still do not know if postnatal contact improves health outcomes. Was another variable available in this dataset such as depressive symptoms in the first three months after birth?

2 I also had a question about the comparison groups. From table 1 it appears that there were 1647 in the non LPNCS funded group and 2077 women in the LPNCS funded group. However in Table 3 900 women reported no phone contact and 1062 reported no home visits. This would suggest that some women in the non-funded LPNCS did in fact receive a phone call or home visit even if the missing responses are taken into account. Please clarify. Would it have been more appropriate to undertake the analysis by receipt of phone call or home visit regardless of the site.

Minor Revisions

Background
3 The first reference (Forster et al) highlighting women’s lack of parenting confidence in the postnatal period refers is to a small focus group study of women in Victoria, this statement should then say ‘some’ women, not Australian women implying all women. Alternatively additional references could be used.

4 Need to clarify term ‘child risk’ in the third sentence 1st paragraph – would rephrase to ‘reduce risk to the child and the reference to maternal depression and social support in this this sentence is dated – 1991.

5 At the start of page 4 I suggest clarification about the current services and policy in Australian States. There are two separate policies related to midwifery and Child and family health nursing services and these are not distinguished in this study. First the way universal postnatal contact is described here and the references used suggest that the authors are referring to the first universal health home visit by a child and family health nurse (maternal and child health nurse in some States). As noted here in this paragraph generally the purpose of these visits is to screen (I suggest changing this to assess) for maternal and infant risk and to provide brief interventions (for what??) and to refer to specialist services as needed. From the perspective of a child and family nurse, I would suggest that they also prioritise building a relationship with a family to engage them in ongoing services.

Alternatively or in addition in most States and Territories individual public maternity services also offer a home visit by a midwife following discharge form the hospital. These ‘domiciliary’ visits in the past were offered to women who were discharged ‘early’ from hospital however today most services do not have a time restriction rather the service is based on need. There is policy in Victoria and NSW and probably other jurisdictions that also recommend or direct a visit by a midwife. In recent NSW policy, the period of midwifery care in the home is to extend to two weeks postnatal.

What is important here is that the role of a midwife conducting a home visit is not necessarily the same as the role of the CFH nurse undertaking a first home visit. Midwives visiting in the home effectively provide an extension of postnatal care provided in hospital and are more likely to be concerned about the physical health and recovery of the mother and baby and similar to the nurse to asset or support breastfeeding and women’s emotional or support needs. However the assessments undertaken by a nurse and a midwife at this ‘first home visit differ markedly in most States. This paper does not distinguish between the service or care that may have been delivered by a midwife or a nurse. If possible this would have been included in the analysis and if not available then this is a study limitation. Alternatively if they were ‘trained ‘ in each area to provide the same or similar service please describe this.

6 In the background there is no reference to the Cochrane review published on home visits by Yonemoto et al 2013 ‘Home visits in the early period after the birth of a baby ‘— this would be a good reference to include in the background.

7. The other issue not addressed in the analysis or the discussion is continuity. It
is important to know about the model of care women received and did any women have a postnatal phone call or a visit from a known midwife of nurse who they met during pregnancy, birth or the in-hospital postnatal stay.

Other comments
A major gap in the study is not knowing what was delivered in the home visit or phone contacts. This is acknowledged by the authors. A phone call from an unknown person once to check in on how a woman and baby are is very unlikely to have any impact and if anything can be perceived negatively.

It is politically very important that the data analysis and interpretations of findings is reported accurately as findings such as these on large samples may influence policy related to service delivery. I note that you have emphasised the importance of further research at the end of the paper.

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

No conflict of interest