Author’s response to reviews

Title: Barriers and enablers in the implementation of a program to reduce cesarean deliveries

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Dear Editor-in-Chief,

Herewith please find the revised version of our manuscript entitled “Barriers and enablers in the implementation of a program to reduce cesarean deliveries”. All changes requested have been made in the Word document, and a point-by-point response to reviewers’ comments is provided below. We hope you will find our responses and modifications to be suitable.

We remain at your disposal for any further corrections/clarifications to our manuscript.

Thank you for your consideration of this revised manuscript.

Yours sincerely,

Clara Bermudez-Tamayo
Reviewer reports:

Reviewer #1: Dear Authors,

I reported my comments on the manuscript titled "Barriers and enablers in the implementation of a program to reduce cesarean deliveries".

I think that the manuscript is interesting. The structure of the manuscript is clear and easy to understand also for non-specialized reader. References list appears up to date and appropriate.

Anyway, before the acceptance I suggest some minor revisions. In particular, I suggest to introduces in the "Background section" some explanation on job conducted by the national program to reduce the rate of cesarean deliveries (Proyecto de Adecuación de Cesàreas, PAC).

The abbreviation PAC is used for the first time in the text (Methods - Sample- page 5) without explain its meaning. I suggest grouping under a single section named "Material and Methods" the five section named "METHODS", "RESEARCH TECHNIQUE", "SAMPLE", "INFORMATION GATHERING PROCEDURE" and "INFORMATION ANALYSIS".

Reply: Done.

After these minor revisions, I suggest to accept this manuscript because in my personal opinion the paper is very interesting for at least 3 reasons: the study design (qualitative exploratory study with use of in-depth individual interviews), for the results (which certainly deserve to be then confirmed on a larger scale) and purpose to better understand the reality.

Reply: Many thanks for the comments.

Reviewer #2: The article presents a topic of great interest in the Spanish context of healthcare delivery. I appreciate the opportunity to review that article; but some aspects should be expanded or clarified. This would, certainly, improve the quality of work.
Major concerns

1. Background

More information on the worldwide cesarean deliveries rate should be added, as well as the recommendations on this rate of WHO and the Spanish quality standards related.

Reply: In background section we added some information to include recommendations on the rate of WHO and Spanish guidelines related:

According to WHO, at population level, caesarean section rates higher than 10% are not associated with reductions in maternal and newborn mortality rates (2). In 2015 the rate of cesarean deliveries in Spain was 25.3% (2), considerably higher than the figure deemed acceptable (2). In the region of Andalusia the rates range from 16% to 25% in publicly-financed healthcare centers, with significant variations between provinces (13%-28%) and between centers (4).

In response to the rise in CS rates across Spain, the Ministry of Health released in 2008 released a joint policy statement aimed at reducing unnecessary CS and promoting normal childbirth whenever possible (5). However, these recommendations have remained quite general and decisions to opt for CS continue to be discretionary and often based on non-medical factors (6).

2. Methods

* Settings

It would be highly interesting to include not only the type of hospital where professionals work, but also the cesarean rate of each hospital.

Reply: done

* Sample

Even though in "Background" section it is said that 20 hospitals were included in the program, only 28 professionals were interviewed. How may it be possible if in section "Sample" it is explained that "two professionals in each centre were interviewed"?

This kind of information must be carefully exposed.

Reply: This evaluation was carried out before the end of the program, to identify the need for adjustments in the program and to promote proper implementation. Therefore, it was performed
only in 14 hospitals, 6 months after the beginning of the intervention. We added this explanation, in the background and methods section.

Background

The factors considered relate to policy/management, hospitals, practitioners and patients. This study was conducted within the framework of the aforementioned program designed to reduce the rate of cesarean deliveries, with the objective of exploring the enablers and the barriers from the perspective of the health professionals involved. This evaluation was carried out before the end of the program, to identify the need for adjustments and to promote a proper implementation.

Material and Methods

Qualitative exploratory study performed in the region of Andalusia (Spain). Participating in the study were ob-gyns and nurse-midwives working at 14 hospitals where the program was being implemented. The study was performed 6 months after the program begins.

* The description of the sample in Table 3

Only sex and type of hospital are gathered as main characteristics of the professionals interviewed. However, age, nationality, year in which they finished their studies as midwives or in Obstetrics and Gynecology, working professional experience, previous training on humanization of delivery or during their job in hospitals (if this training was autonomous or professionally guided), etc.

Reply: We added some information in text, as follows:

The average age of participants was 45 years old (range 37 to 55) with an average of 45,6 years of working professional experience. Among the 28 participating individuals, 10 were men and all were from Spain.

The training was explained elsewhere, as cited in the text.

3. Ethics approval and consent to participate

Authors must specify that confidentiality of information is maintained at all times.

Reply: we added some text to explain:

This study was approved by the Ethics Committee of the University of Granada. The participants agreed to participate in the study and gave consent to the recording of the interviews and were asked if they consented to their responses data being coded up and stored in a database. The identity of each participant as been protected by assigning each audio file and each text file a single identification code and the verbatim texts are linked only to the sex of the person interviewed, his or her professional profile and the type of hospital. Confidentiality of information was maintained at all times.

4. Methods_ Information gathering procedure

It is not fully explained that interviewers are not the researchers. This must be clearly stated.

Reply: added.

5. Table 4 and 5

These tables have not been quoted in the main manuscript, when they have been described in "Results" section.

Reply: we added the text in results section:

In table 4 and 5 there is a summary of program barriers and enablers related to healthcare policy and management and to hospital characteristics and to the women and their families.

6. Results

If the program NVivo has been used to analyze the results, then several images to illustrate better the relationship between the results may had been included.

Reply:

Unfortunately, the extension of the manuscript does not allows to add more illustrations.
7. Discussion

In the "Discussion" section, it is necessary to compare the results with those of other studies. For example, there are studies which have compared midwives models with biomedical models, and others where authors describe facilitators and barriers in the humanization of childbirth practices.

In addition to this, strengths and limitations of the study must be discussed in this section. There must also appear a reflection of the influence of the researcher on the data.

Reply: No specific studies have been found on precisely factors intervene in a knowledge translation project intended to reduce the rate of cesareans. That's why we discussed some aspects, but not the studies as a whole. We added the following text in the discussion section:

There are limitations to this study. This analysis from a region may not reflect the situation in other regions, which could have different problems with access, provider relationships, or medical-legal climate. Qualitative research is not generalizable to some defined population that has been sampled (many qualitative researchers would prefer the term "transferable" (23), but to a theory of the phenomenon being studied, in our case, programs to reduce cesarean rates.

Minor concerns

1. Methods

An explanation of the initials "PAC" should always be presented when used for the first time, and not in "Discussion" section.

Reply: Included in the background section.

2. Table 4

The word "Factors" should appear in the gray headings: "Factors related to…"

Reply: Done.

3. Results:

* Section "Factors related to professional practice"

This title does not appear at all in table 5 and it is supposed to be describing it somehow. The only similar title found in this table is "at the professional and individual level".
* Items titles

If your results are based on the dimensions of Table 1, then in "Results" section and in tables should appear the same dimensions and avoid varying the name of the items, e.g. "Factors related to the motivation and attitudes of healthcare professionals" (Table 1), "At the professional and individual level" (Table 5), "Factors related to professional practice" (p11, line 402). There must be coherence in the use of terms and titles given to items along the whole article.

Reply: Done

Reviewer #3:

This is an observational / descriptive study evaluating provider attitudes and experiences following implementation of a program to reduce the rate of cesarean delivery in a geographic region of Spain.

The primary objective appears to have been to characterize barriers to implementation of these interventions as perceived by OB/Gyns and Midwives at the affected hospitals. This is an important topic and line of inquiry as interventions to reduce the cesarean delivery rate must be evaluated with respect to provider's ability to implement such programs.

The authors surveyed a group of providers and explored their attitudes toward the program. This approach has the potential to identify areas where the program to reduce the cesarean delivery rate may require modification for improved adoption.

1. This manuscript is difficult to interpret without a description of practices before the intervention, and the specific recommendations / guidelines of the PAC. Further, it is difficult to understand the significance of physician and midwife responses without knowing what the impact of the PAC was upon their practices. For example on line 339 the manuscript mentions complying with "the time periods indicated;" but there is no detail provided regarding what these time periods are, or the extent of adherence to them.

Reply: The intervention was explained elsewhere, as cited in the text.

2. Because these observations were not coupled with evaluation of the objective impact of the program to reduce cesarean delivery rate, and identification of areas where adherence to recommendations was found to be inadequate, the manuscript's observations are difficult to generalize to other institutions and regions. Certainly it is interesting to learn about provider attitudes regarding this regional intervention, however, it is unclear what relevance these observations have to clinical practice.

To address this the authors could structure the results section based upon specific recommendations from the PAC for which poor adherence was identified, and then provide specific feedback from providers regarding why adherence to these recommendations is poor. Having a summary of PAC recommendations combined with documentation of adherence to these recommendations would be tremendously more informative when reviewing provider attitudes obtained by surveys. Without this the manuscript tends to read as a general survey of provider attitudes.

Reply: We consider that the question alluded by the reviewer would need another different methodological approach. We based our study on barriers and facilitator identified by Chaillet (2007). Our findings are all relative to the indications of the program as a whole, because it refers to policy/management level, at the organizational level and in relation to the women giving birth.


The primary value of the present work seems to rest in informing hospital administrators in a relatively small geographic region regarding perceptions held by a small subset of providers in their network. To make this work generalizable would require specific information regarding the success of the program to reduce cesarean delivery with respect to individual recommendations and goals - and subsequent evaluation of provider attitudes regarding areas where poor adherence was observed.

Reply: As replied to reviewer 1, this evaluation was carried out before the end of the program, to identify the need for adjustments and to promote a proper implementation.

Qualitative research is not generalizable (many qualitative researchers would prefer the term "transferable" (Backer 1990)) to some defined population that has been sampled, but to a theory of the phenomenon being studied, in our case programs to reduce cesarean rates.

In any case, we added a column in table 3, with the cesarean rates in pre-intervention period.