Author’s response to reviews

Title: Effectiveness of respectful care policies for women using routine intrapartum services: a systematic review

Authors:

Soo Downe (sdowne@uclan.ac.uk)
Theresa Lawrie (tess@lawrie.com)
Kenneth Finalyson (kwfinlayson@uclan.ac.uk)
Olufemi Oladapo (oladapoo@who.int)

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Effectiveness of respectful care policies for women using routine intrapartum services: a systematic review

Soo Downe; Theresa Anne Lawrie; Kenneth Finlayson; Olufemi T Oladapo Reproductive Health

Response to reviewer

Thank you for your careful and insightful queries related to our manuscript above. I have listed our response in the table below, and amended the paper in track changes. We look forward to your further comments following this response.

NB - we had formatted this response as a table in a Word document, for clarity - if it would be more useful to submit it as a table, could you let us know how we can do this? Many thanks!
Reviewer comment | Response | Amendment made to paper
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1 ‘rising levels of reports…’ Focus not just on staff values, but… also includes structural challenges, like staff shortages and lack of equipment. Thank you – we have clarified this sentence. We agree, and, indeed, we include this point in the discussion. We have now added a sentence into the methods to flag up this point earlier in the text as well. Sentence added page 4 and 5 to page 8: ‘…This may be due to an increase in incidence, or to an increase in recognition’.

2 Only facility level policy? Our aim was to look for studies that introduced respectful maternity care into facilities – we included all studies that were designed to do this. Some of the studies also included regional level policies, that impacted directly on facility level provision We didn’t include (or, indeed, locate) any studies that were only focused on facility based care, and this is repeated in various places in the main body of the paper, so we have not altered the text in the methods. We also already address wider national policy levers in the discussion

The abstract states that the focus is on facility based care, and this is repeated in various places in the main body of the paper, so we have not altered the text in the methods. We also already address wider national policy levers in the discussion.
on RMC policies at a national level.

3 More detail on the methods

As noted in the abstract, and on page 9:

We included randomized and non-randomized controlled studies... We searched PubMed, CINAHL, LILACS, AJOL, WHO RHL, and Popline, along with ongoing trials registers (ISRCT register, ICTRP register), and the White Ribbon Respectful Maternity Care Repository.

As noted in Box one, we included all languages, but did not locate any non-English language papers. We also specify in the text that our inclusion was controlled studies of interventions (randomized and non-randomised). The data arising from these studies were all quantitative. A parallel qualitative review was also undertaken for the guideline. This is referenced in the current review (reference 31) and we have now added an extra comment to this effect on page 8. The search strategy was reviewed and agreed within the author group, but not beyond it, and the review protocol is not registered in a database, but is available from the authors.

Sentence added to methods, p 8: This review is focused on quantitative data – a parallel review also undertaken for the guideline reports on qualitative findings in this area [31].

Added sentence p 6: We conducted this review in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, and followed a protocol (available from the authors).
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<tr>
<td>4</td>
<td>Info from AMDD monthly RMC update WRA wiki</td>
<td>Yes, as we noted in the abstract, and on page 9: ‘ We included….the White Ribbon Respectful Maternity Care Repository. This is the RMC wiki page. We also regularly checked the RMC updates, and have added this to the main text for completeness.</td>
<td>Sentence added to page 9: We also included regular AMDD monthly RMC updates, as they were issued.</td>
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<td>5</td>
<td>Outcomes for care of women, or also the experience of child/family</td>
<td>We did discuss this at length in the author group. In the event, we agreed that, for this review, as it was designed to inform the intrapartum guideline for healthy women, we only included the experience of the woman herself. We have deleted one reference to the ‘newborn’ on page 8 and have added a sentence to explain the focus on the woman on page 8.</td>
<td>Sentence added to page 8</td>
</tr>
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<td>6</td>
<td>Timing of women’s responses</td>
<td>This varied by study, as set out in table two</td>
<td>Sentence added to study findings on page 12: Timing of data collection ranged from direct observations of events as they happened, to follow up interviews with women at around 6 weeks after their births.</td>
</tr>
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<td>7</td>
<td>No studies from US/Europe</td>
<td>Yes, this surprised us too. It is possible that there could be studies of improved quality of care that used different</td>
<td>Sentence added to the discussion: It was surprising that no</td>
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terminology – indeed, as noted on page 7, we explicitly excluded studies that used terms like ‘humanisation of care, or those framed explicitly by human rights, ‘as, although they plausibly could improve respectful care, this was not their aim, and they may have been affecting many other parameters that could have occluded the effect on respectful care itself. For this review, we wanted to be very specific in the focus, to ensure that the review question we aimed to address was illuminated. There would be good grounds for undertaking a broader review in future that could address various aspects of quality of care, including, but not restricted to, the improvement of respectful care and the reduction of D&A. This wasn’t, however, the intent of the current review.

studies were located from regions of the world other than Africa. It is possible that intervention studies in this area are framed differently (as, for example, ‘humanised care’). As noted above, we decided not to include interventions using this terminology, as such studies tend to be focused on reducing specific interventions, or introducing specific models of care, like midwifery led schemes. This omission could be a limitation of the study.

Reviewer comment | Response | Amendment made to paper
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Improving care for newborns/families who have been bereaved | This is indeed an important question, and we did discuss the issue of including newborns in the review. However, the decision was made not to do so, as, again, the focus of the guideline the review was designed to inform was childbearing women. We ‘newborn’ removed from page 8

Sentence added to the discussion (p18): Interest is also growing in the concept of respectful care for the newborn. Along with respectful care for family and friends of those using
are also aware that a number of teams around the world are working in this specific area, and that reviews and empirical studies are likely to be published soon in this area of care.

maternity services, this would be a valuable area for a review in future, as more intervention studies are published in these areas.

9 Simplify plain language summary, especially the use of GRADE

10 Blank citation p 13 Thank you – we have corrected this, and taken the opportunity to tidy up the citations and format of Table 3 in the process

Summary simplified

Citations added