Author’s response to reviews

Title: Quality of Websites about Long-Acting Reversible Contraception: a Descriptive Cross-sectional Study

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Author’s response to reviews:

Dear Editor and Reviewers,

Thank you for the opportunity to revise the manuscript entitled “Quality of Websites about Long-Acting Reversible Contraception: a Descriptive Cross-sectional Study”, submitted to Reproductive Health. The comments were very valuable and helped improve the manuscript. Please find our responses to the comments below.

REVIEWER COMMENTS
Reviewer: 1
Comment #1
This manuscript has to go through strict editorial process. LARC users are not considered patients, the most appropriate concept is 'clients'.

Response
Thank you for your suggestions. We have changed the text so that it refers to clients.

Comment #2
Many of the things mentioned under the 'methodological considerations' section are better moved to the 'methods' part of the manuscript.

Response
We have moved text from the discussion to the methods section.

Comment #3
In the methods section under the study context the third sentence there is a phrase "close to all". Please,
replace with the appropriate language, e.g. nearly all.

Response
We have revised the sentence according to your suggestion.

Comment #4
In the methods section, under the data analysis, please provide more information on the criteria used. Also the validity instrument you mentioned.

Response
We have added text about the quality criteria (DISCERN instrument and JAMA benchmarks) and hope that this clarifies the assessments.

Comment #5
Absolute values, proportions, and percentages are presented (e.g. n=846, 17%; 13/46 (28%) is wrong. The statements in the result section of the report are long and not simple to understand by a reader. Therefore, the researcher should rewrite them.

Response
We are unsure what errors you are referring to. We have carefully checked the results and revised to improve this section.

Reviewer: 2
Comments
I just have some language suggestions for clarity and a couple of other issues that you may need to address.
Line 46: insert 'were' between sources and used
Line 74: Change 'and had' to 'with'
Line: 97: decision-makers' values
Line 102: after 'informed decisions' add, 'and to reduce the rate of unplanned pregnancy.'
Line 119: Edit to read "...offer recommendations on which websites are more reliable for patients to visit.'
Line 181: Use 'article' rather than the plural.
Line 334: Use 'indicates' rather than the singular.
Line 371: Use 'need' rather than 'needs'.
Line 406: Insert 'use' between 'suitable to' and 'without'.
Line 407: Add 'to' between 'model' and 'systematically'.
Line 408: Use 'are' rather than 'is'.
Line 476: correct 'practive' to 'practice'.
Line 515: This reference is about Downs Syndrome and has nothing to do with contraceptives.

Response
Thank you for your comments. We have revised the manuscript. We have removed the reference.

Reviewer: 3
Comment #1
The abbreviation JAMA stands for Journal of the American Medical Association, please review.

Response
Thank you for noticing this error. We have revised the manuscript.

Comment #2
The browser used to perform searches should be mentioned.

Response
We used the web browser Safari to perform the initial searches and have added text about this in the methods section.

Comment #3
A very important aspects is whether the browser was set as private or not to perform Google searches. Using the browser without the private solution it is possible that cookies were stored into the browser and, based on these cookies and the browsing history, the search results were tailored to the profile of the user. Doing so, only the relevant websites to that user were returned and the search results could be biased.

Response
Thank you for pointing out this important aspect that was lacking in the original manuscript. We did not set the browser as private during our initial searches. We have now performed new repeated searches in another browser (Google Chrome) set as private, using the same search strings as previous searches, to verify the initial hits. The new searches only revealed two new websites that fulfilled the inclusion criteria. Upon inspection, these two are highly similar to the websites already included in the sample. Thus, we argue that the previous searches represent searches in browsers set as private. We have added text about this in the methodological discussion.

Comment #4
The finding that government websites were the lowest regarding reliability scores should be explored in the Discussion section.

Response
We have added text about this in the discussion.

Comment #5
In the Discussion section, manuscript results should be compared and interpreted in light of other studies analysing the quality of websites. If no related studies on LARC or family planning are found, please consider studies focused on other health-related subjects.

Response
We have added text in the discussion about other studies that have investigated web-based information about contraception and related this to the novelty of our study.

Comment #6
The main conclusion of the authors was that most of the websites presented low quality. However, some of the websites presented good quality. Which kind of information should be assessed by laypersons in order to identify a low or good quality LARC website? Are there any elements that could be easily assessed?

Response
Inspecting the results, we argue that most websites have notable quality deficits across all of the
investigated criteria. The only variable where many websites displayed adequate quality was in the DISCERN questions concerning information about benefits and risks. We have added text in the conclusion about this.