Author’s response to reviews

Title: Perceptions of Isolation during Facility Births in Haiti - A Qualitative Study

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Author’s response to reviews:

Response to Reviewer #1 comments:

Background

1. Line 91:
The reviewer recommended that we remove the reference to Demand Side Financing (DSF) due to the lack of focus on financial constraints in this paper. We agree with this comment and have removed the reference.

2. Line 94:
We agree that maternity waiting homes have been operating in Haiti and have referenced these albeit the fact that we could only find descriptions of them on the organizations’ websites but no published literature on their performance.

Data Collection

3. Line 179:
Thank you. We agree.

Results:

5. Line 365-366:
We have edited to avoid repetition.

6. Inclusion of quotes:
We have edited them down
Discussion

7. Re: Anderson study from Haiti:
   We have included the reference in the discussion as requested (p.24 of clean manuscript)

8. Re: reference to not having freedom to move; we have included the reference to choice of birth position as recommended (p.26-27 of clean manuscript)

9. Line 546
   We have included a different reference to labor companionship and quoted the Brazil law as well (p.27 of clean manuscript)

10. We have decided not to emphasize labor companionship as the model for Haiti, acknowledging that we cannot have a one size fits all approach and that we do not know the full spectrum of space, staffing, and privacy concerns across different types of sites. For example, we have visited clinics where the delivery spaces were enormous as there were very few deliveries and an entire ward was usually available for one delivery, while at a general hospital, women were crowded into a small delivery room. Therefore, we have made a reference to “structural constraints” but not elaborated on this further given the scope of this paper (p.30 of clean manuscript)

11. Re: support person and navigator, we have decided to remove focus from this intervention alone and given some examples from literature instead. We do not, at this time, want to comment on the training such a person would require and how each would be different since we did not explore for this.

12. See comments for point 11 above. We think this is a separate research question following from this paper.

Response to Reviewer #2 comments:

Page 3, line 66: We have clarified the response and taken out the recommendation for patient support and given more examples which we discuss later in the paper (and provide references for) such as training on communication for providers, labor companionship, choice of birth position.

Page 5, line 114: We have removed the methods portion from background

Page 6: We have made revisions to our focus group discussion focus as well as the question guide to reflect the flow of the conversation and how questions were introduced based on the direction of the discussion. These edits are reflected on p.10 of the clean manuscript.

Page 7, line 141: We have included additional citations for the census, the Zika study and so on.

Page 8, line 151: We have removed the sentence on ‘adverse outcomes’ and moved the description of miscarriage, stillbirths, and neonatal death to the Results section – p.12 of clean manuscript.

Page 8, line 153: named GHESKIO. Clarified what we meant by adverse outcomes in Results section (see comment above)

Page 8, line 154: Cited

Page 8, line 166: We have cited literature we reviewed and our own experience
Page 8, line 169: Introduced CK and her credentials.

Page 9, line 172: attached consent (supplemental file 3) and how literacy handled (p.9 of clean manuscript)

Page 9, line 176: Edited – (p.9 of clean manuscript)

Page 9, line 188: The point, which is very important and valid, has been discussed in the limitations: (p.29 of clean manuscript): “We are aware that in a group setting, women may have preferred to express a preference for a facility birth since facility births tend to indicate higher socioeconomic status in Haiti. In addition, although it is culturally appropriate to begin conversations by asking how one is doing and what one is doing, this may have elicited information about mood, source of income, and family life that biased the respondents toward demonstrating a certain socioeconomic status. However, we noted that this introduction actually served to create camaraderie among the group and aid women’s ability to share with each other, as they were able to connect over their shared experiences as mothers without formal employment.”

Page 10, line 194: We have addressed this in Methods. (p.10 of clean manuscript): “As this was a qualitative study, we allowed the conversation to develop in an open-ended way and took cues from the participants about what topics and questions to explore. This resulted in a broad study regarding perceptions and evaluations of home and hospital births. However, for the purposes of this paper, we will focus our analysis to a specific line of questioning regarding a contradiction that readily became apparent in all of the groups: women both expressed a preference for a hospital birth and relayed negative experiences in hospital. We explored this contradiction further through sub-questions that elicited more details about how the hospital birth experience differed from the home birth experience, as well as what women liked and disliked about the birth experience in each setting.”

Page 10, line 214: We have noted this limitation (p.30 of clean manuscript)

Page 12, line 256: We have clarified why we included pregnant women in the sample: (p.3 and p.11 of clean manuscript)

Page 13, line 267 and 277: We have corrected our error (p.14-15 of clean manuscript)

Page 14, line 289: We have addressed this issue – the ‘big head’ comment is not a myth. At this time in Haiti, there was concern over Zika related cranial malformations and the women were sampled from a Zika study so they were aware of the potential issue. (p.15 of clean manuscript)

Page 15, line 306: Edited

Page 14-17: We have distinguished between being left alone (without observation) to being ignored (being dismissed or or being denied requests)

Page 17, theme 3: We have edited the term to ‘physical immobility’ which includes being tied down but also having to lie down for the convenience of the vaginal exam and not being able to deliver in a desired position.

Page 20, line 435: We haven these comments into account and shifted the rewrites to focus on changes
that would ameliorate the sense of isolation (p.21 of clean manuscript)

Page 24, line 530-533: This change has been made in the FGD Question Guide (see Supplementary file 2)

Page 25, line 544-549: We have adjusted our recommendations to reflect the data (Discussion)

Strengths and Limitations:

We have made changes and expanded the limitations section and included a discussion of inclusion of pregnant women on p.25

p.23 line 494-496 re 4th delay – we have removed this reference

p.24 line 516: we have decided to say compassionate touch rather than compassionate maternity care