Author’s response to reviews

Title: Comparing Options for Women Seeking Permanent Conception in High Resource Countries: A protocol for a systematic review

Authors:

Rebecca Gormley (bgormley@sfu.ca)
Brian Vickers (brianwilliamvickers@gmail.com)
Wendy Norman (wendy.norman@ubc.ca)

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Author’s response to reviews:

Dear Editors and Reviewers of Systematic Reviews;

Thank you for forwarding the reviewer’s comments on our manuscript “Comparing Options for Women Seeking Permanent Conception in High Resource Countries: A protocol for a systematic review” (SYSR-D-17-002266__). Thank you for the opportunity to revise our paper. We are grateful for the constructive feedback of the reviewers, which has improved our protocol and will allow us to address an important gap in the literature.

We hope the response to the comments below will fully address the reviewer’s comments and suggestions regarding the admission characteristics of the graduates. If you have any further questions or suggestions, please do not hesitate to contact us.

Respectfully submitted,

The Authors
Reviewer 1:

Reviewer’s Comments: I am happy with all your responses to my comments. I wish the authors the best in their endeavors.

RESPONSE:

We would like to thank reviewer one for their kind comments, and for their constructive feedback in the prior round of reviews.

Reviewer 3

Reviewer’s Comments: This is an interesting manuscript. Congratulations to the authors.

RESPONSE:

The authors would like to thank reviewer 3 for their kind comments.

Reviewer’s Comments: Suggest that you provide more context on the current situation of contraception epidemiology in Canada, to support the need of this systematic review.

RESPONSE: Thank you for the suggestion. We have added a brief paragraph illustrating the epidemiology of permanent contraception in North America to illustrate the need of the systematic review. The additional paragraph is listed below:

“Trends worldwide and across North America illustrate growing numbers of women utilizing permanent contraceptive methods (2). In the United States, approximately 290,000 cases of interval sterilization occur annually; and permanent contraception is now used by 25% of women of reproductive age (15-44) in the United States who are using contraception (3). While permanent contraception continues to be a popular method of choice among women who do not wish to have children, recent trends have shown an increase in the use of the intrauterine device
(IUD) across almost all populations of women using contraception in the United States (4). Similarly in Canada, permanent contraception is the fourth most commonly used method among women who use contraception (5).”

Reviewer’s Comments: Suggest to limit your findings and recommendations to high income countries/Canada. As mentioned in your title and methods you're only including studies in HIC.

RESPONSE: We are limiting the findings and recommendations to high income countries, as defined by the World Bank: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups. This specification is included the inclusion/exclusion criteria, reading as: “Performed in high income countries as defined by the World Bank Country and Lending groups [15]”

Reviewer’s Comments: Clearly state your inclusion/exclusion criteria, I found them to be unspecific.

RESPONSE: We have clarified the inclusion/exclusion criteria as suggested by the reviewer.

Reviewer’s Comments: Women in reproductive age (provide age range)

RESPONSE: Women of reproductive age has been updated to include the age range: 15-49 as per the WHO guidelines http://www.who.int/reproductivehealth/topics/infertility/definitions/en/. The specific criteria reads as: women of reproductive age (15-49).

Reviewer’s Comments: Comparative observational studies (retrospective and prospective), and single or multicentre randomized controlled trials-evaluating what??

RESPONSE: We have clarified the criteria to define the outcomes for the studies that will be included. It now reads as:
“Study designs include case-control, comparative observational studies (retrospective and prospective), and single or multi-centred randomized controlled trials evaluating pairwise comparisons related to any of the four methods involved in the review (hysteroscopic tubal occlusion, laparoscopic tubal ligation, levonorgestrel releasing intrauterine contraceptive, bilateral salpingectomy, and/or a control).”

Reviewer’s Comments: As it is the eligibility criteria list does not clearly state which articles are you including and which articles are you excluding.

RESPONSE: Thank you. We have updated the inclusion/exclusion criteria so that it is clear which articles will be included, and which will be excluded.

Reviewer’s Comments: Please notice that Cochrane has now a tool to evaluate risk of bias for non-randomized studies, suggest to provide justification to use Ottawa-Newcastle.

RESPONSE: We have provided a justification for using the Ottawa-Newcastle scale. The justification provided includes it’s previous validation for case-control and longitudinal observational studies, and the process of refinement from the widely-used nature of the scale in previous healthcare literature.

In the text it reads as: “The NOS tool is a widely used and well-established tool for assessing the risk of bias in observational studies, and has been validated for case-control and longitudinal studies (5).”

RESPONSE:

Thank you very much for your thoughtful comments and suggestions for improving the protocol and subsequent quality of the systematic review.