Author’s response to reviews

Title: Measuring women’s experiences of maternity care: protocol for a systematic review of self-report survey instruments

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Author’s response to reviews:

Reviewer 1;

Reviewer Comment:
I am now happy for this manuscript to be accepted

Response:
Thank you

Reviewer 2;

Reviewer Comment:
1. Is the population of interest covering all ages i.e. adults only (18yrs and over) or including those under the age of 18 yrs too?

Response:
Thank you for this query- the population of interest is all ages. At the time of submission of this protocol (August 2018) a decision had not been made on the age restrictions for the National Maternity Experience Survey and therefore there was no age restriction on the age of participants in any of the retrieved studies. The age of participants is assessed as per table 3 under ‘Target population- inclusion and exclusion criteria’ (no edits made to manuscript based on this comment).

Reviewer comment:
2. The authors indicate that the scope is to cover survey instruments used 'internationally' as per
Objective 1 - does that include both developed and developing countries or otherwise? Given the use of study results in the Republic of Ireland setting, would instruments used in developing countries, if any, be transferable to Ireland?

Response:
Thank you very much for this comment. Given the statement that this research will inform the development of a survey instrument being implemented within the Republic of Ireland only, it is completely justified. However, this research, as per the discussion synopsis, will not only inform the development of the survey instrument for use within Ireland, but will also assist others with their own use, adaptation and development of instruments unique to the setting in which they are based/ will be implementing the survey. For this reason, the review will include both developed and developing countries as although the research will ultimately inform an instrument that is used to evaluate women’s experiences of their maternity care in Ireland, the robust methodology of the development of this instrument will, we envisage, inform the development process of survey’s for use in both developed and developing countries in the future. Furthermore, the inclusion of both developed and developing countries ensures that a more comprehensive view of instruments used internationally is undertaken therefore more can be learnt by the authors about the weaknesses and strengths of developing a survey in the area of maternity care regardless of the country in which it is used ultimately implemented (no edits made to manuscript based on this comment).

Reviewer comment:
3. What is the setting of interest relative to where the women seek/sought maternity care from i.e. maternity units, local clinics, private maternity units, etc. as experiences would differ among the women thus the choice of survey instrument.

Response:
The authors agree completely that the setting in which maternity care is received can have a significant effect on women’s experiences of that care. Given the wide variety of settings in which women may receive their maternity care, both in Ireland and internationally, we have not imposed restrictions on the setting where women might seek maternity care. As no country in the world has a maternity service the exact same as Ireland, no instrument developed outside of Ireland would be exactly representative of these services. As per the discussion, this systematic review will serve not only as a guide for choosing the most appropriate existing instruments to use or adapt so that they are fit for purpose, but it will also inform the development of new instruments. The inclusion of all settings offers the opportunity to learn and take from multiple instruments that each address various aspects of what is currently implemented within the Irish maternity services, and similarly from the perspective of developers of instruments in the future (no edits made to manuscript based on this comment).

Reviewer comment:
4. Will aspects of maternity care be considered in the analyses or are only a few specific ones of focus in this review? If so what is the rationale behind the focus on a few aspects of maternity care?

Response:
All aspects of maternity care that may be encountered throughout the entire maternity care process (inclusion criteria 6) are the focus of this review as the National Maternity Experience Survey will encompass all aspects of care within the Irish maternity services. The aspects of care that are included in each instrument will be addressed within table 3 via ‘Structure of domains and items’ and ‘List of complete bank of items included’ (no edits made to manuscript based on this comment).
Reviewer comment:
5. Will consideration to variables (sub-group analysis) such as ethnicity, religion, sexual orientation, delivery type, etc be assessed within the analysis or interpretation of findings? - perception of experiences may differ and thus, results may not be generalisable to some populations.

Response:
Thank you for this very relevant question. Consideration will not be given to variables (sub group analysis) within the analysis or the interpretation of findings as, based on the authors knowledge, and as per previous research, women’s experiences of care vary not only based on their ethnicity, religion, sexual orientation, delivery type etc, but also their expectations and previous experiences, amongst many other variables. If the authors were to consider specific variables such as those mentioned there would be a plethora of variables missed that are of huge importance to the evaluation of women’s experiences of their maternity care. Furthermore, as this systematic review will guide others to choose the most appropriate instrument for to use or adapt so that they are fit for purpose, in addition to informing the development of new instruments, those who consult the systematic review for this reason will each have their own individual set of variables specific to their population of interest, as this review will guide them in the right direction, they will then have to fine tune the use, adaptation or new development of an instrument based on their unique needs by retrieving further information from the selected instrument (no edits made to manuscript based on this comment).

Reviewer comment:
6. What is the rationale behind search parameter from 2002? Wouldn't the searches covering the last 10yrs be more relevant to current clinical practice relative to the ever changing healthcare settings?

Response:
The rationale behind search parameter from 2002 was decided “based on a literature search by Messent (18) who found that up until this point no published maternity survey instruments had been validated”. Although we agree that instruments that have been developed in the last 10 years only would be more relevant to current clinical practice relative to the ever changing healthcare settings, it was decided that based on the findings by Messent that the inclusion of instruments developed over the past 17 years may offer an insight into when the validation of instruments for use in evaluating women’s experiences of the maternity care began and the pattern of development since this time (no edits made to manuscript based on this comment).

Reviewer comment:
7. Unclear on how the follow-up of the phone interviews will be undertaken i.e. how will the lead experts/agencies be selected, what criteria they should fulfill, how many will be involved, will their feedback be used to see consensus or otherwise, geographical location of these experts, etc?

Response:
Thank you for this helpful comment- these follow up interviews will not be undertaken by the authors of this manuscript, rather by the research team that will be responsible for implementing the National Maternity Experience survey. This has now been clarified within the text (please see tracked change “The conduct of these phone interviews, and associated ethical considerations, is the responsibility of a separate research team who will be responsible for the implementation of the National Maternity Experience Survey in Ireland, and as such the operational processes and feasibility aspects of included instruments will be reported separately“ relating to this comment). The ‘planned methods of analysis’ section has now been updated to reflect above.
Reviewer comment:
8. Ideally, the representatives from lead agencies would need to consent to participate in such research studies however, the possibility of this has not been considered in 'Declaration section under ethical approval and consent to participate' 

Response:
Thank you for these suggestions- the authors agree that consent from these representatives would be best practice. As per comment 7, these interviews will be undertaken by a separate research team and therefore consent will be sought by that team. This has now been clarified in the text (please see tracked change “The conduct of these phone interviews, and associated ethical considerations, is the responsibility of a separate research team who will be responsible for the implementation of the National Maternity Experience Survey in Ireland, and as such the operational processes and feasibility aspects of included instruments will be reported separately” relating to this comment, as per comment 7).

Additional edits;

The timeframe of interest has been extended to survey instruments that evaluate women’s experiences of their maternity care up to at least 10 days postpartum (rather than 6 weeks). This revision has been made based on a review of the literature that highlighted the variance in what is considered the end date of the provision of maternity care internationally and in turn the time point up to which many survey instruments evaluate women’s experiences of their entire maternity care process. This edit has been made in the attached manuscript by deleting one line in the background and instead including clarification within the inclusion/ exclusion criteria.