**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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**Version:** 3  **Date:** 18 Dec 2019

**Author’s response to reviews:**

Reviewer Comment:
1) In the abstract, the search strategy should be expanded to 2019 (i.e., from 2002 to 2019).

Response:
Thank you for this suggestion. We have included 2018 as the end date in the search strategy as this protocol was originally submitted in August 2018 and the searches and subsequent review completed shortly after (also in 2018).

Reviewer comment:
2) In the Search Strategy and Additional Evaluations sections, the information regarding the phone interviews should be removed from the protocol. This information is not relevant to how the systematic review will be conducted and as Reviewer 2 mentioned it would require ethical approval since it implies recruiting participants.

Response:
Thank you for this helpful suggestion- we have now removed all information related to these phone interviews (operational processes and feasibility aspects) and we agree that this is not necessary for inclusion and may in fact detract from the paper.

Reviewer comment:
3) I agree with Reviewer 2 that the population of interest should either be adults only (18 years and older) or women of all ages, but then sub-group analyses will be needed as pregnant women under 18 years of age (teenage pregnancy) is a different issue from adult pregnant women. Teenage pregnancy is often associated with health issues and risk factors, such as low socioeconomic status. Treating it the
same as a pregnancy in adulthood would be misleading.

Response:
Thank you. We have now updated the manuscript (inclusion criteria) to reflect this feedback.

We have now stated that we will perform this sub-group analysis as per our response to comment 6.

Reviewer comment:
4) I agree with Reviewer 2 that a distinction should be made between developed and developing countries. Pregnant women in developing countries can face different issues, such as poverty and poor access to healthcare, compared to those in developed countries. If the authors want to include self-report survey instruments from both types of country, they should plan to perform sub-group analyses to assess the differences between the two.

Response:
Thank you for this suggestion. We have now stated that we will perform this sub-group analysis as per our response to comment 6.

Reviewer comment:
5) I agree with Reviewer 2 that the setting where the pregnant woman will receive maternity care is of utmost importance. Receiving care in a public hospital, a private clinic or by a midwife can definitely impact women’s experiences of maternity care. It is likely that receiving maternity care by a midwife or in a small private clinic can result in a more personalized experience compared to receiving it in a large public hospital, and women of higher socioeconomic status can most likely afford this (except in countries where access to a midwife is free or subsidized). The authors need to document this information and plan sub-group analyses based on this variable.

Response:
Thank you for this suggestion. We have now stated that we will perform this sub-group analysis as per our response to comment 6.

Reviewer comment:
6) It is important to plan sub-group analyses before the start of the systematic review and this information needs to appear in the protocol for transparency purposes. The authors need to pick a few key variables they will use to verify if the self-report survey instruments vary according to them. Reviewer 2 gave good examples, such as ethnicity, religion, sexual orientation, delivery type. Other good examples are age (if the authors decide to include teenage pregnancy), type of country (developing vs. developed), setting (public hospital, private clinic, midwife, etc.), multiple vs. singleton pregnancy, nulliparous vs. multiparous women, etc.

Response:
Thank you for this very helpful suggestion, we agree the inclusion of planned sub-group analyses would benefit this manuscript and findings of future review.

We have now included details on these sub group analyses under the ‘Summarising the evidence’ heading

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.