Reviewer's report

Title: Attitude of primiparous women towards their preference for delivery method: A qualitative content analysis

Version: 0 Date: 03 May 2019

Reviewer: Justine Slomian

Reviewer's report:

Thank you for this manuscript. The reviewer has the following comments:

Abstract

The results section of the abstract is not understandable. The authors only presented some themes and sub-themes of the research but this section should present a summary of the women's thoughts. Some examples should appear in this section.

Introduction

The introduction section should more insist on the fact that the study was conducted in Iran that has a high rate of caesarean which brings the authors to their research question.

Methods

For a better understanding, the methods section should begin with a description of the type of the study.

"The participants were purposefully selected and their number was determined based on the data saturation": the reviewer would like to have more details about the recruitment method: How did the authors convince the women to participate in the study? When exactly in 2017, did the authors start the recruitment? How long did the recruitment last?
The presentation of the population and its characteristics (including Table 1) should be found at the beginning of the results section but it is actually in the methods section (i.e. "In this study, twelve pregnant women aged 18-32 years old entered the study.").

The reviewer thinks that some inclusion criteria are missing (e.g. Could the premature delivery be included?; the authors should talk about the agreement of women to participate in the study and about the place of recruitment; …). In addition, the exclusion criteria cannot be the opposite of the inclusion criteria.

"Two additional interviews were also performed to further ensure the data saturation": something is missing. The authors should explain that the data saturation was (I suppose) reached after 10 interviews and, therefore, 2 additional interviews were also performed to further ensure the data saturation.

Discussion

Overall, the discussion section is very descriptive; there should be more in-depth analyses.

* The first section concerning source of information is too descriptive. It should include more implications for practice. In addition, there are some studies that highlighted the numerous advantages of prenatal care (single, in couple or in groups). Mothers have a great need of information and they are enthusiastic about the idea of group prenatal care not only because of a favourable social climate and facilitated group discussions but also because the group leader is a valuable source of information about pregnancy and postpartum issues. Here are some examples of studies:

Several times in the manuscript, authors talked about the fact that "women chose their method of delivery". Is it not the gynecologist or the midwife who do this choice? The reviewer thought that women can only have a preference but that the final choice is made by the healthcare practitioner. It is one of the solutions to reduce the high rate of caesarean: to not practice a caesarean if there is no medical indication. To only expose the risk of a caesarean to women will not be enough to reduce its rate.

"In our view, the use of different methods to reduce the pain of vaginal delivery and also informing women about the complications of CS can reduce the number of CSs that lack medical indication": the reviewer thinks that this recommendation is too "light". Which kinds of methods to reduce the pain? Women also need to be better prepared BEFORE the childbirth. The pain is inevitable and the prenatal care can help women to better manage this pain.

"In our opinion, increasing the knowledge of midwifes and using expert teams in childbirth can greatly reduce the likelihood of infant's injury during the labor. On the other hand, CS is not entirely safe for the baby and mother either, and informing mothers about this issue can reduce their fear": the reviewer is not agree with this. Childbirth presents some risks for both mother and baby whatever it is a caesarean or a vaginal birth. The infant's injury during the labor is something rather rare in developed country. The reviewer does not know the quality of the formation of midwifes and gynecologist in Iran but if this formation should be improved, this should be better explained in the manuscript.

The authors said (results section): "Due to the need for support during labor and the impossibility of spouse presence in the delivery room, some participants were afraid of personnel's behavior". In Europe, the partner can stay in the delivery room with the mother and assist to the childbirth. It seemed that this is something that is missing in Iran. Perhaps the presence of the father during the labor could help mothers to manage their pain and anxiety … This should be discuss in the discussion section.

Please also discuss about the strengths and limitations of the study.
Level of interest
Please indicate how interesting you found the manuscript:

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Quality of written English
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