Reviewer's report

Title: Management of labour pain; perceptions of labour pain by Dutch primary care midwives, a focus group interview study

Version: 1 Date: 10 August 2014

Reviewer: Nicky Leap

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Major Compulsory Revisions

There are no major compulsory revisions. This is an important paper that highlights dilemmas faced by midwives in the Netherlands. The complexity of these dilemmas resonate with midwives across the world who embrace the 'working with pain' approach as central to the midwife's role but find themselves practising in a culture that is dominated by the 'pain relief' paradigm.

Discretionary Revisions

Background

1. You have used a web-based article as a reference to the 'working with pain' versus 'pain relief' theory. Whilst this gives an easily accessible overview of the theory, you might like to explore the following publications, which give a more detailed explanation of the theory:


Methods

2. I suggest you move the section stating that ethical approval was obtained to the start of the Methods section.

3. You have introduced the fact that: 'Some students acted as hostesses and others audio-taped the group discussions.' It is not clear whether these are midwifery students, research students or others and what their role was. Was 'helping out' part of their midwifery education programme or did they contribute on a voluntary basis? Were there any ethical considerations in involving students?

4. When describing the design of your study in the Methods section it would be useful to state how many midwifery practices were approached, how many participated, and the number of focus groups that were conducted. You state that
the selected practices were in various parts of the country, in rural, rural/urban and urban areas but it is not clear how you decided which of these practices to approach in the first place. If you used purposive sampling (or something else) then I suggest you need to explain this when describing the methods used. Some of this information could be moved from your Findings section, including your rationale for inviting one midwife from each practice. I suggest that a review of which information would be better placed in the Methods section (rather than Findings) would be useful.

Discussion

5. Second paragraph: ‘At the same time, most of the midwives in our study seemed [seem] to be more prepared to arrange for pain relief than was the case ten years ago.’ Do you have any reference for this statement – even anecdotal evidence – or is it what the midwives in your study said? If so it should be in the Findings so that you can discuss it in the Discussion section. This is particularly important as you mention it again in your Conclusion.

6. The discussion section of this paper would benefit with a more detailed synthesis of the findings with relevant literature. Instead of summarising the findings and then discussing them in relation to the literature it might be worth reorganising summaries and relevant literature under the main headings of the findings. I will make comments and suggestions under these headings. [See Minor Essential Revisions for suggestions to sentence construction and grammar throughout this section].

7. Midwives professional role conflict

Discussion about this draws on the work of Copeland and colleagues (2013) and (later) the paper by Hyde and Roche Reid (2004). A fuller exploration of the issues raised in these papers and how these relate to this work would be useful – in particular the tensions between the role of the midwife and the ethos of obstetric dominated maternity care. Consider also:


It may be worth making more of the fact that research shows that the use of pharmacological pain-relief and epidurals has not been shown to correlate with a positive experience of childbirth:


8. Midwifery continuity of care/discontinuity of care/time constraints

Fourth paragraph: ‘Due to time constraints, midwives seem unable to provide adequate continuity of care. They believe that this leads to a situation in which some of the women requesting pain medication do not really want it. Pain medication is only provided in secondary care. Accordingly, requests for
medicinal pain relief result in a discontinuity of care in the Netherlands. This discontinuity of care is unsatisfactory to the women involved, as well as to their midwives.' To aid clarity, I suggest you re-write this paragraph starting with the fact that pain medication and epidurals are only provided in hospital maternity units and that, due to the time constraints of the model in which Dutch midwives work (ie: state the average size of the caseload as in the UK and Australia it would be on average 40 women a year per midwife, thus allowing midwives to follow the woman into hospital if she decides to give birth there for any reason, including to access 'pain relief'.) You can then cite literature showing that continuity of care in labour with the same midwife who has built a trusting relationship during pregnancy reduces interventions and the use of epidurals and pharmacological pain relief, leading to an increase in spontaneous vaginal birth and maternal satisfaction:


The following journal articles may offer some useful ideas regarding the potential effect of midwifery continuity of care on women’s experiences of pain in labour:


The conclusions drawn by Green, Renfrew and Curtis (2000) in their review of the evidence for continuity of carer have been challenged repeatedly in light of subsequent evidence about relational continuity of care and challenges to the research methods and conclusions of early studies – which asked women retrospectively if continuity of care mattered to them and to rank continuity against a safe, caring midwife in order of importance. This may be worth addressing here as you have referred to their work.


9. Partner’s role

The importance of midwives supporting partners is appropriately discussed in relation to the work of Hildingsson and colleagues (2011). It may also be useful to draw on literature showing how men are affected by the dominant culture of ‘pain relief’, for example am Italian study showing that the experience of childbirth was improved for men where their partners had epidurals:


10. Cultural issues

Rosemary Mander (2011) offers a useful discussion of the midwife’s role in avoiding stereotyping and facilitating discussions with women in order to understand the highly individual conditioning and cultural meanings associated with pain in labour:


You cite the article by Callister et al (2003) by saying that these authors ‘found that women’s perception of pain and their pain behaviour are culturally determined’. It may be useful to return to that article because it offers some other insights that may be appropriate in relation to your discussion, for example the cross cultural appreciation of encouragement and support in labour and the universality of expression regarding empowerment: the ‘transcendental’ experience of facing and coping with the challenges of labour pain. The authors cite the work of Maclean, McDermott and May (2000) who showed that culturally diverse women who had obstetric intervention, particularly those who had unknown birth attendants, described increased anxiety and pain, and placed less emphasis on their active participation in birth.


Minor Essential Revisions

I have taken time to suggest changes to sentence construction and grammar, in the spirit of hastening the next draft of this important paper and in recognition of the difficulties authors can experience when English is not their first language. Mostly the changes are about reporting research findings in the past tense.


L.39… understanding of [in] midwives’ perceptions
Consider reconstructing sentence to aid clarity. Suggestion: The second theme revolved around how midwives saw their professional role being influenced by the ‘situational context’: factors such as ‘time constraints’; ‘discontinuity of care’; the important ‘role of partner’; and various ‘cultural influences’.

Consider re-wording to avoid consecutive sentences starting with the same phrase. Suggestion: This made them feel compelled to redefine their professional identity.

Suggest taking the epidural stats out of the brackets so that this sentence leads on from the previous one. eg: … the number of Dutch women using pharmacological pain relief has risen over the past decade [1]. In 2012, 17.6% of women without a planned caesarean section used epidural analgesia, compared to 11.3% in 2008 and 5.4% in 2003.

The following sentences contain repetitive phrases and should be edited to avoid this [Note: perceptions of, not towards]:

‘However, as far as we are aware, there have been no previous studies of Dutch midwives’ perceptions of [towards] working with women who experience [experienced] pain in labour. This study sets out to explore primary care midwives’ perceptions of [towards] helping women with labour pain and whether their perceptions have changed in response to changing attitudes in society on this subject.’

Check throughout the document that ‘perceptions towards’ is changed to ‘perceptions of...’ or ‘perceptions regarding...’

Wording: Consider the situational context ‘influencing’ or ‘impacting on’ midwives’ perceptions of their professional role [rather than ‘acting on’]

The paragraph starting: ‘Midwives whose approach is to work with pain describe childbirth as a natural biological process …’ reads as a general statement about midwives (across the world) who have this approach as it is written in the present tense. The quote should then be introduced by: [L.196] This approach was exemplified by midwives in this study, as seen in the following quotation. [NB – it reads as a quotation from one midwife. If it is more than one midwife’s views then the quote needs to be divided accordingly]. If you meant the paragraph to be reporting on the perspectives of midwives in your study then the past tense needs to be used.

For most midwives in our study, ‘working with pain’ was seen as [is] preferable … On the other hand, these midwives faced [face] the inherent ambiguity of childbirth…

Plural: … women’s changed attitudes [attitude] towards labour pain

Tenses: All of the midwives in our study were [are] happy with the availability of pain medication
Nevertheless most midwives believed that another factor that worried midwives seemed to be … midwives felt that they were no longer able to use their training in midwifery standards… However, most midwives in our study expressed the view that women’s satisfaction with the childbirth experience was the most important aspect of their management of labour pain, their own beliefs about normal labour. They seemed to feel that pain relief in labour should be seen as a spectrum of pain management, and not as a simple dichotomous choice.

Midwives in our study realised that … Nevertheless, according to the midwives, most women prefer They expressed the opinion that, once the methods of pain relief available in the region have been explained to them, women have enough confidence to start their labour process without fear.

A major constraint on being able to provide continuous support for women in labour seemed to be the limited time that midwives had available. Midwives believed that having more time to provide continuous support in labour would give them more fulfilment in their work and would be more beneficial to women. They suggested that women might need less medicinal pain relief if midwives provided continuous support of women in labour pain.

Most of the midwives in our study felt dissatisfied about not being able to provide continuity of care when women with labour pain are transferred to secondary obstetric care, for pain medication. They identified that they would like to provide continuous support for women in labour, regardless of whether or not the woman in question needs to be transferred to obstetrician-led care; they did not want to relinquish their advocacy role for such women.

A major factor in the midwives’ view of their supporting role was their commitment to partners. This involved informing them about the labour process and involving them in it.

Midwives stated that they aim to give partners the same information that they give to the women themselves, in order to strengthen the important supporting role played by partners during labour.

Some midwives pointed out that they also have to deal with specific cultural beliefs about the management of labour pain. They seemed
seem] to be aware of the need for a diverse range of support skills in order to help these women manage their labour pain.

L.370. At the same time, midwives were [are] aware that women from other parts of the world might [may] have quite a different approach to labour pain. Nevertheless, they [the midwives] appeared [appear] to be quite confident that they could [can] offer these women the support they need.

Discussion

L.387. Our results revealed two main themes: 1] ‘midwives’ professional role conflict’ which was [is] reflected in the approaches to labour pain used by midwives, 2] the ‘situational context’ which consisted [consist] of ‘time constraints’; ‘discontinuity of care’; [add] the important ‘role of [add] the partner’ and various ‘cultural influences’.

L.392. The midwives in our study felt [feel] compelled to redefine their professional identity… As a result, most midwives were [are] worried about… The midwives [Midwives] seemed [seem] to think [believe] that the issue of pain medication is not a simple dichotomous choice, [and . They appeared [appear to be] encompassing a range of complex issues along a spectrum spanning the two approaches to the management of labour pain, ‘working with pain’ and ‘pain relief’. [Note: Do you mean this or do you mean that the midwives approaches differed along this spectrum? If the former, the following sentence fits rather well after this – you may want to reorder the sentences accordingly: ‘Most midwives expressed reservations about finding the right balance between these two approaches: helping women to work with pain versus arranging for pain relief.’]

L.399. At the same time, most of the midwives in our study seemed [seem] to be more prepared to arrange for pain relief than was the case ten years ago [See note under discretionary revisions regarding this statement.]. However, most midwives [had] have been trained to promote normal birth [in natural childbirth], and they firmly [believed] believe in this approach. A number of them were [are] experiencing something of an identity crisis, [as]stating that some women are no longer prepared to accept professional midwifery care during labour. [See note above about moving the following sentence]Most midwives expressed reservations about finding the right balance between these two approaches: helping women to work with pain versus arranging for pain relief. [Add] They highlighted the fact that it [It] is difficult for midwives to identify the exact point in time when women in labour might [could] benefit from medicinal pain relief [add] or an epidural.

L.408. Due to time constraints, midwives seemed [seem] unable to provide adequate continuity of care. They believed [believe that] this leads to a situation in which some of the women requesting pain medication do not really want it. Pain medication is only provided in secondary care. Accordingly, requests for medicinal pain relief results [result]in a discontinuity of care in the Netherlands. This discontinuity of care was seen as [is] unsatisfactory to the women involved, as well as to their midwives.
Question: If women indicate during pregnancy that they want to have an epidural, are they still able to have antenatal care from their midwives or do they get referred for obstetric care at that point? It would be useful to explain this. Also, is it important to address whether there are any implications for midwives in terms of diminishing caseloads/financial implications?

L.414. [Furthermore,] [Add] Midwives identified that partners play an important role in supporting women in labour and thought [The midwives believe] that [add] good support from partners [this] may result in fewer requests for medicinal pain relief. Hence, [add] the midwives believed [believe] that they had [have] to support the partners, so that they in turn would [will] be able to provide support for women in labour.

L.418. Most of the midwives in our study seemed [seem] to be aware that a broad spectrum of supporting skills was [is] needed if they were [are] to help women from a variety of cultural backgrounds to deal with labour pain in their own way.

L.425 sp: … unable to practise midwifery [practice] in a way that conforms [add] with their view of normal birth. Some literature reviews [studies] have suggested that [found that] having ‘continuity of carer’ during pregnancy and labour [childbirth] was less important for women in labour than it was for their supporting midwives.

L.433. The midwives in our study also believed [believe] in the value of…

L.435. We found that medicinal labour pain relief was [is] not really an issue for those midwives who worked [work] in a particularly religious region of the Netherlands and those who attended [. The same is true for midwives] women from African countries.

L.444. The midwives in our study were [are] aware that … In most cases, midwives viewed [view] themselves as being sufficiently experienced… they suggested that [find that] most women are just glad to know that pain medication is available if they need it, but that they prefer to go without if possible. Midwives [add] in this study wanted [want] to spend time providing balanced information and counselling in the antepartum period, as well as sufficient time to support women in labour pain.

This sentence probably belongs after the one before? Where this is the case [Not sure what this refers to], the midwives felt [feel] that most women are prepared to rely on their midwife’s expertise to support them through labour pain.

L.450 This finding is consistent with other studies about shared decision making [19,20] that [. Their results] underline the importance of respectful listening and open communication in building good relationships between women and their health professionals.

L.456. The midwives in our study believed [believe] that most partners… [The rest of this paragraph needs attention in sentence construction and changes to
past tense]

Conclusion – this also needs to be re-written using the past tense

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.