Author’s response to reviews

Title: Women’s preferences and mode of delivery in public and private hospitals: a prospective cohort study.

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Author’s response to reviews: see over
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Dear Editorial team of the \textit{BMC Pregnancy and Childbirth} Journal,

We kindly request you to consider the revised version of the manuscript entitled: \textit{“Women’s preferences and mode of delivery in public and private hospitals: a prospective cohort study”} by Agustina Mazzoni and co-authors to be published in your Journal.

We have addressed reviewers’ comments in a revised manuscript, and we are providing a point-by-point response to their concerns below.

Reviewer 1: No suggestions or concerns.

Reviewer 2:

- I would like to an expansion of the discussion that refers to previous findings/other literature about the reasons between CS rates in public and private sectors in Latin America and elsewhere. For example, Joseph E. Potter, Kristine Hopkins, Aníbal Faúndes, Ignez Perpétuo. 2008. “Women’s autonomy and scheduled cesarean sections in Brazil: A cautionary tale.” Birth 35(1): 33-40. A more extensive discussion here will then put into perspective your concluding statement that more research needs to be done about the "organization of prenatal and delivery care.” –

\textit{Good suggestion. We have expanded the discussion regarding this point including the following paragraph (lines 433-441 in the revised manuscript):}

“A study published by Potter et al. in 2008 showed a high preference for vaginal delivery in both private and public sectors in Brazil: 72.3\% and 79.6\% respectively, being the cesarean delivery rate 72\% in the private sector and 31\% in the public sector - 64.4\% had a scheduled cesarean delivery in the private sector compared with 23.7\% in the public sector. The incidence of real medical reasons for a scheduled cesarean section diagnosed before the onset of labor among private sector patients who had no previous cesarean birth and who wanted a vaginal delivery was only 13\%. “

- I would like to see a bit more about the public and private sectors in Argentina. For instance, what is the percent of women of childbearing age who have access to each of the 3 sectors (public, social security, private)? –

\textit{We have added the following paragraph in the Methods section, line 169:}

“We have added the following paragraph in the Methods section, line 169: “According to national data, 49\% of the women who delivered in 2013 was covered by social security or private insurance, and 42\% by public health system.”}

\textit{We have also updated the reference number 16.}

- I did not understand the statement on p. 16, lines 348-9, "The reproducibility was 87\% at the private sector and 79\% at the private sector." Please clarify. –
Thanks for detecting this mistake. The correct word is “consistency”. We have replaced the word “reproducibility” by “consistency” in the manuscript (line 353). We have explained how consistency was assessed in Box 1.

• In your limitations, I'm not clear on how a low preference for CS in your sample, which, as you say, is consistent with what others have found, "may limit the generalizability of [y]our conclusions." Does this imply that you would have expected a higher percentage of women to prefer CS if you had done the study in other hospitals in the region? Please clarify. –

We understand that is not clear enough and we have now clarified this point in the Discussion section, line 393. The main reason why we believe that generalizability of our conclusions is limited is because chance is a possible explanation of the findings due to the relatively small overall sample size, and the low preference for cesarean delivery in our sample.

• p. 19, line 422: The difference in elective CS rates is 6 percentage points (not 6%). It is over two times higher in the private sector. –

Thank you for the comment. We have corrected the sentence in the Discussion section (line 429 - 430). Now it reads:

“Elective CS was the main difference in the rates between sectors, being 6 percentage points higher in private hospitals.”

• In the Box, it is unclear what the "ideal" answer would be for scheduling the date. If a woman's goal is "let nature take its course," then the answer is clearly "no." However, if she wants to exert some control over her delivery (such as with induction), her answer might be "yes." Both of these answers are consistent with VD. –

We agree that scheduling the date of delivery is an attribute applicable to both CS or vaginal delivery. In fact, we have not associated the attributes deliberately to either vaginal or cesarean delivery. It depended on the nature of the attribute; it is clear that “avoidance of episiotomy” is more related to cesarean delivery, however having an episiotomy is not compulsory related to vaginal delivery. To avoid confusion we have eliminated the phrase: “… and were also frequent reported reasons for cesarean delivery preference” (line 609).

• Remove the last two sentences in the Box, as they are redundant (they are in Step 3).

We agree, and we have removed the last two sentences.

Discretionary Revisions –

• The text refers to employment as "formal" jobs, but the table simply refers to women being employed or not. This is a bit confusing. –
The word “formal” was removed from the text to avoid confusions (line 297 and 299).

- For better readability of Figure 2, remove the horizontal lines and instead add the numbers on the top of each bar.

*We have modified the Figure 2 according to reviewer’s suggestion.*

All authors declare that there are no conflicts of interest.

Thank you for your attention to the consideration of our article.

Best wishes,

Agustina Mazzoni

José M Belizán