PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Providing immediate neonatal care and resuscitation at birth beside the woman: Parents' views, a qualitative study
AUTHORS	Sawyer, Alexandra; Ayers, Susan; Bertullies, Sophia; Thomas, Margaret; Weeks, Andrew; Yoxall, Charles; Duley, Lelia

VERSION 1 - REVIEW

REVIEWER	Janet Green Faculty of Health University of Technology, Sydney
REVIEW RETURNED	02-Jun-2015

GENERAL COMMENTS	While I appreciate the effort you have out into your paper, doing interviews does not make it qualitative research. In Qualitative research you need a methodology, or a philosophy that you have chosen to help you scrutinize your data (eg phenomenology). That methodology should have an expert whose theories you have used. The data should tell the story in the discussion. Why do interviews if you don't use the participants words. I don't see anything in your data that could not have been gotten by doing a questionnaire. Qualitative research is about human experience, and I don't see any evidence of that. I also don't see any passion. In your introduction you report findings. Findings (unless in an abstract) should not be before the method, research etc. Your ethics clearance should be upfront and obvious. They way you have labelled your respondents is very confusing. You have looked at themes but you have not analysed or interpreted them. I refer you to 3 very contemporary publications from the same authors that have been going around Twitter. The papers should be available on ResearchGate. The first one - its agony for us as well" - you can actually feel the distress of the nurses. Green, J., Darbyshire, P., Adams, A., & Jackson, D. (2014). It's agony for us as well Neonatal nurses reflect on iatrogenic pain. Nursing ethics, 0969733014558968. Green, J., Darbyshire, P., Adams, A., & Jackson, D. (2015). Desperately seeking parenthood: neonatal nurses reflect on parental anguish. Journal of clinical nursing. Green, J., Darbyshire, P., Adams, A., & Jackson, D. (2015). The myth of the miracle baby: how neonatal nurses interpret media accounts of babies of extreme prematurity. Nursing inquiry.

REVIEWER	Nancy Feeley Mcgill University, Ingram School of Nursing

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REVIEW RETURNED	03-Jun-2015

GENERAL COMMENTS	The paper examines parents' responses to a relatively new way of providing care. The study is timely. METHODS NO DISCUSSION OF HOW TRUSTWORTHINESS WAS ESTABLISHED IN THIS STUDY. RESULTS I was concerned about what the study really examines - after birth routine care or resuscitation - these are two very different events, and few participants actually experienced resuscitation. It seemed odd to include include in responses to both these experiences in one study. Did parents who witnessed resuscitation feel reassured and valued family involvement or did they only have reservations? Having so much of the findings in a table makes the actual results section of this paper rather sparse (3 pages). As I have not reviewed for this journal before, I was not certain if this was the authors' choice or the journal requirements. I would prefer more results in the text. I found the results section to be very brief and not very rich. Perhaps this is a brief report subject to word limitations. This is my major concern about the findings. The topic of staff communication was particularly brief and not very clear. This theme requires clarification and elaboration. Is this about training staff for this new approach in part? It appears that some participants were single parents and I wondered how they responded. It is not usually appropriate to report the number of participants for each theme. The frequency is not important. (in Table) DISCUSSION Parents varied in their preferences for resuscitation at bedside, and this is not surprising. I fully support the conclusion that parents should be asked their choice as some people confront such situations head on fully informed while others may prefer not to witness these actions. It would have been interesting to know of people's preferences a longer period of time after the event. Some may have been experiencing PTSD symptoms but these might not be evident so soon after the event. Future work should examine parents experiences a few months after the event to assess perceptions retrospectively in light of how they respond longer term. There are a number of important implications discussed. The findings are integrated with previous knowledge. As clinician findings were reported previously, I was wondering how the parents' perceptions compared with professionals? Perhaps this could be discussed.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1. While I appreciate the effort you have out into your paper, doing interviews does not make it qualitative research. In Qualitative research you need a methodology, or a philosophy that you have chosen to help you scrutinize your data (eg phenomenology). That methodology should have an expert whose theories you have used. The data should tell the story in the discussion. Why do interviews if you don't use the participants words. I don't see anything in your data that could not have

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been gotten by doing a questionnaire. Qualitative research is about human experience, and I don't see any evidence of that. I also don't see any passion.

We thank the reviewer for these comments. We used inductive thematic analysis to guide our data analysis and used the methods outlined by Braun and Clarke (Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol 2006;3:77-101). We have now made it clearer that we used this methodology (Page 6, Paragraph 3). This is a method that we have used successfully in our previous research with parents of preterm babies. For example:
• Arnold L, Sawyer A, Rabe H, Abbott J, Gyte G, Duley L, Ayers S. Parents' first moments with their very preterm babies: a qualitative study. BMJ Open 2013;3: e002487. doi:10.1136/ bmjopen-2012-002487
• Sawyer A, Rabe H, Abbott J, Gyte G, Duley L, Ayers S. Parents' experiences and satisfaction with care during the birth of their very preterm baby: a qualitative study. BJOG 2013; DOI: 10.1111/1471-0528.12104.
• Russell, G., Sawyer, A., Rabe, H., Abbott, J., Gyte, G., Duley, L., & Ayers, S. (2014). Parents' views on care of their premature babies in neonatal intensive care units: A qualitative study. BMC Pediatrics, 14,230

We chose to report quotes in a table, rather than in the text, because of word limitations. However, we recognise that by doing this we lose some of the richness of participants' accounts. Therefore we have addressed this is a number of ways: 1) we have included an additional quote in the text for each subtheme as well as keeping key illustrative quotes in Table 2; 2) we have expanded upon each subtheme in the results section, rather than just including subtheme details in Table 2; and 3) we have incorporated a quote from parents in theme titles to illustrate the content of each theme using parents' own words.

We hope this addresses the reviewer's concerns.

2. In your introduction you report findings. Findings (unless in an abstract) should not be before the method, research etc.

The reviewer is referring to a finding which we report from a previous study. We have made this clearer in the introduction (Page 5, Paragraph 1).

3. Your ethics clearance should be upfront and obvious.

We have moved the ethical approval information to the start of the method section (Page 5, Paragraph 2)

4. They way you have labelled your respondents is very confusing.
To make labels less confusing we have removed reference to the type of birth (vaginal vs caesarean section). However, we have kept the information about whether it was said by a mother or father, whether the baby was term or preterm, and the type of resuscitation because we think this is useful information for readers and provides background context for each parent's experience.

5. You have looked at themes but you have not analysed or interpreted them. I refer you to 3 very contemporary publications from the same authors that have been going around Twitter. The papers should be available on ResearchGate. The first one - its agony for us as well" - you can actually feel the distress of the nurses.

Green, J., Darbyshire, P., Adams, A., & Jackson, D. (2014). It's agony for us as well Neonatal nurses reflect on iatrogenic pain. Nursing ethics, 0969733014558968.

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Green, J., Darbyshire, P., Adams, A., & Jackson, D. (2015). The myth of the miracle baby: how neonatal nurses interpret media accounts of babies of extreme prematurity. Nursing inquiry.

Thank you for the references to these interesting papers. By addressing the reviewer's first comment we hope that we have addressed this comment.
Reviewer 2
1. No discussion of how trustworthiness was established in this study

We have added to the discussion details regarding how trustworthiness was established (Page 15, Paragraph 2).

2. I was concerned about what the study really examines - after birth routine care or resuscitation - these are two very different events, and few participants actually experienced resuscitation. It seemed odd to include in responses to both these experiences in one study.

Women were eligible if they had initial care in the first few minutes of life using the trolley. These are likely to be women who would normally expect to have an Advanced Neonatal Nurse Practitioner or Paediatrician in attendance at birth (e.g. all non-elective caesarean sections, all births under 36 weeks gestation). In the UK only babies for which there are risk factors (e.g. prematurity, congenital abnormality, abnormal fetal heart trace) or when there are initial concerns for their health would be managed on a resuscitation unit. This study includes parents of babies in the latter group only. We have made this clearer in the method section (Page 5, Paragraph 2).

It was important to include parents whose babies had experienced a range of different care procedures, which is why we included parents whose babies received lower and higher intensity care interventions. However, we recognise that it important to speak to more parents who had received higher intensity interventions which is noted in the discussion.

3. Did parents who witnessed resuscitation feel reassured and valued family involvement or did they only have reservations?

Parents who witnessed resuscitation also felt reassured and valued family involvement. We have added this to the results section (Page 7, Paragraph 4 and Page 9, Paragraph 2).
4. Having so much of the findings in a table makes the actual results section of this paper rather sparse (3 pages). As I have not reviewed for this journal before, I was not certain if this was the authors' choice or the journal requirements. I would prefer more results in the text. I found the results section to be very brief and not very rich. Perhaps this is a brief report subject to word limitations. This is my major concern about the findings.

We chose to report the quotes in a table because of word limitations. However, we recognise the reviewer's concerns and have addressed these is a number of ways: 1) we have included an additional quote in the text for each subtheme as well as keeping key illustrative quotes in Table 2; 2) we have expanded upon each subtheme in the results section, rather than only including this information in Table 2; and 3) we have used a quote from the parents for theme titles to illustrate the content of each theme using parents' own words.

5. The topic of staff communication was particularly brief and not very clear. This theme requires

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clarification and elaboration. Is this about training staff for this new approach in part?

We agree with the reviewer that this theme needs further clarification. This theme is about parents' perceptions of the impact of bedside care and using the trolley on the staff, and contains two subthemes (Communication and Experience). We have made this clearer and elaborated on the subthemes (Page 10, Paragraph 2). We have also changed the title of this theme to Impact on Staff, which also makes the content of this theme clearer.

6. It appears that some participants were single parents and I wondered how they responded.

Although five mothers were single, all of these mothers had a birth partner present during the birth. We have added this information as a footnote to Table 1.

7. It is not usually appropriate to report the number of participants for each theme. The frequency is not important. (in Table)

We have removed the frequencies from Table 2.

8. DISCUSSION Parents varied in their preferences for resuscitation at bedside, and this is not surprising. I fully support the conclusion that parents should be asked their choice as some people confront such situations head on fully informed while others may prefer not to witness these actions. It would have been interesting to know of people's preferences a longer period of time after the event. Some may have been experiencing PTSD symptoms but these might not be evident so soon after the event. Future work should examine parents experiences a few months after the event to assess perceptions retrospectively in light of how they respond longer term.

The reviewer raises an important point and we have included a sentence recognising that experiences and preferences may change over time (Page 15/16).

9. As clinician findings were reported previously, I was wondering how the parents' perceptions compared with professionals? Perhaps this could be discussed.

We have added to the discussion how clinicians also felt that care beside the woman allowed parents to interact with their child in the first moments of their life (Page 13, Paragraph 2).

In summary, we believe this revision fully addresses the reviewers' comments. The comments have been very useful and have enabled us to improve the paper. We remain very excited about this study and are pleased with this revision. We hope you agree and look forward to hearing back from you in due course.

VERSION 2 - REVIEW

REVIEWER	Janet Green University of Technology Sydney
REVIEW RETURNED	08-Jul-2015

GENERAL COMMENTS	The authors have addressed my concerns and have added quotes and justified calling it qualitative research. My advice for the future would to be to choose an easier numbering/coding system for your informants. It is confusing for readers. I would not advise the authors to put quotes or other information in the appendix. Many ethics committees stipulate that qualitative date should not be placed in an appendix. This is to protect

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	confidentiality, and I would also suggest that you might want to publish more of your data, so I suggest you don't make it available in an appendix.

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