

Oct 25, 2007

REVISE LETTER TO THE AUTHOR:

RE: NRES-D-07-00194, entitled "Impact of Birth Trauma on Breastfeeding: A Tale of Two Pathways"

Dear Dr. Beck,

Recently you sent your manuscript for consideration by Nursing Research.

The review of your manuscript is complete and the comments of the reviewers are listed below along with a checklist for style. One of the reviewers calls attention to the similarity between this manuscript and your article in Nursing Research in 2006. Please review these two works carefully and avoid duplicate publication. It is appropriate to refer to the 2006 publication extensively as a way to avoid repeating content, for example in the sample and methods section. In a separate e-mail you will receive two attachments with duplicate publication information.

You may revise your manuscript based on the reviews and resubmit the manuscript to Nursing Research for further consideration. I will verify that this has been done upon receipt of the revised manuscript.

Please include with your revised submission an itemized, point-by-point response to the comments of the reviewers. The revisions should be completed by Jan 23, 2008 to avoid being considered as a new submission.

To submit a revision, go to <http://nres.edmgr.com/> and log in as an Author.

You will see a menu item called "Submission Needing Revision." Please click on this item to obtain your submission record and begin the revision process.

With Kind Regards,

Molly C. Dougherty, PhD, RN, FAAN
Editor
Nursing Research

Reviewer Comments:

Reviewer #1 (Sharon Lee Dormire, PhD, RNC):

Abstract

The abstract is generally well written. Similar to issues described in the problem statement area of the body of the paper, the logic in the background section of the abstract needs to be tightened to lead to the objective of the research. Breastfeeding is not mentioned at all in the background section of the abstract.

Problem statement

This is an interesting and important study that describes significant events of birth affecting women's perceptions of their children and the breastfeeding experience. It is highly likely that clinicians probably do not consider the impact of psychological trauma regarding these experiences on breastfeeding interactions. This study demonstrates that there is a strong connection between the mother's perceptions and her breastfeeding experience. However, what is lacking is a strong connection between these concepts in the introduction. The introduction provides a good description of the issues related to duration of breastfeeding. However, only two brief sentences include information related to PTSD. The stated purpose is to "explore the impact of a traumatic birth on mother's breastfeeding experiences." The logic of this section does not lead the reader to the purpose or problem. Adequate description of the issues regarding traumatic birth is lacking.

Attention of Relevant Literature

The authors present information regarding birth trauma, labor stress and lactogenesis and postpartum depression. However, the logical connects are not clear. Several studies regarding each of the listed topics are overviewed but the discussions end abruptly. The logical argument connecting the study concepts is lacking as written. It is not clear why postpartum depression is included in the discussion, other than that postpartum research has only focused on depression's effect in breastfeeding. Depression is not addressed again in the paper. A summary or synthesis indicating what is known and directing this study is missing.

Research Design

The author provides some description of Colaizzi's method of phenomenology. The description is adequate but does not include some of the rationale for choices in the method. Colaizzi describes various sources of data for this method. Rationale for use of written descriptions in this study is not provided. It is also noted by this reviewer that, in large measure, all aspects of the methods section are very similar to the "Anniversary of Birth Trauma" article published by Beck (2006) in *Nursing Research*.

Data Analysis

The themes described in this study do provide a clear picture of the data as described. The theme labels are astute; they appear to capture the expressed content of the written descriptions. However, what is lacking is a description of the attention to rigor that is needed in qualitative research methods. Inclusion of an audit trail may support fidelity of the data analysis. In addition, since the author identifies two clusters for the themes (facilitating and hampering breastfeeding). They are clearly presented in the model provided. However, the clusters should be used more prominently in the discussion of the data.

Discussion of Results

The author adequately describes the issues of each woman's personal interpretation of her birth trauma experience. The constellation of the experience or interpretation of the themes leads some women to persevere with breastfeeding and others to stop breastfeeding attempts. However, the authors stopped short of describing what should come next in their work and in describing how clinicians should use the information gained. The implications of this study for future research and application to practice are needed. For example, it would be helpful to include tools to assess for PTSD in the postpartum period. Perhaps the authors could provide some direction for clinicians about breastfeeding in women who have experienced a traumatic delivery; nurses may need to rely on behavioral clues (desire to be successful or subtle aversion) to help new mothers make infant feeding decisions. Or, do the authors have other strategies to approach "breastfeeding support" for the immediate post delivery period?

This paper addressed a significant area in practice. With the paucity of related research, this paper provides an important contribution to nursing literature regarding breastfeeding and birth trauma. Knowledge generated in this study links the interrelationships between the mother's perceptions of the birth experience and the mother-infant relationship as demonstrated by the breastfeeding experience.

Reviewer #3 (Joan E. Dodgson, PhD, MPH, RN): General Comments

The topic area of this research is under researched and important. The authors have collected very rich data; however the methodological issues within this study and manuscript require major revisions. Specific issues are detailed below. I encourage the authors to work through these issues and make the revisions because their data are very interesting and will add to the knowledge in the field. This study has merit.

While it is important for the authors to identify how they are situated within the research process (i.e., founding member of TABS), the tone of the results and discussion sections suggest predetermined attitudes influenced the research analysis. The authors need to demonstrate how they ensured rigor (quality) in their methodology and did not let their bias affect this work. There are a number of ways to do this; readers need to understand what aspects of the analysis come out of the data and what aspects come out of the knowledge and experiences of the researchers. For example, the value statement on page 10 lines 16-18 that does not just describe the findings, as is the purpose of descriptive phenomenology, rather a judgment by the researchers.

The authors have chosen a qualitative process (phenomenology) but use quantitative terminology and concepts in describing the phenomenology. These incongruences are glaring, calling into question their methodology and data analysis process. The research question seeks the 'essential structure'; this term and process is not adequately described leaving the reading with undefined jargon. On page 11 line 3-4, states that the themes describe 'factors'; factors are a quantitative concept. Conceptually phenomenology posits that all phenomena with the field (context) are inter-related in ways that can not be isolated into categories, such as factors. This draws into

question the whole approach to analysis which is very categorical and only minimally contextual. The authors appear to be working from a different conceptual base that separates aspects into opposing categories instead of describing contextual whole.

Phenomenology is a conceptual framework and a research methodology, which requires that one understand the conceptual prior to doing the research. I did not see evidence of this in the manuscript. For example, the authors identify their methodology as 'existential phenomenology', which has not been associated with Colaizzi's method. Colaizzi's work has been used by researchers conducting descriptive phenomenology with the work of Husserl as a conceptual base. Existential phenomenology is generally associated with interpretive phenomenology (see Benner, Interpretive Phenomenology 1994).

The authors work would be much stronger if they did not call what they did phenomenology, as it does not meet the rigor of this methodology, what they did was a descriptive (not exploratory) content analysis.

Specific Comments

Content

- Abstract
 - o Language - avoid value judgments and maintain research orientation
 - o Factors - can not be determined by qualitative research

- Introduction & Literature Review
 - o Studies that are cited are difficult to evaluate because sample sizes and location of the research are not included. As services available to breastfeeding mothers are different in various countries, small vs. large hospitals, rural vs. urban etc. These aspects are an important aspects of the context in which a study findings are situated.
 - o Statistics about PTSD and breastfeeding also are not situated within a context. This is essential. The reader can not evaluate the appropriateness or relevance of the number presented unless more information is provided.
 - o For those of us not familiar with the breastfeeding services, routine postpartum care and general context of participants' countries, a more detailed description of this context is needed. How are they similar or different.

- o Citations are needed for all general statements that have a judgment. For example, page 4 lines 9-11; page 5 lines 2-3; page 6, lines 3-6. (There are more instances.)

- Methods - Sub-sections within this section are not well organized

- o The research question is poorly worded and uses jargon (as mentioned above).

- o Need to define birth trauma, not just give examples

- o Sample

- § The one participant that did not use the website but was contacted by phone should be deleted from the sample, as the methodology is different.

- § All the information about sample selection belongs here including the response rate. The sample size needs to be clearly stated here.

- o Characteristics of the sample - This section is weak

- § Table 2 - need numbers with the types of birth trauma and should include all types of birth trauma within your sample to better describe this sample. Perhaps cross-tabs with country and parity

- § More description of the 19 mothers' diagnosed with PTSD and those using mental health services.

- § Descriptive information is also needed about breastfeeding within this sample in the form of a table or chart.

- o Design

- § Phenomenology is the conceptual framework and method, not design

- § The design in this study refers to participants' self-written narratives in response to one question. While this design is not unique, it is not widely used in nursing research. This is a strength of this work and should have a greater emphasis. References to this type of method are also needed with a brief description about how others have used this.

- § Colaizzi describes an analysis method, it is not a method for inquiry

- § Data analysis should be a separate section - this is where the Colaizzi method should be described.

- o Procedure - a separate section for Protection of Human Subjects could also be done

- § The procedure section should start with content in line 21 on page 8 through line 5 page 9

- § Line 20 page 9 through the rest of this section also belongs in this section.

- § The description of follow-up calls also needs to be clearly stated with examples of why some participants required follow-up and others did not.

This was not clear as written.

- o Data analysis section - needs to done
- Results
- o The process is not collapsing significant statements, rather one of increasing conceptualizations into themes.
- o Many examples of incongruence between the process and the stated methodology. It is essential that there be congruence.
- o The themes described would be appropriate for a more generic qualitative approach.
- o Quotes are powerful and well placed; however, some of the authors' comments sound as though they go beyond the data. It is important to write this section in a way that avoids this impression. For example, page 12 line 4 - the use of vehemently - let the participant's words speak for her.
- Discussion - this section is weak
- o Reference to Dickens does not work here
- o Alternative possibilities for the findings need to be presented in this section.
- o Many of the quotes imply lactation mismanagement by health care providers; this needs to be discussed.
- o Limitations of this study need to be presented here
- o Keep quotes in the results section
- o Relate findings to broader knowledge base in this section, use citations
- o If authors want to add suggestions of clinical implications, they should couch them as suggestions
- o It is important not to go beyond the findings in this section.

Format & Grammar

- Formatting does not follow APA format.
- Use of that and which are inappropriate
- Etc. is not used in research literature
- Punctuation of et. al. - see APA

CHECKLIST FOR STYLE

Title Page:

Supply running head of less than 50 characters (no abbreviations).
Provide professional credentials (letters) for the coauthor.

Text: Reduce # of pages (i.e. 14-16 pages , regular article)

References:

After the 6th author's name and initial, use et al. to indicate the remaining authors of the article (e.g., check the Chen reference/citation - how many authors are there?).

Update in-text citations using APA 5th Ed. Format (The Publication Manual of the American Psychological Association, 5th Edition, pp. 208-209). In particular:

On first citation of a reference, list all authors if there are less than 6. For following citations, use first author followed by et al. (e.g., Breese...)