

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Rates of obstetric intervention amongst low risk women giving birth in private and public hospitals in NSW: A population based descriptive study
AUTHORS	Dahlen, Hannah ; Tracy, Sally; Tracy, Mark; Bisits, Andrew; Brown, Chirs; Thornton, Charlene

VERSION 1 - REVIEW

REVIEWER	Dr Meredith McIntyre Senior Lecturer, Faculty of Medicine, Nursing & Health Science, Monash University, Australia I have no competing interest in the publication of this article.
REVIEW RETURNED	19-Jul-2012

THE STUDY	The tables clearly illustrate the findings reported.
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REVIEWER	Name: Maralyn Foureur Position: Professor of Midwifery Institution: Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, NSW Country: Australia Competing Interests: I have undertaken research and published with one of the authors of this paper (Tracy, S).
REVIEW RETURNED	28-Jul-2012

THE STUDY	There are no supplemental documents that raise questions about the work. The national rate of perinatal mortality rather than the NSW state rate is used in the Discussion. It is more appropriate to use the NSW rate in order to better support your argument that the increase in interventions for private women does not result in improved benefits for babies. Is there any other neonatal outcome measure available that can provide additional support?
RESULTS & CONCLUSIONS	Minor formatting and omitted words in subtitles of Table 5 (subgroup rate) to be addressed. Figure 2 labels of Public, Private are not clearly differentiated in a black and white format.

	Figure 2 appears to be incorrectly labelled with the date of 1995/1996 on the figure but 1996-1997 in the title. The text refers to data from 1996-1997.
GENERAL COMMENTS	This important analysis of a large dataset from the most populous state in Australia will stimulate debate about the differences in birth outcomes for women in private and public systems. Since women choosing private health care are also taxpayers it is arguably appropriate that their maternity care is subsidised from the public purse. However financial subsidy needs to be associated with a requirement for accountability to the funder. The last sentence in the discussion section could be amended slightly to reflect this.

VERSION 1 – AUTHOR RESPONSE

1.The national rate of perinatal mortality rather than the NSW state rate is used in the Discussion. It is more appropriate to use the NSW rate in order to better support your argument that the increase in interventions for private women does not result in improved benefits for babies. Is there any other neonatal outcome measure available that can provide additional support?

Thank you for this observation. Another paper will follow on mortality and morbidity associated with low risk women giving birth in private and public hospitals. We have now added the following:

The NSW rate of perinatal mortality was between 8.6 and 9.6 per 1,000 births between 2000-2005 and between 8.7 and 9.0 per 1,000 births between 2005-2009 (13, 14). A recent randomised controlled trial of case load midwifery (continuity of carer) for low risk women compared to standard care offered in a large teaching hospital in Australia found a 22% reduction in caesarean section rate under continuity of midwifery care with no difference in perinatal mortality (15). This indicates that changes in caesarean section rates can occur with little impact on perinatal mortality.

2.Minor formatting and omitted words in subtitles of Table 5 (subgroup rate) to be addressed.

Thank you, we are aware of this but can't seem to make the last subgroup numbers remain in a straight line. Hopefully this can be corrected when formatted for publication.

3.Figure 2 labels of Public, Private are not clearly differentiated in a black and white format.

My format was coloured so I have changed this to a straight line and broken line so it is clear as a black and white version.

4.Figure 2 appears to be incorrectly labelled with the date of 1995/1996 on the figure but 1996-1997 in the title. The text refers to data from 1996-1997.

Thank you for this, it has been changed

5.This important analysis of a large dataset from the most populous state in Australia will stimulate debate about the differences in birth outcomes for women in private and public systems. Since women choosing private health care are also taxpayers it is arguably appropriate that their maternity care is subsidised from the public purse. However financial subsidy needs to be associated with a requirement for accountability to the funder. The last sentence in the discussion section could be amended slightly to reflect this.

Thank you for this observation. We have added the following sentence to the end of the discussion:

While women choosing private health care are also taxpayers and hence entitled to subsidisation this subsidy needs to be associated with a requirement for accountability to the funder.