

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The impact of a father's presence during newborn resuscitation: a qualitative interview study with health care professionals
AUTHORS	Harvey, Meryll; Pattison, Helen

VERSION 1 - REVIEW

REVIEWER	Dr Andrew Leslie Nurse Consultant University Hospitals of Leicester UK No competing interests.
REVIEW RETURNED	14-Jan-2013

GENERAL COMMENTS	This is a very clear and helpful study of a neglected topic.
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REVIEWER	Margareta Johansson RN RM PhD Senior lecturer, Research midwife Department of Health Sciences, Mid Sweden University, Sweden Department of Clinical Science and Education, karolinska Institutet, Sweden
REVIEW RETURNED	20-Jan-2013

THE STUDY	Statistical methods not relevant due to qualitative data.
GENERAL COMMENTS	<p>P. 5 line 25 Introduction</p> <p>There is a limited literature review for the Introduction. Is it important for fathers being present during labour and birth?</p> <p>How often need newborn babies resuscitation and what are the factors related to this action?</p> <p>Why is it important to study professionals' view of the fathers' presence in this actual situation?</p> <p>Start the introduction in a broader perspective and not in the local situation for the study.</p> <p>P.3 line 52 In what way did the HCPs had a negative view according to ref 10?</p> <p>P.3 line 54 What kind of harmful psychological effect and physical risks according to ref 8, 11 and 12?</p>

P.6 line 19 "...not previously investigated." Are you totally sure of this? Suggestion: according to the authors knowledge"

P.6 line 21 "These phenomena.." which ones? Don't tell the reader about the wider study in this part of the study, it's more appropriate to find this under the method section. The rationale for this very study is expected to be found in the end of the introduction.

P. 6 line 30 **Objective**

The result answering something more than you ask for. It's stated in the objective that experiences during the resuscitation were under study but the result also includes after the resuscitation. The result is not only about HCPs experiences of the fathers' presence it's also about the staff's interaction with the fathers and between themselves, and about the staff's knowledge how to support the fathers in this situation.

Method

Design

P.3 line 31 The design is described as "A descriptive, retrospective design using the critical incidence approach." I would like the authors to clarify it's about a qualitative study and that the design is described in the manuscript and not only in the abstract.

P.3 line 44 Mentioning the staff as the **setting** is not appropriate

P.3 line 53 "...responses were analysed using thematic analysis."; this sentence doesn't belong to the result. Description of the analysis is one part of the method.

P. 6 line 43 **Participants**. In the Interview schedule the participants' age were asked for and would also be of interest when the participants are described.

P.7 line 14 How many critical incidences were investigated? One or more for each participant?

P.7 line 32 In the Interview schedule the ethnicity was asked for but not reported, why?

P.7 line 34 Are ten neonatal nurses a relative high number when conducting an interview? Did you approach and asked this group of staff to participate in another way?

P.7 line 47 **Interviews** According to the Interview schedule the interviews look like structured but you write about semi-structured, clarify please. Which questions in the interview schedule are used for this paper? Did it take 22-78 minutes to ask all these questions? How many of all participants had experienced the situation of resuscitation when the fathers were present? How long time had elapsed from the actual event to the time of the interview? How could the staff describe the experience from the fathers' perspective

	<p>by not asking them?</p> <p>P.7 line 52 The critical incidence approach was used, in what way? Define the one used.</p> <p>P.8 line 5 Were the key questions those found in the interview schedule? How were the follow-up questions worded?</p> <p>How did the participants find the interviews? Some of this issue is to be found in the result section but would rather be found in the method.</p> <p>P.8 line 41 Analysis</p> <p>How was critical incidence technique used in the analysis?</p> <p>Thematic analysis should be undertaken by the authors and not by a software program. Didn't the authors first read and re-read the manuscripts several times? Give a more clear description of the data analysis.</p> <p>It's more trustworthy to have some example of the analysis in the paper.</p> <p>P.9 line 12 Results</p> <p>The focus of the results is now about fathers, mothers and parents, weren't the fathers the issue of this study?</p> <p>How many sub-themes were identified?</p> <p>The first sub-heading under the result is worded "Whose role?" is not found to be clear. The results seems to be about "Whose role to support the father?".</p> <p>Why are the quotes not in the text? It's more easily to grasp the whole if it was.</p> <p>Table 2- 2.1. Was this quote representative for more than one participant?</p> <p>P.9 line 39 "...all HCP groups.." does it mean all the participants?</p> <p>P.9 line 43 What kind of communication with the parents?</p> <p>P.9 line 45 "...usually directed.." In how many critical incidences was the communication directed only to the mother or rather to the father (this because of the aim of the study).</p> <p>P.10 line 12 "...went over to the parents..." in the quote it's about the mother. The staff "couldn't talk to dad".</p> <p>P.10 line 34 Why did the anaesthetists found it inappropriate to brief the fathers?</p> <p>P.10 line 41 "... a general reluctance..." In all of the incidences?</p>
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	<p>Why a reluctance?</p> <p>Table 2- 2.4. Is this quote representative for all of the participants or just one of them?</p> <p>Did the staff think it was important to talk/communicate/support the fathers? And if so, why?</p> <p>P.10 line 57 The sub-heading is not clear. Is it about influencing factors for the HCP's saying and doing? If so the second section on page 11 is not belonging to this sub-heading.</p> <p>P.11 line 43 What's a senior HCP? Is the quote in Table 3- 3.1 representatives for more than one?</p> <p>P.12 line 34 Teamwork</p> <p>Don't find this section relevant to the aim of the study. In what way was the staff's teamwork of importance for the fathers?</p> <p>P.12 line 55 "...distracting the father.." Did the father intervene the resuscitation process?</p> <p>P.13 line 14 The sub-heading "Impact on me" Why not a sub-heading towards the fathers? Like staff's attitudes and behaviors effect on the fathers as described in the first section. The section after that is about the fathers' attendance effects on the staff.</p> <p>P.13 line 32-36 "Five HCPs....." This is not a result and should be placed under the method section.</p> <p>P.14 line 35 Discussion</p> <p>Cannot find any discussion about the staff's attitudes' and behaviors' effect on the fathers.</p> <p>The first sentence in the Discussion is not relevant to the result itself.</p> <p>Do you regard one interview study to be strong evidence?</p> <p>P.14 line 50 "...confirms a finding from an earlier phase of the broader study" Do you publish the same result in two different papers?</p> <p>P.14 line 53 "...priorities.." Should it not always be the baby as the first priority in a situation of resuscitation? What did happen to the fathers when they didn't have any or limited focus/support? Don't you think the baby is the first priority for the fathers in this situation? How could fathers being supported in light of the limited time available?</p> <p>P.15 line 30 Staff shortages and lack of resources were not found in the result.</p> <p>P.16 line 17 What kind of other care settings?</p>
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VERSION 1 – AUTHOR RESPONSE

We have endeavoured to address the issues raised. We have submitted two versions of the amended paper. MEH-HMP-BMJOpen-17-02-13 is the new version of the paper with amendments highlighted and notes to the reviewers added. Where we are responding to specific reviewer comments we have inserted R1 (reviewer 1) and R2 (reviewer 2) accordingly to the annotations. MEH-HMP-BMJOpen-clean-copy-17-02-13 is the same new paper but without the annotations. We have resubmitted the abstract as this has been changed in line with reviewer suggestions. We have referred to the COREQ checklist in the redevelopment of this paper.

VERSION 2 – REVIEW

REVIEWER	Margareta Johansson PhD Department of Health Sciences, Mid Sweden University, Sweden Department of Clinical Science and Education, Karolinska Institutet Södersjukhuset, Sweden No competing interests
REVIEW RETURNED	28-Feb-2013

- The reviewer completed the checklist but made no further comments.