

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Expectations and experiences of hospital postnatal care in the UK: a systematic review of quantitative and qualitative studies
AUTHORS	Malouf, Reem; Henderson, Jane; Alderdice, Fiona

VERSION 1 - REVIEW

REVIEWER	Liv Merete Reinar Norwegian Institute of Public Health Norway
REVIEW RETURNED	01-Jun-2018

GENERAL COMMENTS	<p>This is a good review concerning important and interesting questions. The volume of literature and information within is big - and was not made easier by searching for and including both quantitative and qualitative research. The PICO is very broad. Some questions and suggestions for improvement:</p> <p>Methods: Inclusion criteria: Could add which quantitative methods/designs you wanted to include Search strategy: Please note that the search date is more than one year old Results: You included two randomised trials and one controlled trial, but do not state in text which outcomes that were of interest in these trials. How did you judge the risk of bias in the RCTs/controlled trial? The risk of bias tool you refer to in the methods section seems to concern observational studies/surveys. Discussion The discussion is quite limited and most of it is a summary of the findings. I would like much more information on what the findings might mean related to how post-natal care is organised in UK today. What might be the threats? How can the results guide midwives and those providing hospital postnatal service provision. There is some guidance under Policy implications, however I would like to know more about the postnatal service in UK today. Under review limitation there is very little discussion on limitations to the authors' own review - more about the limitations in included studies. English is not my first language, so I have not commented on language or orthography - but I think the manuscript needs to be corrected some places.</p>
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REVIEWER	Jane Sandall King's College, London
REVIEW RETURNED	04-Aug-2018

GENERAL COMMENTS	<p>This review aimed to report on women's and families' expectations and experiences of hospital postnatal care and women's satisfaction with hospital postnatal care and to relate this to expectations to their actual care experiences. Primary and secondary outcomes were: Women's and families' expectations, experiences and satisfaction with hospital postnatal care.</p> <p>Appropriate databases were searched, and justification provided for the start date (1970). Findings from qualitative, quantitative and mixed methods studies were included and the PRISMA checklist was followed. The findings are tabulated, and the results are descriptive. I was hoping to see additional novel information arise from this review to inform policy and practice. Some research gaps were identified such as a paucity of data on women who give birth in a midwife unit.</p> <p>There are many methodological approaches to conducting reviews of qualitative and mixed methods research. Synthesizing qualitative data from different study designs is complicated. These issues and the literature addressing this have not been discussed ie seminal works include Dixon-Woods M, Bonas S, Booth A, Jones DR, Miller T, Shaw RL, Smith J, Sutton A, Young B: How can systematic reviews incorporate qualitative research? A critical perspective. Qual Res. 2006, 6: 27-44. Pope C, Mays N, Popay J: Synthesizing Qualitative and Quantitative Health Evidence: a Guide to Methods. 2007. The approach taken will depend partly on the researchers' epistemological assumptions. It is important to know this.</p> <p>Many methodological approaches exist to analyzing qualitative data such as meta-ethnography, thematic synthesis, best fit framework, narrative synthesis etc and it is important that the authors justify why they have not used any of these approaches, and the one that they have used.</p> <p>Please could the authors provide a justification for looking at women defined as low risk, when many problems occur with women who have complications?</p> <p>What was the rationale for the sub group comparisons in relation to dates and why wasn't ethnicity a planned sub group analysis?</p> <p>It is very difficult to pull out the key important results. No meta-analysis was conducted of the quantitative data, was this possible at all where the same outcomes have been used? Normally qualitative synthesis does report written findings, whereas these have been summarized in the tables.</p> <p>Normally free text responses in surveys are not considered qualitative research, although these responses can be insightful. Could the authors say more about how they situate these findings in relation to qualitative findings. Line 48.</p> <p>In sum, is it possible to provide more synthesis rather than description?</p>
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REVIEWER	Adetayo Kasim Durham University United Kingdom
REVIEW RETURNED	25-Jan-2019

GENERAL COMMENTS	<p>The authors provided interesting narrative of expectations and experience of hospital post-natal care in the UK using systematic review of quantitative and qualitative studies since 1970. The review is rigorous and well conducted. They provided clear rationale for excluding studies in their systematic review. I found the narration of the different studies very informative and the paper is suitable for wider audience with interest in this area. However, I have the following comments:</p> <ul style="list-style-type: none"> - I understand that not all systematic review require meta-analysis, but it would be nice to provide justification for not doing this given that the systematic review involved quantitative studies. - I also feel that the quantitative data are under-reported. Even without meta-analysis, data from similar studies can be displayed using forest plot (without including pooled effects). This will help to understand the similarities and dissimilarities between the same outcomes from the different studies.
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VERSION 1 – AUTHOR RESPONSE

Reviewers comments	Actions
Reviewer: 1 Reviewer Name: Liv Merete Reinart	
This is a good review concerning important and interesting questions	Thank you for your kind comments
The volume of literature and information within is big - and was not made easier by searching for and including both quantitative and qualitative research. The PICO is very broad.	We appreciate that the aim of this review was broad however it was conducted to provide the foundation for a series of policy research projects on postnatal care in the UK. Specifically to identify gaps and to act as a platform to conduct further studies in this area. This has now been clarified in the introduction.
Method - Inclusion criteria: Could add which quantitative methods/designs you wanted to include.	This has been added "RCTs, cross-sectional studies, retrospective or prospective survey-based studies and observational cohort studies design eligible for inclusion" We have also added information on the included criteria for qualitative study design.
Search strategy : Please note that the search date is more than one year old	The paper was submitted in February 2018 and we received reviewers' comments in February 2019. This was beyond our control. We have updated our search across the review databases. We also made the appropriate changes across different parts of the review. This includes the search results, PRISMA flow chart, review tables, the results and discussion section.
Results: You included two randomised trials and one controlled trial, but do not state in text which outcomes that were of interest in these trials.	We reported the review findings by the outcome not by the study design. The papers only reported on the satisfaction data and we have highlighted this in the paper. However, we

	added more details in “description of included studies”.
How did you judge the risk of bias in the RCTs/controlled trial? The risk of bias tool you refer to in the methods section seems to concern observational studies/surveys.	We have used the CASP trials tools – removed from the table and discussed in the text
The discussion is quite limited and most of it is a summary of the findings. I would like much more information on what the findings might mean related to how post-natal care is organised in UK today. what might be the threats? How can the results guide midwives and those providing hospital postnatal service provision. There is some guidance under Policy implications, however I would like to know more about the postnatal service in UK today.	We agree that the discussion was limited. We had cut it back as the paper was so large. We have provided a new discussion section.
Under review limitation there is very little discussion on limitations to the authors' own review - more about the limitations in included studies	Review strength and limitations have now been added to this section
Reviewer: 2 Reviewer Name: Jane Sandall	
The findings are tabulated, and the results are descriptive. I was hoping to see additional novel information arise from this review to inform policy and practice	Combining the quantitative data resulted in a significant heterogeneity across all outcomes. We have presented the pooled data for each outcome, but the pooled results are not trustworthy to advice on changing policies.
Some research gaps were identified such as a paucity of data on women who give birth in a midwife unit	We have expanded the discussion to provide more information on gaps etc (see response to Reviewer 1 comments)
Synthesizing qualitative data from different study designs is complicated. These issues and the literature addressing this have not been discussed ie seminal works include Dixon-Woods M, Bonas S, Booth A, Jones DR, Miller T, Shaw RL, Smith J, Sutton A, Young B: How can systematic reviews incorporate qualitative research? A critical perspective. Qual Res. 2006, 6: 27-44. Pope C, Mays N, Popay J: Synthesizing Qualitative and Quantitative Health Evidence: a Guide to Methods. 2007. The approach taken will depend partly on the researchers' epistemological assumptions. It is important to know this.	We agree this is complicated and also that there is no gold standard process or presentation. We have provided more information in the methods sections on the assumptions driving the review and the approach taken. As the aim was to provide a summary of what is known about women’s experiences of hospital care it was important to include all possible data in the synthesis. Qualitative studies included were interview studies, observational studies, focus groups studies and open ended text from surveys where thematic analysis had been conducted. Surveys where free-text quotes were provided purely for illustration were excluded. ‘An aggregative synthesis approach was used to summarizing the qualitative data. With this approach the concepts are assumed to be largely well specified Dixon-Woods et al 2006) and the data pooled by providing a descriptive account of the pooled data. ‘

<p>Many methodological approaches exist to analyzing qualitative data such as meta-ethnography, thematic synthesis, best fit framework, narrative synthesis etc and it is important that the authors justify why they have not used any of these approaches, and the one that they have used.</p>	<p>See comments above in regard to study rationale and approach. The themes presented reflect overarching themes and we have provided more analysis within two themes where this had been lost when synthesising to the overarching themes</p>
<p>Please could the authors provide a justification for looking at women defined as low risk, when many problems occur with women who have complications?</p>	<p>As the review was already very broad we had to make a pragmatic decision to separate this out. We think this is an important but different review. The experience of postnatal care among women with high risk pregnancy could be the focus of another systematic review.</p>
<p>What was the rationale for the sub group comparisons in relation to dates and why wasn't ethnicity a planned sub group analysis?</p>	<p>The proposed subgroup by dates was divided into three twenty year time periods. The cutoffs were considered to be meaningful due to key policy changes in the 1990s (eg Changing childbirth and from 2010 (after the postnatal care guidelines NICE guidelines 2006) on. However we also organised the data in tables and plots by year which allowed us to explore more subtle variations over time. The exclusion of ethnicity from the subgroup was a reporting error. This was always collected as part of our data extraction form and was reported on as part of the main analysis rather than sub group analysis. We have moved the reports on ethnicity to subgroup comparison sections for consistency.</p>
<p>No meta-analysis was conducted of the quantitative data, was this possible at all where the same outcomes have been used?</p>	<p>Combining data in meta-analyses was not feasible. Data were reported in different ways across the studies. The existence of a very high heterogeneity when we tried pooling data for other outcomes $I^2 >90\%$.using random and fixed effects, this will threaten the reliability of any pooled data. We have presented forest plots for two outcomes (length of stay and overall satisfaction with care) that had relatively consistent questions across the studies but still had high heterogeneity. This shows the data graphically and demonstrates the problems faced.</p>
<p>Normally qualitative synthesis does report written findings, whereas these have been summarized in the tables.</p>	<p>There is significant variability in the reporting of qualitative data. We have synthesised the findings within the theme narrative but provided a standard characteristics of study table that has a column providing the primary study themes in the tables for additional information.</p>
<p>Normally free text responses in surveys are not considered qualitative research, although these responses can be insightful. Could the authors</p>	<p>The free text available in population based surveys were often substantial and reported as thematic analysis. They were only included if the</p>

<p>say more about how they situate these findings in relation to qualitative findings.</p>	<p>reports clearly identified thematic or content analysis – this is now more clearly stated in the methods section 'As the aim was to provide an aggregative summary of what is known about women's experiences of hospital care it was important to include all possible data in the synthesis. Qualitative studies included were interview studies, observational studies, focus groups studies and open ended text from survey's where thematic analysis had been conducted. Surveys were free-text quotes were provided purely for illustrative purposes were excluded.'</p>
<p>Reviewer: 3 Reviewer Name: Adetayo Kasim</p>	
<p>The authors provided interesting narrative of expectations and experience of hospital post-natal care in the UK using systematic review of quantitative and qualitative studies since 1970. The review is rigorous and well conducted. They provided clear rational for excluding studies in their systematic review. I found the narration of the different studies very informative and the paper is suitable for wider audience with interest in this area</p>	<p>Thank you for your comments</p>
<p>I understand that not all systematic review require meta-analysis, but it would be nice to provide justification for not doing this given that the systematic review involved quantitative studies.</p>	<p>Please see response to reviewer 2 above</p>
<p>I also feel that the quantitative data are under-reported. Even without meta-analysis, data from similar studies can be displayed using forest plot (without including pooled effects). This will help to understand the similarities and dissimilarities between the same outcomes from the different studies.</p>	<p>Please see response to reviewer 2 comments above</p>

VERSION 2 – REVIEW

<p>REVIEWER</p>	<p>Liv Reinar Norwegian Institute of Public Health Norway</p>
<p>REVIEW RETURNED</p>	<p>04-Apr-2019</p>

<p>GENERAL COMMENTS</p>	<p>This is a well conducted review on an important topic, as I commented on the first version. I think the changes you have done in the discussion have improved the review further, and I am glad it includes a broader discussion of the findings now.</p>
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REVIEWER	jane Sandall King's College, London
REVIEW RETURNED	18-Apr-2019

GENERAL COMMENTS	The paper is improved and I am happy to support publications.
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REVIEWER	Adetayo kasim Durham University United kingdom
REVIEW RETURNED	10-Apr-2019

GENERAL COMMENTS	I have no further comment. The authors have addressed the comments in my previous review.
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