

Article details: 2021-0008	
Title	Women's postpartum experiences in Canada during the COVID-19 pandemic: a qualitative study
Authors	Kathleen Rice PhD, Sarah Williams PhD
Reviewer 1	Lissa Cohen
Institution	
General comments (author response in bold)	<p>Very important topic to address- As an OB/GYN I can appreciate the immense struggles and see them first hand thus I would like to provide some feedback that will make this article stronger and a bit more robust to help readers understand the perspective you have provided. I do have a few suggestions for the author to ponder- and some suggestions to "beef up" the methods and results section of this article as they do need a bit of work - a few components could use a bit of more detail.</p> <p>1. Within the study design section, the methodology requires a more in-depth discussion. The author(s) used to term "lived experiences" within the introduction; thus, I was expecting a phenomenological methodology or something with the realm of narrative inquiry methodology.</p> <p>2. I would also recommend a commentary on the type of "descriptive methodology" that was used and perhaps a reference right beside the term "descriptive methodology" rather than at the end of the sentence (page 3 line 22) i.e. Kim, Sefcik, & Bradway, 2017 or more specifically- which author's work would the current study/methodology be closely aligned with or based upon (I see you have Stanley 2014)</p> <p>Both reviewers requested addition explanation of our methods and methodology, and the Editor requested that we rewrite the Data Analysis section so that it is more clear and less theory-dense. The Methods section has been substantively re-written to provide such clarity – first conceptually, as requested by both Review 1 and Reviewer 2, such that our methodology and theoretical framework are more clearly aligned. Secondly, we have rewritten the Data Analysis section, to explain more clearly what exactly we did.</p> <p>3. Would recommend a line in the abstract that explains the methodology succinctly for readers. Done.</p> <p>4. Why were field notes not taken during the interview? this may be a point of interest to be discussed within the methods section as constant comparative analysis is often reported when researching the lived experiences of a specific phenomenon and was partially employed as it was described in line 23-24. Your commentary is very impressive where you did journaling and memoing during the process of the study but curious as to why this did not occur surrounding the interview?</p> <p>As anthropologists, to us "fieldnotes" refer to something quite specific: write-ups of in-person ethnographic observations. This Reviewer's comment indicates that she takes a different, broader interpretation. We have clarified that "scratch notes" (defined in the manuscript) were taken during interviews, and were written-up following the interviews and were included in the analysis.</p>

5. A line or two further explaining the epistemological perspective and importantly the theoretical framework as this would be helpful to further orient readers beyond simply stating that the authors subscribe to a social constructivist standpoint (line 22-23).

6. Perhaps explain how the analysis process was aligned with the methodology selected and how this may fit with the epistemological perspective and theoretical framework employed.

This has been addressed in the rewrite of the Methods section.

7. Please further elaborate in the methods section as to what was performed in the way of member checking (interesting article to ponder- Varpio et al 2017 from the journal of medical education volume 51 pages 40-50- Shedding the cobra effect: problematising thematic emergence, triangulation, saturation and member checking.

We would like to thank this reviewer for drawing our attention to this excellent article. We have clarified that in seeking input and feedback from expert peers, we were not engaged in member-checking. Instead, we were seeking peer-feedback in order to limit undue bias in our analysis, and to inform our analysis. This is clarified in the revised manuscript.

8. A paragraph introducing the results section would be helpful to orient the reader as opposed to jumping directly into the themes themselves.

We have included an opening paragraph that provides an overview of the themes, and directs the reader to a table in which demographic information on the participants can be found.

9. Only 2 themes were described in the body of the results - I am curious as to whether there were any minor themes that were elucidated from the data set and if so these should be presented. The third theme that was listed in Table 1 - seeking support should be described in the results section?

Upon revision, we realized that in our previous version we had grouped together themes that should have remained distinct. We have reorganized our findings around four themes, all of which were included in the previous manuscript. We would like to make the editorial board aware that these themes were already included in our analysis; what has changed is the way in which they are presented and organized.

10. Would recommend a purpose statement be included to orient the reader both in the abstract and in the introduction beginning with "the purpose of this study/investigation is to"... as opposed to "this study draws on experiences..." (perhaps just a style suggestion)- it is unclear from the discussion section as to whether the purpose of the study was achieved? There is no causality proven by this study? Was the purpose of this study to demonstrate causality? It does however provide a vivid picture of a small cohort of patients' experiences - would be cautious when using terms i.e. was the lack of support the only factor resulting in women deciding to stop breastfeeding? were there any other factors? (page 7, line 47)- you do address this well in the conclusion section wherein it is not described as the only feature (p.8 line 30).

The reorganizing of the themes (see previous point) has allowed us to respond to this Reviewer's concerns regarding breastfeeding. We have also

	<p>included a purpose statement.</p> <p>11. The term pragmatism seems to be out of context within the discussion section as the philosophical tradition was not further elaborated within the body of the article (page 7 line 37). I appreciate that the term pragmatic is used elsewhere in this article to express dealing with issues/concepts/things in a realistic and non-theoretical way but it seems a out of context on line 37 page 7- consider a synonym or a sentence alone explaining why a sensible way to deal with the terrible experiences of women giving birth during the pandemic is required rather than a theoretical/academic approach?</p> <p>We were using the term pragmatic in a literal sense, not a philosophical sense. In this version, we have replaced the word “pragmatic” with “practical” or “realistic”</p>
Reviewer 2	Lesley Tarasoff
Institution	Interdisciplinary Centre for Health & Society, University of Toronto at Scarborough, Toronto, Ont.
General comments (author response in bold)	<p>This is generally a well-written manuscript and a timely study. The qualitative approach of this study is justified and I was impressed that the author conducted so many interviews as well as completed analysis of all interview data in such a short time. I suspect with so much data, other (less descriptive) papers could come out of this study.</p> <p>Yes, other papers are in development and/or in review. They do not overlap with this paper.</p> <p>Very glad to see that the author used gender inclusive language in their recruitment materials, a thread I am seeing more and more – kudos.</p> <p>Thanks!</p> <p>1. Could you provide more information about the informed consent process, particularly for those who may have had disabilities; in other words, could you explain how you assessed whether a person was cognitively capable of providing consent? (what steps were taken/were additional questions asked of these individuals?)</p> <p>We have provided some more info on the informed consent process, however we must be honest that we didn’t take steps to assess cognitive ability. We assumed that anyone who would actively contact KR and request to participate and who could care for a newborn with limited support during a pandemic would be cognitively capable of participating in this study. KR can confirm, however, that she has carried out prior research with populations where cognitive capacity was more questionable (specifically with geriatric patients in hospital), and where participants were screened by nurses ahead of time to determine their ability to consent. On occasion, KR realized mid-interview that the interviewee may not have been cognitively capable of consent despite passing the screening, and in all cases KR politely ended the interview, destroyed the data that had been collected to up to that point, and documented the event. She would have exercised that same experienced judgement in this case, should she have had any reason to doubt the cognitive abilities of an interviewee.</p> <p>2. Who transcribed the interviews? Were the transcripts then verified by the author?</p>

This has been clarified in the revision.

3. It would be great if the description of the participants was condensed in the text (page 4) and detailed demographic info about the participants be included in a table, i.e., Table 1. This table or a separate table could include information about the participants' perinatal health and health care utilization (e.g., parity, type of provider, type of delivery) rather than providing so much of this information in the text of the paper.

Done.

4. The author notes that recruitment in some regions is ongoing; so is the study not complete? Will there be a follow-up paper just featuring the data of participants in this region then? Seems like an odd thing to include in a paper intended for publication.

Recruitment is now complete. This is clear from the current version.

5. I personally do not like the inclusion of data (quotes) in text boxes (often when I see this I think oh, this is a quantitative researcher doing qualitative research, or perhaps that is a convention of particular journals?); can these data be integrated into the text of the manuscript for better flow? The paper as it is written with the inclusion of text boxes for the quotes is disjointed to the reader; it is inconvenient to the reader to go back and forth to tables. I highly suggest integrating the text in the text boxes and Table 1 into the overall text of the manuscript (and as such, shortening some of the quotes to illustrate the most important points and in turn revising the text around the quotes to provide context in relation to said themes). [Editor's note: CMAJ Open style is to include quotes in boxes.]

We have kept the boxes, as per CMAJ Open Style.

6. I might tone down some of the language in the paper; notably the words "unstable" (page 6), "inhumane" (page 8), and "unconscionable" (page 9) seem hyperbolic.

Done.

7. Situating the study findings within the literature of respectful maternity care might be useful.

We have added new material to the discussion which connects our findings to this literature. Creating the Tables requested above gave us the word space to do so. This has been a major contribution of SW, who is an expert in this domain.

8. I would also suggest beefing up some of the recommendations in the Discussion section; as it reads now it seems that much of the onus falls on individual women. What provider- and system-level changes might be useful to better support pregnant and parenting people during the pandemic?

We firmly disagree with this reading – all our recommendations are system-level and/or directed at what care providers can do. We have nevertheless reworded our recommendations to ensure that they cannot be read in this individualizing way.