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Article title: Experiences of labor and childbirth among physicians in Canada: a qualitative study

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Reviewer 1: Amy Metcalfe/ University of Calgary, Community Health Sciences

General:

Methodology:

1. The article is submitted as a mixed methods study but is presented within this paper as a solely qualitative study. More information is needed regarding the use of mixed methods within the project (i.e., were the quantitative and qualitative studies ever integrated together or kept as two separate pieces; were the quantitative and qualitative studies developed simultaneously?)

We have made it clear that they were always kept separate, and that the survey is reported elsewhere.

2. Although the reviewers understand that the project was developed from a qualitative descriptive methodology (and not interpretative in approach) there is still a lack of theoretical grounding within the study. Use of theoretical frameworks (such as feminist epistemology) would help to guide the qualitative research and strengthen understanding of the study's overall approach.

3. There is no mention of the researcher's positionality in this study and how that effects their understanding of the qualitative research they are conducting. See: Sullivan, Marianne, et al. "Researcher and Researched-Community Perspectives: Toward Bridging the Gap." Health Education & Behavior, Vol. 28, No. 2, April 2001, pp.130–49.

We have added information about positionality, reflexivity, and our epistemological stances vis a vis the research.

4. The section on generalizability was a bit confusing. What is meant by "consistency across interviews confirms that the developed themes are representative of the data"? Consider revising this paragraph. It may also be helpful to move this paragraph to the methods section.

This has been reworded. However, it is common practice in qualitative research to feel more confident in one's findings if they are consistent across interviews (or whatever data one has).

Background Literature:

5. The authors spoke about the lack of literature on this topic, but haven't cited any of the work coming out of the Dr. Mom cohort (Canadian-based):

a. The inconvenience of motherhood during a medical career. Simpson AN, Cusimano MC, Baxter NN. CMAJ. 2021 Sep 20;193(37):E1465-E1466. doi: 10.1503/cmaj.211255.

b. Delay of Pregnancy Among Physicians vs Nonphysicians. Cusimano MC, Baxter NN, Sutradhar R, McArthur E, Ray JG, Garg AX, Vigod S, Simpson AN. JAMA Intern Med. 2021 Jul 1;181(7):905-912. doi: 10.1001/jamainternmed.2021.1635.

c. Evaluation of Adverse Pregnancy Outcomes in Physicians Compared with Nonphysicians. Cusimano MC, Baxter NN, Sutradhar R, McArthur E, Ray JG, Garg AX, Vigod S, Simpson AN. JAMA Netw Open. 2022 May 2;5(5):e2213521. doi: 10.1001/jamanetworkopen.2022.13521.

d. Reproductive patterns, pregnancy outcomes and parental leave practices of women physicians in Ontario, Canada: The Dr Mom Cohort Study protocol. Cusimano MC, Baxter NN, Sutradhar R, Ray JG, Garg AX, McArthur E, Vigod S, Simpson AN. BMJ Open. 2020 Oct 21;10(10):e041281. doi: 10.1136/bmjopen-2020-041281.

6. The discussion section could benefit from being more grounded in existing literature as well

7. In the background section (page 4), the brief discussion of personnel-itis does not seem to add anything to the paper. It isn't clear exactly why there are ongoing debates, and overall seems to detract from the importance of undertaking the study. It should be unpacked and supported with references if it is to stay.

Thanks for this suggestion. When we wrote the paper, this lit wasn't published yet. We have read it with interest and have integrated it into both the background and discussion sections.

Methods:

8. Consent process: Please provide further information on the consent process (i.e., was it written or oral consent?)

Confirmed written consent.

9. Questionnaire: Attention is given to their questionnaire, but the data isn't reported in this paper. If the data is reported elsewhere, it should be referenced.

It cannot be references because it isn't published yet.

10. Interview Guide:

a. It is noted that the qualitative interviews were meant for participants to elaborate on their questionnaire answers, but since this data is not reported, it is unclear what the interviews are elaborating on. It would be helpful to provide examples of questions or include the interview guide as supplementary material (i.e., appendix).

As stated above, the interview guide has been added.

b. The guide was not pilot tested which is a limitation. More details should be provided on how the guide was designed and by whom. Was it after analysis of the quantitative survey answers? More clarity on how the design process occurred within a mixed methods context is needed.

We have added a great deal of information on how our study was developed.

11. More information should be provided on who conducted the interviews, transcribed, and analysed them. Were they all the same person?

This information has been. Added.

12. Why was a time frame of deliveries within the past 5 years used to guide eligibility? This is a long-time horizon so there may be issues related to recall. Also, birthing experiences during the COVID pandemic are very different than experiences from pre-pandemic time points

We have explained why the five-year time-frame. We wanted people's experiences to be reflective of contemporary practices.

13. There are different types of data saturation in qualitative research. I'd encourage the authors to expand on what type they are referring to on page 7. Was data saturation assessed on an iterative basis during data collection? What informed the end of the data collection phase?

We have made it clear that we found some consistency across 14 interviews that allowed us to develop our themes.

14. The reviewers feel it isn't necessary nor appropriate to overemphasize the busy-ness of participants (this seems to be an assumption on the researchers' part that participants wouldn't have time nor be willing to make time for review). Just leave it as no member-checking.

ok.

15. Please provide more details around loss to follow-up. Was it post survey loss? What was the process for contacting potential participants during follow-up?

We clarified that this means that participants did not respond to repeated emails.

Analysis:

16. The way that themes were decided upon through data extraction would benefit from further explanation. This would provide further understanding on how the findings speak to the methods. For instance, the authors state that they used thematic analysis to develop themes, but the steps that they used do not seem to align with the steps of thematic analysis as outlined by Braun and Clarke. Was there a specific method of thematic analysis they were guided by?

We have clarified our analytic approach (conventional content analysis), and explained in more detail what we did.

17. What is meant by the term "statements with high specificity" (on page 6)? i.e., is this regarding group consensus related to thematic interpretation? More clarity on this regard is needed.

We reworded this section completely. We agree; it was unclear as written

Results/Interpretation:

18. Overall, the results section does not seem to answer the proposed research questions. Consider re-stating the questions and/or revising the results for better alignment.

We have refined our focus and make this more consistent throughout the manuscript.

19. Table 1 needs more detail. It would be helpful for the readers to get a better sense of participant's demographics and contexts beyond medical speciality. Additional details could include participant's age, time since giving birth, parity, race, late vs early career, if they were under high-risk vs low-risk obstetrical care, rural vs urban location etc.

We feel that the table is sufficiently detailed, but we can add this information if it is deemed important.

20. Table 2 does not add to the paper. The quotes from here should be embedded in the paper. If word count does not allow for this, then the reviewers suggest only including the most salient quotes. We encourage the authors to use quotes from a variety of participants as some

participants seem to be quoted more than others in the paper. [Ed's note: We would recommend keeping Table 2 as-is]

As per the editor's direction, we have kept the paper.

21. The entire section on "personnel-itis" is speculative. There aren't a lot of quotes used to support the researchers claims about beliefs regarding the personnel-itis theme and especially given the lack of theoretical framework, the usefulness of this entire section regarding the research question is unclear.

Our team has reflected long and hard on this, and we would like to keep it. However, we have reworded it to both illustrate my closely its connection to existing literature, and to the purpose of our study itself.

22. Given the small sample size and lack of in-depth contexts, it's important to be mindful of overstating the implications of the findings. For example, the authors state this can inform medical education and perinatal care in general, how and in what ways do the findings support this?

Small sample size does not mean that our study cannot inform practice.

Specifics:

23. Page 11 - Interview 4 is listed as a Public Health Doctor here but listed as a different speciality in Table 2.

Thanks for catching that. It now consistently reads "public health doctor".

24. Terminology: On page 4 there seems to be some inconsistency in terms used (ie. birth experiences and birth outcomes). I suggest being clear about when and why you're using these terms.

We have aimed for more consistency this time.

25. Terminology: Page 17 uses the term "family building" – since this paper is talking about birthing specifically and family building can be achieved through a variety of different ways (foster, adoption, surrogacy etc.) the terminology should be revised.

We took this out.

Reviewer 2: Dr. Anita Acai/ McMaster University, Hamilton, Ont.

My major concern with this study is that its purpose is not aligned with its methodology, findings, and conclusions. The authors begin their introduction by describing a hypothesis that physician birthing parents are more likely to experience birthing complications. They want to know if this is true, since current evidence on this topic is sparse and dated. However, their methodology—a qualitative study with 14 participants—cannot give any meaningful insight into this question. Indeed, when looking at the authors' findings, many of them pertain to more than just childbirth. The findings describe participants' experiences of pregnancy as physicians and what it is like to navigate their professional identities during pregnancy. Only a small portion of the findings pertain to the issue of childbirth outcomes, but I am not convinced that 14 participants' opinions give any meaningful insight into this question. Indeed, the authors' own conclusion states: "It remains to be explored whether practicing physicians across all specialties have worse birth outcomes than the general population." If this manuscript is to be revised, I suggest that the

scope be considerably expanded (i.e., not just birthing experiences but also experiences of pregnancy) and the purpose aligned with the chosen methodology (i.e., description and exploration of physicians' pregnancy and childbirth experiences rather than ascertaining the likelihood of birthing complications).

Our data doesn't allow us to speak to experiences of pregnancy. However, we have shifted our focus to birth experience, more so than outcome.

Below are several other suggestions that I believe would help improve the authors' work:

1. The authors stated that they used convenience sampling by accessing the Canadian Physician Mothers Group on Facebook. This seems more like purposeful than convenience sampling to me—the authors purposefully chose to recruit from a place where they knew physician mothers could be accessed. Purposeful sampling is a completely appropriate strategy for qualitative research studies, whereas convenience sampling is less desirable. An example of convenience sampling would be if the authors had only asked their friends and/or colleagues to participate in the study.

Reviewer is correct. It was more so purposive sampling. This has been reworded.

2. While the authors stated that they used thematic analysis to analyze their data, their "themes" are not quite reflective of the level of interpretation and abstraction that I would expect from robust thematic analysis. Might they have used content analysis to generate categories and concepts instead? If so, this would be appropriate for their chosen methodology—qualitative description—but needs to be stated clearly. Hsieh and Shannon's (2005) conventional content analysis may serve as a helpful resource

(<https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1177%2F10497323052766&data=05%7C01%7Ckathleen.rice%40mcgill.ca%7Cbedcfedcd2be4e9ee28e08db3b5ea391%7Ccd31967152e74a68afa9fcf8f89f09ea%7C0%7C0%7C638169049878677976%7CUnknown%7CTWFpbGZsb3d8eyJWljoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ik1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=3a5euAnwP0vJbnRSy8vcEc63%2Fuh48txGB4Gtjp2K9iQ%3D&reserved=0>).

3. How did the authors know that 14 interviews were an appropriate number of interviews for this study? Were any frameworks or strategies used to help ascertain data sufficiency?

With qualitative research it is impossible to get to a point where no new information can be obtained by carrying out more interviews. However, we have explained that with 14 interviews, we reached a point where several common issues were evident across most interviews, and these issues related directly to our research question. We developed our themes based on these common issues/topics.

4. How did the authors' own background, experiences, and values shape this study? Qualitative research emphasizes the need for reflexivity, including in any resulting manuscripts, to help readers understand how the work was shaped by the researchers' identities.

As per previous correspondence with the editor, the short word limit did not allow us to provide this information in a fulsome way. With the editor's permission, we have lengthened the manuscript by adding a great deal of information about our backgrounds, positionality, and epistemological stance.

5. For the interview lengths, it would be helpful to provide the average length. Also, how were the interviews transcribed and how did the authors ensure accuracy of the transcripts?

We have added all of this information.

6. Were any specific strategies used to ensure the trustworthiness of the qualitative findings?

Trustworthiness in qualitative research is linked to the analytic process, which has now been outlined more detail.

7. In the results, the authors refer to nearly half of their participants being lost to follow up. What do they mean by this? Did these physicians not respond when an interview request was sent?

We have explained that this means that although a larger number of people indicated their interest in participating in the study and provided their contact information, over half did not respond to repeated recruitment emails. This is not unusual when carrying out research with busy clinicians.

8. Aside from participants' specialties, were any other demographic data collected, such as gender, age at the time of childbirth, number of children, etc.?

Yes, we do have that information. In the interest of keeping the manuscript short we have not provided this information, but we could if the editors decide that it is warranted.

9. The term "mothers" is used to refer to the participants in the study both in the title and within the manuscript. I would suggest "birthing parents" as a more inclusive term. While it may have been the case in this study, not all people who give birth identify as mothers.

We know this (indeed, in the senior author's broader work, this is always carefully addressed). However all participants were mothers, and, as we explain in the manuscript, they were recruited on a physician mothers Facebook group, meaning they all identify as mothers.

10. In the limitations, the authors describe generalizability as one of the limitations of their study. Generalizability is not the goal of qualitative research. Instead, a rich description of the methodology, context, participants, and findings allows readers to evaluate transferability, the extent to which the results could potentially translate into readers' own contexts.

Agreed. Unfortunately, this portion of the manuscript was written by an author with else familiarity with qualitative research. We have changed this portion.