

Peer Review Report

Review Report on Obstetric outcomes of Eritrean immigrants in Switzerland: A comparative study

Original Article, Int J Public Health

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Submitted on: 28 Nov 2023

Article DOI: 10.3389/ijph.2024.1606745

EVALUATION

Q 1 Please summarize the main findings of the study.

Compared with Swiss, Eritrean women had a lower rate of primary C-section (Adj. OR 0.73, 95% CI [0.60, 0.89]) but a higher risk of initially planned vaginal deliveries ending in emergency C-section (RRR 1.31, 95% CI [1.05, 1.63]). Eritrean women were less likely to receive epidural analgesia (Adj. OR 0.53, 95% CI [0.45, 0.62]) and more likely to not receive any analgesia (Adj. OR 1.73, 95% CI [1.52, 1.96]).

Q 2 Please highlight the limitations and strengths.

Strengths:

English is well written. Subject is rarely studied. Good idea to use available hospital data.

Limitations:

No information on FGC was collected

No information on previous C-section, spontaneous or induced labour, or fetal presentation.

Communication difficulties (language barriers), but no information about whether a professional interpreter was present to discuss the birth with the woman on entry or before.

The data included information on nationality, but not length of stay in Switzerland or legal status

Q 3 Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

Major Comments:

-FGM/C:

I am extremely uncomfortable about the way FGM/C is discussed throughout the paper. In various paragraphs of the paper, FGM/C is discussed as a risk factor for emergency C-sections and that women from FGM/C practicing countries do not have a voice in the pain management during labor. And yet, FGM/C was not analysed in the study.

In the discussion, all references to the results of this study and its relationship with FGM/C should be removed:

--line 228 "Nevertheless, our findings indicate that FGC may not be the predominant factor explaining the increased occurrence"

--line 252 "Yet, in cases where additional complications arise, and when communication and, potentially, training regarding FGC are not efficient, healthcare staff might opt for emergency C-sections instead of vaginal delivery options".

--line 254 "An additional hypothesis is that language barriers and maternal diabetes might obscure the real effect of FGC on the rates of emergency C-sections."

--The word "defibulation" is never mentioned in the manuscript which is bizarre, leading me to think that the authors are unfamiliar with the topic.

--Also, there is no discussion about length of time that the patient has been in Switzerland and other factors contributing to acculturation

-Communication/Language:

You cannot equivocate the fact that the patients may have a different mother tongue with having communication difficulties. Please explain how you made categorized a women as having communication difficulties. Again, I am uncomfortable with the lack of evidence here. Furthermore, oftentimes if there really are problems communicating with patients, there are trained professional interpreters available for hospital staff to be able to communicate with patients. Not including this information, while making broad statements such as "findings revealed an increased likelihood of initially planned natural vaginal births ending in emergency C-sections of Eritream women was primarily explained by language barriers" is unacceptable.

All reference to the results of this study and its relationship with communication barriers should be removed:

--line 230 "According to our results, it seems that the lack of effective communication, combined with additional risk factors such as maternal diabetes, which we interpret as an indicator of high BMI, tends to influence health professionals in moments of complications to favor emergency C-sections over vaginal births."

--We were further interested in the extent to which language barriers or medical conditions (i.e. gestational diabetes) could explain the difference in rate of instrumental vaginal births or emergency C-sections, outcomes that suggest a need to resort to additional measures in a birth that was initially planned to be a spontaneous vaginal birth".

--No control variables were associated with an increased risk of instrumental delivery in models 2 and 3, whereas language barriers and language barriers and gestational diabetes were each associated with higher risks of emergency C-section.

-The fact that previous C section rates are missing is non-trivial.

Minor Comments:

none

PLEASE COMMENT

Q 4 Is the title appropriate, concise, attractive?

Yes

Q 5 Are the keywords appropriate?

Yes

Q 6 Is the English language of sufficient quality?

Yes

Q 7 Is the quality of the figures and tables satisfactory?

Yes.

Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)

Yes

QUALITY ASSESSMENT

Q 9 Originality

Q 10 Rigor

Q 11 Significance to the field

Q 12 Interest to a general audience

Q 13 Quality of the writing

Q 14 Overall scientific quality of the study

REVISION LEVEL

Q 15 Please make a recommendation based on your comments:

Major revisions.