

Article details: 2019-0215	
Title	The impact of Canada's fragmented healthcare model on pertussis vaccination in pregnancy: a qualitative study of perinatal healthcare providers
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Reviewer 1	Dr. Lissa Cohen
Institution	Brierly Brook, NS
General comments (author response in bold)	<p>Great study!</p> <p>Dr Cohen - thank you kindly for taking the time to review and for your feedback as a clinician/researcher.</p> <p>1. I would recommend that they put a reference when referring to their deductive and inductive coding process on page three under the data analysis heading. The sentence is: Data analysis was a two-stage inductive, then deductive process (insert reference here). Beyond that a line on methodology with a reference also further strengthen the article considering was a qualitative study. Both reviewers expressed that the data analysis section was somewhat unclear and asked to reference a “deductive then inductive” process. We rewrote the section and added a reference as requested. Page 4.</p> <p>2. MAJOR RECOMMENDATION: Some providers in Nova Scotia may be identifiable. Please address this. <i>[Note: Wording of comment adjusted by Editor to avoid identifying study participants.]</i> Thank you. This is an important recommendation. We removed references to locations of all providers in Nova Scotia in order to protect anonymity. See Box 1 and 2.</p>
Reviewer 2	Dr. Adam Vaughan
Institution	School of Criminology, Simon Fraser University, Burnaby, BC
General comments (author response in bold)	<p>In general, I found the manuscript to be rather interesting. Qualitative papers require a copious amount of labour and the authors should be commended for their efforts. That being said, I have compiled of more specific comments below.</p> <p>Dear Dr Vaughan - thank you kindly for taking the time to review and for your detailed feedback.</p> <p>Specific comments:</p> <p>INTRO</p> <p>1. The authors do an excellent job at identifying the medical benefits/research behind the vaccination. I would like to see another sentence or two that summarizes the existing research on patients' perceptions of tdap. For example, the authors state “Tdap programs have focused primarily on the determinants of vaccine uptake from the perspectives of pregnant women” but do not provide any sort of findings/results. One should be able to deduce that patients' perceptions will have some degree of influence on how practitioners perceive tdap? Brief summary of findings from qualitative studies that were previously referenced (but not described) is now added on page 1.</p> <p>2. There should also be a justification and more clarity around the research question. From what I can gather the research question/aim is “to understand the influences on HCPs' abilities to recommend and provide antenatal Tdap...” Is this a two-part inquiry for 1) recommendations and 2) administration of the vaccine?</p>

We provided a clearer statement of study aim and research question in abstract and the introduction – page 2.

METHODS

3. A series of references should be provided on pg. 2 line 38 “researchers’ previous vaccination research”

References to our previous research studies (either published or completed and in the process of being published) are now added – page 3.

4. Given that the study was iterative in nature, did the interview guide evolve over time? That is, did you learn anything from the pilot project that influenced the guide that was used for the formal research participants? Upon jumping ahead in the manuscript, I certainly got the impression that the analysis piece was iterative but its not clear how the data collection was iterative in nature.

Thank you for this comment. We have attempted to clarify the way in which our approach was iterative by stating that coding of initial interviews began before all data were collected. Preliminary analysis did not change any questions in the semi-structured interview guide, but did lead to additional probing around issues that emerged in earlier interviews, to better understand potential emergent themes. We have added an example to better illustrate this in the manuscript text – page 3.

5. Is there a theoretical basis for “Data analysis was a two-stage deductive, then inductive, process.” What theory was being used to help guide first state of analysis (i.e., the deducing)? These approaches are quite distinct from one another, so I always have difficulty interpreting the findings when the authors indicate they’ve done both in the same paper. For me, the whole project is inductive in nature with the first part representing the coding of the raw data.

We rewrote the Data Analysis section to clarify the rationale for first coding deductively to identify passages relevant to the research question and then inductively to explore relationships among and within data categories. We also added a reference for using this approach.

RESULTS

6. I am assuming that the authors wished for the tables/figures to be placed within the body of the manuscript? My version of the manuscript had no indication of where these were to be placed.

Apologies for the omission, we have included this information in the body of the manuscript – pages 4 to 7.

7. Given that some “some midwives believed vaccine counseling was not part of their professional role,” is there any way that a quote can be provided to illustrate the sentiment of this subset of participants? Is it actually a mandatory part of their job or is this a perception of some midwives? I say this as in the section that follows, the authors queried participants about the future of education initiatives. This would seemingly be a topic that these midwives would not be able to provide any insight on as lies outside of their professional role.

We have attempted to clarify this in the current revision – page 5.

Vaccination is not a part of midwives’ practice mandates, and scope of practice (in terms of providing vaccination) varies among provinces.

Midwives in this study did feel that informing women about vaccine recommendations was part of their professional role, but the feeling that

either counseling or vaccinating was within scope varied among midwife interviewees

INTERPRETATION

8. I thought this section was well-written. I do have a bit of a concern with the expansion of the results from this study to the population of HCP. The authors state that a nation-wide program of education training and funding is important which can be said about many health issues in Canada. What is it specific about the tdap program that necessitates this? Could one argue that a national program for all vaccines, including tdap would be helpful?

Full agree, nation-wide education, training, and funding are important part of translating various healthcare guidelines into practice and are not limited to Tdap in pregnancy which was a subject of this study. As stated in our concluding sentence:

“Lessons learned from the Canadian Tdap vaccination program may be pertinent not only to the Tdap vaccine but to the implementation of pregnancy vaccination programs more broadly.” We rephrased this as “pregnancy vaccination programs and other healthcare initiatives.” Page 10.

Limitations

9. What about the views of HCP from other provinces/territories? I recognize that the authors reached theoretical saturation in their study so simply going out to interview more HCPs just for the sake of doing it is not necessary/the point of qualitative research. However, could there be something unique about the administration of healthcare in another jurisdiction that may change the nature of the results?

We have added a statement to our limitations acknowledging that this study may not encompass the perspectives of all perinatal HCPs, has limited ability to advise about tailoring to specific contexts, and may not be generalizable to all Canadian settings – page 10. In particular, unique settings such as remote and Northern regions are not well represented in our sample. Our findings here focus on the broad view of implementing Tdap recommendation in pregnancy, and future research focused on specific contexts would better be able to inform local initiatives.