Peer Review Ensures Quality

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* (JPE) discusses the peer-review process utilized by JPE and why it is essential for quality. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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Editor-in-Chief

As the Editor-in-Chief of *The Journal of Perinatal Education* (JPE) I recently sent out a message to all peer reviewers that are currently in our database, inviting them to update their profiles and to indicate if they wanted to continue to receive manuscripts to review. As the leading peer-reviewed journal specifically for childbirth educators we rely heavily on our expert reviewers to assure that all the manuscripts we publish have been subjected to the peer-review process prior to publication. By publishing peer-reviewed evidence-based articles, JPE advances the knowledge of aspiring and seasoned educators in any setting—independent or private practice, community, hospital, nursing, or midwifery school—and informs educators and other health-care professionals on research that will improve their practice and their efforts to support natural, safe, and healthy birth.

In addition to original research, JPE also publishes features that provide practical resources and advice health-care professionals can use to enhance the quality and effectiveness of their care or teaching to prepare expectant parents for birth. The journal's content focuses on pregnancy, childbirth,

the postpartum period, breastfeeding, neonatal care, early parenting, and young family development. In addition to childbirth educators, JPE's readers include nurses, midwives, physicians, and a growing audience of other professionals involved with improving perinatal education and maternal-child health care.

Almost all scientific journals use the peer-review process, and JPE is no exception. Publication in a scholarly peer-reviewed journal is one of the ways new scholarly work is communicated to those in practice. Peer review is a critical part of the quality control mechanism that is used to determine what is published, and what is not. As the need for evidence-based practice has evolved, submissions to scientific journals have increased to the point where editors need to be much more selective in what gets published in their journals.

Peer review is a process that involves critical appraisal of a submitted manuscripts to ensure that journals publish good science which is of benefit to the scientific community.

We invite readers to respond to the contents of this journal issue or share comments on other topics related to natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@rutgers.edu).

The content of all JPE issues published since October 1998 is available on the journal's website (www.ingentaconnect.com/content/springer/jpe). Lamaze International members can access the site and download free copies of JPE articles by logging on at the "Members Only" link on the Lamaze website (www.lamaze.org).

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So, what exactly is peer review? Peer review is a process that involves critical appraisal of a submitted manuscript to ensure that journals publish good science that is of benefit to the scientific community. Peer reviewers are selected experts in the field who volunteer their time to help improve the manuscripts they review. Through the peer-review process, manuscripts become much stronger. Peer reviewers can identify gaps in a paper that may need more explanation or clarification. If parts of a manuscript are unclear, reviewers can offer suggestions for improvement. Another role of the peer reviewer is to make sure the manuscript is consistent with the mission of the journal and appropriate for the readership. The recommendations provided by peer reviewers allow the editor to select the best articles for publication that will be of interest to the readership of the journal.

So how does the peer-review process work? Once an author submits a manuscript through the online submission process, it is read and reviewed by an editor to determine appropriateness according to the journal guidelines. A manuscript might be outright rejected without additional review if the editorial board feels the manuscript as written is not appropriate for the journal or does not meet the journal standards. If a manuscript is not outright rejected, it is then sent out for review to a minimum of two additional reviewers who are part of the journal's panel of peer reviewers. Reviewers are selected according to their interests and expertise, which they self-identify on their reviewer profile when they first register. JPE uses the double-blind review method. With a double-blind review both the authors and the reviewers are unaware of each other's identity. Once reviewers are selected and they accept their assignment, the actual peer-review process begins. The reviewers carefully read and critique the manuscript, identifying strengths and limitations, and submit their recommendations to the editor. The editor synthesizes the reviewers' comments and makes the final decision to either reject, request major or minor revisions, accept the manuscript as written, or accept pending satisfactory completion

of revisions. It is rare to accept a manuscript as written. Once a manuscript has been revised to the satisfaction of the reviewers and editor, it will be accepted, and the production process will begin to prepare the manuscript for publication in a future issue of the journal.

Thoughtful comments and feedback provided by peer reviewers often lead to significant improvements in the manuscripts. Although considerable effort is involved in the revision process, authors are often appreciative of the feedback and agree the review process significantly strengthened their work. This can only happen when knowledgeable reviewers take the time to participate in the peer-review process and evaluate submissions with care and sensitivity. The editors and reviewers of JPE are committed to utilization of a stringent yet fair review process to assist those who submit scholarly work for publication in our journal.

We hope this brief explanation of the peer-review process will help readers of JPE and those who submit manuscripts understand the purpose of the peer-review process and to appreciate the length of time required for a manuscript to complete the process and move toward publication. If you are interested in becoming a peer reviewer or would like more information, please reach out to me at wendy.budin@rutgers.edu.

IN THIS ISSUE

In each and every issue of JPE we continue the practice of advancing the Lamaze International mission to promote, support, and protect natural, safe, and healthy birth, by sharing inspiring birth stories. In this issue's "Celebrate Birth!" column we feature an inspiring story that explores the support structures required for home births. Written by a first-time mother who happens to be a physician, the author details her journey towards having a home birth and how these support structures shaped her confidence to have a natural birth. She also elaborates on her preparations during pregnancy, her labor, and the insights she gained during this process.

Also in this issue we share findings from a national online survey on birth plans and provider attitudes, beliefs, and practices. Of 567 survey responses, 77% were physicians and 22% were midwives. This cohort believed prenatal care and childbirth education (CBE) were predictors of patient satisfaction, while they had unfavorable views of birth plans. Most

providers routinely recommended and had favorable views on CBE. Most providers did not recommend birth plans and a third felt they were predictors of poor obstetrical outcomes. Findings suggest that further research is needed to bridge the gap between provider beliefs and patient desires about their birth experience as well as to understand how to improve childbirth-related patient satisfaction.

Swedish authors Karlström and Rising-Holmström share findings from their study designed to assess parents' experience of parental support given in groups during pregnancy and the child's first year after childbirth in a mid-Sweden region. Data from two different samples of parents were collected through questionnaires. The vast majority of parents were content with the sessions and their overall view was very positive. Both men and women felt strengthened before birth and in their parental role. New knowledge about breastfeeding and children's needs were gained. New thoughts about equal parenting and children's needs and development were achieved to a limited extent.

In an article titled "It's hard being a mama," Copeland and Harbaugh describe how new mothers actively adapt to new demands and challenges in the mothering role; some may find this adjustment difficult and distressing, depending on their perceptions and resources. Their work builds on previous research on maternal distress that primarily concentrated on needs of mothers with depression. These authors make a strong case for exploring nonpathological approaches of viewing difficulties in early parenting. Their secondary analysis of a descriptive, qualitative study on new, low-income mothers in early parenthood suggests how maternal distress influences mothers' transition to becoming a mother and validated the use of the Maternal Distress Concept in the clinical setting. Findings reveal new mothers experience maternal distress on various levels: stress, adaptation, functioning, and connecting. These findings have implications for practice and education among childbirth and other health-care providers.

Studies reveal that prenatal health-care providers and educators often refrain from discussing sexuality with their patients. Authors Lund, Kleinplatz, Charest, and Hube explored the relationship between sexuality and pregnancy by considering whether the way in which women view themselves sexually is associated with their experience of pregnancy. Findings revealed that a positive sexual self

was significantly related to a positive experience of pregnancy and that particular experiences of pregnancy were more significantly related to how women viewed themselves sexually than others. These findings encourage further discussion regarding the role that comprehensive sex education and training of prenatal health-care providers might play in ultimately establishing open, honest, and nonjudgmental discussions about sexuality between providers and their pregnant patients and partners.

Breastfeeding has long been established as the optimal feeding method for infants due to the many benefits it can provide for both a mother and her child. Screening for mothers at risk to wean early and referral to a lactation support person for prolonging breastfeeding was the objective of Havens and Wines project that tested the Breast Feeding Control (BFC) scale of the Breastfeeding Attrition Prediction Tool (BAPT). Their aim was to identify mothers at high risk to wean early and to determine the effectiveness of a prenatal consult with a lactation support person on breastfeeding duration and intensity. Results indicated that mothers with lower scores on the BAPT-BFC scale showed a trend for decreased breastfeeding intensity at 8 weeks postpartum. Experimental and control groups had similar BAPT-BFC scores and breastfeeding intensity at 8 weeks. Overall, women who had low BAPT-BFC scores tended to be breastfeeding less at 8 weeks compared with mothers who scored very high. This finding would suggest the BAPT-BFC is a helpful tool for predicting breastfeeding success.

DISCLOSURE

The author has no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article.

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