

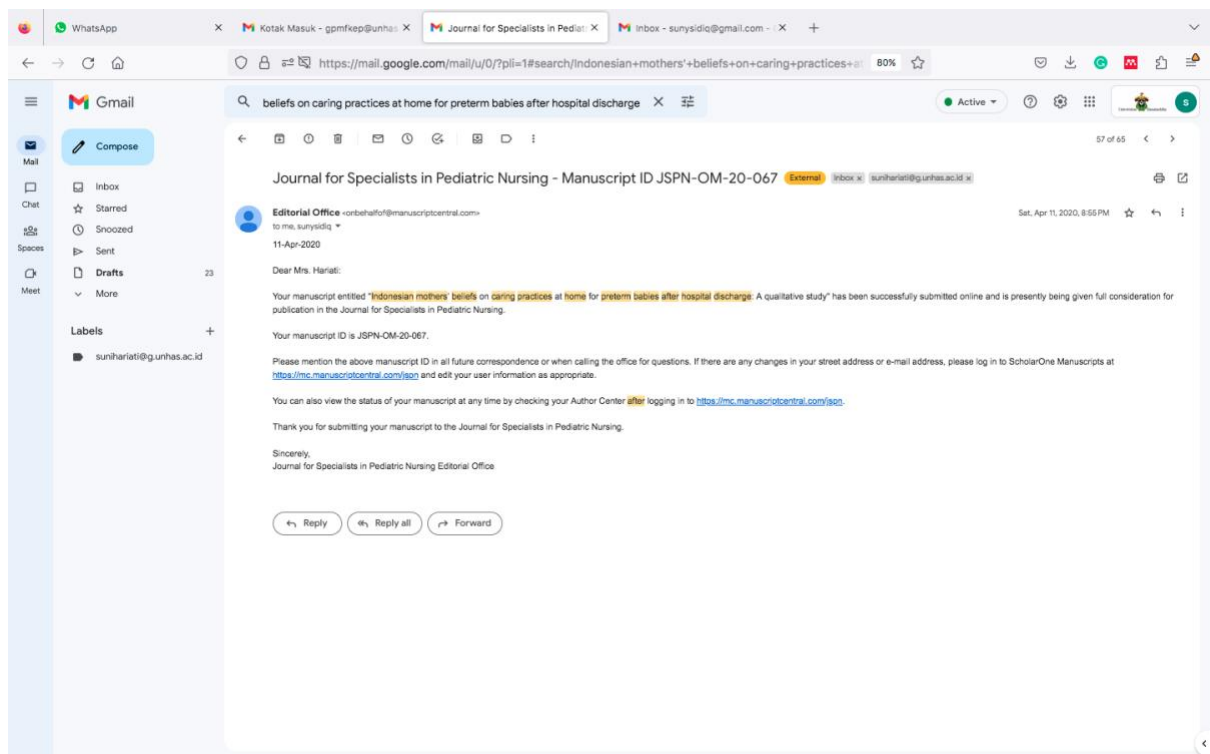
2. Judul Artikel: Indonesian mothers' beliefs on caring practices at home for preterm babies after hospital discharge

Jurnal bereputasi (Scopus Q2)

Peran: penulis pertama dan penulis korespondensi

Komentar dari Reviewer :

Bukti korespondensi belum memuat detail komentar dan respon dari penulis secara adekuat. Mohon diperbaiki.



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beliefs on caring practices at home for preterm babies after hospital discharge

Journal for Specialists in Pediatric Nursing - Decision on Manuscript ID JSPN-OM-20-067 External Inbox x

Victoria von Sadovszky <vonbehalf@manuscriptcentral.com>
to: ms_sunyisidi
22-Dec-2020

Dear Mrs. Hariati:

Peer review has been completed for manuscript ID JSPN-OM-20-067 entitled "Indonesian mothers' beliefs on caring practices at home for preterm babies after hospital discharge. A qualitative study" which you submitted to the Journal for Specialists in Pediatric Nursing.

Reviewers agreed about the importance of this topic, and I would like to invite you to revise and resubmit the manuscript based on their suggestions for clarification and refinement. Comments from the reviewers are included at the bottom of this letter.

Please NOTE that it will be important to include with your revision a detailed response to each review comment. I recommend that you compose your response in a Word document and then paste it into the Response to Reviewers text box when you submit your revision or type in "See the document file name" with my response to the reviewers" and upload the document as a "supplementary file."

Please also show edits/changes in your main document text file, as well as tables and figures, by using a different color font (i.e., red) for new material.

To revise your manuscript, log into <https://mc.manuscriptcentral.com/jspn> and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Click on the "Manuscripts with Decisions" link and a window will open on the bottom of your screen. Identify the manuscript that you would like to revise, and under "Actions," click on "Create a Revision." Your manuscript number will then be appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please ensure that your manuscript is formatted according to the American Psychological Association (APA) sixth edition (2010) guidelines, especially regarding the in-text citations and the reference list.

Once the revised manuscript is prepared, you can upload it and submit it in the same way that you submitted the original manuscript. IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete the original files before uploading your revised files. (If you have not made changes to the separate tables or figures file, you may leave these original files.)

During the process of submitting your revision, you will be able to respond to the comments made by the reviewers in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewers.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal for Specialists in Pediatric Nursing, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision within 6 weeks, we may have to consider the revised paper as a new submission.

It is important for you to know that resubmitting your manuscript does not guarantee eventual acceptance, however the invitation to resubmit certainly indicates our continued interest in the manuscript. Upon resubmission, the manuscript will be reviewed by at least one of the original reviewers.

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Should you be interested, Wiley Editing Services offers expert help with manuscript, language, and formal editing, along with other article preparation services. You can learn more about this service option at www.wileyauthors.com/bee or contact editors@wiley.com. You can also check out Wiley's collection of free article preparation resources for general guidance about writing and preparing your manuscript at www.wileyauthors.com/bee/resources.

Once again, thank you for submitting your manuscript to the Journal for Specialists in Pediatric Nursing. I look forward to receiving your revision.

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beliefs on caring practices at home for preterm babies after hospital discharge

Line 43...feeding (from breast, bottle and others)...what do you mean by others? Other people doing the feeding or other forms of feeding? Please clarify.

Page 16, 3.3.3. Myth and culture-related to preterm baby care... Consider using infant instead of baby

Page 18, Line 6...add "for the infant" after the word caring

Lines 15-19...run on sentence...Move reference to end of thought and consider revising to read "Support from family reduces stress and anxiety (Committee on Fetus and Newborn, 2008), mitigates feelings of isolation and sadness (Phillips-Pula et al., 2013), decreases postpartum depression (Rahayuningsih et al., 2015), and improves caring ability (Murdock & Franck, 2012)."

Page 19, Line 8. What is cultural shock? What does this look like for Indonesian women?

Table 1...Change Family Living header to whatever term you decide to use in the paper.
Table 2...Change Themes and Sub-themes to match headers used in body of manuscript...For example if changing baby to infant

I have three other comments that pertain to the manuscript as a whole.

1. The term infant and baby are switched back and forth quite a bit. Consider using one term throughout the entire paper. Or alternatively, consider using the word infant in headers and throughout the text, and using the word baby/babies when moms are speaking.
2. Some sentences utilize the Oxford comma in lists, while others do not. Just be consistent in its use for sentence structure throughout the manuscript.
3. Similarly for headings...the same structure should be used throughout the manuscript. Some headers have each word capitalized while others have the first word capitalized and all other words are lowercase. Choose one format and maintain throughout.

Thank you again for the wonderful opportunity to review your manuscript. I believe the changes I have suggested should take minimal effort to make but would ensure that the manuscript is current, clear, and consistent. This work will be a wonderful addition to the literature.

Reviewer: 2

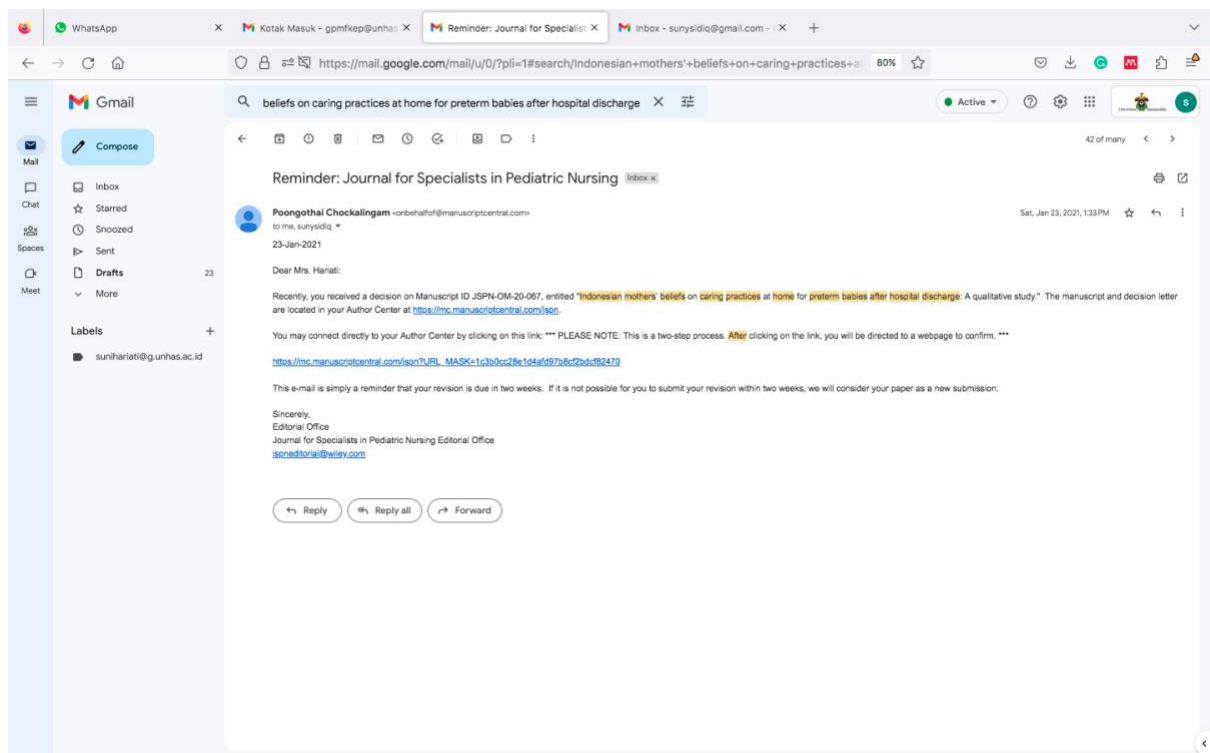
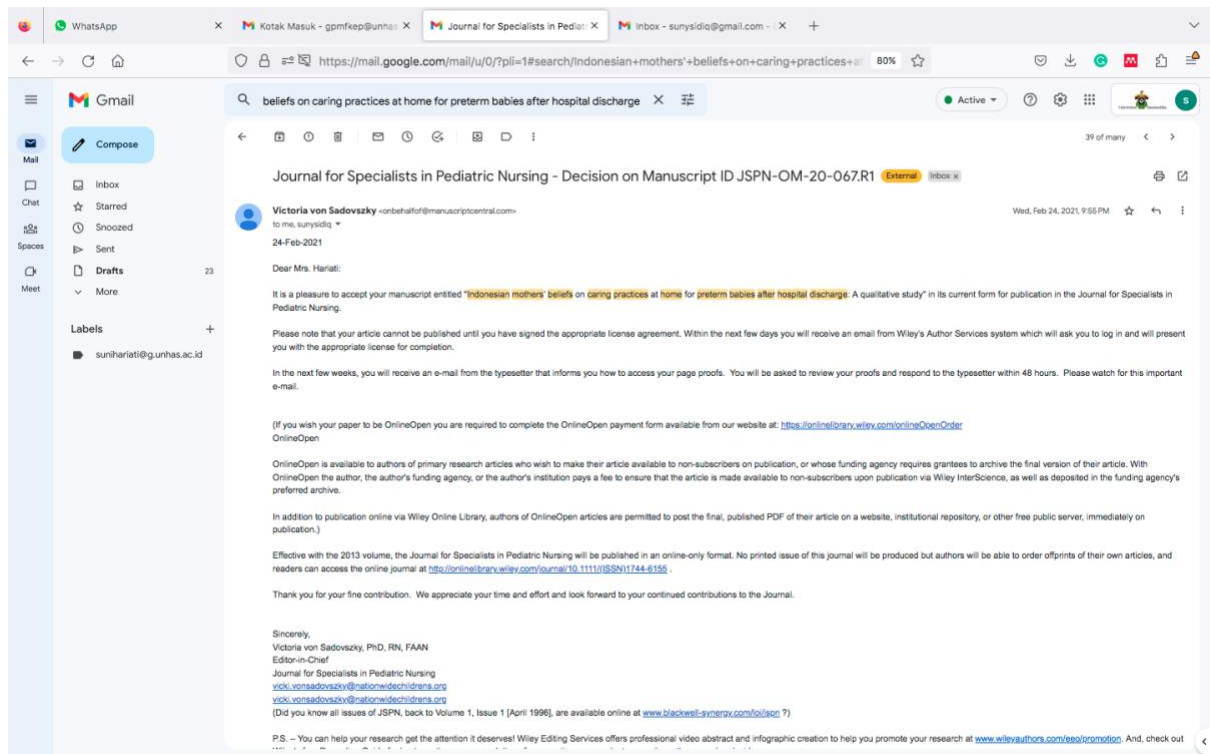
Comments to the Author

Thank you for researching this very important topic on post-discharge home care of preterm infants. There is a great need to explore what can be done to help mothers caring for these infants that medical advancements have enabled to survive.

The manuscript was nicely done. However, it seems that you have the data analysis methodologies confused. You state that thematic analysis was used—but this is a qualitative descriptive study. Qualitative description usually does not utilize thematic analysis since you are not doing an in depth experiential review of their lived experience. Rather you are to describe the experience in their own words and provide quantification of data as well. This is indeed what you have done—but it is really content analysis not thematic analysis.

Therefore, the type data analysis needs corrected to match the results write up.

Reply Reply all Forward



Response to Reviewers

Dear Reviewers

Thank you for your comments on our paper. We have attempted to address each one and believe the paper is stronger as a result.

Reviewer 1

Comment	Response
<p>Thank you for the opportunity to review your well-written manuscript. I believe that this work would add to the body of knowledge around discharge planning needs for families of preterm infants, especially in countries where these needs have been largely unknown. I have a few suggestions that I think will enhance the clarity of your message and improve the manuscript for readers.</p> <p>I have used page numbers, but numbers were cut off for several pages. I have included the Section name and other headers to also serve as a guide to reference my comments.</p>	<p>Thank you for your valuable comment in this manuscript. We believe your comment will enhance the manuscript for readers.</p>
<p>Abstract</p>	
<p>Result section...Line 34-36. "managing babies' health problems although the face on myth and culture as one of barrier." This phrase is very confusing and I am not sure what you mean. Please clarify. Do you mean that barriers that mom's faced were related to issues with culture and myth?</p>	<p>Thank you for identifying this oversight. Yes, we mean barriers that mothers faced were related to issues with culture and myth. We have revised the phrases in page 1 line 32-36</p>
<p>Conclusions section...Line 43. Again the phrase "overcome barriers related practices" is confusing. Perhaps just saying overcome barriers is sufficient?</p>	<p>Thank you for your suggestion phrase. We have revised as suggestion in page 1 line 32-36</p>
<p>Introduction</p>	
<p>Page 4, Introduction...Line12. The first sentence that uses Blackmon et al, 2009 as a reference is significantly outdated. There are newer references that could be cited to give a more accurate reflection of neonatal care in the USA, such as Kroelinger CD, et al (2020) Designation of neonatal levels of care: a review of state regulatory and monitoring policies Journal of Perinatology, 38(4): 411-420. Further, the AAP policy statement was also updated in 2012 and should be reviewed for updated content related to discharge planning.</p>	<p>Thank you for the valuable input. We have changed the outdated reference and revised in page 5 line 15 - 26</p> <p>We have read the references that you suggested. The references describe the neonatal level of care. This reference did not describe neonatal services and AAP publications and policy statements as state regulatory documents.</p>

	<p>We have read the updated AAP policy statement in 2012. This update focused on the neonatal level of care and it has a little explanation about the standard of neonatal service (not specific to hospital discharge preparation). But we have found the AAP publication reaffirmed the hospital discharge high-risk neonate and revised the references based on this.</p> <p>We have Moved reference to end for best read, page 3 line 45-52, page 4 line 22-33,</p>
Method and Design	
<p>Page 5. Methods...Design, Line 22. You state that interviews were done "usually in one-to-one interviews." Were not all interviews done the same way? If they weren't one-to-one interviews, in what other format(s) were they conducted? Could the answers of the mothers been biased in any way due to being interviewed with others present?</p>	<p>Thank you for your comment. All interviews were conducted one-to-one. We have deleted the confusing phrase.</p>
<p>Page 6. Data Collection...Line 15. Family living...this is a little confusing. I eventually figured out what was meant. Maybe consider the term "Family Living Situation" or "Family Structure."</p>	<p>Thank you for your comment. We have changed the term with family structure in page 7 line 15</p>
<p>Lines 43-45. Consider this change for improved reading: Interviews were conducted in Bahasa Indonesia by the first author, ranged from 30-60 minutes, and were recorded using a smartphone application.</p>	<p>Thank you for your suggestion. We have changed as suggested in page 7 line 42-46</p>
<p>Lines 49-51. Consider breaking this sentence into 2 sentences for easier reading: Participants were recruited...from the interviews. Data saturation was achieved after eight interviews.</p>	<p>Thank you for your suggestion. We have changed as suggested. in page 7 line 49 - 52</p>
<p>The data analysis section is very well-written and describes the methodology that is best practice for conducting qualitative research, including member checking. Very nicely done.</p>	<p>Thank you very much. Reviewer 2 provided comment about this section. The reviewer suggested to change the thematic analysis with content</p>

	<p>analysis according to our method (qualitative descriptive study). “Qualitative description usually does not utilize thematic analysis since you are not doing an in depth experiential review of their lived experience. Rather you are to describe the experience in their own words and provide quantification of data as well”</p> <p>We have read several references about this. Two of them was</p> <ol style="list-style-type: none"> 1. Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. <i>Journal of Advanced Nursing</i>, 62(1), 107–115. 2. Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. <i>Nursing & Health Sciences</i>, 15(3), 398–405. https://doi.org/10.1111/nhs.12048 <p>Finally, we considered that content analysis does match with what we have done in page 8 line 15 - 52</p>
Result	
<p>Page 9, Result...Lines 22-24. Missing single quotation marks...Should read 'Transition to independent motherhood,' 'focus on care of baby after discharge,' and 'barriers and enablers for care.' As a general rule, punctuation goes inside single or double quotation marks.</p>	<p>Thank you for your suggestion. We have changed as suggested in page 10 line 10-12</p>
<p>Page 10...3.1.1. Initial independent motherhood, line 26. cup feeding...where infants fed with a cup or do is bottle-feeding meant here. This is the only mention of cup feeding in the manuscript. The rest of the time bottle-feeding is referenced. If this is cup feeding, a description of the practice should be included as that is not standard in some countries and readers may not understand how that works in the NICU setting.</p>	<p>Thank you for this oversight comment. In the policy in this hospital and several hospitals in Indonesia, cup feeding is the first alternative then bottle-feeding if the baby is unable to breastfeed to prevent the baby suffering nipple confusion. Page 11 line 13-17</p>

<p>Page 11, 3.1.3. Caring assistance from family, Line 30. This prompted them to enhance their caring efforts...who enhanced their caregiving and how did they do that? What did they enhance. A little more detail is required here to understand the context.</p>	<p>Thank you for your input. The family enhanced mother caregiving by providing support, especially around infant care information, based on their previous experiences and with practical caring support of babies in the initial days after hospital discharge.</p> <p>We have revised the sentences page 12 line 30-35</p>
<p>Line 46. Change learnt to learned.</p>	<p>Thank you for your suggestion. We have revised as suggested page 12 line 39</p>
<p>Page 12, 3.2 Consider changing baby to infant in header to be consistent in headers.</p>	<p>Thank you for your suggestion. We have revised as suggested. Page 12 line 47</p>
<p>3.2.1. Feeding complexity, Line 33. Consider changing word obsessed to focused on. The word obsessed has a negative connotation. The word obsessed also appears on Page 18, Line 29.</p>	<p>Thank you for your suggestion. We have revised as suggested in page 13 line 24</p>
<p>Page 13, 3.2.3. Maintaining the Babies Body Temperature at Home...Consider changing Babies to Infant to make header...Maintaining Infant Body Temperature at Home...this structure keeps the same format as other headers.</p>	<p>Thank you for your suggestion. We have revised as suggested. Page 14 line 31</p>
<p>Page 14, Line 17. "...after three days as the baby health had went to well:" Consider changing to "...after three days as the baby's health improved:"</p>	<p>Thank you for your suggestion. We have revised as suggested. Page 15 line 10</p>
<p>Page 14, 3.3. Barriers and enablers for care, Line 53. You mention there are myths and culture-related factors that disrupted care. It would be very helpful for readers who aren't familiar with the factors to have an introduction to them. You briefly mention them related to temperature, bathing, and KMC position, but why are these so problematic? What do they think will happen to the baby? Where does the belief come from?</p>	<p>Thank you for the oversight comment. We have explain the myths and culture in page 15 line 46 -53, page 15 line 55, page 16 line 3-5</p>
<p>Page 15, Basic knowledge from NICU ward, Line 22..."education about feeding, change diapers and KMC." Grammatically, "change" should become changing or how to change diapers.</p>	<p>Thank you for your suggestion. We have revised as suggested. Page 16 line 19</p>

3.3.2. Header: Lack of knowledge about baby's needs...Consider changing to Lack of knowledge about Infant needs to match format of other headings.	Thank you for your suggestion. We have revised as suggested. Page 16 line 26
Line 36-38..."at home they encountered behaviours and health needs from their babies that they needed to understand." What were those behaviors and health needs? Can you give some examples?	Thank you for the comment. We have expanded the explanation in page 16 line 38 - 45
Line 43...feeding (from breast, bottle and others)...what do you mean by others? Other people doing the feeding or other forms of feeding? Please clarify.	Thank you for the comment. Other form of feeding such as cup feeding. We have revised this in page 16 line 38 – 40.
Page 16, 3.3.3. Myth and culture-related to preterm baby care...Consider using infant instead of baby	Thank you for your suggestion. We have revised as suggested. Page 17 line 3
Discussion	
Page 18, Line 6...add "for the infant" after the word caring	Thank you for your suggestion. We have revised as suggested. Page 19 line 6
Lines 15-19...run on sentence...Move reference to end of thought and consider revising to read "Support from family reduces stress and anxiety (Committee on Fetus and Newborn, 2008), mitigates feelings of isolation and sadness (Phillips-Pula et al, 2013), decreases postpartum depression (Rahayuningsih et al, 2015), and improves caring ability (Murdoch & Franck, 2012)."	Thank you for your suggestion. We have revised as suggested. Page 19 line 15 -22
Page 19, Line 8. What is cultural shock? What does this look like for Indonesian women?	Although cultural shock might not be found in the Indonesian context, many cultural beliefs may alter the implication of how to provide care for baby. Diversity in culture and distinct characteristics of a particular culture is something that can facilitate or impede the receipt of healthcare and can be harmful to the infant's health.
Table 1...Change Family Living header to whatever term you decide to use in the paper.	Thank you for your suggestion. We have revised as suggested.
Table 2...Change Themes and Sub-themes to match headers used in body of manuscript...For example if changing baby to infant	Thank you for your suggestion. We have revised as suggested.

<p>I have three other comments that pertain to the manuscript as a whole.</p> <p>1. The term infant and baby are switched back and forth quite a bit. Consider using one term throughout the entire paper. Or alternatively, consider using the word infant in headers and throughout the text, and using the word baby/babies when moms are speaking.</p>	<p>Thank you for your suggestion. We have revised as suggested.</p>
<p>2. Some sentences utilize the oxford comma in lists, while others do not. Just be consistent in its use for sentence structure throughout the manuscript.</p>	<p>Thank you for your suggestion. We have revised use of the oxford comma</p>
<p>3. Similarly for headings...the same structure should be used throughout the manuscript. Some headers have each word capitalized while others have the first word capitalized and all other words are lowercase. Choose one format and maintain throughout.</p>	<p>Thank you for your suggestion. We have revised as suggested.</p>
<p>Thank you again for the wonderful opportunity to review your manuscript. I believe the changes I have suggested should take minimal effort to make but would ensure that the manuscript is current, clear, and consistent. This work will be a wonderful addition to the literature.</p>	<p>Thank you for your very helpful and insightful comments.</p>

Reviewer 2

Comment	Response
<p>Thank you for researching this very important topic on post-discharge home care of preterm infants. There is a great need to explore what can be done to help mothers caring for these infants that medical advancements have enabled to survive.</p>	<p>Thank you for this comment.</p>
<p>The manuscript was nicely done. However, it seems that you have the data analysis methodologies confused. You state that thematic analysis was used—but this is a qualitative descriptive study. Qualitative description usually does not utilize thematic analysis since you are not doing an in depth</p>	<p>Thank you for this oversight input. We have read several references about this. Two of them was</p> <ol style="list-style-type: none"> 1. Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. <i>Journal of Advanced</i>

experiential review of their lived experience. Rather you are to describe the experience in their own words and provide quantification of data as well. This is indeed what you have done—but it is really content analysis not thematic analysis. Therefore, the type data analysis needs corrected to match the results write up.

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Finally, we considered that content analysis does match with what we have done.

We have revised the data analysis according to the suggestion. in page 8 line 15 - 52