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OPEN PEER REVIEW

Enhancing Midwifery Students' Knowledge and Skills in Labor Dystocia via Webinar-Based Blended Learning: A Pre-experimental Study

Afsaneh Bakhtiari, Fatemeh Nasiri-Amiri, Monireh Parvaneh

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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Contents

1 **Original submission** Referee 1, Referee 2 3

2 **Revision 1** Referee 2 4

Authors' reply to reviewers 5

Reviewer and editor comments 8

3 **Revision 2** Referee 2 9

Authors' reply to reviewers 10

Reviewer and editor comments 17

4 **Revision 3** Referee 2 18

Authors' reply to reviewers 19

Reviewer and editor comments 22

5 **Revision 4** Referee 2 23

Authors' reply to reviewers 24

Reviewer and editor comments 25

6 **Revision 5** Referee 2 26

Authors' reply to reviewers 27

Reviewer and editor comments 28

7 **Revision 6** Referee 2 29

Authors' reply to reviewers 30

Reviewer and editor comments 31

1 Original submission

2 comments · 28 Dec 2024 – 1 Jan 2025

Referee 1 Reviewer

MAJOR REVISION 28 Dec 2024

The study design is not quasi-experimental. There is no control group.
The intervention and evaluation method require further revisions before the article can be evaluated.
There are still some unclear issues in the methodology and study instruments that call into question the validity of the findings.

Referee 2 Reviewer

MAJOR REVISION 1 Jan 2025

This manuscript addresses a blended learning method to improve the education of midwifery students. There are some comments in the attached file to make the different parts of the article clearer.

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Subject: Submission of Revised Manuscript

Dear Chief-Editor

I hope you are well. I am submitting the revised version of our manuscript titled " Enhancing Midwifery Students' Knowledge and Skills in Labor Dystocia via Webinar-Based Blended Learning: A pre-experimental study" (Manuscript ID: 158881). We have made the necessary revisions based on the reviewers' feedback. The changes have been highlighted in the manuscript for your convenience.

Thank you for your time and consideration. I look forward to your response.

Best regards,
Dr. F. N.

Comments	**Modifications/Responses**
Reviewer 4	
The study design is not quasi-experimental. There is no control group.	Thank you for your valuable feedback. We understand your concern about the lack of a control group. After reflection, we agree that the study may not accurately fall under the category of a quasi-experimental design. Instead, we propose to classify it as a pre-experimental study using a single-group pretest/posttest design, which is widely used to evaluate the effectiveness of educational interventions in similar settings. We have also explicitly noted this in the limitations section. We sincerely appreciate your insight and are confident that these changes will enhance the clarity and rigor of the study design and findings.
The intervention and evaluation method require further revisions before the article can be evaluated.	We have carefully reviewed and revised all sections of the methodology as per the feedback provided. Necessary improvements have been made to ensure clarity and accuracy.
There are still some unclear issues in the methodology and study instruments that call into question the validity of the findings.	Thank you for your valuable feedback. We have thoroughly reviewed the methodology and study instruments to address the unclear issues raised. We have made additional clarifications and provided further details to enhance the transparency and validity of the findings. To ensure the robustness of our study, we also cross-checked the instruments for reliability and validity. We believe these revisions will strengthen the credibility of the research and its findings, and we are confident that the study now meets the necessary standards for publication. We appreciate your

	consideration and hope for the opportunity to further improve the article based on your insightful comments.
Reviewer 5	
This manuscript addresses a blended learning method to improve education of midwifery students. There are some comments in the attached file to make more clear the different parts of the article.	-
Reviewer Assistant Comments	
1. Question of the checklist: Was the study design clearly stated? Peer Review: Yes, the study design is clearly stated as a semi-experimental study with a pre- and post-intervention design.	Thank you for your confirmation.
2. Question of the checklist: Were the objectives or hypotheses of the study clearly stated? Peer Review: Yes, the objectives are clearly stated. The study aims to evaluate how blended learning enhances the skills of midwifery students in handling labor dystocia.	Thank you for your confirmation.
3. Question of the checklist: Was the study population clearly defined? Peer Review: Partially. The study mentions midwifery students as participants but does not provide specific details about the number of participants or their selection criteria.	Thank you for your feedback. We have clarified the study population in the revised manuscript. The participants comprised the entire cohort of seventh-semester midwifery students (N=26) from the same academic year of admission, all of whom had previously undergone traditional lecture-based instruction on labor dystocia and consented to participate. The inclusion and exclusion criteria were clearly defined. We hope this clarification addresses the concern and enhances the clarity of the study population description.
4.Question of the checklist: Were the methods for data collection clearly described? Peer Review: Yes, the methods are described, including the use of a	- Thank you for your confirmation.

knowledge questionnaire and a labor dystocia skills checklist in a clinical setting.	
5. Question of the checklist: Were the statistical methods adequately described? Peer Review: Partially. The abstract mentions significant improvements with P-values but does not describe the statistical tests used.	Modified.
6. Question of the checklist: Were the results clearly presented? Peer Review: Yes, the results are clearly presented with specific improvements in knowledge and clinical skill scores.	Thank you for your confirmation.
7. Question of the checklist: Were the conclusions supported by the results? Peer Review: Yes, the conclusions about the positive impact of blended learning are supported by the results showing improved scores and student satisfaction.	Thank you for your confirmation.
Major Comments	
The abstract lacks specific details about the study population, such as the number of participants and selection criteria.	Modified.
The statistical methods used for analysis are not described in the abstract.	Modified.
Minor Comments	
The abstract provides a clear description of the study design, objectives, and results.	Modified.
The positive impact of the intervention is well-supported by the data presented.	Thank you for your confirmation.

2 Revision 1

1 comment · 13 Jan 2025

Referee 2 Reviewer

MAJOR REVISION 13 Jan 2025

Unfortunately, none of my comments have been responded to. It seems the authors did not see the attachment and only responded to the review that is automatically sent by the system. So I am uploading the file including the reviewers' comments again. Please make corrections to the initial version of the manuscript according to the attachment.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

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Thank you for your time and consideration. I look forward to your response.

Best regards,
Dr. Fatemeh Nasiri

Comments	**Modifications/Responses**
BL Review 1: **Abstract**	
Webinar-based BL	Corrected
How many students? From which semester? and level of education such as bachelor, master, …? What was the sampling method?	Corrected
Add the year, setting and country.	Done
It was repeated in the first sentence!	Corrected
Mention the statistical methods used.	Corrected
Report number and percent.	Done
Report satisfaction with statistical indexes.	Done
Match with MeSH. Add webinar.	Done
Introduction	
The manuscript needs native English editing by an expert.	Done
Change to English	Done
This is not a strong justification, because there are many important topics in midwifery education. Why do you emphasize on labor dystocia? This limits the generalizability of your research.	Modified
As the previous comment, it is better use a more comprehensive term for example managing labor complications.	Modified

According to title add based-webinar	Modified
Methods	
Year of the study? Mention also name of ethics committee and approval code.	Done
How did you calculate necessary sample size? What was the sampling method?	In this study, a census method was used as all midwifery students entering a specific academic term were selected as the sample size. This decision was made due to time and resource constraints, as well as the unique characteristics of the study population. The total number of students in that particular term was only 26, making it necessary and logical to use a census approach in order to include all relevant participants. By selecting all individuals from this group, we were able to obtain accurate results and avoid issues associated with random sampling. This method is widely used in situations where the study population is small, and the number of participants is limited, providing reliable and valid results.
How did you obtain consent to participate in the study? Explain ethics consideration, at least in three lines.	Done
Who filled-out this checklist? What was her expertise or experience?	Done
Make clear the intervention and participants.	Done
Are these four classifications the same Phases of educational intervention? If yes, add phases for example: The first phase: Web-Based Virtual Sessions.	Yes. Done
Virtual needs more explanation. How it was done? Online or offline? Through which platform or …? All sessions were performed by one person? What was her/his expertise?	Done
What do you mean? Scenarios was drawn from mothers' experiences or medical records?	The issue was clarified
Was the lecturer the same person who performed webinar sessions?	All interventions phases, as well as the completion of questionnaires and checklists, were carried out exclusively by a single faculty lecturer from the midwifery department, who is also one of the authors of this paper.

	This was mentioned in the "Data Collection" section.
What about pre-test?	This was mentioned in the "Data Collection" section: A pre-test was administered, consisting of the questionnaire to assess knowledge of labor dystocia and a checklist for evaluating labor dystocia management skills. Additionally, individual information was gathered with baseline data in the labor and delivery department of the hospital. After the intervention, along with the knowledge and skills questionnaire, two questionnaires on attitudes towards learning success and satisfaction with webinar-based BL were also completed.
Explain scoring for each one of the questions and interpretation of total score.	Done
It needs to explain more details about the number of items and scoring each one and interpretation of total score. Who did evaluate the skills? The same lecturer? What was the expertise of evaluator?	Done
Why 48? If there were 12 questions with maximum score 5 for each one, it must be 60.	I would like to thank you for your constructive feedback and for bringing to my attention the issue regarding the scoring of the Learning Attitude and satisfaction Questionnaires. Upon reviewing the matter, I realized that there was an oversight in the description of the scoring system used in the study. Initially, the questionnaire used a 5-point Likert scale (ranging from 0 to 4), where the 12 items could earn a maximum score of 48. However, later in the study, the questionnaire was modified to a 3-point scale. Unfortunately, I overlooked updating the description of the scoring method to reflect this change. As a result, the maximum possible score was incorrectly reported as 48 instead of the correct 36 based on the new 3-option format. I have now corrected this issue by recalculating the scores according to the 3-option scale (with a maximum of 36 points) and have made the necessary adjustments throughout the manuscript.
Who designed the questionnaires? Researcher?	The questionnaires were designed by two faculty members of the midwifery department who are also the authors of the article.

How much was reliability for the consistency of results over time?	test-retest reliability
Mention which ones.	Done
Why Wilcoxon, not paired t-test?	To assess the normality of the data distribution, the Shapiro-Wilk test was performed, and the results showed that the data were not normally distributed. Therefore, the Wilcoxon signed-rank test was used to assess the effectiveness of the webinar-based BL intervention.
Which test was used to evaluate the normal distribution of data?	The Shapiro-Wilk test was used because it is particularly suitable for small sample sizes (less than 30 people).
Results	
How many?	Done.
What about normality of data?	The data were not normal, so the nonparametric Wilcoxon signed rank was used.
Do not repeat the values in the text, if they are reported in the tables	Thank you for your valuable comment. The results were re-examined and the values were not duplicated.
Define the participants.	Done
Put the descriptive statistics reported.	Done
Mention the scale	Done
Scale?	Done
It must be shown in the table.	Done
Report as it is shown in the table as mean ± SD	Done
Midwifery students	Modified.
Midwifery students	Modified.
Discussion	
Please move this part, after the second paragraph.	Done
There are different types of BL, so define BL in this study and compared with yours.	
Delete the name of authors.	Done
Delete the name	Done
Important is a better word than vital.	
delete	Done
delete	Done
not random sampling is another limitation.	Done
If it was a pilot study, it must be mentioned in the title and method section.	Modified
Reference	
Use below references in this	Done

manuscript: **Design, implementation and evaluation of a virtual clinical training protocol for midwifery internship in a gynecology course during COVID-19 pandemic: A semi-experimental study, Nurse Education Today, 2022** **The Viewpoints of Faculty Members and Midwifery Students on the Implementation of a Virtual Clinical Training Protocol for Midwifery Internship in a Gynecology Course During during COVID-19 pandemic, Journal of Medical Education Development, 2022**	
Reviewer 4	
The study design is not quasi-experimental. There is no control group.	Thank you for your valuable feedback. We understand your concern about the lack of a control group. After reflection, we agree that the study may not accurately fall under the category of a quasi-experimental design. Instead, we propose to classify it as a pre-experimental study using a single-group pretest/posttest design, which is widely used to evaluate the effectiveness of educational interventions in similar settings. We have also explicitly noted this in the limitations section. We sincerely appreciate your insight and are confident that these changes will enhance the clarity and rigor of the study design and findings.
The intervention and evaluation method require further revisions before the article can be evaluated.	We have carefully reviewed and revised all sections of the methodology as per the feedback provided. Necessary improvements have been made to ensure clarity and accuracy.
There are still some unclear issues in the methodology and study instruments that call into question the validity of the findings.	Thank you for your valuable feedback. We have thoroughly reviewed the methodology and study instruments to address the unclear issues raised. We have made additional clarifications and provided further details to enhance the transparency and validity of the findings. To ensure the robustness of our study, we also cross-checked the instruments for reliability and validity. We believe these revisions will strengthen the credibility of the research and its findings, and we are confident that the study now meets the necessary standards for publication. We appreciate your consideration and hope for the opportunity to further

	improve the article based on your insightful comments.
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AI Reviewer	
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3. Was the study population clearly defined? Peer Review: Partially. The study mentions midwifery students as participants but does not provide specific details about the number of participants or their selection criteria.	Thank you for your feedback. We have clarified the study population in the revised manuscript. The participants comprised the entire cohort of seventh-semester midwifery students (N=26) from the same academic year of admission, all of whom had previously undergone traditional lecture-based instruction on labor dystocia and consented to participate. The inclusion and exclusion criteria were clearly defined. We hope this clarification addresses the concern and enhances the clarity of the study population description.
4. Were the methods for data collection clearly described? Peer Review: Yes, the methods are described, including the use of a knowledge questionnaire and a labor dystocia skills checklist in a clinical setting.	- Thank you for your confirmation.
5. Were the statistical methods adequately described?	Modified.

Peer Review: Partially. The abstract mentions significant improvements with P-values but does not describe the statistical tests used.	
6. Were the results clearly presented? Peer Review: Yes, the results are clearly presented with specific improvements in knowledge and clinical skill scores.	Thank you for your confirmation.
7. Were the conclusions supported by the results? Peer Review: Yes, the conclusions about the positive impact of blended learning are supported by the results showing improved scores and student satisfaction.	Thank you for your confirmation.
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The abstract lacks specific details about the study population, such as the number of participants and selection criteria.	Modified.
The statistical methods used for analysis are not described in the abstract.	Modified.
Minor Comments	
The abstract provides a clear description of the study design, objectives, and results.	Modified.
The positive impact of the intervention is well-supported by the data presented.	Thank you for your confirmation.

3 Revision 2

1 comment · 31 Jan 2025

Referee 2 Reviewer

MINOR REVISION 31 Jan 2025

Thank you for considering the comments. However, some corrections need further clarification according to the attached file.

4

Revision 3

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Best regards,
Dr. F. N.

Comments	**Modifications/Responses**
Abstract	
Delete the setting over here and put it in the method section.	**Done**
Moreover, this study is too old, 6 years ago! Why do you report the result now?	Thank you for your attention and consideration. We fully understand that data updates and timely results are of great importance in scientific research. Here are a few points to clarify the issue: 1. Registration, review, and publication process: After data collection, the article was prepared for publication, but along the way, challenges including multiple scientific reviews, obtaining necessary permissions, and selecting a suitable journal for publication delayed the announcement of the results. Also, several stages of internal review and corrections were carried out to ensure the quality of the results. 2. Implementation challenges and publication limitations: Like many studies, we faced challenges in publishing the data, obtaining ethical approvals, and securing funding to complete the research, which delayed the publication of the article. 3. Maintaining the scientific value of the data: Although the data of this study are from a few years ago, since the variables examined are of a stable nature (e.g. biological and social indicators), the research findings still have high scientific value and can be used as an important basis for future studies.

	4. Lack of similar studies and the need to publish the results: The topic examined in this article is still not properly covered in the scientific literature. Therefore, the results of our study are still new, applicable and referable. We are confident that this study, given its careful design, strong methodology and analyses, can still contribute to the advancement of knowledge in this field. We hope that these explanations will address your concerns and confirm the scientific value of the article.
Please mention the sampling method.	**Done**
Match keywords with MeSH.	**Done**
Introduction	
This reference number is Persian, change it to English.	**Reference 7 is in English as follows:** Betran AP, Torloni MR, Zhang JJ, Gülmezoglu AM. WHO Statement on Caesarean Section Rates. Bjog. 2016;123(5):667-70. doi: 10.1111/1471-0528.13526.
Method	
Mention the type of study.	**Done**
Mention the country and year of the study.	**Done**
Please explain because of small number of study population, census method was used to recruiting the participants.	**Done**
Verbal or written consent?	**Done**
Complete title as: Phases of webinar based blended learning for enhancing midwifery students' skills in managing labor dystocia.	**Done**
What do you mean? "Using the relative scale method, it was categorized as follows:	The phrase 'Using the relative scale method, it was categorized as follows' refers to the process of scoring and categorizing the responses from the questionnaire based on a relative scale, which compares participants' responses to a predefined scale of values or criteria. This method was employed to ensure a standardized and objective categorization of data, allowing for easier comparison and interpretation of results. If this part

	seems unclear or unnecessary, we are open to adjusting or clarifying it further. However, it was removed because it was not very necessary.
These two sentences are the same!	**One of them was removed.**
Results	
Do not repeat the values in the text, if they are reported in the tables	Thank you for your observation. While not all numbers are repeated in the main text, certain key figures have been included to provide clarity and facilitate comparison in the results section. These numbers are directly referenced to help interpret the data presented in the tables, offering a clearer understanding of the significant findings. This approach ensures that the key results are highlighted and contextualized without overwhelming the reader with unnecessary repetition. If the honorable referee insists on deletion, we can delete it.

4 Revision 3

1 comment · 10 Feb 2025

Referee 2 Reviewer

MINOR REVISION 10 Feb 2025

Thanks for responding to the comments. A few comments were not considered according to the attachment.

5

Revision 4

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Authors' reply to reviewers

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Thank you for your time and consideration. I look forward to your response.

Best regards,
Dr. Fatemeh Nasiri-Amiri

Comments	Modifications/Responses
Abstract	
Reviewer1: Setting and year of the study in the method section. AI reviewer: 1) The abstract provides a clear and concise summary of the study, but additional details on the specific content of the webinar-based BL could enhance understanding. 2) It would be beneficial to include information on the reliability and validity of the assessment tools used.	The study was conducted in the Labor and Delivery Unit of Ruhani Hospital in 2019. -The educational intervention was implemented in five phases: webinar-based BL on the natural childbirth principles and dystocia, in-person practice with real-life scenarios, clinical training to enhance students' skills, summarization and reinforcement of learning, and post-intervention evaluation. - The validity of tool was ensured through expert and student reviews, with acceptable CVR and CVI values. The reliability was confirmed by Cronbach's alpha (0.73–0.86) and test-retest correlations above 0.80.
Introduction	
This number was typed in Farsi as 7, Please change to English.	Done
Results	
Please do not repeat the numbers in the text, since they were shown in the table.	Thank you for your observation. The numerical results that were in the tables have been removed from the text.

5 Revision 4

1 comment · 16 Feb 2025

Referee 2 Reviewer

MINOR REVISION 16 Feb 2025

Thanks for answering the comments, but some changes were made in the manuscript that I had not requested. Please only consider the comments in the attached file and do not make more changes.

6

Revision 5

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

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Thank you for your time and consideration. I look forward to your response.

Best regards,
Dr. F. N.-A.

Comments	**Modifications/Responses**
Abstract	
Reviewer1: Setting City and country? AI reviewer: 1) The abstract provides a clear and concise summary of the study, but additional details on the specific content of the webinar-based BL could enhance understanding. 2) It would be beneficial to include information on the reliability and validity of the assessment tools used.	The study was conducted in Babol, in northern Iran. Ignored AI comment.
Results	
I did not ask to change these sections. Because some values were not reported in the tables, change them to the last version .	Thank you for your observation. The description in the results section was returned as in the previous file.

6 Revision 5

1 comment · 22 Feb 2025

Referee 2 Reviewer

MINOR REVISION 22 Feb 2025

Thank you for the corrections, but why did you delete the year of the study in the methods section of the abstract? Please add it.

7

Revision 6

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

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Thank you for your time and consideration. I look forward to your response.

Best regards,
Dr. F. N.-A.

Comments	**Modifications/Responses**
Abstract	
Reviewer1: *Thank you for corrections, but why did you delete the year of the study in the methods section in the abstract?!!! Please add it.*	The study was conducted in Babol, located in northern Iran, in 2019.

7 Revision 6

1 comment · 3 Mar 2025

Referee 2 Reviewer

ACCEPT 3 Mar 2025

Thanks for the corrections.