Reviewer's report

Title: Easier said than done!: Methodological challenges with conducting maternal death review research in Malawi

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Reviewer: Catherine Pirkle

Reviewer's report:

The authors have made a genuine attempt to respond to many of my concerns. The article still needs substantial revision, but much of this is in regards to its organization and length.

Major revisions:

The organisation of the paper is highly disjointed and therefore hard to follow. The paper needs streamlining and shortening. The authors need to focus on the most salient issues and avoid providing tangential information that does not support the main aims of the paper and distracts the reader (e.g. remove information about the statistical software used, remove the paragraph describing how they built upon Thaddeus and Maine’s framework; the paragraph summarizing the recommendations of Gregory and Radovinsky is unnecessary as the reader can be pointed to the reference; same thing for Squire’s 14 methodological recommendations, Table 2, etc.). The language is overly flowery at times (too many adjectives) and once again, the article needs a good edit (there is a fair amount of verb-noun confusion, there are incomprehensible sentences such as first phrase of the Methods, and there is misuse of capital letters). Also, there is no indication in the text where the tables are supposed to go.

I would suggest a dramatic reorganisation of the paper along the following lines. At the very least, merge the results and discussion section (this is acceptable according to journal guidelines). In this section, continue to present each step of the audit cycle as you have (including the relevant subheading, such as “identification of maternal death cases”). However, divide each of these steps in three sections: methods used by the audit teams and researchers to achieve the step; obstacles encountered in the field while carrying out these methods; and recommendations. This will entail moving some details from the Methods section down to the Results & Discussion section. Given that this is a critique of maternal death audit methodology, the Methods section of this article could be written to describe: (briefly) the design of the study that is being critiqued (including the eligibility criteria for being a maternal death as the authors cite 58 maternal deaths but only use 33 32, or 39 depending on which part of the text one is reading), the setting and population, and any methodology that was used to arrive at this critical reflection (literature review, systematic review of study notes and diary entries, interviews with data collectors, etc.).
the authors can alert the readers to the organisation of the Results & Discussion section and state that specific methods of maternal death audit that are subject to critique will be presented in the Results & Discussion section for the sake of clarity. It is my opinion that it will be much easier to understand the obstacles encountered if they are presented alongside of the specific methods employed to achieve each step of the audit cycle (e.g. the reader will not have to constantly flip back to the Methods section). Further, this may help to focus the paper and remove redundancies.

As a more general recommendation, I would like the authors to reflect on the difference between fatal flaws (the (mis)classification of the causes of death in the absence of foreign external reviewers) and minor hiccups (tape recorder not working which, incidentally, is why many qualitative researchers bring more than one to interviews). Some of the obstacles that the authors bring up are very serious (missing records, poor agreement between external obstetrical reviewers in Norway and local staff in regards to the causes on death, inability to locate health professionals) and could entirely bias or invalidate the conclusions of the review (e.g. the recommendations and evaluation steps of an audit). This information would be informative to someone who has never conducted an audit before. There are also important distinctions between what is needed for research and what is needed for continuous quality improvement. Some of the obstacles encountered by the researchers could have been the subject of recommendation in the audit cycle (improving recordkeeping practices while emphasizing the role that records play in quality healthcare or the need to provide training to medical professionals on the causes on maternal deaths).

Discretionary revision

Finally, I agree with the Sue Fawcus that the objective of the paper was not well-stated and feel that it could still be better presented. In fact, the authors do a better job of stating the objective in the last sentence of the methods than they do in the introduction. I would move that sentence up to the introduction. There is no need to present the objectives twice; the presentation just needed to be clearer.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests