Reviewer's report

Title: Effectiveness of community based safe motherhood promoters in promoting access to obstetric care. The case of Mtwara Rural District in Tanzania

Version: 1 Date: 2 September 2009

Reviewer: Thomas John Bisika

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This is a very important manuscript and I would like to recommend it for publication after all my comments are addressed. The manuscript is long and there is need to improve on presentation of the findings. My specific comments are:

1. Institutional delivery, skilled care at delivery and professional delivery are used in the manuscript. If they mean the same then we need to harmonize but if they are different there is need for clarification

2. Who trained the SMPs? Local health officers are acknowledged as having participated in the training but I don’t want to assume that they conducted the training

3. No incentives were used. Can the authors comment on the sustainability of this intervention

4. Participatory adult learning and problem based adult education were used in the trained. Are these the same? Can we be consistent

5. Were SMPs trained on data collection as well? Of course the authors report that they trained the research assistants.

6. Who actually conducted the semi-structured interviews?

7. Intervention and post-training activities look very similar and I think they can be presented together

8. Can the authors explain how health facility records captured home deliveries? This will help explain why SMPs data were more complete than the health facility data which I believe is a good lesson from this study

9. Study limitations should be discussed under methods. I would like to know how the authors ensured that the responses in the post evaluation were not affected by the base-line responses or the fact that the respondents were familiar with the instrument (instrumentation)

10. Under ethical considerations, we would like to know how confidentiality and privacy issues were addressed. We are satisfied with the informed consent part

11. Under results, we notice that gender representation was very different for the baseline and post intervention samples. This should be accounted for as it may have affected the outcomes reported in the manuscript (Table 1 refers!!!)
12. The authors report that “as a new development skilled health workers started to assist in home deliveries”. We would like to know how this was done and whether these skilled workers are actually midwives.

13. Under the section titled “Table 4 Knowledge on maternal health aspects” we notice that community education did not achieve better results. Can we explain this?

14. The authors report that TBAs who were part of SMPs have become active promoters of institutional delivery and became reluctant to perform home deliveries. This is a great lesson which should be included in the conclusion and discussion.

15. Under the section entitled “Performance of safe motherhood promoter and community acceptance” the authors report that 6 SMPs dropped out and later in the report this number is reported as 12 (see section titled “Community based intervention are feasible and effective”. The study uses a retention rate of 88% in the abstract. Can we be consistent please?

16. In the section entitled “Community based intervention are feasible and effective” the last but one paragraph report that SMPs were trained to encourage women with danger signs to use skilled attendants at delivery. This is at variance with the current practice as we know that every pregnancy faces risks.

17. Under the section entitled “The potential role of ANC” the authors report ANC coverage rate as 96% but in the introduction they cite 97%. Again this is a consistency issue.

18. The authors report that frequency of ANC visits helps women overcome fear of health providers. Where is the reference on this?

19. The discussion section is too long. I do not recommend further sub-headings in this section.

20. Conclusion is not well presented and key findings are absent in the conclusion.

21. Some conclusions are not based on study findings. These include the one on building community level intervention around functioning health care facilities, socio-cultural, financial barriers, health facility weaknes.

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**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