Reviewer's report

Title: A minority of thousands? Prospective study of home births in Mumbai slums

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Reviewer: Nancy Fronczak

Reviewer's report:

1. Major compulsory revisions: none
2. Minor essential revisions: none
3. Discretionary revisions
   a. This seems to have been a good study, but the information pulled out to look at reasons women so or don't delivery in facilities seems pretty superficial. If there is more qualitative data I think presentation and analysis of that would contribute to the knowledge and potentially to interventions to promote use of facilities.

   I think far too much of the paper and analysis focuses on details of socio-economic status of the women and almost all of the logistic regression variables link with economic status. It seems that one economic status indicator or classifications should be used making this a categorical variable rather than multiple "independent" variables. A statistician might have more to say about this. It would be interesting to look at differences in use of facilities among women with the same socio-economic status and to include other variables related to some of the issues discussed below.

1. Characteristics of the women who returned to their home outside Mumbai for delivery. How were these women different from those who stayed in Mumbai? In Dhaka it was primarily primipara's who returned to the maternal home for delivery and the subcultural plot was so her family would bear the cost of this higher-risk more likely to require help- delivery- so this was a "custom" financial issue.

2. If there's more qualitative or specific information on the "custom" reasons for home delivery - that would be valuable and much more useful in understanding reasons for home delivery. For example was the "custom" referring to the religious belief that the woman must be modest and cannot receive care from men or outside the household where she will be seen; was "custom" to deliver in the hospital because of delivery "polluting" the household and slum areas not having a separate place for the polluting delivery to take place beliefs (I found this for Hindus in Dhaka); or is custom related to general lack of familiarity/lack of use of health services?

3. Why was ANC not put in the logistic regression? Was it not significant after controlling for SES and education? It might be that looking at the number of ANC visits, rather than only <3 might be more informative. I found in Dhaka after controlling for multiple factors that women who had received any antenatal care
were more likely to delivery in a facility- both electively and for emergency when they started delivery at home- we proposed that familiarity reduced many of the fear and custom barriers. This has great implications for how to target these women not just in planning for delivery, but in trying to bring them into the formal sector health services early in pregnancy.

4. The reasons for home deliveries such as 1) fear/poor perception of facilities; 2) lack of support (family refusal, no one to care for other children; no one to accompany her); and 3) access barriers (facility not near by; not registered; lack of transport; insufficient documents) actually add up to a substantial proportion of reasons women gave for delivering at home. If there’s more qualitative information on these, or more analysis can show characteristics of the women who expressed these reasons, that would also be useful.

c. I do think the finding about direct cost not being a major barrier is useful. Indirect costs, however, may be a major barrier- particularly when you look at the proportion of women where what could be defined as lack of family support and logistics is an issue.

Level of interest: An article of limited interest

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.