Reviewer’s report

Title: Obstetric near-miss and maternal mortality in maternity university hospital, Damascus, Syria: a retrospective study

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Reviewer: Jos Guilherme Cecatti

Reviewer’s report:

This is a good and interesting article focusing on severe maternal morbidity/maternal near miss and maternal mortality in Syria, one of the first studies to the best of my knowledge to be performed in a country from the Middle East. The topic is well defined, the data are relevant, and the manuscript is well built, but there are some problems that must be considered. The most important one refers to the inclusion of such study/manuscript in the international context and the recent knowledge developed on the topic of maternal near miss. For the identification of such cases the authors used the criteria reported by Filippi et al. in 2005 and use several arguments discussing the advantages and disadvantages of different sets of criteria, calling attention for the urgent need of a consensus definition and criteria. Although using a long and updated list of references, it seems that the authors did not realize that the reference 14 (Say et al., 2009) is exactly this consensus definition and criteria issued by a working group from WHO. In it there is enough information on the reasons why that set of criteria (clinical, laboratorial and management) was chosen basically using the criteria of organ dysfunction and failure. I understand that the study was performed in middle 2008 with data from 2006 and 2007, when this consensus was not yet published. Therefore I could not recommend a radical change in the methods for using this new WHO classification and criteria, but in the discussion session it should be extensively commented.

Major compulsory revisions:

In the abstract, the source for criteria used for identifying maternal near miss should be clearly stated.

In the methods session, definition of cases on page 4, (according to what have already been explained above), it should be mentioned that the current WHO consensus on definition and criteria for maternal near miss could not be used because the study procedures were previous to the correspondent article (14). In the last paragraph of page 5 it is said that for the estimate of MNM ratio, deliveries were used as the denominator. Still following the WHO recommendation on reference 14, number of live births should be used instead. This is important for standardization of reporting outcomes for comparison purposes. In addition, information on ethical approval should also be included in this session.

Discussion session: page 7, last paragraph: it is said that there is "lack of a
standard definition and uniform case-identification criteria” and also that "There is yet no consensus on how to define near miss". Both statements are no longer true as already explained and this must be changed

Minor essential revisions:
Abstract: use "maternal deaths" instead of "maternal mortalities" in the results session.
Introduction: page 3, paragraph 5, last line: last phrase is confusing and should be reworded.
Introduction: page 3, paragraph 6: reference 14 is not appropriate for that information; on the fourth line, it is better to use "maternal mortality ratio" instead of "rate" (and the same for the first line in page 4).
Methods session: page 5, 2nd paragraph: more details are needed on the exact procedure for identification of cases. Just looking at the provisional and final diagnoses? Were clinical records extensively reviewed?

Discretionary revisions:

**Level of interest:** An article of importance in its field

**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