Reviewer’s report

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

Version: 1 Date: 17 April 2010

Reviewer: Asri Adisasmita

Reviewer’s report:

Review:

In general, this is a well-written article documenting obstetric near-miss and maternal death at hospital level in the Middle East.

1. Is the question posed by the authors well defined?
Yes, the question is well defined and relevant to the study of life-threatening obstetric conditions. The authors hope to answer which most common as well as infrequent but serious maternal near-miss cases to further prioritizing cost-effective intervention program.

2. Are the methods appropriate and well described?
- The study is a descriptive analysis which defines near-miss cases based on criteria set by Filipi et al.

- In the data collection and analysis section, the authors stated: “Using the provisional and final diagnoses documented in the admission/discharge sheets of the hospital, case files of women whose diagnoses met the above mentioned Filipi criteria were retrieved for scrutiny”. What is understood from the statement above is that the cases will be scrutinized for potential selection if the diagnosis met Filipi criteria (haemorrhage, hypertensive disorders in pregnancy, sepsis, and dystocia). There is no problem in recruiting women for criteria i – iv, however, it is not clear how to recruit cases based on criterion v (severe anaemia (haemoglobin <6 g/dl) or clinical signs of severe anaemia in women without severe haemorrhage). Severe anaemia is based on lab test or clinical signs which would not appear in the admission nor discharge diagnoses. Could this be clarified, because the information would provide insight for case selection.

- Page 5, paragraph 4. Maternal mortality ratios (MMR) were calculated using live births as the denominator. Would MMR be appropriate to be calculated for maternal death statistic in a hospital setting where one knows total denominator? MMR is calculated based on 100,000 live-birth because in the population it is hard to know the complete denominator.

- Page 6, last paragraph: “The majority of near miss cases (93%) were referred in critical condition from other facilities namely traditional birth attendant homes.............”. What are the criteria for critical condition?
3. Are the data sound?
Yes, the data are sound.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes, it does adhere to the relevant standards for reporting and data deposition.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Yes, the discussion and conclusions are well balanced and adequately supported by the data.

- Page 9, paragraph 3, second line: “Surprisingly, the majority of the women with near-miss morbidity (93%) arrived at hospital in critical condition having being referred ……..”. It is not quite understood why the fact that the majority of near-miss cases arrived at hospital in critical condition. It is very much expected that in the developing world, where the first delay as well as the second delay play significant role in obstetric morbidity/mortality, hence it is not surprising that the majority of near-miss cases arrived at the hospital in critical condition (as what was stated in the following paragraphs). This is not meant to say that clinical skills and competence of health care providers are adequate.

- The authors have made useful and convincing points regarding the recommendations based on the findings of their study, incredibly relevant for other developing country situation.

6. Are limitations of the work clearly stated?
Yes.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes.

8. Do the title and abstract accurately convey what has been found?
Yes.

9. Is the writing acceptable?
Yes, the writing is acceptable.

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Major Compulsory Revisions

I do not have any comments that might fall under the category of major compulsory revision.

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Minor Essential Revisions
1) Clarification on cases scrutinized as the potential selected cases (as discussed in the review above).
2) What is the criteria for critical condition upon arrival at the hospital.

Discretionary Revisions (which the author can choose to ignore)

1) Page 5, paragraph 4 about MMR.

**Level of interest:** An article of importance 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.