Author's response to reviews

Title: Complications of childbirth and maternal deaths in Kinshasa hospitals: testimonies from women and their families

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Author's response to reviews: see over
To Adrian Aldcroft
The BioMed Central Editorial Team

Dear Sir,

We thank you very much for giving us the opportunity to resubmit our paper. You will find below the point-by-point response to the reviewers’ concerns, including the Associate Editor we thank for her/his constructive suggestions.

I found assistance for improving the style of written English and I used UK English spelling as recommended in the instructions.

Regarding the ethics of our study:
1) The Médecin Inspecteur Provincial de la Santé was, at the time of the study (2004-05), the authority who guaranteed the protection of the citizens and to some extent acted as an ethic committee. In 2009, an ethic committee was created at the University of Kinshasa.
2) In 2004, it was not usual to submit a social science research protocol to the Université Catholique de Louvain ethic committee and we did not submit it. Indeed, at that time, only protocols involving experiments on patients had to get ethical clearance.
3) The main larger project was a case control study aiming at identifying characteristics of women who died from their childbirth complications compared to those who suffered from the same complications but who did not die. The objectives of the large study (the heart of Ms Kabali’s PhD) were: i) to identify health, economic, socio-demographic and cultural factors that may be associated to maternal mortality in women with severe childbirth complications admitted and managed in a referral facility in Kinshasa city; ii) to study the health seeking behaviour of surviving and dead women during their last pregnancy; iii) to document medical and non medical circumstances around the complication/death; iv) to assess knowledge and perception of risk of dying from childbirth in surviving women who underwent a severe obstetric complication. This analysis of the characteristics was essentially quantitative (bivariate and multivariate analysis with logistic regression). There was no submission of the quantitative protocol to an ethic committee.

I reduced the number of questionnaires to keep only those which have been used to collect the material utilised in this paper (interviews at home): 20 instead of 35 pages.

Answers to the comments of the Associate Editor
1. Mortality explained by either poor quality of care or by delays: I agree and the text has been changed accordingly both in the abstract and in the body. Underlying factors such as illiteracy, poor nutritional status, poverty play a role but are not the cause of the death. Whatever the socio-economic status, what kills a woman is a complication (obstetrical or not) not or not properly managed. This sensibility (medical or sociological viewpoint) is also relatively clearly expressed in Hogan et al. paper (where distant determinants are put forward) compared to the WHO/UNFPA/UNICEF/World Bank new estimates (where medical factors were shown primary). Of course both are true: a poor woman has less chance to be educated to know danger signs, to have the power to decide to seek care in time and money to get the required care in time; however, he will die from an obstructed labour, a sepsis or eclampsia, not directly from poverty.
2. I thank you for your understanding that, even if we did not get approval from a formal ethic committee, the study has been carried out in an ethical way.
3. I understand your viewpoint regarding the allusion to the case control; indeed, it would be easier to remove it. However, we have to explain on which basis the women have been recruited. That is why we left it.
**Answers to Johanne Sundby’s comments**

Many thanks to Pr Sundby, interesting and constructive suggestions.

1. The word ‘ignore’. We agree that there may be a confusion and replaced it (except in one case, where women felt ‘ignored by the doctor’) by ‘lack of knowledge’, ‘being not aware’ or ‘unawareness’ to avoid blaming the victims in the abstract and the body.

2. We updated the *maternal mortality ratios* with the last WHO estimates (2010), modified the text accordingly and ‘problematized’ this a little.

3. ‘either poor quality of care or delays’: we agreed and changed accordingly

4. *exclusion of miscarriages and abortions*: in Kinshasa, most abortions leading to death are unsafe abortions. We considered difficult to get information about the circumstances of death from the families who may not know that their relative was pregnant. That is why we excluded abortions. We changed the title accordingly: no more *maternal* complication but *childbirth* complication.

5. *indeed, we did not include a full two controls*: we inserted your suggestion ‘we attempted’…

6. *big city poverty pockets*: indeed, disparities exist in Kinshasa and we added two sentences to clarify that.

7. *ethical clearance*: as you understood, we did not get formal ethical clearance (we did not submit the proposal in 2004, it was not mandatory for such kind of study as it is today) but permission from the authority (who has the role to protect citizens).

8. *analytic framework*: a sentence was added about the content analysis, including the ‘three delays’ model.

9. *lack of money*: it has been stressed as a major issue in the conclusion

10. *not for profit and for profit facilities*: we had a sentence on the number of each kind of facilities in Kinshasa and on the pay for care mechanisms.

**Answers to Lale Say’s comments**

1. *Case control study design*: we did not describe it because the results presented in this article are not the case control results but the results of an analysis of women’s perception.

2. *Low response rate*: since the study on perception does not depend much on a response rate, we may consider the numbers of women/families interviewed. Compared to Grossman (19 near miss cases), Cham (30 interviewed), or Richard (94 near miss cases interviewed), we think that 208 near miss cases and 110 families of women who died are big numbers.

3. *Lack of ethical approval*: indeed, this is an apparent weakness. However, taking into account the ethical way the study has been carried out, the permission got from the Congolese authority and the fact that in 2004 such ethical formal approval was not mandatory, we hope that the Editor would accept our paper.

4. *Lack of definition of severe morbidity*: I added a sentence defining the selection criteria

5. *Mixing severe morbidities and deaths*: we acknowledge it would have been another way for presenting our results. However, we thought more interesting to show the difference between deceased and surviving mother according to the type of obstacles revealed by the content analysis of the interviews.

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