Author's response to reviews

Title: Infection control in delivery care units, Gujarat state, India: A needs assessment

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Author's response to reviews:

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Dear Editor

Infection control in delivery care units, Gujarat state, India: A needs assessment

Many thanks for providing the opportunity to revise this manuscript. I believe we have addressed the reviewer’s comments comprehensively in this version. Please find point by point responses to the reviewer’s comments below. In addition, I have checked the journal requirements and reformatted the manuscript, including adding an additional phrase to the manuscript title to describe the type of study.

The changes to the manuscript are in yellow highlights.

With best wishes
Julia Hussein

Authors’ responses to reviewers

Review #1

Overall, this study adds to the literature by describing current practices pertaining to infection control in hospitals. This topic is especially pertinent to a region where hospital delivery rates are rising and infection contributes to a significant proportion of mortality.

The majority of the comments below are discretionary.

Abstract: The ‘results’ section does not include data but reads more like conclusions rather than presentation of data, e.g., what data were used to
determine that the hospital guidelines “poorly developed”?

Response: The results section in the abstract has been completely revised to include key data from the study.

Overall, in the introduction it is difficult to follow the authors’ main point. For example, the first paragraph references to “2015 fast approaching” “MDG5” and modeled estimates without defining these, and then the following paragraphs discuss India-specific estimates without describing the discrepancy between these and initial estimates.

Response: The first introductory paragraph has been removed, the focus put on India and a comment on the differing estimates made.

In the introduction, it may be helpful to more clearly define the optimal guidelines/standards which the study aimed to investigate. The authors could clarify the primary question better.

Response: In the penultimate paragraph of the background, we have added an explanation of the standards/guidelines used in the study, with a brief description of the framework provided in the guidelines that influenced our study. References are also provided. The subsequent paragraph follows with a clarified primary research question, which matches the framework used.

Methods Section
Facility selection: The authors indicate that 20 were selected to be representative more description of how they were representative would be helpful and what were a priori eligibility criteria (e.g., delivery numbers, private vs. public, etc)?

Response: In the methods selection, we have provided a description of how the facilities are representative according to the types and levels of facilities. Delivery numbers are also now provided in the results section.

Given that the investigators defined ‘high’ and ‘low’ performing areas prior to the study, were any measures taken to ensure that the observers/interviewers were not biased by these definitions? Who were the interviewers and how were they trained?

Response: It was not possible to blind the interviewers to the high and low performing areas, as district performances was widely known. We have explained this in the methods section and also indicated that this was one of the limitations of the study in the discussion section. A description of the interviewers and how they were trained is added to the ‘data collection’ section.

Results
Table 1. It would be helpful to have more description of the sites, including
number of annual births, mortality rates, etc.

Response: The number of annual births in the sites has been added to the text in the results section (rather than to the table). Mortality rates by facility were not available.

Table 2-3. It might be interesting to have some comparisons of the sites reported practice vs. observed (e.g., there appear to be some discrepancy in the percentages between the rates presented in the two tables with more observed than reported).

Response: In our study, the observation complemented the interviews and we did not set out to verify the interview findings with the observation. Consequently, the data gathered from the two tools is mostly different, although there are a few indicators where there are possible comparisons. A section has been added to the discussion, highlighting comparisons where possible, but indicating that this was one of the study limitations.

Table 4. Are there correlations between practices in the delivery vs. operations room?

Response: A few correlations were found. We have added a comment on this in the discussion section.

In the discussion, the authors provide recommendations based on these results but the standard for these recommendations is not clear.

Response: The recommendations are now prefaced with a reference to the guidelines we used to base our recommendations on. These guidelines are also described in further detail in the introduction and methods sections of the manuscript.

Finally, a discussion of the potential limitations to the study which are not well described in the conclusions section.

Response: A new paragraph on the limitations has been added to the discussion section.

Review #2

This is an interesting descriptive paper that begins to examine health facility issues that may contribute to puerperal sepsis, a major contributor of maternal morbidity and mortality worldwide.

Abstract

Background:

1. Such increased utilization has increased levels of morbidity and mortality at
these facilities due to poor infection control. Are these authors proposing that these risks would be higher than at home? The authors might want to rephrase this.

Response: The sentence has been rewritten to acknowledge the risks of infection from both home and health facility deliveries.

Conclusion:
2. The authors make a conclusion about puerperal sepsis but this is the first time that they have mentioned puerperal sepsis. It needs to be mentioned somewhere in the background, methods, or results.

Response: Puerperal sepsis is now mentioned and described early in the background sections of both the abstract and the main text, placing the condition in the context of infection control efforts during delivery.

3. Can the authors please describe the facilities in more detail? How long are women observed after labor in the facility? Who usually delivers the infants? Of the cases of puerperal sepsis identified, where were these recorded?

Response: Additional description of the facilities is provided in the results section in terms of numbers of deliveries and who delivers the infants. The cases of puerperal sepsis described were narrated by staff and not recorded, we have clarified this by adding a description of the delivery records and the limitations of the records in relation to infections. We did not ask in the study how long women are observed after labour.

4. Discussion
The authors make the claim that “too often incentivizing health uptake behavior can lead to adverse clinical outcomes”. I think statement is a bit strong and not substantiated from this current study. The authors conclude that the likelihood of acquiring an infection during childbirth is high. I think that this is a overstretching the findings of the current study. It is within the realm of possibility that the liberal use of antibiotics after delivery prevents infection.

Response: We have revised these sentences to present a more objective interpretation in the discussion and conclusion sections (3rd paragraph on antibiotics and last paragraph on incentivising and on likelihood of infection).

In addition, the authors do not discuss any weaknesses of their study.

Response: A paragraph on limitations is added to the discussion section.

Discretionary reviews

Introduction
1. It would be helpful if the authors were able to address maternal deaths that are related to sepsis in Gujarat state or in their health facilities but it’s unclear if the authors have that information.

Response: We have added a reference quantifying the contribution of sepsis to maternal deaths in Gujarat.

Methods
2. As part of the assessment, the authors asked the respondents if they had encountered puerperal sepsis. If the questionnaire included more information, it would be helpful to know a “definition” used for puerperal sepsis.

Response: An explanation of how the question was asked is included in the methods section. The definition of puerperal sepsis is provided in the discussion section and references added.

3. Are the authors able to compare what the respondents answered to what the authors found at the site?

Response: See response to reviewer #1 above. Some comparison was possible and added to the discussion section, but the study not intended to make this comparison.

4. I am not sure that the section “Experience of recent causes of puerperal sepsis” adds anything to the paper unless the authors choose to later mention this in the discussion.

Response: We have added a commentary on the ‘experiences of puerperal sepsis’ in the discussion section explaining why we collected this data and our interpretation of the findings.

5. It was unclear to me what “Case A, facility” meant at the end of the recent cases of puerperal sepsis on page 7.

Response: This has been removed. We have relabelled this Case 1 and Case 2 simply to show that the two cases were different and narrated by different people.

Minor essential review
The authors need to utilize the same tense throughout the paper.
Response: The language has been revised and checked throughout (changes mostly not highlighted).