Reviewer's report

Title: Waiting for attention and care: Birthing Experiences of Women Affected by Obstetric Fistula in Tanzania

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Reviewer: Janet JM Turan

Reviewer's report:

This manuscript addresses the important topic of delays and how they contribute to obstetric fistula and other birth complications in Tanzania. Although many of the findings are well known in the field of maternal health (barriers of lack of decision-making autonomy, distance, lack of transport, etc.), I feel this manuscript may make a contribution to the field in terms of further elucidating the delays that occur even after reaching health facilities that may result in the development of a fistula. Strengths include the mixed methods research methodology and use of both types of data in the manuscript. The qualitative methods and findings are for the most part well described. However, my major concerns have to do with lack of description and inadequate analyses of the quantitative data. The manuscript could also be improved by focusing more on the delays at the health care facility leading to fistulas (as this is relatively new and interesting), while only briefly describing the well known findings about the earlier delays at the home and community levels. It is generally assumed that trained health care providers (nurses, clinical officers, and doctors) provide “skilled delivery assistance”. If in fact this is not the case, then this is an important finding that needs to be brought to the attention of the field. The English language requires some editing throughout, including some terms that are familiar to East African English speakers, but may not be clear to a wider audience (e.g., “standard seven leaver”). Specific comments are given below.

• Major Compulsory Revisions

1. Page 2, abstract, Results and Conclusions: Obstacles to seeking obstetric care in settings like Tanzania are well known. I would suggest that the authors focus the manuscript on the delays at the health care system level and place the most emphasis on these in the abstract as well. If they did indeed find that the majority or a large number of these obstetric fistulas actually occurred after arriving at the health facility, that is an important finding.

2. Page 11, Methods, quantitative study: Much more information is required about the methods for the quantitative study, including specifics of the sampling method, the time period, inclusion criteria, refusal rates, and interviewer characteristics.

3. Page 11, Methods, quantitative study: The sample size calculation is unclear and doesn't really make sense. Why would the sample size be based on the
incidence of obstetric fistula, if this is a survey of women who have fistulas? The authors were not trying to estimate the incidence of obstetric fistula. I would suggest removing this sample size calculation and if possible replacing it with a different rationale for interviewing this number of patients.

4. Page 12, Data Analysis, quantitative study: More could have been done with the quantitative data, beyond simply presenting basic unstratified frequency distributions. At the very least, it would be interesting to present the data stratified by the place where the delivery occurred in Table 2. Another interesting comparison would be look at women who reached the HF after laboring for 2 or more days at home (home/community delay) versus those who got to the HF earlier (HF delay).

5. Page 25, Discussion: The concept of “unskilled birth care at health facilities” deserves more emphasis and discussion. It is generally assumed that trained health care providers (nurses, clinical officers, and doctors) provide “skilled delivery assistance”. If in fact this is not the case, then this is an important finding that needs to be brought to the attention of the field.

6. Page 28: Conclusions: This section could be more focused on the unique and specific contributions of this study, rather than repetition of what is well known in the field of safe motherhood.

• Minor Essential Revisions

1. Page 2, abstract, Background: The statement that obstetric fistula is caused by unattended prolonged labour should be revised to say that it is “most often” caused by unattended prolonged labor, as there are other causes of fistula.

2. Page 2, abstract, Methods: “Conveniently selected” is not the right term to describe how the women were selected for the quantitative study. It would be better to be more specific about the selection process. Were all women on the obstetric fistula wards at these sites during a given period of time asked to participate? Some other method? At the very least, the method could be described as “selected by convenience sampling”. Also, it is not clear from the abstract that these 151 women are also fistula patients.


4. Page 5, Background, health care utilization: The situation of high ANC utilization and low skilled birth attendance is not unique to Tanzania. It would be helpful to refer to this as a situation which occurs in many countries in sub-Saharan Africa and specifically in East Africa, with references.

5. Page 6, Background, obstetric fistula: Please specify the source (and reference) for these recent figures on the numbers of fistula cases in Tanzania.

6. Page 7, Study Aim: It would be good to review and cite data from other
countries in SSA on this topic. I don't think that the situation in Tanzania is very
different than in other countries dealing with this issue. So just the fact that this
has not been studied in Tanzania, is not a very compelling rationale for the study.
The authors should emphasize the unique contribution of this study.

7. Page 7, Theoretical framework: The authors should provide a reference for
AAAQ earlier in the text, as this is not a well known concept.

8. Page 8, Theoretical framework: The 3 delays model was subsequently revised
as the 4 delays model. (1) delay in recognizing complications, (2) delay in the
decision to seek care, (3) delay in arrival at the point of care, and (4) delay in the
provision of adequate care. See for example, “Saving Mothers Lives—What
Works” from the White Ribbon Alliance for Safe Motherhood, 2002.

9. Page 10, Methods, qualitative study: But how were these 16 specific women
selected? Were they the ones who happened to be on the ward during a specific
period of time? Was there any attempt to capture different types of women to
obtain a variety of perspectives?

10. Page 11, Data Analysis, qualitative study: I would suggest that these
themes/codes (Table 1) be presented as part of the findings, rather than the
methods. These are the major themes that emerged from the qualitative
analyses.

11. Page 15, Results, Deciding where to give birth: The finding that almost all
women “intended” to give birth in a health facility may be affected by bias, as
women would be more likely to report this to the interviewer. It seems unlikely
that all women intend to give birth in HF, yet husbands and relatives do not
allow them to do so. I’m not sure that is always necessarily something that is
imposed on women by husbands and relatives; women have agency too and
their preferences also play a role. Further emphasis should be placed on the fact
that this was the way the women chose to tell their stories.

12. Page 21, Results: The authors should provide a reference on fundal
pressure.

13. Page 22, Results: Is possible to elucidate from the quantitative data what %
of the fistulas occurred due to delays before reaching the HF and what %
occurred because of delays at the HF/referral level?

14. Page 25, Discussion: How common is the practice of inviting the TBA into the
health facility to assist with the birth? This is undoubtably not sanctioned by the
MOH. What are the reasons that health workers do this?

15. Page 41, Table 2, Who assisted during labor: Which stage does this refer to?
I assume many women started labor at home with a TBA and then were assisted
at later stages by a health professional. If possible, it would be preferable to
present both “initial” birth assistant and the “final” birth assistant; or to present the
combinations (e.g., started with TBA and ended with nurse).
• Discretionary Revisions

1. Page 8, Study Aim: The authors state that they investigated three phases of birth care and then list four.

2. Page 9, Study Design: The concurrent dominant status study design needs clearer explanation, as this is not a widely recognized study design.

3. Page 10, Methods, qualitative study: The statement “Interviews were conducted until saturated” could be written more clearly as “Interviews were conducted until saturation in terms of new information and themes had been obtained.”

4. Page 13, Results, characteristics of informants: It would be helpful to give the numbers of women in each occupation category.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.