Reviewer’s report

Title: Accounts of Severe Acute Obstetric Complications in Rural Bangladesh

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Reviewer: Lisa Hurt

Reviewer’s report:

This is an interesting and well-written paper, with a clearly-defined research question and appropriate, well-described methods. It is also an important paper for policy makers, as its conclusions could aid in the development of an intervention to improve maternal health in this area or could be used to assist local health services to improve the care they provide. I suggest that this paper is suitable for publication, following a few minor essential and/or discretionary revisions, but have no major compulsory revisions to suggest.

Minor essential revisions

My comments mainly relate to the interpretation of the data and its’ limitations.

1. As the paper focuses on care-seeking, it would be really helpful to include a paragraph describing local health services, so that the reader can better understand what services are actually available to women in this area. Information such as where the health centres, government hospitals and private facilities are located and what services these provide would be incredibly helpful. For example, women describe not wanting to go to government hospitals because they would be “unable to handle complicated cases”, but should they be able to expect to receive emergency obstetric care (such as blood transfusions and assisted or operative deliveries) from these facilities? In addition, it is not clear to someone who is not familiar with this setting what health care (if any) women are entitled to in this community (free antenatal care, or free delivery care, for example).

2. More information should also be given on the different health providers discussed in the paper, especially the village doctors and the untrained traditional birth attendants. In particular, although the authors state that village doctors lack formal medical training, they also say that they can provide saline injections and antibiotics, so it is not clear who these individuals are, what training they have, what services they provide, and where they provide these services. I am uncomfortable with the use of the term “village doctors” in the abstract without these explanations (even if this is the local terms used to describe these individuals), as this may imply to someone who only reads the abstract that these individuals are formally trained and licensed practitioners.

3. The main limitation of the paper (as the authors acknowledge) is that they use women’s self-reports of complications to select women for interview. Women’s self-reports of pregnancy-related complications are known to not tally well with
medical diagnoses, and it is appropriate that the authors attempt to include women with severe complications by using care-seeking in their inclusion criteria. However, it is also possible that the women they interviewed may not be the women who suffered the most severe complications. Again, the authors acknowledge this and refer to the study subjects as women with “severe complications” rather than women who suffered a near-miss. However, it should be acknowledged in the section on study limitations that there may be differences in the patterns of care seeking between the women included in this analysis and women who suffered what would conventionally be defined as a near-miss.

4. Some of the conclusions of the paper (that “strategies to prevent maternal mortality may focus on ensuring that ... first-line providers... provide effective referral and are able to provide some level of appropriate emergency services”) are slightly at odds with the perceived wisdom (that care should be provided by trained attendants, preferably at a health facility, Lancet Maternal Survival series, Sept 2006). This is not a problem per se, except that their argument would be strengthened by some expansion on this in the Discussion. For example, do the authors think that skilled attendance during delivery at a facility is not currently achievable in this setting, and so alternatives need to be identified? Is there evidence that a different community-based package of care could reduce maternal and infant morbidity and mortality in such a setting? If not, is this an area for further research and what sort of questions need to be studied? Given that 70% of referrals to facilities were initiated by TBAs or village doctors, could the authors expand on the potential role which these practitioners may play (given the lack of success of previous programmes to train such individuals)? Their results seem to tally with another recent paper (Brunson, Soc Sci Med 2010; 71(10): 1719-27) which suggests that changing the perspective of birth from a “natural” event to one which necessitates medical care requires a major (and therefore difficult to implement) shift in culture – how, therefore, can we influence local beliefs at the same time as providing services appropriate for the local context to best serve women during pregnancy and delivery?

Discretionary revisions...

1. It would be interesting to know whether the interviews also included discussions on whether/how women planned for the delivery (the concept of “birth preparedness”) and whether they were aware of potential complications that would necessitate medical care (the concept of “complication readiness”). There is some discussion of financial planning, but many of the descriptions suggest that women were completely unprepared for problems during pregnancy or delivery. An understanding of what women expected and had planned for (if these data are available) would also assist in the development of interventions to promote more timely and more appropriate care seeking in the antenatal period, during delivery and in the event of a complication. Although this is difficult to glean accurately after the event, inclusion of such data could further enrich these findings.

**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.