Reviewer's report

Title: Indications, timeliness, and outcomes of Caesarean delivery in first-line referral facilities in Afghanistan: A chart review

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Reviewer: Matthews Mathai

Reviewer's report:

1. This report on the indications, timeliness and outcomes of caesarean section in selected health facilities in Afghanistan is based on chart reviews. The authors have analyzed data collected as part of a nation-wide survey on the availability of emergency obstetric care services and needs assessment. The survey was planned to include 127 facilities. Of these 49 were not accessible for security reasons. Among the 78 assessed, caesarean sections were performed in only 62 facilities. Among the caesarean sections performed, only the last three caesarean section were reviewed. As the authors have noted, this sampling method has led to under-representation of data from busy facilities and over representation of data from less busy facilities. It is not clear why this method of sampling was used and the usefulness and generalizability of the information is questionable.

2. Chart reviews are only as reliable a source of information as the quality of recording and interpretation. For many of the variables reported, data are incomplete.

3. It is not clear if all the indications listed were recorded by the clinicians or assumed by the data collector based on the clinical picture recorded. The indication "maternal distress" requires definition. The classification of emergency and non-emergency caesarean section used is confusing - CPD/prolonged labour which is usually considered "emergency" accounted for 22% of non-emergency caesarean sections.

4. Data on timeliness of caesarean section refers mostly to the "decision to delivery" interval. Timeliness also includes making the decision for delivery in a timely fashion and there is little information on this aspect.

5. The high number of maternal and perinatal deaths is shocking. Yet it is unfortunate that even here there is missing information on indicators (in 7% of maternal deaths).

6. 107 of 173 cases were "managed" with a partograph. Does this mean that a partograph was initiated or were decisions made based on progress of labour observed through partography? Was oxytocin used? Antepartum haemorrhage was a major indication for caesarean section while prolonged labour contributed to only one in five caesarean sections. Even if the partograph had been used, the impact on caesarean section may have been small.
7. Information on the case loads of these hospitals is missing - how many births, how many caesarean sections, how many maternal and perinatal deaths, etc. Data on denominators would have added value to the limited information available in this report.

8. Lastly, the authors have consistently used the term emergency obstetric and newborn care (EmONC) citing the WHO, UNFPA, UNICEF and AMDD (2009) publication. The correct term used in this manual is emergency obstetric care (EmOC).

**Level of interest:** An article of limited interest

**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