Author’s response to reviews

Title: Home Birth Attendants: Who are they and what do they do?

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Author’s response to reviews: see over
Referee #1

Reviewer 1 was generally favorable, but asked for the title and summary to be a little clearer and tighter. For this reason, we changed the title to “Home Birth Attendants in low income countries: Who are they and what do they do?” Since the paper focuses on home birth attendants in low income countries, we felt this change appropriate. We also changed the wording in the abstract and introduction dealing with the focus of the paper to say knowledge, training, skills and practices, since those topics cover the scope of the survey performed.

In the attachment, the reviewer focuses on the difference between the caregiver and the site saying there are examples where deliveries are performed at home with excellent results using Holland as an example. Our understanding of this issue is that in Holland, which by the way is a small country with excellent roads and an emergency transport system, this is indeed true, and may be applicable to other such areas where women at risk or who develop complications can rapidly be referred to a facility to provide the care they need such as blood or caesarean section. This is usually not the case in the poorest countries. In any case, we have added the following to the discussion:

“Another approach might be to train skilled birth attendants such as nurse midwives with the intent that they practice in the communities performing home births. If strongly linked to the health system with rapid transport of patients with obstetric complications to a facility able to deal with the complications, decreases in maternal and perinatal mortality will likely occur. However, in many low income countries, transportation even across short distances is a problem, and without timely access to a facility, important decreases in mortality with this approach are not likely to occur.”

Referee #2

In response to reviewer 2, the purpose of this study was to evaluate the knowledge, training, skills and practices of all attendants who were delivering women at home regardless of what they were called or the level of training received. We were aware that many of those studied carried the label of “traditional birth attendants” but we did not want to characterize any of our study participants by this label since the term is not well defined in terms of the knowledge,
training, skills and practices of these attendants. We therefore chose the term “home birth attendants” since this descriptive term describes the population we were surveying. We specifically included the Indian auxiliary nurse midwives in the study because they do deliveries at home in the sites we studied.

We now state where in the countries studied the sites are located. We also specifically name the institutions that provided ethics approval.

In reference to 3B, the question was asked as to whether the study subject had access to a motor bike or owned a bicycle and this is now made clear in the paper. We acknowledge that someone may use a bicycle that was not owned by them, but that is the way the question was asked in the survey.

The Global Network is a US National Institute of Health funded Network which pairs US universities with overseas universities to do research and training in research, and the coordinating and data center is in the US. While we understand the basis for the comment, we also understand that the great majority of the Global Network funds go to the foreign sites, that the underlying principal of the network is training through joint research, and that each of the sites has access to its own data and is encouraged to report its site specific data. The lead author for this paper is from the Guatemala site. We therefore believe that this comment is unwarranted.

In reference to the comments about training skilled birth attendants to deliver babies in the home, we added the following paragraph in the discussion.

“Another approach might be to train skilled birth attendants such as nurse midwives with the intent that they practice in the communities performing home births. If strongly linked to the health system with rapid transport of patients to with obstetric complications to a facility able to deal with the complications, decreases in maternal and perinatal mortality will likely occur. However, in many low income countries, transportation even across short distances is a problem, and without timely access to a facility, important decreases in mortality with this approach are not likely to occur.”

Other Editorial Comments

Please make the following formatting changes during revision of your manuscript. Ensuring that the manuscript meets the journal’s manuscript structure will help to speed the production process if your manuscript is accepted for publication.
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A statement to this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with a reference number where appropriate.

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Please change disclosure section to Competing Interest section.

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We would be grateful if you could address the comments in a revised manuscript and provide a cover letter giving a point-by-point response to the concerns.

Please see above; but we are glad to provide further response, as needed.

Please also ensure that your revised manuscript conforms to the journal style (http://www.biomedcentral.com/info/ifora/medicine_journals). It is important that your files are correctly formatted.

We look forward to receiving your revised manuscript by 17 March 2012. If you imagine that it will take longer to prepare please give us some estimate of when we can expect it.