Author's response to reviews

Title: Overcoming Phase I Delays: The Critical Component of Obstetric Fistula Prevention Programs in Resource-Poor Countries

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Author's response to reviews: see over
To the editors, *BMC Pregnancy and Childbirth*

**Re:** Manuscript #6218967206982472

“Overcoming Phase I Delays: The Critical Component of Obstetric Fistula Prevention Programs in Resource-Poor Countries”

Dear Editors:

Thank you for the comments provided by the two reviewers of the above-cited manuscript. I am pleased that they each found the article to be of significant interest (“An article whose findings are important to those with closely related research interests” and “An article of importance in its field.”) Neither reviewer felt there were issues with English language style or that the article needed formal statistical review.

I am pleased to address specific issues raised by each reviewer here. Where indicated, I have made appropriate changes in the manuscript, which is being resubmitted along with the cover letter.

**Reviewer #1 – France Donnay**

Dr. Donnay appears to have made suggestions to the editors as to how the manuscript could be improved; however, these comments were not supplied to me and I therefore cannot address them. (She writes: “Reviewer’s Report---I indicated above what revision needs to be done in my view.”)

**Reviewer #2 – Saifuddin Ahmed**

Dr. Ahmed makes five suggestions for modifications to the text. I have indicated my responses to each suggestion in a bullet point beneath his comments.

1. In “What is to be done?” section, the texts may be divided into three headings: cultural beliefs, religious faith, and knowledge gaps.
   - From an anthropological point of view, I would prefer not to break this portion of text into discrete sections headed separately as “cultural beliefs,” “religious faith,” and “knowledge gaps” because I think this creates artificial categories that do not exist locally. I think these categories are inseparable from each other. For example, under which subheading would you fit a woman in obstructed labor who is brought before the elders of the clan on suspicion of adultery because (in their view) the ancestral spirits are unhappy with her behavior and are therefore delaying her delivery? I would prefer to keep this section an undivided whole for the reason stated.
2. Elaborate on the meaning of “perception” on p. 11 (“In the first phase of delay, perception is everything.”). Perception of what: perception of risk/perception of need?
- I have done this.
- “Understanding that a problem is present, understanding what the problem is, and understanding how the problem may be solved are critical absolutely critical for the successful resolution of obstetric emergencies.”

3. Please elaborate the sentence, “Their concerns may lie more with metaphysics than with physics proper.” (p. 12).
- I have done this.
- “They may be more concerned with placating the supernatural forces they fear may be responsible for the delay in delivery than with understanding and rectifying the faulty obstetrical mechanics involved. Such concerns have significant implications for what happens next.”

4. Expand to explain the differences between “false” labor (pain) and “true” labor (p.13).
- I have done this.
- “Added to the problem of determining the “normal” length of labor is the difficulty of distinguishing “false” labor (irregular uterine contractions that may mimic labor but which do not produce cervical change) from “true” labor (uterine contractions of sufficient force, duration, and frequency to produce effacement and dilatation of the cervix)—a diagnosis that is difficult to make without performing serial cervical examinations [63].”

5. On page 28 it was mentioned, “Community education and development can be enhanced by thoughtfully structured programs that increase the availability of skilled midwifery care at the local level.” Increasing the availability of skilled birth attendants by through an intervention program by itself not necessarily may increase community awareness. Specific, targeted BCC program may be needed to change behavior.
- I have rewritten the sentence to reflect more accurately the sentiment expressed by Dr. Ahmed.
- “Thoughtfully structured programs that increase the availability of skilled midwifery care at the local level can be particularly effective in raising awareness of these issues, especially if such programs are combined with a vigorous, ongoing social marketing and community education campaign.”

One last point I want to emphasize. Trust, including hospital abuse, is an issue (analogous in the US contexts often this relates to minority population’s less trust in the health care system, especially after the Tuskegee trial) which is completely
ignored in the maternal health care literature from developing countries. This paper emphasizes significantly on this issue and constitutes an important contribution to the limited literature on this area.

- I thank Dr. Ahmed for his comment.

Very truly yours,

L. Lewis Wall, MD, DPhil