Reviewer's report

Title: Maternal near miss and quality of maternal health care in Iraq

Version: 2 Date: 19 July 2012

Reviewer: Jose G Cecatti

Reviewer's report:

This manuscript describes a well planned and implemented study on surveillance of severe maternal morbidity in Iraq according to the new concept and criteria recently issued by WHO. According to my understanding this is one of the first times this WHO approach is used exactly as recommended. The great advantage of using such standardized definition and criteria is to facilitate comparison of results with other settings also using the same methods.

There are however some points that need to be clarified and/or modified according to the suggestions as below:

Major Compulsory Revisions

- The abstract needs to have a Material and Methods session being included.
- Table 1 should be better named Box 1 considering it does not contain any quantitative data. In addition it lacks information on what PLTC (potentially life-threatening condition) is. This concept is used in the manuscript but not well defined.
- A limitation or an operational definition specifically for this study of postpartum period of until 7 days should be better reinforced, considering that the original WHO definition is until 42 days.
- The figure of 25,472 live births considered for estimating the health indicators should be better explained. Are these numbers coming from the total number of births occurring during the full study period in these 6 hospitals? If this is the case, this would mean that all hospital included in the study has a mean of more than a thousand deliveries each month. Is this true? Otherwise, from where they come from? Are from the whole city? If this is the case, perhaps it would not be used, considering that, according to my understanding, these 6 hospitals are not the only where deliveries take place in Baghda. In addition, what is the rate of hospital delivery for this setting? Are there cases included who had delivery at home and then referred to hospital due to a complication? This issue is important because it could imply directly in the estimates of Maternal Near Miss Rate and Maternal Mortality Ratio. If this figure is overestimated, then the rate/ratios are underestimated and then would have an important impact on the study results.
- In which online system data entry was performed? Is it a standard one? Please give details and additional information.
- How data management was performed? Was there a systematic routine for checking the consistency of data, review the information and correction of
database? How was this performed?
- It is necessary to give detailed information on the data analysis plans and procedures as performed.

Minor Essential Revisions
- during the whole manuscript there are no enough information on other causes of severe maternal morbidity not directly related to birth, but to an early interruption of pregnancy, including abortion and/or ectopic pregnancy. This only appears as results in Table 3. This is important because in some settings they are managed in different places from where deliveries take place.
- Table 3: if I am correct, in the title is lacking the word "potentially" before "life-threatening".
- Table 7: I did not understand the first figure of 132 as the number of women giving birth in health facilities. This is among all cases of severe maternal morbidity/maternal death, only 132 gave birth in hospital?

Discretionary Revisions

**Level of interest:** An article of outstanding merit and interest 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'