Author’s response to reviews

Title: Timing and reasons for coming late for the first antenatal care visit by pregnant women at Mulago hospital, Kampala Uganda.

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Author’s response to reviews: see over
Cover letter for the revised manuscript

We received with thanks the reviewers’ comments and we have addressed the recommended revisions as follows:

1. The city and country where the study was done have been added into the title.

2. The clause on knowledge about antenatal care in the methods section of the abstract has been deleted because the study collected data on gestation age at presentation and reasons for coming late. It did not assess knowledge about antenatal care.

3. Socio-demographic characteristics have been included in the results section of the abstract. The sentence starting with ‘110(27.5%)’ has been separated from the preceding sentence.

4. This study showed that women were not informed of the right gestation age at which they should present for the first antenatal care visit because an overwhelming number of women (291, 72.7%) did not know the right gestation age at which a pregnant woman should start attending antenatal care. This was the commonest reason for coming late.

5. In reference number 5, factors affecting the utilization of antenatal care in developing countries were mentioned. They were got from a systematic review of the literature done by those authors.

6. Statistics have been added that indicate utilization of antenatal care in Uganda according to the Uganda health and demographic survey done in 2011. Statistics for Sub-Saharan Africa at large were not found.

7. The Nigerian study showed that 214 of the 530 women studied (40.4%) had anemia and this percentage has been included. The statement “other studies” has been deleted.

8. All the mentioned factors belong to the same reference number 5. The Authors of that paper got the factors from a systematic review of the literature from different studies. All statements in the background are referenced.

9. Information has been included about Uganda demographic and health indicators especially in relation to maternal health. Also information about Mulago hospital concerning the number of beds and deliveries has been included.

10. The concern about the use of dates of the last normal menstrual period for some women and obstetric scan for others to determine gestation age was noted. This has been addressed as a limitation of the study.

11. The sampling method, inclusion and exclusion criteria have been indicated in the methods section under sample size.

12. The repeated sentence under data collection has been deleted to avoid repetition.
13. The significance of reasons for coming late was based on the percentage of women who reported that particular reason. The higher the percentage, the more significant was the reason. That is why the reason of not knowing the right gestation age at which a woman should present for antenatal care was taken as the commonest reason. However, the choice of using 50% as the cut off percentage was reversed because some reasons were reported by a fewer percentage of women but they were also significant in a way.

14. ‘Table one’ has been written as ‘Table 1’.

15. ‘Reasons for coming late for the first antenatal care visit’ is a sub heading. The reasons mentioned in the fourth line of the first paragraph were reasons for referral that were given by 55 (45.8%) of the 120 women who had been referred. The denominator (120) has been clarified.

The percentage of women who took the decision alone has been reported. Also the percentage of other family members has been reported. The commonest reason for late attendance has been highlighted. Some reasons outlined in table 4 were classified as ‘other reasons’ because they were reported by few women.

16. The other places where women had sought antenatal care with their percentages have been mentioned.

17. All major reasons have been placed under the same denominator (all women).

18. This proportion and characteristics were not included in the analysis of results.

19. It is true that the average gestation ages at presentation may not be comparable. This was mentioned in the discussion.

20. We have explained the reasons for late coming, their implications and interventions required. No other similar studies/reports were found from other settings in Uganda.

21. The women in this study were of low socioeconomic class. This is not peculiar to these women alone. The hospital being a national referral hospital receives patients of all levels of socioeconomic class.

22. There is no documented data on the abortion rate in our setting.

23. The main reasons have been discussed in detail and recommendations made on how to prevent late presentations in future pregnancies. The commonest reasons have been emphasized in the results and discussion sections.

24. The conclusion and recommendations are now in line with the results presented.

25. Cause of abortion has been removed from table 2. The initial table 3 has been removed. The reasons given in table 3 (initially table 4) have been rearranged from the most common to the least reported.