Author's response to reviews

Title: Family planning practices and pregnancy intentions among HIV-positive and HIV-negative postpartum women in Swaziland: a cross sectional survey

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Author's response to reviews: see over
The Editor

BMC Pregnancy and child Birth

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Dear Sir/Madam,

Re. Revision of the manuscript entitled “Family planning practices and pregnancy intentions among HIV-positive and HIV-negative postpartum women in Swaziland: a cross sectional survey”

We have made relevant changes of the above named manuscript that is under consideration in the BMC Pregnancy and Child Birth journal. Below are the changes we have made to the article in response to the two reviewers and the editorial comments.

Reviewer 1

Comment 1: The revision and accompanying letter have made a good attempt at responding to the concerns raised in the first review. However there are still some revisions:

Response 1 we appreciate this response and we have the following changes as indicated in the subsequent comments:

Comment 2: The objective of the paper doesn't match the hypothesis nor the primary outcome stated in the methods section

Response 2: we have adjustments by revising three main sections:

In the abstract section we have stated in brief the intent of the paper as shown below

“In settings where sexually transmitted infection (STI) and HIV prevalence is high, the postpartum period is a time of increase biological susceptibility to pregnancy related sepsis thus enabling women living with HIV to avoid unintended pregnancies during the postpartum period can reduce vertical transmission and maternal mortality associated with HIV infection. This paper describes the family planning (FP) practices and fertility desires of HIV-positive and HIV-negative postpartum women in Swaziland”

At the end of introduction we have made it clearer what the focus of the paper is about as indicate below.

“More recently there is emerging evidence of access to and use of FP by women living with HIV. Of importance is evidence suggesting that in settings of low contraceptive prevalence, and high HIV prevalence, women living with HIV in most parts of SSA may have shorter birth spacing intervals than HIV-negative women, implying limited access to FP services following childbirth. However, there is limited evidence on fertility desires, contraceptive needs and FP practices of HIV-positive women during the postnatal period. This paper addresses these gaps by comparing
In the method section at the end of paragraph two we have described the intent again in this case describing the details of the nature of receipt of PNC services as shown below

“However this paper compares the fertility desires, family planning practices, information and services received during postnatal visits including breastfeeding, family planning counseling and uptake among HIV-positive and HIV-negative women using only the cross sectional baseline data”

Comment 3: Introduction - is too long, it would be easier to read if it were only 3-4 paragraphs concluding in a clear statement of the objectives of the current paper, including Mentioning any planned comparisons or group comparisons.

Response 3: we acknowledge this comment. However we think the introduction helps to build on the existing evidence and the gaps thus we have made attempts to refine it further into four paragraphs with the final paragraphs stating the objectives and the comparisons as indicated below

“More recently there is emerging evidence of access to and use of FP by women living with HIV. Of importance is evidence suggesting that in settings of low contraceptive prevalence, and high HIV prevalence, women living with HIV in most parts of SSA may have shorter birth spacing intervals than HIV-negative women, implying limited access to FP services following childbirth. However, there is limited evidence on fertility desires, contraceptive needs and FP practices of HIV-positive women during the postnatal period. This paper addresses these gaps by comparing fertility desires, family planning practices and receipt of PNC services among HIV-positive and HIV-negative post partum women in Swaziland”

Comment 4: Methods: Some results are misplaced into the methods (Paragraph 2)
Response 4: this has been removed and revised

Comment 5: A more general description of the model (paragraph 3 P7) would be easier for Readers
Response: 5 we have a description on the model in paragraph one of the methods section. See the details below. We hope this is sufficient since this paper does not focus on the effect of the interventions implemented.

Respondents were recruited between February and August 2010 as part of a prospective cohort study designed to measure the effect of the timing and content of an integrated HIV and PNC/FP services model. This model developed explicit linkages with FP services and relevant HIV/AIDS services, for the mother and her baby. The intervention focussed on strengthening existing postpartum consultations during pre-discharge, one week, and six-week, additional consultations were introduced at six months to enable women to access time-relevant services for themselves and their babies. Moreover, information about and encouragement to receive this full package of postpartum services was made during antenatal-care consultations to increase continuum of care of essential services. The services included repeat HIV testing for mother, HIV testing for infant and referral to HIV services for HIV positive mothers and infants, as well as referrals for clients requiring additional services.

Results:
Comment 6: Too long there is no need to provide all the same numbers in the text that readers can find in the tables. General statements, following the same organization of the planned objectives stated in the introduction, would make the paper more meaningful.
Response 6: We have made some revision on the result section overall. In many instances we have singled out key results in line with the three areas of focus; fertility preferences, FP method use and PNC service use including breast feeding practices. We do hope that this revision is sufficient.

Comment 7: Tables: Titles of the tables should describe what the data is telling us, not must that these are (for instance) odds ratios
Response: We have made changes to the title of table 3 which now reads “Relationship between pregnancy intentions, pre-pregnancy use of FP methods and socio-demographics”

Comment 8: The format of the tables, the four columns to demonstrate timing of HIV status knowledge, is confusing. I realize this is in response to the first review, but it would be much more clear if an objective of the paper was to specifically describe any different seen by timing of HIV status awareness, and this was represented separately, not clumped together
Response: We are grateful to this comment. However we think that the current structure of tables is clearer and in line with the objectives and whenever we see differences between the current two groups we highlight then in the text.

Reviewer two
Title: Family planning practices and pregnancy intentions among HIV-positive and HIV-negative postpartum women in Swaziland

Comment 1: Revisions very nice nicely done; I would say that the paper should be accepted now. This is a very important topic. I have some minor proof reading comments – authors may want to have paper proofread as I think the journal does not do that.
Response 1: we thank the reviewer for these comments. We have throughout the paper edited the English and we hope that it meets the Journal standards

Comment 2: Abstract + throughout – some HIV-positive women and other times HIV positive women .. I prefer former – so be consistent
Last sentence in results of abstract should read “... exclusive breastfeeding and FP use after birth”.
Last sentence of conclusion of abstract – “family planning” not abbreviated to FP
Throughout text ensure first time abbreviations used spell out with abbreviations in brackets – eg PMCTC
Response 2: we have made relevant changes throughout the abstract and the paper to check the abbreviations

Editorial comments
Comment 1: Abstract. Add 95% confidence interval when providing ORs for the first time. Describe "notable differences" and "few differences" in more detail.
Response 1: We have made revisions to the abstracts and in the paper as well.
Comment 2. It remains unclear what the estimated cost savings refer. These figures should be given per person or per case.
Response 2: We thank you for this comment. However, the article we quoted does not provide the costs per person we will be happy if there is any that can provide us with such details.
Comment 3: Results: Calculate the mean of parity and the number of desired children adjusted by age, since there is a two year age difference between the groups.
Response 3: the analysis has taken care of adjustments when generating the incidence rate ratios (IRR)

Comment 4. Give results with to decimals, it is useless to give ORs and 95 CI as 1.0 (1.0, 1.1) or 0.9 (0.9, 0.9).
Response 4: through the tables and the text we have inserted the two decimal points of all OR o IRR for continuous variables

We do hope that these addition plus the changes suggested by the reviewers will provide better insights on the findings and will meet the journal standards.

Yours sincerely,

Timothy Abuya, PhD.

On behalf of the Integra Initiative