Reviewer's report

Title: Knowledge and utilization of partograph among obstetric care givers in public health institutions of Addis Ababa, Ethiopia.

Version: 1 Date: 19 October 2012

Reviewer: Matthews Mathai

Reviewer's report:

The authors have reported on a cross sectional survey on knowledge and utilization of the partograph among obstetric care givers in public health institutions in Addis Ababa. The findings suggest that the care givers surveyed had “fair knowledge” of the partograph and that just over half reported use of the partograph to monitor mothers in labour. Partograph use was more at health centre level compared to hospital level care. These are useful and encouraging results from public hospitals in a city which also has a renowned centre for the management of obstetric fistulas.

Major compulsory revisions:

1. The sampling method needs more explanation – the initial part refers to calculation of sample size for the cross sectional study and the last paragraph refers to proportional allocation to the institutions. The steps in between are not clear. How were the samples proportionately allocated?

2. The authors have adapted a questionnaire from a study in Nigeria. The questionnaire used in this study is not available for review and therefore it is difficult to know how utilization of the partograph was assessed. Was any attempt to verify self-reported use of the partograph with clinical records?

3. Table 6: Odds ratios as calculated suggest incorrectly that utilization was more in hospitals and by those who had undergone training and liked the partograph. These should be the other way around.

Minor revisions:

1. It is also unclear which version of partograph was used in these hospitals.

2. The global maternal mortality estimates should be updated using data for 2010.

3. The terms “partogram” and “partograph” are used interchangeably. Most WHO documents use “partograph”.

4. The results from the WHO multi-country study are cited but the citation refers to the Cochrane systematic review (a more recent version is available) which does not include the WHO study results. Also the WHO study reported a 3% reduction in labour lasting < 18 h.

5. The geographical coordinates of Addis Ababa do not appear correctly in the
text. In any case, these are of little relevance to the report.

6. Pg 14, second para “About 117 (60.0%)… “ is unclear.

7. There was more reported use of the partograph in health centres when compared to hospitals. While it is true that all health facilities providing childbirth care should use the partograph, finding 68% use at the peripheral level should a good reason for celebration! If peripheral facilities use the partograph regularly to identify abnormal labour patterns early and arrange for timely referral to higher centres, one should expect a reduction in the current burden of morbidity related to prolonged and obstructed labour.

8. Check citations for accuracy, using latest references where available.

9. In Table 1: It should be maternal pulse (not maternal pulse blood pressure)

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests