Author’s response to reviews

Title: Exploring the focus of prenatal information offered to pregnant mothers regarding newborn care in rural Uganda

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Author’s response to reviews: see over
Response to reviewers’ comments

Reviewer Ishag Adam (referee 1)

1. Conclusion in the abstract and at the end of the paper need to be summarized:

ANSWER:

We edited and strengthened the conclusions in our manuscript to address this:

Page 2; line 6-14:

Conclusions: Pregnant mothers remain inadequately prepared for childbirth and newborn care, despite making sufficient contact with the health care system. There is a disconnect in the relationship between pregnant mothers on the one hand and the offer of antenatal care services on the other. These findings call for integration of education on newborn care practices into routine ANC services. Health workers offering ANC should embrace prenatal mothers as active participants and recipients of prenatal care and should leverage resources from specific programmes for general health care delivery. Worrisome is the poor attitude of health workers vis-à-vis the mothers who attend antenatal care sessions. Future investigations should enquire about the observed problematic provider behaviours.

Meanwhile on the conclusion page 21; line 10-19 reads as follows:
Conclusions

Pregnant mothers are inadequately prepared for their pregnancy and newborn care. Contradictions such as specific foods that are thought to make the baby in the womb grow too big and vernix caseosa which is considered as dirt are never resolved during antenatal visits. There is a disconnect in the relationship between pregnant mothers on the one hand and the offer of antenatal care services on the other.

Prenatal care should be realigned to integrate the educational component of newborn care and based on the principles of patient-centred care, accept individual mothers as active participants, while resources from specific health programmes should be leveraged to facilitate ANC as a central hub of implementation. There is a need to further investigate the reasons for the observed problematic provider behaviour and to reflect on possible actions that can be taken to remediate it.

Reviewer: Hayfaa Wahabi (referee 2)

1. The methods used by the authors were appropriate, however using only one method of qualitative research affected their information gathering, analysis and conclusion. There is a gap of information about the training of the healthcare providers who offered health education, about who decides on the contents of health education, about the health priorities in the community and how they were integrated into the Focused Antenatal Care (FAC) program, about the funding for the whole program…… In general terms investigating the causes behind low uptake of any intervention in a complex environment such as that of childbirth in developing country will need to employ an array of research methods [1]:

ANSWER:

We thank the reviewer for pointing out this important issue. We agree that it is of paramount importance to strengthen information gathering on the implementation of complex interventions. As the reviewer points out, conducting such interventions in a low- and middle-income country is complex and often challenging. We acknowledge the need to apply a wide array of methods, but like
to point out that the aim of this paper was to have an idea about the depth of the problem of newborn care practices and the offer of antenatal care services to pregnant mothers. We further point out that this manuscript only reports on one aspect of the data that we have collected. A series of publications with quantitative techniques are foreseen, and these put together, we hope will provide a clearer synthesis of the entire problem under investigation.

Page 21 line 5-10:

...their story was not documented in this study. This study employed a qualitative approach of data collection therefore limiting the breadth of information needed to investigate a complex problem like low uptake of recommended newborn care practices in developing countries [26]. However the qualitative methodology was deliberately applied in order gain depth and further insight in to the practice of newborn care and the offer of antenatal care services which would otherwise not be possible by quantitative techniques.

2. Some of the results were included in the method section (page 7 the paragraph starting with thirteen adolescent) should be in the result section:

ANSWER:

We acknowledge that this section of the results was misplaced in the methodology section. We have moved the entire text as advised by the reviewer to the appropriate section of results. It still reads the same but now appears on page 7; lines 6-14 under the results section as:

Results

Thirteen adolescent and 18 adult mothers were interviewed. Twenty-six of the respondents were farming their own land as main preoccupation while five were employed. Twenty-two of them had attained primary level education, four attained secondary education and five had no formal education. The average number of prenatal visits was 3.2 visits per mother; 22 mothers delivered home (9 adolescents and 13 adults) and 9 delivered in a health facility (4 adolescents and 5 adults).

Four district level managers and 13 peripheral health workers were included in the interviews with health workers. Among the peripheral health workers, 3 were trained as general nurses and 10
received midwifery training. Their years of experience ranged from 5 to 30 years. Three of the 17 respondents were male.

3. The discussion needs to be improved on the line of the followings:

   # The authors should discuss the extensive work done by other authors in the field of care of the newborn in the developing countries [1-6] and the array of interventions proposed by other authors to improve the neonatal mortality by addressing malpractices in the community.

   # Integration of vertical programs into the FAC programs has been proposed by the WHO, http://www.accesstohealth.org/toolres/pdfs/accesstechbrief_fanc.pdf http://www.who.int/pmnch/media/publications/aonsectionIII_2.pdf Integration of health education of malaria and HIV might indicate that the educators can conduct good health education but they were not well informed about the importance of newborn care and the serious malpractices associated with it, which I believe is a national health issue and should be included in the training and the curricula of the all healthcare providers in contact with the mothers as proposed by the WHO (see 2nd link above).

ANSWER:

We thank the reviewer for pointing out this and for providing us additional literature to strengthen our discussion. As recommended, we enriched our discussion by referring to relevant studies in this area in other low- and middle-income countries: In the text it reads as follows:

Page 17; line 19 to line 24)

Similar findings on newborn care practices from rural India indicate that initiation of breastfeeding was delayed up to three days after birth when it is believed that the let-down of breast milk occurred [26]. In Ghana, contrary to our findings, clean delivery practices (hand-washing, delivery on a clean surface, use of sterile material for tying and cutting the cord) were widely practiced even among home deliveries [27]. Additional training and monitoring for healthcare providers has been proposed as a strategy to improve newborn care practices [26].

Under the heading ‘focus on specific health programmes’ on page 18, we make specific reference to the two online references offered by the reviewer (ref 30 in the text) to advance our discussion on
the role/opportunity offered by ANC and integration of vertically oriented services specifically HIV, Malaria in to the routine ANC programmes. Further recommendations to include training and monitoring in the curicullum for health care providers is suggested.

WHO proposed the integration of vertical programmes into FANC such as the prevention of malaria and HIV/AIDS [30], the challenge remains to arrive at an optimum between general health services and these vertical programmes. Our finding that antenatal service providers disproportionally focused on malaria and HIV/AIDS might indicate that they can conduct good health education, but thereby largely ignore the importance of education on newborn care practices. Therefore this should be included in the training and the curricula of all health care providers who are in contact with pregnant women [30].

Under the section “serious communication problems” on page 19, we make reference to the online documents (ref 30 and 41) suggested by the reviewer to discuss and advance our arguments for advocating for the four ANC visits and the dependence on individual mothers’ needs in order to arrive at important decisions that will affect the mother and later the newborn baby. The text now reads as follows:

aggravated by the total lack of individualised health education. To achieve the full potentials of ANC, the WHO recommends four visits offering essential evidence-based interventions during pregnancy relying on the individual mothers’ needs to make decisions [30, 41]. Furthermore, to strenghten our argument for home visits and the use of family networks to complement patient-centred care offered by professionals we refer to the references suggested by the reviewer (refs 35, 43 & 44 in the text):

Page 20; lines 19-21:
sound and patient-centred care offered by professionals and not to replace it. In Ghana, complementary community interventions to address poor newborn care practices through home visits have reported promising results [35, 43, 44].

Reviewer Fariyal Figree (referee 3)

1. Page 10 - 11: The authors mention "Mothers are not informed after being checked from the laboratory, even at the time of delivery, they are never updated on the progression of labour.". It will be helpful if the authors describe what "not informed after being checked from the laboratory" reflects - during antenatal care or delivery and for what laboratory investigations:

ANSWER:

We would like to thank the reviewer for this comment. In fact we omitted the specific laboratory tests. In the text we now include the actual tests as hemoglobin test for laboratory results and descent of the presenting part during labour. The text is changed:

Page 10 lines 22 to 24:

Mothers were not informed on the results of laboratory tests such as haemoglobin/anaemia analysis, even at the time of delivery, during labour they were never updated on the progress of labour for example on the descent of the presenting part.

Pg 14: The last sentence needs to be revised to elaborate on whether the comment is based on the last birth or all previous births. In addition, it will be helpful if the authors specify where the comments are related to all previous births or only the last birth:

ANSWER:

While the interview specifically focused on the current baby, mothers were not interrupted when they offered additional information on previous delivery-this only serves to emphasize the common practices. On page 6; line 16 to line 17 we have included in the methodology section a phrase to indicate that the questions were focused on experiences of the last pregnancy, but where they make reference to previous pregnancies, this is indicated in the text; this phrase reads as follows:
Mothers were asked to narrate experiences of their last pregnancy; only if they referred to also previous births this is specifically indicated in the text. We have further included in the text to reflect the reference to previous pregnancies and this therefore reads as follows:

Page 14, line 20-21 and page 15 line 1-2:

same bed and blanket with their baby while sleeping. Almost all mothers interviewed bathed their current newborn babies immediately or within 24 hours after giving birth. This practice of immediate bathing is the same for those who delivered in a health facility or delivered at home. For some mothers the baby was bathed in the cold night. The mothers who delivered at home bathed their babies earlier than those who were assisted by Traditional Birth Attendants (TBA), relatives or delivered at the health facility. Some mothers habitually bathe their successive newborn babies soon after birth as expressed by this adult mother, referring to her previous deliveries as well:

1. Pg 15; lines 9 -11: suggest that the author’s either provide quotes or comment on the number of episodes of early or delayed bathing for the newborn:

ANSWER:

Indeed we made this comment in the text based on some of the interview responses, whereby mothers were compelled to bathe their babies immediately because they were perceived to be dirty especially when they had the white coating (vernix caseosa). We provide a quote from one of the mothers to substantiate this statement; the quote is included immediately after the statement in the text that reads as follows: A dirty skin at birth had a strong bearing on how soon the baby will be bathed. If the baby was born with the white skin coating or vernix caseosa, then he/she was bathed immediately, while bathing of a ‘clean’ baby could be delayed by a few hours: The quote that follows this text reads as follows:

Page 15 line 14-17:

"When the baby is born dirty (with the white coating) we bathe immediately. Some children are born when they’re clean, but when they are dirty we have to bath immediately, because a visitor who comes to see the baby cannot carry a dirty baby” (adult mother).
**Additional editing in the text:**

Correction in the names of one author Roosmarijn Verstraeten (title page; author number three) replaces Roosmarijn Verstaeten

Also on title page the full address of Ghent university is included to read as follows: Ghent University, Faculty of Bioscience Engineering Coupure Links 653, 9000 Ghent Belgium

As suggested by the editor, we extensively edited the English language throughout the text