Reviewer’s report

Title: Trends of Antenatal Care and Health Facility Delivery Attendance Following Community Mobilization and Health Facility Strengthening Interventions in Kitgum District, Northern Uganda

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Reviewer: Katrien Beeckman

Reviewer’s report:

The optimalisation of antenatal care attendance and skilled delivery in Uganda is very important. The initiatives taken to reach this goal are therefore very valuable. The fruitful results described in the paper are encouraging; however I have some remarks that need to be addressed before they can be published.

1. Discretionary revisions

2. Minor essential revisions

2.1 The abbreviations VCT, PMTCT, NGO are not explained

2.2 In the introduction (6th paragraph) the authors mentions complication readiness and being ready for complications, I do not understand what is meant with this? Does this mean that there are always complications?

2.3 the ‘trends of counseling and testing’ section in the discussion is not very well understandable/written

3. Major compulsory Revisions

3.1 The number of attendees in 2010 compared with 2011, doesn’t say enough, it might be that in 2011 more women were pregnant and the % of women reached did not increase. I think we need to see this number eg114 compared to the total number of women in their first pregnancy trimester (= that should have had a first ANC visit). This remark is the same for the 4th visit as well. We do not know if this is a significant improvement.

3.2 Only descriptive statistics were used in this paper. Why didn’t the authors apply other (statistical) methods to show significant(?) increases in health care use?

3.3 We do not have any idea how many ‘other’ pregnant women could/should be reached in future. (how many women still deliver at home? With or without care provider)

3.4 At no point a reflection about perinatal outcome was made. However the improvement of perinatal outcome is the goal in the end.

3.5 It would be of interest to reflect on the continuation of this ‘intervention’ and the possible difficulties that can arise in the discussion section: eg to continue with the partner access clubs or the provision of the mama-kits. For how long
'change agents’ are needed? What is necessary to stabilize these reached results of higher numbers of attendees Etc.

3.6 The major role of the mama-kit should be discussed in a broader way. The authors compare their results to those of Mushi (2010) where safe motherhood promoters were able to significantly increase the number of skilled delivery whereas this was not the case in this study; because- without mama-kit - only a slide increase was observed. Is there an explanation for this?

3.7 The reasons why this mama-kit is so popular are unclear (only because it is free? How much does this kit costs for other women? Is this an enormous amount for them?). Furthermore the crucial role of the stockage of those kits, also in future, was not addressed while this seems crucial to keep up the high number of skilled deliveries.

3.8 I think that besides the limitation given, there are some other important aspects that need to be mentioned. Eg. Missing link with outcome data, absence of total number of pregnant women, no information on maternal characteristics or pregnancy history

4. Minor issues not for publication

4.1 Typos

- Introduction
A disproportionately high burden of these deaths is borne by/in developing countries
Increasing coverage of skilled delivery care and achieving the full implementation of a Focused Antenatal Care (ANC) package…
- results
The proportion then steadily rose in the first, second and third quarters of 2010 to 80.7%, 89.6% and 97.8%, respectively
The proportion of pregnant women who were counselled, tested and recived their results for HIV
- discussion
Stock out of test kits has been attributed to low uptake of testing during ANC since several studies report high uptake when the tests are consistently offred to pregnat women.

When mama-kits were provided in the third quarter of 2010 and lasted up to fourth quarter, there was a sharp and steady rise in the percentage of skilled attended (facility based) deliveries from 55.2% in the second quarter to 71.9% and 101% i

The general
increasing trend of skilled attended deliveries by HIV positive women with provision of mama-kits also points to the fact that mama-kits could have significantly contribute to increased uptake of such PMTCT services.

4.2 Some sentences need to be rephrased:
in the introduction
- ANC visits constitute one of the few times women in many resource-poor settings seek care for their own health (second paragraph)
- The study to assess male partner attendance of skilled antenatal care in peri-urban Gulu district in Northern Uganda showed that, men who were knowledgeable of ANC services, obtained health information from a health worker and whose spouses utilised skilled delivery at last pregnancy were more likely to accompany their spouses at ANC, unlike those who wanted to have more children and lived more than 5 km from the health facility. The (last sentence 5th paragraph)

Methods:
Study area: preventive and curative (or prevention and treatment)

Results
Trends of ANC
In the year 2009 (from January to December), there was generally no change in the number of mothers attending both first and fourth ANC visits. In this period # in this year, in this period, while it is a different period

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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