Reviewer’s report

Title: Maternal postpartum morbidity in Marrakech: What women feel, what doctors diagnose?

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Reviewer: sahar Hassan

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Manuscript Title: Maternal postpartum morbidity in Marrakech: What women feel what doctors diagnose?
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Reviewer comments

Congratulations for the authors for an important study exploring a neglected area in maternal health in the Arab world. This descriptive study reports maternal morbidities after birth as reported by women compared to diagnosis by physicians. Some revisions are required.

Major Compulsory Revisions:

Background:
1- After I read the manuscript, many questions came to my mind regarding the context of maternal health in Morocco which could have been helped me understand the findings and implications of this study in Morocco. It will be useful for the readers to add briefly some context of maternal health services in Morocco to the background.

For example: Place of birth for Moroccan women? who are the birth attendants? Who attend births at home? Who provides antenatal and postnatal care for women? Is there a system for postnatal care in the community? Any home visiting programs by midwives or other health professionals during the postpartum? who runs postpartum services in the primary health care: physicians or midwives or nurses? If physicians: female or male? what is the difference between a “delivery house” and a regional hospital?

2- Paragraph 1: Authors mentioned some prevalence rates of near miss. Are these prevalence rates from Morocco or which countries? This needs to be clarified

Methods:
1- Postpartum consultation: paragraph 2: Authors mentioned using short questionnaires to collect socio-demographic and postpartum complaints. Table 1 showed 22% and 37% of women had no education in both groups. Also, 34% had a primary level education. This is almost ½ of the population!

My concern is: Can authors explain how the data was collected? i.e. were women interviewed or women themselves filled out questionnaires? If
interviewed, who conducted interviews? If both methods were used: how many different people participated in filling up the questionnaires? What kind of questions used in both questionnaires used to report women complaints and to diagnose complaints? Are they the same or different tools?

How authors think that this variation in data collection method, collectors and tools would affect the validity and quality of their data used for comparisons? Could this be another limitation in your study?


3- Postpartum consultation: paragraph 3: Clarifications required about the consultations: average time (duration) for a consultation?

4- Author mentioned: consultation included filling up a questionnaire and clinical exam. Was there any treatment or advises provided for women during these consultations? I would not imagine this was not done? If yes, please mention this.

5- Data analysis: paragraph 2: Authors mentioned logistic regression, but they did not include tables of analysis in their findings. I suggest to delete this sentence from the analysis.

6- Data analysis: paragraph 3: Authors mentioned: “if a woman had several complaints, ……” Does this mean that you took only the first reported complaints? If yes, it may be useful if authors can mention the total number of complaints reported by all women.

7- Data analysis: paragraph 3: In the sentence mentioning using cumulative number of complaints. Did you mean that you added all complaints reported by all women under the same category i.e. psychological, …etc? So, in table 2: there were 124 psychological complaints reported by women, am I correct? If yes, please clarify this in your description.

8- Data analysis: paragraph 3: last sentence: can you mention some examples of those excluded complaints from your analysis? Such as?

Results:

1- Paragraph 4: last sentence: “Near miss represents 6%……etc” needs a reference at the end.

Table 1: Age: the total does not equal 1210. Please re-check and correct.

Table 1: Educational level: Is it a co-incidence that none of your population has a higher education (more than a high school)? I doubt it! as the total does not equal 1210?! Can the authors re-check the data and correct this?

Table 1: It will be useful if authors can add the followings (if available): Type of delivery, birth attendant and if women were breastfeeding or not.

2- If I understand your numbers correct in table 2: is it possible to show in the table the number of women who reported these complaints? For example: 124 psychological complaints reported by how many women? the 29 prolapse complaints reported by how many women? …etc This can be useful to
understand the magnitude of these complaints.

3- Table 2 and table 3: Why the complaints in table 2 were not categorized to similar categories as in table 3? This is confusing. Is there a reason? As if both tables are using same categories will make easier for the reader to compare.

4- Why authors considered vaginal discharge as a complaint in both tables? This is inaccurate! We know that vaginal discharge can be a normal finding in women’s life cycle unless accompanied by abnormal color or smell or other symptoms. We also know that the characteristics of normal vaginal discharge vary according to the time of her menstrual cycle.

Can authors clarify what kind of vaginal discharges reported or assessed during the consultation?

5- Why Episiotomy in table 2 is listed as a complaint. While in table 3, infected episiotomy is considered? Can authors justify this variation?

6- Bleeding was reported by women in table 2. How come physicians did not diagnose this? How authors explain this variation?

Again, these variations are connected to my previous concern regarding data collection of women complaints. How it was done? by whom?

7- Table 2: Any reports from women regarding signs and symptoms of anemia?

8- Table 2: How breast problems were asked for women? i.e. was the question a general question asking about breast problems or was specific items such as: inverted nipple, cracked nipple, sore nipple, engorgement…etc

9- Table 2: What comes under “others” complaints by women? Can authors mention these at the end of the table as a footnote? This will be interesting for the readers to see!

10- Table 3: How physicians diagnosed urine incontinence during the consultation? Was the cough reflex test described in your definitions in the annex implemented by giving each woman 500 ml of water…etc? I am a clinician myself and I find this hard or not practical in our clinics due to lack of human and physical resources and crowdedness especially a woman need to wait for 45 minutes to be examined! I am really interested to know how physicians managed to perform the test if they did?!

However, if physicians used another method to diagnose incontinence, this must be mentioned in the method of consultation and this also could affect validity of the data and should be acknowledged.

11- Table 5: is very confusing to read. Try to present the table in a different easier format read. i.e. you can put categories of age under age, …etc

12- Table 5: what do you mean by professional activity? Did you mean occupation? If so, use same terminology as it can be confusing.

13- Table 5: Are these proportions of women who reported complaints? if yes, add reported to the table title

14- Table 5: complications during delivery at the end is not clear what does the last two lines represent!?
15- Again, you mentioned using logistic regression in the methods, and reported results just before the discussion in one sentence. I see this as not enough! either you delete all about regression or you include details of your analysis in the methods and in the findings. My suggestion is to delete it since your main focus was not to find determinants. However, you need to acknowledge and report the confounders in the limitations.

Discussion:

1- Paragraph 2: The discussion of genital infections should be connected to my previous concern: vaginal discharge is normal in the women cycle unless accompanied with symptoms. The discussion also should argue the need for raising awareness of women towards vaginal discharge and when they should seek help. This may be also apply to physicians if they lack this knowledge.

2- Paragraph 4: on which basis the authors are discussing that the difference between women reports and physicians diagnosis is anemia? were women asked about signs and symptoms of anemia? As this was not reported in table 2 or anywhere in the findings?!

3- Paragraph 4: Authors’ discussion about discrepancy between women and physicians by acknowledging that physicians reported that they did not really listened to this type of complaint….etc.

I find this strange since you mentioned that physicians were trained on how to do this consultation and you included signs and symptoms of depression in your definitions in the annex.

How do you explain this? Can you mention something about this training in the methods section? who conducted it? how (method of training)? Duration?

4- In Morocco, the proportion of women who attend postpartum care is 22%. What are the reasons for such low coverage? Has anyone ever investigated this? Is it related to the place where these services are provided? is it related to the providers? is there alternatives in the community? i.e. outreach clinics, private physicians, home visits by midwives or community health workers…etc Has anyone asked women why they do not attend these services? This will be interesting to include in order to believe in your recommendation from this study.

Minor Essential Revisions:

1-Language: Some words in French: replace by English as this can be confusing for readers who do not read French.

For example: MDG instead of MOD, headings in the annex.

Methods:

1- Postpartum consultation: paragraph 2: Authors mentioned: “If the woman did not….., BA called he up”. What is a BA? Can you write in full? (unknown abbreviation)

Table 3: What is HTA? (unknown abbreviation) write in complete words

2- Data analysis: first line: replace SPSS with the correct new name “IBM SPSS
Statistics for Windows version XXX"
3 - English language errors: Typos, spellings, grammar….etc
i.e. Brest, perianal, diagnoses, Tableau, en underestimate, a women
The manuscript should be read and edited by a native English speaker to correct some structures and use shorter sentences. i.e. starting a sentence with “put” ? or “organize” in the middle of policy implication.
Discretionary Revisions:
1- May be authors need to re-consider using the following terms in their text.
Mental disorder vs mental health disorder
Obstetrical health services vs maternal health services

Level of interest: An article of outstanding merit and interest in its field

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

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests