Author's response to reviews

Title: Estimating the Prevalence of Obstetric Fistula: A Systematic Review and Meta-Analysis

Authors:

Alma J Adler (alma.adler@lshtm.ac.uk)  
Carine Ronsmans (Carine.ronsmans@lshtm.ac.uk)  
Clara Calvert (clara.calvert@lshtm.ac.uk)  
Veronique Filippi (veronique.filippi@lshtm.ac.uk)

Version: 2 Date: 21 June 2013

Author's response to reviews: see over
Dear Editors,

Thank you very much for your comments. Below please find a point by point description of the changes that I have made.

a. Second sentence of the main results.

Apologies for this being a confusing sentence. We have now changed this around and reworded it. We chose not to delete the combined sub-Saharan African and Asian prevalence, because this is a prevalence that is frequently referred to. For example the most commonly cited statistic is two million cases in sub-Saharan Africa and Asia (http://www.who.int/features/factfiles/obstetric_fistula/en/). For this reason we decided to keep the combined prevalence.

We realise that this section was a bit difficult to understand, so we have now reworded it. It now reads: “The pooled estimate for sub-Saharan Africa and South Asia was 1.13 (4 studies with 29,680 participants 95% CI 0.72, 1.61) per 1000 women of reproductive age (Figure 4). By continent Sub-Saharan Africa had an overall prevalence of 1.60 (two studies including 28,128 participants 95% CI 1.16, 2.10) per 1000 women of reproductive age and South Asia had a prevalence of 1.20 (two studies with 1552 participants 95% CI 0.10, 3.63) per 1000 women of reproductive age (Figure 4).” If the editors still find this difficult, we could take out the continent-based prevalences (ie sub-Saharan Africa and Asia on their own).

b. Mode of delivery. None of the community-based studies (which are the backbone of the review) reported on mode of delivery or cause of fistula. We acknowledge your concern, although it is important to remember that many women who have a caesarean and still develop a fistula, the fistula is due to the prolonged/obstructed labour and the delay in getting the caesarean. Many of the women who did not receive a caesarean likely died before they were able to develop a fistula, although of course there are no data to support this.

We have made the following changes:

- Changed obstructed labour to obstructed or prolonged labour in both the introduction and discussion.
- Added the sentence: “Delays in accessing caesarean sections, faulty techniques and lack of caesarean sections all contribute to the burden of fistula.” In the discussion.
- Added the sentence “No community based studies reported on the mode of delivery of the women, or on the cause of fistula” to the results.
- Added the sentence “Additionally there was a lack of information on the mode of delivery and cause of the fistula in the community based studies, meaning that it is possible that some women suffered a fistula from causes other than prolonged or obstructed labour.” To the discussion.
Finally if the editors provide us with the references to the studies that you are referring to, we can add these to our references in the paper.

Thank you again for your helpful comments, and please let us know if there are any other changes you would like us to make.

Best wishes,
Alma Adler