Reviewer's report

Title: Access to Essential Technologies for Safe Childbirth: A Survey of Health Workers in Africa and Asia

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Reviewer: Anne Matthews

Reviewer's report:

Overall I found this article to be of great interest. By coincidence I am currently in Malawi spending time in a maternity unit and seeing shortages as described. The aim, methods and conclusions are all well made and written and title, abstract etc are acceptable and clear. It has clear policy implications.

I have only a few minor essential revisions:

#1. Page 3, 1st sentence under Methods: “the major causes of maternal mortality (i.e., postpartum hemorrhage, infection, obstructed labor, and hypertensive-related disorders)”

As the authors know the fifth major cause is ‘unsafe abortion’- this is perhaps distinct from the immediate concerns of the study regarding childbirth- but nonetheless the fifth major cause should perhaps be mentioned and then excluded as a consideration (regarding technology for childbirth) here in this study and this article.

#2. page 4: the authors state that ‘Only a single entry from each birth facility was allowed’. Perhaps this could be briefly clarified- was this done in hindsight- removal of duplicates? While they may have just invited one per facility, there is a possibility that more than one per facility was completed.

#3. TABLE 1- In columns 4-6 state these as ANNUAL birth volume, though that is mentioned in the text.

Discretionary revisions

#1. page 4: first para under Results: it is stated that 'World Bank classification by gross national income (GNI) per capita' was used to categorise countries - can this be briefly justified as the most appropriate classification/measure to use?

#2. page 4: first para under Results: regarding 'low volume' <100 births annually is really very low- e.g. 2 per week - can this be considered a birth centre/facility- I understand that is births are taking place at all then essential technologies should be there, but perhaps further justification of cut-offs could be used.

#3. Also in Table 1, 16 of the 18 countries are in the ‘sub-Saharan’ region of Africa- researchers might find it useful to provide data grouped in ways other than/ or as well as country income level - researchers. clinicians and
policy-makers might be interested in that that (pertaining to their context). Personally I would be interested in country level data (where there is more than one facility reported on in particular), but I appreciate that this is perhaps not permitted in order to maintain anonymity of facilities. As it stands, the income-related groupings are valuable and of interest.

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

**Quality of written English:** Acceptable

**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