Author’s response to reviews

Title: The Acceptability and Feasibility of an Intercultural Birth Center in the Highlands of Chiapas, Mexico

Authors:

Kathryn M Tucker (katy.m.tucker@gmail.com)  
Hector Ochoa (hochoa@ecosur.mx)  
Rosario Garcia (rgmiranda7@gmail.com)  
Kirsty Sievwright (kms289@georgetown.edu)  
Amy Chambliss (ama243@georgetown.edu)  
Margaret C Baker (mcb93@georgetown.edu)

Version: 3 Date: 11 January 2013

Author’s response to reviews: see over
Margaret Baker, PhD  
Assistant Professor  
Department of International Health  
Georgetown University  
3700 Reservoir Road, NW  
Washington DC 20057-1107  
Tel: (202)687-4497  
E-mail: mcb93@georgetown.edu  

January 11, 2013  

Ref: MS: 8417483397600138  

Dear Dr Acosta,  

Please accept this revised version of our paper titled “The Acceptability and Feasibility of an Intercultural Birth Center in the Highlands of Chiapas, Mexico” for publication in BMC Pregnancy and Childbirth.  

We have made revisions requested and a response to each reviewer request is copied below.  

We thank you for considering our manuscript for publication in your journal.  

Yours sincerely,  

Margaret Baker  

Responses to reviewer comments:  

Major compulsory revisions:  

1. One major limitation of the paper is the lack of a clear definition of what is the Casa Materna, its organization, source of funding, activities, scope, relationship with the Larrainzar hospital, type of deliveries that are supposed to be attended there, referral mechanisms. Although there is brief description of it in the Background, and a bit more in the Results, it is not clear since the beginning how the Casa Materna is suppose to operate. It makes the paper difficult to understand, because we are not sure what is done there, and what is supposed to be done there. In addition, the paper has to clearly state the difference
between this Casa Materna, and the Casa Materna as host facilities that are implemented in other Central American countries, or even in Mexico as Posadas AME.

Answer: This has been addressed in the introduction section with a fuller description added.

2. The paper also requires specification in terms of its objectives, and therefore the populations under study. In the abstract the authors mention "This study reports on the feasibility and acceptability of the intervention", and in the background "The purpose of this study was to analyze the thoughts and opinions of those involved in the program of the Casa Materna in order to provide recommendations to improve the birthing house and direct future research". The second statement goes more in the line of what the articles presents, but again it is not clear. In page 16 the authors state "The results of this study cast into doubt the feasibility and acceptability of the Casa Materna Intervention in its current form". I do not see strong evidence to support this with the information provided in the paper.

Answer: We evaluate the acceptability of the intervention by exploring the opinions of these involved. The objective of the paper has been clarified at the end of the introductory section.
The paper clearly reports that women are not using the birthing house, that the parteras are not keen on referring the women to the birthing house and that the women themselves continue to express a strong preference for home births.

3. A clear description of all the participants of the study, and specially the rational for including each group, has to be included. The authors need to define to which component each group will provide information.

Answer: Changes have been made.
4. We need to know the theoretical framework for the qualitative analysis.

Answer: A section on data analysis has been added at the end of the results section.

5. In the discussion, the authors write "the women are willing to go to health centers for prenatal care but strongly desired a home birth. The reason for this may be Mexico’s poverty-alleviating program Oportunidades (sic)...However, one questions whether the "willingness of the women go to the clinic for pernatal consultations exists as an element of coercion: if the women do not attend the consultations they risk losing part of their income". The Oportunidades evaluation has indeed shown a positive effect of the program on attendance to prenatal care. I agree with the authors that being a corresponsibility for the Oportunidades benefit may be a factor that is related to this (if women do not go, they may lose the benefit). That is exactly what the program wants. The question for the authors is if they would prefer women not going to prenatal care for the sake of not imposing any coercion to them. Oportunidades has not been effective increasing institutional birth, where there is no corresponsibility associated. Ideas on mechanisms to increase attendance to prenatal or delivery care without coercion are more than welcome, it would be a very substantive contribution. The real contribution of the paper can be if this new intervention leads to a strategy of delivery attendance that is feasible to apply and accepted in the community. Some of the other findings reported (e.g. that the mother in law is the one defining where the delivery takes place and who attends it) are things that we already know. Without details on the issues mentioned before, the contribution of the paper is very unclear.

Answer: We agree it is good that women are going to the clinic for prenatal appointments, but if there is not an effort to provide services/design a program that respects the culture and allows for meaningful community participation, the program is
not sustainable. We added a sentence making this point to the discussion but further elaboration on this topic would be beyond the scope of the paper.

Minor essential revisions:
1. Page 2, the authors mention the National health Plan 2007-2012 and provide reference 7 (a document from the Ministry of Health from 2010). I would suggest to refer the plan itself.

Answer: Revision made

2. I guess if references 2 and 3 are not inverted, the ENSANUT does not provide estimates of maternal mortality. I would suggest to refer the official figures from MoH, as updated as possible.

Answer: Amended and new reference site used - Observatorio Mortalidad Materna Mexico.

3. I would suggest to move the limitations section to the discussion.

Answer: Change made

4. In all figures, provide n’s.

Answer: Change made.

SECOND REVIEWER:

MINOR ESSENTIAL REVISIONS:
Add some background lit on causes of maternal mortality and morbidity/contribution of TBAs—

Answer: Added to the beginning of the introduction section.

Editor to help with English language, specifically use of plural partera:

Answer: Paper has been significantly edited. We are unsure of what the issue is being raised about parteras – we have used partera as singular and parteras as plural.

Discrepancy between community and TBAs in identifying barriers (???)—did she mean between the health workers and the TBAs/Community)

Answer: I’m sorry but we are not sure what this comment is referring to.