Author's response to reviews

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

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Version: 4 Date: 3 March 2013

Author's response to reviews: see over
Dear Mr. Bernardo Hernandez Prado,

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 also want to thank the reviewers for their time in reviewing the paper – their comments have helped improve our paper.

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

Yours sincerely,

Margaret Baker

Responses to reviewer comments:

Major compulsory revisions:

1. This new version clearly makes the point raised by the authors: for different reasons, the Casa Materna is not working well: nobody has used it for deliveries and few people knows about it. A methodological problem that the authors mention in the limitations, but that is crucial, is that the opinion of those who decide where the delivery takes place is not considered (husbands and mothers). Even more, the opinions that we have from women come from women who attended the health center (the opinion of women who do not even come to the health center may be even different). I think the opinion of these actors would really help the study, and if it is not possible to collect data from them, the authors have to elaborate on the ways that the opinions of these actors may differ. it is not enough to mention that it is a limitation

Answer: This has been addressed in the second paragraph of the study limitations as follows:

The lack of focus groups with men and older women means that the opinions of those who decide where a woman gives birth were not heard. A study from Mexico has shown that women typically lack autonomy and need to receive permission from their
partners to seek care [20]. The researchers also reported that many women did not receive care from maternal health services because “men expressed jealousy if their wives were examined by a health practitioner”. However, the literature on the perspectives of men is very sparse and remains a critical topic for future research and for consideration in the planning of interventions.

2. It would be interesting to set the dimension of the contribution expected from the Casa Materna. No deliveries were attended in the 3 months since its opening until the preparation of this article, but, how many deliveries was it expected to attend? how many women in reproductive age or pregnant women are in the area of influence of the Casa Materna? Did somebody even do these calculations?

Answer: This has been addressed in the final paragraph of the background section as follows:.

It was estimated that the Casa Materna could attend about one delivery per day (over 300 in one year) but, when this study was conducted in October and November of 2010, the Casa Materna had been open for three months and no woman had yet used it to give birth. By 2012 only five women had given birth in it in that year (personal communication Hospital Director).

3. The authors have clarified the possible role of Oportunidades (not Opportunidades as written in the paper) has on prenatal care. It is OK for me. The real point is not if the women go to prenatal care because of the corresponsibility of Oportunidades or not, but why women are not going to institutional delivery care.

Answer: This has been addressed in the second paragraph of the discussion section. The women in this study are willing to go to health centers for prenatal care but, they strongly prefer to give birth at home. This finding is supported by a study conducted by Sosa-Rubi et al. which uses regression analysis to study data collected by the Rural Evaluation Survey designed to evaluate Mexico’s Oportunidades program. Sosa-Rubi and her colleagues observe that although the Oportunidades program has influenced women’s selection towards health facility delivery in rural areas, this is not the case among indigenous women. They also noted that choice of delivery location was not associated with the health center’s quality index [14].

4. The article is a very important contribution for the planning and implementation of delivery care services for indigenous population, which is a global problem. However, the data for the study are very local (ONE Casa Materna). For an international publication, the authors have to discuss how big this problem is in the region, and how these results can affect the actions taken in other places.

Answer: This has been addressed in the 3rd paragraph of the background section.
Addressing the issue of improved access to maternal health for indigenous women is an important issue in all of the Americas, where 10% of the populations are reportedly indigenous [6]. While data on maternal mortality rates for this population of about 48 million people is not in systematically collected, there is some evidence that these rates are often two or three times as high as that of the national average. Studies suggest that poor access to health care and preventative services is the norm for the indigenous population of Latin America and that services that do exist are culturally inappropriate [6].