Author's response to reviews

Title: Reasons for performing a caesarean section in public hospitals in rural Bangladesh - a mixed methods study

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Author's response to reviews: see over
Reviewer's report
Reviewer: Steffie Heemelaar
Reviewer's report:
Discretionary Revisions

1. Methods, first paragraph: I suggest more information about the study setting. Is Thakurgaon district a rural or urban district? Is the population relatively poor or rich? Are the public hospitals providing free reproductive health services, including caesarean sections? I was surprised to read in your discussion that the patients are willing (and able) to pay for a delivery by CS in a private hospital. Most poor populations in for example Sub-Saharan Africa won’t be able to pay for this alternative.

Thank you for this observation. More information about the study setting has now been provided in the article. Thakurgaon comprises of semi-urban and rural communities and the population is mostly farmers. It is among the four districts of Bangladesh that benefitted from the Maternal and Newborn Health Initiative (MNHI) programme under which women and children got free access to healthcare.

Because many families now desire to have not more than two children (as highlighted by one of the interviewees – Paragraph 6 under “Factors influencing provider decision to perform CS”) and the resultant economic impact of that decision, more families can now afford to pay for the procedure in private hospitals. This is more so in the semi-urban dwellings where half of all the CS in the district were conducted.

2. Results, third paragraph (indication for CS): What is your definition for previous CS? Only one previous delivery by CS or were women included with two or more previous deliveries by CS?

Previous CS now defined in the article as “one or more previous CS”

3. Results, fourth paragraph (indication for CS): How is the gestational age determined in Bangladesh? From my experience in rural Zambia and Tanzania the duration of pregnancy is based on the last menstruation of the woman and therefore just a rough estimation. Is the gestational age based on a ultrasound performed early in pregnancy in most cases? I realize that whatever method is used in Bangladesh, “post-term dates” still remains unnecessary to deliver by CS, however it gives more insight in how “unclear” this indication is.

Gestational age was mostly determined by history (last menstruation), ultrasound or both. We have included a sentence in the results to clarify this.

As observed by the reviewer, the term “post-term dates” should not be an absolute indication for CS, and CS due to this indication and other
“unclear” indications could have been avoided if guidelines were followed for safe induction or augmentation of labour. This has been discussed in paragraph 2 (“Discussion & Conclusion”).

4. Discussion, second paragraph: What is promoted by the national Bangladesh guidelines concerning a medical indication for a delivery by CS after a previous CS? Are they advising a normal delivery after just one previous delivery by CS (like the WHO guidelines) or an elective CS? If in Bangladesh a normal delivery should be attempted after only one previous delivery by CS, you may consider all CS’s with the indication one previous CS as unnecessary.

Thank you for this suggestion. The national Bangladesh guidelines on delivery after CS follow the WHO and FIGO guidelines both of which do not support a repeat CS without medical indication. And healthcare providers are taught that “only 25% to 30% of women with previous CS would need CS in their next pregnancy”. We have highlighted these points in the Discussion section.

5. Discussion, fourth paragraph: Your lower proportion of unclear medical indications might be explained by the fact that Maaloe et al found that often the mentioned indication was not in correspondence with the international accepted criteria. For example fetal distress was mentioned, which is a correct medical indication for a CS. However in several cases there was a good fetal heart rate and therefore no real fetal distress present. Or prolonged labour was mentioned, however the action line was not even crossed. They found the highest proportion of incorrect indications among CPD/Prolonged labour. In your study the indications fetal distress, CPD and prolonged labour were stated as correct medical indication. However, the individual cases were not compared with the national/international guidelines. These indications represent over 30% of your indications. Therefore the proportion of unnecessary CS might have been higher in your study population as well.

We agree with these observations and have highlighted this better in the Discussion section (fourth paragraph).

"Minor issues not for publication"
1. Introduction, fourth paragraph: Reference to Mazzoni. This article is addressing the women’s preference for mode of delivery and I think it’s not addressing to relation of quality of care and the CS rate.

The article (Mazzoni et al, 2011) does not address the relationship between quality of care and CS rate, but makes reference to the fact that an increase CS rate is not necessarily associated with improvement in MNH indicators:

“CS rates continue to rise despite evidence that there is no associated improvement to maternal and perinatal mortality and morbidity; rather, it can increase the risk of complications, such as
maternal mortality, vesical injury, ureteral tract injury and hysterectomy.” – Mazzoni et al, 2011; Paragraph 1 (“Introduction”)
Reviewer: Abdul Mannan Dr. Choudhury

Reviewer's report:

Minor Essential Revisions:

1. Please drop 'a mixed methods study' from the title i.e. it should now read - Reasons For Performing A Caesarean Section In Public Hospitals In Rural Bangladesh

This is done

2. In the abstract part, 'Background' should be replaced by Objectives of the study.

This is done

3. The year of publication of each referred material may be inserted immediately after the name of the author in the text. If there are more than three authors, et. al. may be put after the first author's surname at least inside the text.

This is done

4. In the 'Introduction' of the manuscript, paragraph two may be withdrawn or may be meaningfully linked with the first and third paragraphs.

This is done

5. Add & Conclusion with discussion which should read Discussion & Conclusion. The last paragraph of the manuscript should be inserted as the last paragraph of the above sub heading. Thereafter a new sub heading such as Limitations and Need for further study, should be inserted before the beginning of "One of the limitations of this study ............ . "

This is done