Reviewer’s report

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

Version: 2  Date: 18 January 2014

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.

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?

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.

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.

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.

"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.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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