Author's response to reviews

Title: Assessing the quality of record keeping for cesarean deliveries: results from a multicenter retrospective record review in five low-income countries

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Version: 5 Date: 27 February 2014

Author's response to reviews: see over
February 27, 2014

Dear Dr. Van den Akker,

We are resubmitting a revised manuscript about the CS retrospective record review in five countries. We appreciate the thoughtful comments and suggestions from the reviewers. Our response to the reviewer comments are summarized below.

Please let me know if you need any further information.

My email address will change effective tomorrow to landry.evie@gmail.com. I have updated my profile on the BMC web site with the new contact information.

Sincerely,

Evelyn Landry
Deputy Director
Fistula Care Plus
EngenderHealth
Reviewer’s report

Title: Assessing the quality of record keeping for cesarean deliveries: results from a multicenter retrospective record review in five low-income countries

Version: 4

Date: 5 February 2014 Reviewer:

Nanna Maaløe Reviewer’s report:

OVERALL IMPRESSION:

Thanks to the authors for the substantially rewritten manuscript. As mentioned earlier, this research reveal some interesting and important record keeping as well as obstetric care quality issues that are widespread in developing countries. In this latest version of the manuscript, all sections relate to the objectives, the methodology and key results are presented more simple and clear, table 4 is easier to read, and the discussion is sharpened. However, there are still minor essential revisions, please see below. Also, throughout the manuscript the text could be more concise and empty words removed.

Thank you for your thoughtful review and suggested revisions. We have addressed all the points below. We worked with our in house editor on the last version to make the text as clear as possible. We are not sure what empty words are being referred to. We have made a few other revisions to try and address this concern.

MINOR ESSENTIAL REVISIONS:

In general:

Sometimes it is written “CS delivery”, please remove “delivery”. Also, “cesareans” is still used, please use the abbreviation “CS” throughout the manuscript.

So noted and changed throughout.

Abstract:

1. Please move “to learn about record-keeping practices” to the methods section of the abstract.

Done.

2. Please remove “disappointingly” from the result section, as such adjective belongs in the discussion/conclusion sections.

Done.
3. In the conclusion, please consider rephrasing to “Deficits in the quality of CS record keeping across...”. This has been rephrased to: Deficits in the quality of CS patient records across a broad range of health facilities in low-resource settings in four sub-Saharan Africa countries and Bangladesh indicate an urgent need to improve record keeping.

Background:
This section needs a rewrite. Currently, it seems more like the discussion/conclusion of the study than the introduction. E.g. the second sentence is nearly the overall conclusion of the current study – why conducting the present study if reference 2 already exists? Please make this clearer in the background section.

Importantly, a background section sets the stage. Therefore, include only important background information, explain the rationale or why the study is important, and conclude with a direct statement why the study was done and what is to be learned as well as the overall study methodology (e.g. retrospective, criterion-based record review...).

Also, consider removing “primary” from the following sentence: “The primary objectives of this study are to: (1) assess the quality of CS record keeping; and (2) identify and make recommendations about priority areas for CS audits”.

Thanks for these comments and suggestions. This has been substantially rewritten.

Methods:
1. Please rephrase “…40% in Guinea [20] to between 50-60% in Mali...” to e.g. “…40% in Guinea [20] and 50-60% in Mali...”.
   Done
2. Regarding partograph quality, it would be interesting to know what led to acceptable or inacceptable use – what are the criteria of the nine-point checklist? E.g. was partograph quality inacceptable if vaginal examination was performed less than every 4 hours or fetal heart rate monitored less than every 30 minutes?… Also, whether action line is crossed does not necessarily have anything to do with the quality of record keeping. This could be stressed with e.g. a new paragraph.

We had a footnote about this with table 3; we have included this information in the methods section, as follows:

“The lead consultant assessed partograph quality by using a nine-point checklist developed by Fistula Care. The partograph was assessed as completed correctly if the responses to all nine questions on the checklist were yes: 1) first cervical dilatation charted correctly on alert line; 2) cervical dilation plotted at least every 4 hours; 3) descent of presenting...
part checked and recorded during labor; 4) contractions assessed and recorded at least half hourly when in active labor; 5) state of membranes assessed and if ruptured, color of liquor recorded; 6) fetal heart rate recorded at least half hourly during labor; 7) mother’s blood pressure checked and recorded at time of admission and during labor; 8) mother’s pulse checked and recorded at admission and during labor; 9) documentation of augmentation or other medication in labor. “

3. Please insert e.g. “from”: “When individual patient files could not be located, hospital registers (e.g. FROM delivery room, operating theater…”

DONE

4. Please insert the missing full stop: “…data of interest The tool was translated into French…”

DONE

5. Regarding ‘Data analysis’, the qualitative interviews are missing. Were they e.g. transcribed and coded? The data were collated and summarized by the lead research consultant in Uganda and Bangladesh and by one of the authors for the remaining countries. This information has been added to the analysis section.

Results:

6. Concerning “Among the partographs reviewed, the percentage showing the action line had been crossed (indicating the need for an intervention, such as labor augmentation, assisted delivery, or CS) ranged from 1.5% to 46.9% (Table 3)”: As mentioned in the last review, assisted vaginal delivery should not be considered in first stage of labour where the cervix is not fully dilated, and therefore should not be mentioned in relation to crossed action line.

Agree and we have removed assisted delivery from the sentence.

7. Please insert “that”: “Key informants from all study sites stated THAT there were no formally…”

DONE

8. Concerning 'Maternal outcomes', “Information about whether women experienced complications was missing in at least one-third of the records reviewed from five sites” and “Data on maternal outcomes were missing for more than 10% of files reviewed at three sites” are confusing. It appears that one paragraph is about complication other than death and one about maternal deaths – please make it clearer.

We have edited and made clearer.
9. Concerning “Focusing on the four sites with the highest percentage of deaths (all three sites in Niger and Guinea B), seven of the 40 deaths occurred” – did all of the 40 deaths take place at these sites? Please make this clear.

Yes, the 40 deaths took place at the 4 sites; we have edited and made clearer.

10. Please change the semicolon to a full stop for simplicity: …cases at one site; it was not used at the Guinea site.

Done

Discussion:

11. Please rephrase “CS time to decision” to e.g. “time of decision to perform CS”.

Done

12. This statement needs a reference, as it is not shown by the present study: “Incomplete, inaccurate, and inaccessible medical records directly impact decision making and care. Improved record keeping would facilitate routine monitoring, reporting, and clinical audits that could help facility staff identify deficiencies in care.”

We have revised the statements and added two references:

Incomplete, inaccurate, and inaccessible medical records have the potential to adversely impact decision making and care. Improved record keeping could facilitate routine monitoring, reporting, and clinical audits that might help facility staff identify deficiencies in care [21,22].

13. Please insert “be”: “This would easier and quicker to complete”

Done

14. Concerning “The data also suggest a possible delay in the timely receipt of care at the facility, though this finding could also be due to women’s arrival at the facility in advanced labor”, if it is lack of action after crossed action line that you are referring to, partograph has been started and it is then illogical that it is caused by pre-hospital delays.

Agree. We have removed the sentence.

15. Please correct “were done for “other reasons,” hinting at”

done

16. Please rephrase: “in obstructed labor, one the most frequently”

Revised
17. Please insert “maternal” and consider starting a new paragraph: “The majority of the recorded MATERNAL deaths occurred at four sites; most of the women had…”

Done

18. Please insert e.g. “diagnosed”: “Information was not available on how many CSs were performed on DIAGNOSED intrauterine fetal deaths”

Done

19. Please insert “perinatal”: “Nearly three-quarters of files had no information on cause of PERINATAL death”

Done

20. Please correct: “based on “best practices.” While”

We have revised; removed ‘best practices’ and stated that the tool has not been formally validated

Conclusions:

21. Please remove “gaps in” or “deficits”.

Done, gaps removed

Table 6:

22. It seems that ‘perinatal deaths’ should not be in bold writing?

We have removed the bold

DISCRETIONARY REVISIONS:

Methods:

1. The paragraph on “Key informant interviews…” might fit better under the ‘Study sample’ subheading; at least the number of interviews made and the professions of key informants.

Thanks. We agree and moved.

2. The paragraph on ethical approvals might fit better under the ‘Study sites’ subheading, as it is not ‘Data analysis’.

Agree; we have moved.

Results:
3. Maybe ‘postdates’ should be mentioned in citation marks?

   Agree. We have put in quotes.

4. Regarding the division of indications into maternal and fetal, it may be argued that e.g. prolonged or obstructed labour is both a maternal and fetal indication, as it implies risk to both mother and child?

   We agree, however almost all indications that put mothers at risk will also put the baby at some risk. We have not made any changes.

Discussion:

5. Could this be clearer?: “10% or more of the data were missing from at least three or more sites.”

   Revised.

6. Consider starting this sentence with e.g. ‘additionally’: “ADDITIONALLY, studies have shown that partograph use and early interventions for women experiencing a delay…”

   Done.

7. Consider ‘information’ instead of “a lot”.

   Done.

8. Consider starting this sentence with e.g. ‘additionally’: “ADDITIONALLY, studies have shown that partograph use and early interventions for women experiencing a delay…”

   9. Consider ‘information’ instead of “a lot”.

10. Consider dividing “Maternal and fetal outcomes” into two subheadings.

    We have separated the discussion as suggested.

11. Concerning “These data indicate that the women experienced delays in arriving at referral center and/or upon arrival”, this is further stressed by many of the women having uterine rupture indicating severe delay in action.

    Thanks. Revised and added this extra information.

12. Consider starting this sentence with e.g. “Overall”: “Overall, the maternal case fatality rates in this sample are high”

    Revised as suggested.

13. Consider rephrasing “dead babies”

    We have rephrased. “The authors acknowledge the principle that to avoid greater risk to the mother, if the baby is already dead then it should be delivered vaginally where possible, while also bearing in mind that the specific characteristics of the case
influences delivery.”

14. Concerning “However, clinicians know what to write to make a procedure sound “medically justified”, consider including e.g. “and contrary, relevant procedures done may not have been recorded due to high work load”.

Revised as suggested.

15. Consider including “also”: “We did not collect detailed information about intrapartum care. ALSO, because we did not collect data about the availability of and capacity for providing emergency obstetric…”

Revised as suggested.

Conclusions:

16. Consider rephrasing “The primary benefit of this study is that it highlights common shortcomings in CS record-keeping across a range of facilities in a variety of low-income countries” to e.g. “This study highlights common shortcomings in CS record-keeping across a range of facilities in a variety of low-income countries.”

We have rephrased

17. Consider rephrasing “of the decision-making timeframe for initiating surgery” to e.g. “of the decision-to-delivery interval”.

We have rephrased.

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

Quality of written English: Needs some language corrections before being published

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.