Reviewer’s report

Title: Cesarean section: The importance of telling the woman’s story for effective clinical audit. Findings from a multi-center record review study.

Version: 2 Date: 20 August 2013

Reviewer: Thomas van den Akker

Reviewer’s report:

Dear authors, this is a potentially important paper for which I congratulate you. However, in order to get it up to publishable level, I recommend a number of revisions. I hope these will encourage you to resubmit, because I do believe that your messages are highly relevant in this era.

Major compulsory revisions:

1. The paper is too long. In particular the discussion section needs to be significantly reduced, the background section to a lesser extent. I believe this will also bring across the paper’s important messages more clearly.

2. The paper does not include much information on intrapartum management, which is an important omission/limitation. Notably: what were the percentages of assisted vaginal deliveries/ventouse/forceps? Was artificial rupture of membranes performed before diagnosing obstructed labour? In how many women had labour been augmented? These are important issues that need to be addressed in order to explain the generally high institutional CS rates noted by the authors.

3. The objective of the study as included in the background section is broad and vague. The final paragraph of that section can be shortened and the objectives more clearly described, e.g. primary objective to study quality of CS care and recommend improvements, secondary objectives to study record keeping, indications, timing, etc..

4. The methods section needs to be improved with regard to the following issues:
   A. How were the facilities selected? Simply stating they were ‘purposely selected’ is not enough.
   B. Can the modified data collection tool be included in the submission?
   C. Exactly which data came from ‘key informant interviews’ and who were the key informants?

5. In the fetal outcomes paragraph as well as in Table 6, it is mentioned that many babies died prior to the caesarean delivery. Especially taking into account the considerable decision-to-delivery intervals, it is necessary to discuss intrapartum care during the waiting time, including assisted vaginal deliveries, and including destructive procedures (craniotomy, decapitation) to prevent unnecessary caesarean sections, especially in settings where sections are likely to have high rates of complications.
6. More information is needed with regard to the indications for CS: how was the list of indications constructed? Which definitions were used, especially with regard to obstructed labour and CPD (and particularly in case a partograph was not used). In case it was only based on medical records it must be discussed that CPD is often over-diagnosed.

Minor compulsory revisions:

1. Background: it is stated that the (community! Not mentioned) CS rate in ‘Africa’ is low (4%). A crude statement of this sort may lead to the conclusion that the problem of unnecessary CSs may not be important in many African countries, which contradicts reality. Previous studies have shown that at facility level many CSs have dubious indications (Maaloe N et al, BJOG 2012; Beltman J et al, Acta Obstet Gynecol Scand 2011). The reason why overall CS rates are low in much of ‘Africa’ is a matter of access.

2. The paper mentions that women were ‘referred for CS’. This is unlikely, since the indication is usually diagnosed at the referral facility. They were probably referred for higher level labour care. This needs to be adjusted or clarified.

3. As the authors indicate in the discussion section the results of this paper concern a wide variety of study settings. Although I agree that some recommendations may not be relevant for the general public, some information about results and recommendations for the specific settings is warranted.

4. If an explanation would be given as to how exactly the partograph was not correctly completed in different settings the paper would become of higher educational benefit.

5. The discussion section contains several vague statements such as ‘A disadvantage... quality of services’ on page 14.

6. It may be difficult to compare Denmark or Britain to the settings described in this paper with regard to decision-to-delivery interval (page 17-18). However, if the authors think this comparison is relevant, the difficulties with it must be mentioned.

7. Were local researchers/authors included in this study? Please explain, perhaps in the cover letter.

Discretionary revisions:

1. The authors must proofread for typing errors, e.g. the beginning of the third paragraph on page 4 should read ‘evidence or recommendation’ not ‘recommendations’.

2. I found the use of the terminology ‘Guinea B’, ‘Niger B and C sites’ on page 9 unclear at the first reading.

3. The tables are still of poor quality.

**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.