Author's response to reviews

Title: Obstetric analgesia for vaginal birth in contemporary obstetrics: a survey of the practice of obstetricians in Nigeria

Authors:

Lucky O Lawani (lawkins2000@yahoo.com)
Eze N Justus (justndueze@gmail.com)
Anozie B Okechukwu (okeyanozie13@gmail.com)
Iyoke A Chukwuemeka (caiyouke@yahoo.co.uk)
Ekem N Nduka (ekemicity@yahoo.com)

Version: 2 Date: 31 January 2014

Author's response to reviews: see over
Dear editor-in-chief,

The authors wish to express their gratitude and appreciation to the editor and reviewers for their efforts in reviewing this manuscript and making valuable recommendations which has greatly improved the quality of this work. All modifications and corrections have been made as recommended. All changes and corrections of grammatical errors are highlighted in red font.

Below is the point-by-point response to the comments of the reviewers and editor-in-chief.

Thank you for your input and kind opinion.

POINT BY POINT RESPONSE TO REVIEWERS COMMENTS

REVIEWER 1

Comment #1

The authors should state (including in the title) that only vaginal deliveries are considered – we can suppose that cesarean deliveries are usually performed under spinal anesthesia? Or ketamine? Please comment.

Response to comment #1:

The title has been rephrased to indicate that only vaginal deliveries were considered. This is also stated under materials and methods as recommended.

Title: “Obstetric analgesia for vaginal birth in contemporary obstetrics: a survey of the practice of obstetricians in Nigeria”

Caesarean sections are usually performed under general or regional anaesthesia like spinal or epidural.
Comment #2:

The geopolitical distribution of the results does not mean much for common readers. If the authors want to maintain this sub-analysis of data, they should clearly explain the differences among the different regions.

Response to comment #2:

The section on geographical distribution has been excluded from the main text and tables as advised.

Comment #3:

The majority of deliveries are probably performed by midwives or women with experience; please comment on the cases taken into account by medical doctors including specialists like obstetricians (complicated pregnancies?…. Which percentage?)

Response to comment #3:

It is true that majority of deliveries in Nigeria are taken by midwives and traditional birth attendants, however this study only survey the practice of the obstetricians themselves in offering pain relief to parturients with both complicated and uncomplicated labour. The non inclusion of midwives and traditional birth attendants was stated as one of the limitations of this study.
Comment #4:

Did the authors ask about instrumental versus non instrumental deliveries regarding the use of some analgesia?

Response to comment #4:

Questions were asked about analgesia for both instrumental and non instrumental vaginal deliveries. The response has been included in the result section.

Comment #5:

What is the ratio between natural labor and augmented labor (oxytocin administration) in Nigeria? Does it have some influence on the administration of labor analgesia?

Response to comment #5:

There was generally no local study on the ratio between natural and augmented labour in Nigeria. The only available studies were those in some neighboring African countries like Benin, Niger, Mali, Ivory coast, Ethiopia. However, there are studies between natural and induced labour with oxytocin and other methods. The reports show variation in induction rates between different obstetric units. This has been included in the discussion. Induced and augmented labour are associated with enhanced labour pain and may therefore be associated with greater demand for analgesia.
Comment #6:

Did the authors ask regarding the use of herbal medicine or traditional medicine?

Response to comment #6:

No, we did no inquire on the use of herbal medicine or traditional medicine because the survey recruited only obstetricians who essential do not use herbs or traditional medicine in their practice. However, a future study or survey of other birth attendants like midwives and traditional birth attendant will consider this very important aspect of patient care.

Comment #7:

Which type of opioid is usually administered? Morphine? Pethidine? Ketamine?

Response to comment #7:

The commonly administered opioids are pethidine and pentazocine hydrochloride. This has been included in the result section.

Comment #8:

Could the authors provide more comparisons between the practice of obstetric analgesia in Nigeria by comparison with other African countries?

Response to comment #8:

More comparison on the practice of obstetric analgesia between Nigeria and other African countries has been included in the discussion section as recommended.
REVIEWER 2

Introduction

Comment #1:

The authors should provide data on what is known about the demand for obstetric analgesia among Nigerian women, and state whether there are differences in this demand, if any by geopolitical zone.

Response to comment #1:

Data on demand and difference in demand among Nigerian women has been included in the introduction as advised. The geographical zones of the participants have been excluded as recommended by the other reviewer since it will be of little or no value to the readers.

Comment #2:

Are there any guidelines currently in place recommended by a Nigerian association such as the SOGON concerning pain management in labour?

Response to comment #2:

SOGON currently has no guidelines for pain management in labour. This is stated in the introduction.
Comment #3:

The introduction will benefit from any previous study among clinicians (obstetricians or otherwise) about pain management in patient care.

Response to comment #3:

Previous studies amongst clinicians on the topic have been included in the introduction as recommended.

Methods

Comment #1:

More information about the SOGON conference is needed. How old is the organization? What are the criteria for membership? How frequently does the conference hold? Why for instance did we have a preponderance of southeastern obstetricians and gynaecologists from the south east? Is this always the case that the host state/region dictates the composition of obstetricians at the conference?

Response to comment #1:

More information on SOGON, its conferences and membership have been provided in the material and method section. The geographical distribution of obstetricians has been excluded as advised by co-reviewers.

Comment #2:

The non-response rate in this study was about 25% which is relatively high. It is important to know the characteristics of these refusals. Were they mainly from the Northern geopolitical zones which could explain the very small number of obstetricians from this region. The
implications of the non-response and any significant differences between them and those who filled the questionnaire deserve comments in the discussion.

**Response to comment #2:**

The non-responders were essential those who consented to participate in the survey but were excluded because of incompletely filled questionnaires and non-return of administered questionnaire. Because the questionnaires were not return and/or improperly filled it was not possible to determine their characteristics. However, it was observed that some did not stay till the end of the daily sessions and even the conference itself. The implication of non response has been included in the limitation of the study section.

**Comment #3:**

What statistical analysis was used to generate the odds ratio? What informed the choice of the variables included in the analysis model? In particular why were only age and location singled out for association with analgesia use?

**Response to comment #3:**

The details and corrections in the statistical analysis have been included in the materials and methods section as well as table 3. The choice of age and location for association with analgesia use is to determine if there was any difference in practice between younger and older obstetricians which may be a reflection of changing trend in practice. Also to determine if location of practice has any influence on the act of providing obstetric analgesia as most care provider with skills for epidural and other forms of analgesia in labour may be predominantly urban in practice.
Results (and tables)

Comment #1:
The calculation of percentages that use analgesia based on very small numbers in the northern geopolitical zones is of little or no value and the authors should consider removing Fig 1

Response to comment #1:
Figure 1 has been excluded as advised.

Comment #2:
The age group 60+ was included in Table 1, however there was no respondent in this age group. Please remove that age category.

Response to comment #2:
Age group 60+ has been deleted from table 1 as advised.

Comment #3:
The reasons for non-use could have been based on a total of 77 (those who never used) instead of on the overall sample size.

Response to comment #3:
This has been corrected as advised.
Comment #4:

The variables presented in Table 3 in association with analgesia use should have proportions in each category. The authors only included frequencies.

Response to comment #4:

The proportions for the variables in table 3 have been included as advised.

Comment #5:

As mentioned in the methods section the details of the analysis done in Table 3 should be Presented.

Response to comment #5:

The details and corrections in the statistical analysis have been included in the materials and methods section as well as table 3.

Discussion

Comment #1:

Line 15 of the discussion which reads……..’This finding is not encouraging for country’ …..needs clarification. What finding is being referred to there?

Response to comment #1:

Sentence has been rephrased to make it explicit.
Comment #2:

Line 22: ‘Sadly though it is more higher than’ Please check the statement.

Response to comment #2:

Sentence has been rephrased to make it explicit.

Comment #3:

No comments are made about the association between analgesia use and variables.

Response to comment #3:

Comments on this have been added in the discussion.

Limitation

Comment #1:

Even though the study title states ‘obstetricians in Nigeria’, the study is more of a southern Nigeria study and this restriction as far as generalization of findings is concerned should be stated in the discussion.

Response to comment #1:

The geographical distribution has been excluded and the issue of generalization addressed in the limitation section as advised.
Comment #2:

The authors should discuss the main reason for non-use of analgesia: fear of fetal distress.

Response to comment #2:

The details of the reasons for non-use of opioids for analgesia due to fear of fetal distress has been included in the discussion as advised.