Reviewer's report

Title: Readiness of district and regional hospitals in Burkina Faso to provide comprehensive emergency obstetric and newborn care: a cross-sectional study.

Version: 1
Date: 10 February 2014
Reviewer: Sherri Bucher

Reviewer's report:

No Major Compulsory, minor essential, or discretionary revisions.

General comments:

This is a well-designed study and well-written article. The research question is clearly defined as an attempt to assess the readiness of hospitals in Burkina Faso to provide comprehensive emergency obstetric and newborn care services. The authors report that adequate human subjects' protections have been followed, including the attainment of appropriate ethical approval and obtainment of verbal informed consent. The methods used appear to be appropriate, particularly in light of the fact that the authors have clearly delineated and acknowledged the limitations of their approach. The statistical analysis methods which were utilized seem appropriate. The discussion and conclusions also seem reasonable. The results of this study, as outlined in the manuscript, are not confined only to the Burkina Faso health care system, but are also potentially generalizable, in particular, to health systems in other sub-Saharan Africa countries. In addition, the results will be of interest to a wide variety of stakeholders who are interested in the improvement of maternal-newborn health outcomes and progress toward acquisition of Millennium Development Goals (esp. MDG#4 and MDG#5) in resource-limited settings. These stakeholders might include: other investigators, health care professionals in resource-limited settings, implementation specialists, policymakers (global, national, local), and donors.

Finally, this paper is important because it largely confirms, as the authors note, that already known and fairly common barriers to provision of CEMoNC services, as previously identified in other resource-limited settings, were also observed to underlie lack of capacity in Burkina Faso; these included: deficits in skilled staffing (especially in rural areas, although this may have been much worse had the government of Burkina Faso not had the foresight to adopt progressive health policies by which non-physician clinicians are trained to perform emergency surgical procedures); lack of knowledge (existence of guidelines); lack of training (for complete teams necessary to perform c-sections or QA processes); and poor infrastructure (availability of a consistent blood supply). What is important, and to which this paper adds, is additional confirmation that failure of health facilities to achieve BEMoNC/CEMoNC capability is neither simple nor single-dimensional. Rather, a variety of issues were found (at the time of the survey) to contribute to
the inability of some facilities in Burkina Faso to provide consistent EMoNC support to the communities they serve. Thus, this study adds to both the global and local evidence base, and provides additional information by which MNH stakeholders (policymakers, implementers, and funders) can understand and advocate the position that quick, simplistic, “one-size-fits-all-solutions” to the complex and vitally important challenge of building EMoNC capacity in resource-limited settings is unlikely to be as successful as thoughtful, long-term, integrated, multidimensional initiatives.

**Level of interest:** An article of importance in its field

**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.