Reviewer’s report

Title: Using direct clinical observation to assess the quality of cesarean delivery in Afghanistan: an exploratory study

Version: 2
Date: 8 February 2014

Reviewer: Patricia Bailey

Reviewer’s report:

This paper “Using direct clinical observation to assess the quality of delivery in Afghanistan: an exploratory study” should make a welcome contribution to the literature, and will hopefully encourage other researchers to conduct observations of clinical practice, compare those observations with written records, and with providers’ reports of their practices. This methodology was quite creative and revealing, especially of practices that are not documented in records. The paper is well written and will require very little work prior to publication. Study questions were well defined, title well framed, discussion and conclusions well done. Perhaps the authors might discuss other limitations.

Specific and mostly discretionary recommendations and comments

1. First paragraph. Generally the figure for the number of annual maternal deaths quoted most often is 285,000 from the WHO, UNFPA, UNICEF and World Bank estimates for 2010, a newer reference than the Hogan article. The authors quoted 350,000 (pregnancy-related deaths – it may be this difference the authors are trying to capture?).

2. Methods section. Under Study setting the readers may want a little more clarification. For example, were the 29 providers who were interviewed the same surgeons who conducted the 29 cesarean deliveries that were observed? If not, how were they selected? Self-administered questionnaires were filled out by 83 obstetric surgeons. They were “all” surgeons at the 14 hospitals in the survey. Did the 29 interviewed providers also complete a self-administered questionnaire? The response rate of the 83 obstetric surgeons was 100%, but we don’t learn that until the Results subsection “Routine cesarean delivery practices reported by surgical providers.” Traditionally, I like to see the response rate in the methods section.

3. Methods section. Under Instrument development – second paragraph: facility readiness was reported on elsewhere – right? – I’m not sure this paragraph is really relevant to this paper.

4. This section states that the 3 most recent cesarean deliveries were selected for review but 14 x 3 = 42 and only 34 were reviewed. Were only 34 available based on the timing restrictions (between 12 and 60 hours)? Or is there another reason they were unable to review 42 cases?

5. Results section. Under the subsection of Timing and for the record reviews: did the records have all the different times of interest? If so, that’s rather
surprising. Did these 3 reviews overlap with the 3 records reviewed as part of phase 2 of the Needs Assessment?

6. Results section. Under the subsection Outcomes of observed and reviewed cesarean deliveries: the authors say that all women survived one hour postpartum. Since the observation period extended to 2 hours for women, was there a maternal death during the 2nd hour postpartum?

7. Results section, subsection Routine cesarean delivery practices reported by surgical providers: one item was reported in the text but did not appear in Table 4 – “some 86% of surgeons give one dose of antibiotics prophylactically to all women undergoing cesarean delivery, as recommended, …..” – perhaps this could be added to the table under the section of “appropriate routine care,” if not, it’s helpful to say “data not shown.”

8. Discussion section – paragraph that starts “For both women admitted with a complication and those admitted for routine delivery, …” The authors lament their small sample size when comparing the stillbirth rates. It is unfortunate that the distinction between fresh and macerated stillbirths and reporting of fetal heart rate on admission were not more consistent or reliable. This might be considered a limitation of the study.

9. Reference 8 is repeated as 18.

10. Strengths and limitations. 2nd paragraph – the authors should add the word “designated” to the sentence – “Of 127 (add ‘designated’) EmONC facilities nationwide ….” Another possible limitation is the small size of the different samples, but as an exploratory study looking at the feasibility of the methodology, the small numbers are understandable.

11. Suggestion for Table 3 – to better match the text, change General anesthesia used (28%) to Regional anesthesia used (72%).

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 have no competing interests.