Author's response to reviews

Title: Adherence to evidence based care practices for childbirth before and after a quality improvement intervention in health facilities of Rajasthan, India

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Author's response to reviews: see over
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**Author's response to reviews:** see over
Ms Janelyn Ann Cruz
The editorial board,
BMC Pregnancy and Childbirth,

Dear Ms Ann Cruz,

We have revised the manuscript in line with the comments from peer reviewers, and are submitting the revised manuscript.

A separate document with point by point responses to reviewers comments has been attached.

A permission was obtained to publish Figure 1 by all organizations involved in its development. The poster was designed, field tested and finalized by Action Research & Training for Health (ARTH) in consultation with government and international agency partners, who endorsed the final product. As a policy, use or duplication of all its published materials for non commercial purposes. We understand that satisfies the requirements for Creative Commons license, and can be stated in writing if required.

Our responses to reviewers’ comments and revisions are as follows:

Reviewer 1
MINOR ESSENTIAL REVISIONS
1) There are errors in language in a few places: for e.g. in the second paragraph in the introductory section ("there was been substantial increase..", "institutional birth proportions" etc).

Response: These errors have been corrected.

2) The introductory section has scope for tightening and better organisation. For example, Rajasthan is introduced already in second paragraph, but on page 7, "Rajasthan is a north Indian state with 68 million population.." etc appears.

Response: We have removed duplication and tightened the introductory section.

3) Description of the intervention could also be more succinct.

Response: We have revised the description of the intervention to make it more succinct.

DISCRETIONARY REVISIONS
Some crucial practices remain unchanged - e.g. improvement in cleanliness, postpartum checkup in ward. How can these be addressed? What would it take to bring about changes in these? It would be very useful to see this discussed in the paper.

Response: We have discussed this issue in the paper in the discussion section.
Comments from reviewer 2 and our responses

Major Compulsory Revisions

1. In the section on results, the authors use the number of facilities in which changes occurred as the unit of analysis rather than the number of deliveries. This is understandable as what is possible from the way the intervention and its evaluation are designed. However, it is not clear how the authors conclude that a change has taken place in routine practice in any particular facility. For eg. when the authors say “During the baseline period, the augmentation of labour was common in 93% of facilities, and episiotomy for primigravidas was a routine in 77% facilities. After the intervention, only 48% facilities were providing routine augmentation of labour, and 57% were providing routine episiotomy to primigravidas”, it is not clear how they define what routine practice is – is it based on just observation during the bi monthly visits (which can then lead to good practices being influenced just by the presence of an observer), is it when the practice is followed in more than a specific proportion of deliveries – this needs to be stated explicitly and clearly.

Response: How a practice was defined as a routine practice, has now been described in the section on methodology more clearly (page 10-11).

2. Also, when defining something as routine practice, how is heterogeneity amongst practices in a facility – by individual providers, level of providers, time of day – accounted for? This needs to be stated clearly.

Response: How the heterogeneity was captured has also been discussed in methodology section (page 10-11)

Minor Essential Revisions

1. Some sentences in the results section give the impression that the number of deliveries is the unit of analysis – for eg. “the practice to monitor foetal heart sounds during labour increased from 9% to 48%”. This needs to be changed to reflect that the unit of analysis is the facility.

Response: This has been changed to reflect the unit of analysis (page 14).

2. Similar changes as in Point No. 2 above need to be made in the titles of Tables 4, 5 and 6.

Response: We feel that the titles of these tables is appropriate, since they reflect the effect of the intervention on practices, across facilities. We have already described in description of intervention in text that the unit of analysis is facility. Hence we have not made any change in title of tables.

3. In the references section, there are some errors eg. in the date of publication, eg. in ref no. 8. Also, some references are cited more than once. This needs to be corrected.
Response: We have corrected these errors. The references cited more than once have been removed.

Discretionary Revisions
1. It would be useful for future policy and programme to analyze the data by level of facility – was the change more in district hospitals vis a vis CHCs or vice versa? Also, some data on what level of providers – doctors, specialists, nurses, nurse midwives

Response: If we were to analyze the data by each level of facility, the numbers will be too low to reflect a change of statistical significance, hence we have not analysed the data by level of facility. Further, our intervention was not designed to capture practices by level of providers.

Kindly get in touch if any further clarifications are needed. We look forward to your response.

Best regards.

Kirti Iyengar
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