Reviewer's report

Title: Birth Preparedness and Complication Readiness among child bearing age women in Goba Woreda, Oromia Region, Ethiopia

Version: 1 Date: 7 May 2014

Reviewer: Heather Whitford

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This is a potentially interesting study on an issue of importance in a country such as Ethiopia. However, the paper is long winded in places, and does not acknowledge sufficiently the cultural context or local situation.

Major Compulsory revisions are needed before it would be suitable for publication:

1. Is the question posed by the authors well defined?
   An attempt is made to justify the need for the study, however as similar studies have been done in other areas of Ethiopia, it is not clear why this study was needed. Is this area different to the other areas previously studied?
   Page 3, para 2 – how does the maternal mortality compared to rates in other countries?
   Page 3, para 3 – more details are needed of who prepared the BP/CR package and how it was developed. Was it developed for Ethiopia specifically?
   Page 3, para 4 – reference is needed for the first sentence. This section needs to be placed in the context of the health service provision. More information is needed about the local background - health care in the country, transport infrastructure, ambulance service, blood transfusion, etc. In many other countries women have intrapartum care from an early stage in their labour, so recognition of complications would be done by HC staff.
   Page 3, para 5 – this also needs to be placed in the context of local antenatal care arrangements. High risk pregnancies – are these recognised during pregnancy and appropriate plans for place of delivery put in place?
   Page 3, para 5 ‘mandatory’ – who says?
   Page 3, para 5 – as before, more background needed to put this in context
   Page 4, para 2 – this information might be better earlier in the paper, as it helps to explain why the package is needed. More information about the geography of the different areas is needed (distance to HC facilities?)

2. Are the methods appropriate and well described?
   Page 4, para 3 – study area – what is a ‘woreda’? and a ‘kebele’? The area details are useful, but too much detail is given. This needs to be summarised.
   Page 5, para 1 – lacking clarity. The population was not all women in the age
group – only those who had given birth. These two bits of information need to be given together. What is the relevance of the total number of women in the area? It would be more relevant to know how many had given birth in the last 12 months.

Page 5, para 2 – there is no need to give the formula, just the final figure of the calculation.

Page 5, para 3 – sampling procedure – ‘spined’?? This section needs to be explained more simply. What happened if the household did not include a woman who met the inclusion criteria? What if there was more than one? Did starting at the health post bias the sample?

Page 7, para 4 – validation of the questionnaire – how was this done? The sentence ‘Furthermore…’ is not clear. More information about how the questions about BP/CR were asked is needed – were they open questions or were participants given a list of options? If they were asked open questions, how were the responses categorised? Information about translation/back translation of the questionnaire should also be given.

3. Are the data sound?

Statistics are reported inconsistently e.g. page 3 in same sentence 10% and ‘9 in every 10’

Page 9, para 2 – Result – how many mothers were approached? How many refused?

Page 9 – The results section is written in a long-winded style. The main or key findings need to be highlighted in a more succinct manner and the Tables used more effectively to supplement the text. It is not necessary to repeat every finding in the Table as well as the text. There needs to be consistency between the table and the text – in the text the mean and SD is reported, but this information is missing from the Table.

Page 9, para 2 - There is inconsistency in the number of decimal places reported.

Page 9, para 3 – the information in the text about live birth, abortion and stillbirth is wrong (or does not tally with the information in Table 2).

Page 9, para 4 – It is not clear what this information means – did the women attend antenatal care in their last pregnancy (not ‘before their last pregnancy’ as currently written)?

Page 9, para 5 – the use of the word ‘follow’ is not quite right. ‘had a plan to follow ANC’ – what does this mean? ‘had made ANC follow up’ – not clear. ‘followed three times’ – not clear.

Why is the information in the last two paragraphs on page 9 and the first three on page 10, not reported in a Table? Why is some information presented in a Figure rather than a Table like the rest of the data?

Page 10, para 4 – how was ‘not knowledgeable’ defined?

Page 10, para 5, 6, 7 – this information is not presented in a table. The text is
difficult to read.
Page 11, para 1 – how was ‘prepared for birth and its complications’ defined?
Page 11 – logistic regression – how were the independent variables selected?
Page 11 – ‘odds’ is incorrectly written as ‘odd’ a number of times.
Table 1 – is Family size the number of children or the number in the household?
What currency is the income measured in?
Table 2 – Is it necessary to give both gravidity as well as parity? Abortion – does this include abortion and miscarriage?
Table 5 – how was birth preparedness defined? The variable has been dichotomised – how was this done? Italics – significant findings – needs to be explained in a key in the table.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   See comments above.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Page 12 – Discussion. There are some interesting points made, however the discussion needs to be rewritten to improve the clarity of expression, be more succinct and to identify more clearly the reasons for the similarity or difference of findings with other studies. The main findings need to be summarised clearly. The discussion is very brief and does not consider the political, economic, cultural, geographical or societal aspects in Ethiopia (or other countries where similar studies have been carried out) that might be relevant. A greater range of literature should have been considered in the discussion.
   How representative was the sample?
   Page 13 – Recommendation. The paper places a great onus on the woman and her family to have the required knowledge and to make the necessary arrangements/plans for delivery and for emergencies. In other countries with better health services and with better access to trained staff, the assumption is that the services and staff will identify and initiate treatment in an emergency. Women are not expected to be birth prepared or ready for complications. In Ethiopia there will be many reasons why the burden is placed on women, but these should be acknowledged. The recommendations in the paper are that women should be better prepared and better educated. Surely there is also a great need to improve access to skilled care at delivery and improve access to facilities for all women.

6. Are limitations of the work clearly stated?
   The strengths and limitations section is very brief.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
8. Do the title and abstract accurately convey what has been found?
   Yes

9. Is the writing acceptable?
   The paper needs proof read. There are numerous grammatical and typographical errors, including sentences missing ‘the’ at the start.
   There are no page numbers at the start

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests