Author's response to reviews

Title: Assessment of facility readiness and provider preparedness for dealing with postpartum haemorrhage and pre-eclampsia/eclampsia in public and private health facilities of northern Karnataka, India: a cross-sectional study

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Author's response to reviews:

Editorial comments:

# Comment Response

1 Please provide test case scenarios and questionnaires as well as facility check list as additional online material. Uploaded

2 Methods/Data analysis: please identify clearly exposure and outcome variables. Please mention that you calculated proportions (of what), confidence intervals (specify confidence level). For what kind of comparison did you use the t-test (proportions, means?), which significance level did you use? The details are provided in the data analysis section

3 Table 2: Please be consistent in the number of decimals you present. Rectified

4 Tables 3,4: Reporting p-values as >0.05 or <0.05 is not acceptable. It makes a difference in the interpretation whether a p-value is 0.55 or 0.055, whether it is 0.049 or 0.0049. Please provide exact provide exact p-values when STATA produces them; when STATA produces 0.000 report <0.001. Make sure all acronyms are explained in the footnotes, including IC, PPH, ANM. Specify in a footnote the statistical test that has been used to produce the p-value." P - value related corrections are made. The acronyms are expanded. The statistical test is added.

Reviewer’s comments (1):

1 Add the benchmark associated with the indicators (national / international guidelines) in the introduction or methods section The guidelines are briefly described in the methods section; introduced as subsection – Facility and provider guidelines
2 Clarify the sampling strategy as well as the no / profile of interviewers. More details are provided.

3 Emphasize in the results section with emphasis on interpreting summary findings vis-à-vis the bench marks/ guidelines. The results are linked with the guidelines.

4 Add Q1 and Q2 quartiles for Table 2. We looked at more detailed analysis in terms of proportion of facilities that had the required staff; we have also added mean and quartiles in the table as suggested.

5 Language editing in the results section, editing Table 2 and rectifying the total no of higher facilities reported in page 7. This is rectified.

Minor essential revisions:
1. The paper would be strengthened if the discussion section broadened the findings to the wider India and International context.
2. Lines 87-91: Would be best supported by more credible references from WHO or UNFPA, instead of the current reference #1.
3. Lines 99-109: Would need references to support the major points made therein.
4. Lines 111-112: How do ASHAs set up and strengthen the infrastructure and resources to provide emergency obstetric and newborn care services?
5. Lines 115-116: What does the presumed “increase in other infrastructural developments” mean? The word “development” already has the notion of increase.
7. Line 182: the closing bracket after “hospitals” is hanging.
8. Lines 229-230: Better moved at the beginning of the paragraph (as done for Table 2).
9. Lines 243-244: Better moved at the beginning of the paragraph.
10. Lines 260-263 (Another cross-sectional … maintained): Then what?
   1) References from Uganda, Tanzania and Thailand added.
   2) UN reference (1) is added.
   3) References 11 and 12 added.
   4) Reworded and clarified.
   5) Reworded and clarified.
   6) Moved up.
   7) Rectified.
   8) Moved up.
9) Moved up

10) Reworded and clarified

Reviewer’s comments (2):

Abstract:
• In the background, the authors write ‘institutional delivery rates are increasing in India, but maternal mortality has not yet fallen as much as expected’ (line 28-29). It would be good to know the magnitude of reduction in maternal mortality expected.
• In the methods section of the abstract, the authors have reported the sentence ‘but experienced poor response rates due to non-availability and non-maintenance of case sheet’ (line 38-39). This sentence would better fit in the results section.
• In the results section, clarifying what magnesium sulphate is used for would make it easier for layman to understand the article (line 41).
• Reworded and simplified. The details are added in the background of main text.
• Shifted to results section.

• The importance of magnesium sulphate is added.

Background:
The second paragraph is quite long. It would be useful to separate the description on existing infrastructure from policy (i.e line 107). It would also be good to describe MDG-4.
The sentence is shortened and simplified. The first paragraph has a brief description of MDG 4.

Methods: In the study setting, the sentence ‘There are large regional disparities in health infrastructure and service delivery between southern and northern Karnataka districts’ isn’t very important to mention as this is not a comparison study.
Crude birth rate and infant mortality rate should be reported with their measurement units (line 134). We felt this would help the reader contextualize the findings better.
The units for CBR and IMR are added.
The section on study coverage would better fit in the results section (line 164 to 178).
Line 182 should have a ‘(‘ between ‘facilities’ and ‘community’. Study coverage details are brought under results section.
The sentence is simplified for better clarity.
Minor revisions:
Methods: The variables used in the study should be described, including the different medications and what are they used for.

The meaning of ‘scheduled caste’ should be explained.

The line 141 states that there were 107 higher public facilities, however, the tables shows a number of 111.

In line 145, ‘taluka/district hospital’ should be replaced by taluka and district hospital as I understand that the study included all the public sub-district and district hospitals.

It should also be clarified whether the providers in each health facility were randomly selected or those who were interested to participate were included.

Results and tables: There should be uniformity in reporting the decimal points.

Discussion: The authors state that having a good coverage of the private sector (line 249) is unusual. This should be clarified.

References: The referencing needs to follow BMC Pregnancy and Childbirth reference style.

Tables: The tables are very informative and easy to read. The titles of tables 3 and 4 should be slightly modified since they contain data at both provider and health facility level, not just provider level as is stated in these titles.

Some information on whether these data at health facility level in table 3 and 4 are an average of all staff (doctor, nurse and obstetrician) at each health facility level or otherwise should be provided in the methods section.

Reporting the exact p-value in numbers would facilitate assessing the strength of association. Otherwise, there should be uniformity in reporting the p-values.

The guidelines are added in the methods section and the medications/ protocols are explained.

Mentioned in the footnote.

This is rectified.

This is rectified.

This is explained and clarified.

Rectified.

There aren’t many studies studying private hospitals due to inherent challenges in enrolling them in the study and hence this comment. The sentence is
rewor[ed.
Rectified.
The titles of tables 3 and 4 are clarified.
This is explained for better clarity in the methods section, under data analysis.
Exact p values reported.