Reviewer's report

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

Version: Date: 7 July 2014

Reviewer: Jean Christophe Fotso

Reviewer's report:

The paper addresses a critical issue related to maternal mortality in a country like India. Its rationale points to the need to move from mere access to care, to quality of care. The goals are clear, the data used to reach these goals - primary quantitative, facility data – look sound, and the methods of analysis are simple, yet appropriate. I present below the major revisions that need to be made before the paper is deemed acceptable for publication, as well as other minor revisions.

Major Compulsory Revisions

First, the authors need to provide (e.g. in the introduction or methods section) the benchmark associated with the indicators covered, or the national/international guidelines and norms related to the subject matter, to allow readers who are not health professionals to understand the paper’s findings. For example what are the crucial drugs and equipment that need to be available, and at which level of care? The results section reads on Page 9: Oxytocin and misoprostol were available in less than half of the public facilities at the time of study. This finding is less meaningful, unless the reader knows the norms and regulations around this drug, and how critical is its presence (or absence).

On Page 10, the results show that “For eclampsia management, only 24% would administer oxygen, 54.1% and 65.1% of providers would administer anti-hypertensives and magnesium sulphate respectively”. These findings would be meaningful had the authors indicated the international or national norms and guidelines around this knowledge matter.

Second, the sampling strategy needs to be further clarified. For example, why did the investigators select 33% of PHCs, 10 private hospitals …? And within facilities, how was the selection of providers made when there were two or more eligible respondents? Also the number and profile of the interviewers (referred to as field investigators) should be clarified (e.g. where they health professionals? How did the project ensure that they grasp the complex set of issues to be investigated?).

Third, because of the lack of clear benchmarks, the results section is cluttered with statistics. The section needs to be re-written, with emphasis on interpreting summary findings vis-à-vis the benchmarks/guidelines, as compared to mere citation of statistics from the tables.
Fourth, Table 2 needs an indication of dispersion. I would recommend the use of the Q1 and Q3 quartiles (basically the minimum and maximum values of the sample’s middle 50%).

Fifth and finally, the paper needs a great deal of editing, especially the results section where the word “respectively” is often misplaced or misused (it is typically preceded by a comma). For example, a sentence like “The higher facilities had an average number of 0.2 and 0.4 193 obstetricians in public and private facilities respectively”, needs to be improved. Table 2 also needs to be edited. For example, the phrase “Average no. of doctors in each facility” is not accurate; it should be “Average no. of doctors” (average already suggests the figure is for one facility). On Page 7, adding 8+34+69 gives 111 higher public facilities, and NOT 109 as reported.

Minor Essential Revisions
The paper would be strengthened if the discussion section broadened the findings to the wider India and International context.

Lines 87-91: Would be best supported by more credible references from WHO or UNFPA, instead of the current reference #1.

Lines 99-109: Would need references to support the major points made therein.

Lines 111-112: How do ASHAs set up and strengthen the infrastructure and resources to provide emergency obstetric and newborn care services?

Lines 115-116: What does the presumed “increase in other infrastructural developments” mean? The word “development” already has the notion of increase.

Lines 135-137: Better moved to the beginning of the paragraph.

Line 182: the closing bracket after “hospitals” is hanging.

Lines 229-230: Better moved at the beginning of the paragraph (as done for Table 2).

Lines 243-244: Better moved at the beginning of the paragraph.

Lines 260-263 (Another cross-sectional … maintained): Then what?

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

**Quality of written English:** Needs some language corrections before being published

**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.