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: 2
Date: 9 July 2014

Reviewer: Chandni Joshi

Reviewer's report:

The authors have selected an important topic that deserves attention. The research question is well defined and the manuscript is interesting and informative to read. The paper is useful for improving maternal and child health in developing countries. Nonetheless, it needs some minor essential revision before being accepted for publication.

Discretionary Revisions

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).

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.

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).

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’.

Minor Essential 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.

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.