Reviewer’s report

Title: Provider Type and the magnitude of childbirth related complications among postpartum women at the community level in Kenya: a case-control study

Version: Date: 3 June 2014

Reviewer: Elizabeth Echoka

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REVIEWER’S REPORT-Elizabeth Echoka.

Major Compulsory Revisions

1. Use of the term postpartum women in the title is quite misleading. Postpartum is the period beginning immediately after birth and extending to about six weeks. If this term has to be used in the title, there is already a conflict between the title and inclusion criteria, for which is a woman who delivered within the last 12 months. Thus, there to revise the title (remove the word postpartum)

2. Need for a clear description of provider type right from the beginning to guide the reader that the type is in regard to provision of skilled birth services at facility and outside the facility.

3. Adopt the term “skilled birth attendance” (SBA) and use the abbreviation where appropriate throughout the manuscript for consistence when referring to the type of provider (i.e. SBA and non SBA)

4. In the last paragraph of the abstract describing the purpose of the study, the sentence is too long making it unclear. Consider revising to address the following:

Is the study assessing nature of complication between the SBA and the non SBA OR the role of socio economic, demographic factors and health related factors and occurrence of complication. If both are applicable, clearly separate the two aims of the study

5. In methods section under study design, area and target, remove information on study population since this adequately addressed under the target population subsection.

6. In first paragraph under study area, refer to Comprehensive Emergency Obstetric care (CEmOC) and not comprehensive essential obstetric care (CEO C) to conform to the revised 2009 WHO guidelines on EmOC.

7. In the study area, refer to the other two facilities in terms of basic EmOC or non EmOC for consistency in describing the facility level to manage complications.

8. Adopt either America or United Kingdom English for consistency in language throughout the manuscript

9. In paragraph one of the target population, separate the direct causes of
maternal morbidity and direct cause of maternal mortality. The morbidity issues are usually symptoms that eventually result to a complication and maybe death.

10. Under Selection and matching of cases and controls, it is inappropriate to imply since the cases and controls were drawn from the same location, they had similar socio-economic profile. Clarify on this.

11. in sampling procedures and data collection, the reference on “quality of care received during antenatal care, prevalence of disrespect and abuse of women seeking various reproductive health services”;
   (a) First data on quality of care received can only be collected qualitatively, because this is a perception by the women. You cannot measure quality of care quantitatively, but only qualitatively. Which brings a conflict, because the study was purely qualitative, using a structured interview guide? Kindly clarify.
   (b) Second, you cannot measure prevalence of disrespect, but proportion of women who reported disrespect and abuse.

12. In reference to the second subtitle in results on “Attendants at child birth and place of delivery for cases and controls” an assumption is made that the fact that a woman delivered in a health facility means that it was by a skilled attendant. Was this fact investigated, and what informs this assumption if not? Secondly, it is plausible that the controls had fewer complications. Because there was no complication needing hospital attention. In setting where there is low hospital delivery, most women will seek care at the hospital when they experience a danger sign (refer to Echoka et al, 2014 on barriers to EmOC: accounts of survivors of life threatening complications). Thus, there is need to clearly bring this out and discuss the finding that most women who had complications were the one who were delivered by a SBA. This is expected, because the ones, who did not experience a complication, had no need to seek SBA.

13. In results, there is need for a profile of facilities visited by the women, in terms of perhaps ability to provide EmOC.

14. in subsection on Management and referral of obstetric complications, hemorrhage was the major complication reported. It would be interesting to clarify on how hemorrhage, which is a major obstetric complication and a leading cause of maternal mortality in Kenya, was successfully managed at home.

15. in subsection on Main Reasons for home deliveries, the last paragraph referring to “women cited poor quality of care”, need for a description of what women perceived as poor quality of care. In addition, quality of care during ANC cannot be assessed based on number of visits as stated. Perhaps what was done, based on the standard practices during ANC may provide some insights on quality of care (e.g. was nutritional counseling done HIV counseling and testing, etc)

16. The subsection on “Occurrence of obstetric complications and demographic and socio-economic factors” in results should appear much earlier in the results section for good flow.

17. In discussion, on Leading causes of obstetric complications and referral practices, anemia during pregnancy is not a leading complication. Unless
referring to loss (ante or post partum hemorrhage), which is very different from anemia. Revise

18. In the last part of the second paragraph in discussion referring to “Women whose complications were managed mentioned that they received drugs and counseling services………………Investments into such locally available opportunities could help address some of the referral related challenges such as long distances traveled to health facilities and other factors that contribute to delays in decision making to seek care at the community level”, if the study did not investigate the community providers capacity to manage complications, the assumptions in the statement should not be made.

19. Avoid restating the findings in the discussion.

Minor Essential Revisions

1. Remove the words “the” from the title but can be used only after reference to the terms has been made.
2. The background in the abstract requires beefing up to reflect the issues under investigation.
3. The abstract require beefing up to include the data collection approaches
4. In background section of the abstract consider revising the sentence “Skilled attendants are critical in the provision of delivery services” to “skilled birth attendance (SBA) is critical in provision child birth related services”
5. In the last paragraph of the background remove the word “serious” complications and replace with “major” complications
6. The first subtitle on results, refer to “of women” or “Participants” and not of cases and controls
7. Last sentence in results, on social economic and demographic characteristic of women, change “social-economic” to socio-economic
8. The second subtitle in results “Attendants at child birth and place of delivery for cases and controls” requires revision for clarity and consistency.

Level of interest: An article of outstanding merit and interest in its field

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

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’