Reviewer's report

Title: Maternal Mortality at Muhimbili National Hospital in Dar-es-Salaam, Tanzania

Version: 2
Date: 29 June 2014
Reviewer: abdulkarim mairiga

Reviewer's report:

Major Compulsory Revisions

METHODOLOGY

a) Study design – ok
b) Study site: This section is grossly inadequately written. It is good to know how many beds are available in MNH for deliveries and how many staff are available at a given shift. This is necessary because we are also looking at the standard of care in the said hospital. Availability of beds and personnel will surely have impact on the quality of services.
c) Data Collection
The authors should specify the guide/criteria for the review done by ABP and CP? In case I want to replicate similar study in another hospital, what are the review guidelines?
Line 122. When did the authors consider that antenatal care visit was insufficient? How many visits?
Lines 124, 125 & 126 states that “Moreover delay in seeking care such as admission in the hospital while in critical condition like shock, coma, gasping stage or HIV/AIDS stage four was considered to have experienced a delay in seeking care”. That is NOT always true. Take examples of pulminant-preeclampsia/eclampsia which usually developed and progress rapidly, also abruption placentae can develop and progress rapidly and even postpartum haemorrhage may present in critical condition not necessarily due to delay in presentation.
Lines 129/130 indicated that “In some of the cases women had more than one substandard care factor identified”. But this is Not shown in the result section.
d) Line 135 - Methodological consideration.
This is better called “Ethical considerations

Minor Essential Revisions

RESULTS

Table 1. Under Occupation – The word “Employed” is broad. What type of employment? See my sticky note
1) Poor compliance to treatment
Where does the poor compliance to treatment happen? Is it in the MNH? Or the referral hospitals?

2) Insufficient antenatal care
How many visits do you consider insufficient?

3) Poor management
Is it non-compliance to protocol or poor knowledge of the management of the conditions?

4) Delayed investigation
How does this contribute to maternal death? Does it mean that the service providers wait for lab. results before commencing medication/resuscitation?

5) Delayed diagnosis
How does this contribute to maternal death? Does it mean that the service providers wait for lab. results before commencing medication/resuscitation?

6) Lack of medications
Lack of medication or lack of funds? No medication in MNH?

Discretionary Revisions
The statistics is insufficient as it does not show any relationship between maternal death and the substandard care factors.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**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'