Reviewer's report

Title: Maternal and fetal outcomes of low risk women presenting in latent phase compared to active phase of labour at Bugando Medical Centre Tanzania

Version: 2 Date: 6 September 2013

Reviewer: Barbara Kwast

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Compulsory Revisions
1. The authors are requested to state whether they used a composite partograph and a management of labour guideline/protocol that gives recommendations on when to do ARM, augmentation etc.

2. It is important to know whether the authors present women admitted in latent phase who actually delivered in latent phase or how many progressed to active phase and delivered left of alert line, between alert and action line and beyond action line.

Example: In the Abstract under Results, line 8: "SVD was higher in active phase than in latent phase" ? admissions.

4. It is advisable to check the manuscript related to the English language.

5. In the section on Background: Line 3: the latent phase......up to 3 cms. Does that mean that the authors used the composite partograph, but they then go on to state that the active phase starts at 4 cms. That is so with the modified partograph. If they use the composite partograph, then the active phase starts with the alert line at 3 cms. Again in line 17: ......admitted in latent phase of labour, 3cms cervical dilatation or less. If the composite is used, the the text should state 2cms or less, because 3cms was considered the start of active phase.

Also in background: line 25: "unwarranted Caesarean delivery may be performed during fals labour or latent labour". This surely is not good obstetric practice in latent phase unless there is an emergency situation and what do the management of labour guidelines state?

Under Methods: Please write out abbreviations DM, HTN, PPH, CUHAS/BMC etc when first used.

Methods: Para 2: why is the latent phase different for primigravidae and multiparous women? up to 3cm and up to 4 cm? and active phase is above 4cms? With a modified partograph it is from 4 cms for both primiparae and multiparae.

Results: Para 2: (Table 1) Most primigravaida women presented in the active
phase of labour - that should be calculated out of the total of primigravida women: 234 out of 354 = 66.1% OR 234 out of 500 = 46.8% Or the English sentence should be phrased differently.

Table 2 needs corrections: C/S = 87 for latent phase admissions and 60 for active phase admissions. This means that the denominator for fetal distress, CPD and obstructed labour need to be the same for all three reasons unless CPD and obstructed labour are not the reasons for C/S.

Mode of delivery for latent phase admissions is SVD for 153 women and no for 97, but there were 87 C/S and 11 AVD = 98. The numbers for active phase admissions is correct, but again the denominator for reasons for C/S, if CPD and obstructed labour are included do not add up to 60 for C/S.

Conclusions: Why were there more PPOH in women admitted in active phase: what was the management of 3rd stage (?active) and what were the parities?

It is interesting to note that results were similar in the WHO multicentre trial in the Asian population (Lancet 1994) and in the articles: The modified partograph: do we need a latent phase? by Barbara E. Kwast et al. African Journal of Midwifery and Women's Health, July-September 2008, vol. 2, no 3 pp143-148. The latter has not been cited.

References: there is no no. 11, but it has been in the Discussion, para 2,line:6.

Level of interest: An article of importance 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.