Reviewer's report

Title: Behaviour change in perinatal care practices among rural women exposed to a women's group intervention in Nepal [ISRCTN31137309]

Version: Date: 25 April 2006
Reviewer: Christine MacArthur

Reviewer's report:

General
This paper reports on work undertaken as part of a very important well-designed cluster randomised controlled trial of the effect on birth outcomes of an intervention based on women's groups in Nepal. The main trial outcomes were reported in the Lancet in 2004 and the development of the intervention was reported in BMC Pregnancy and Childbirth in 2005. In this paper changes in four items of perinatal care in the large group of women who conceived during the trial period and had already had a previous live-birth are investigated. In trials such as this one, that evaluate complex interventions, it is very important to obtain as much data as possible to learn about processes whereby any differences in main outcomes might have arisen.

The questions posed by the research team are well defined and the data collection and analysis are appropriate. It is a relatively complex analysis but is well described. The results are also clearly presented and described. The Discussion generally follows the same pattern, although there is one addition that I consider is required (see below).

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

It is stated in the Results that for all perinatal care practices except not discarding colostrum, there was more capacity to change for the better in the control clusters - there were quite large differences for antenatal care attendance and boiling the blade. The converse of this is that there was more good practice already being followed at baseline in the intervention clusters. Adding together from Table 2 ‘GOOD™ and ‘WORSE™(both categories where good practice was already being followed) for antenatal care attendance this was 44.2% in intervention clusters vs 17.7% in controls, and 38.9% and 19.8% respectively, for boiling the blade. In my view some discussion on this is essential, particularly since any baseline differences in such process outcomes are relevant to the interpretation of the main trial outcomes.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

In the Introduction end 2nd para skilled birth attendance is noted as an accepted important practice but this is not one of the ‘sentinal practice’ included in the analysis. Perhaps the authors could explain why they are not using this but are using two measure of cleanliness.

Since the analysis is complex, in the text describing Table 2 it would be more consistent to give the OR and 95% CI to 2dp as in the Table.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No
Declaration of competing interests:

I declare that I have no competing interests