Author's response to reviews

Title: Home delivery and newborn care practices among urban women in western Nepal: A questionnaire survey

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Author's response to reviews: see over
Reviewer: Edwin van Teijlingen

Reviewer's report:

General

1. This study is an interesting contribution to the literature on childbirth practices in developing countries. The question is reasonably well defined, but the occasional poor use of English makes it hard to assess some of the detail.

Professional assistance was sought to edit the manuscript.

Major Compulsory Revisions

Results

2. I am always worried if researchers managed to achieve a 100% response rate, it raises the question in my mind: To what extent was the consent truly informed, and to what extent did women feel they had to participate? I know that participation rates in maternity care research is higher in some countries and populations than other, but I wonder if the interviewers were seen as part of the health service provision, rather than as independent researchers. I would like to see some reflection on this on the Discussion.

None of the women who had delivered at home and visited the immunisation refused to participate in the interview. The mothers may have perceived the interviewers as a part of the health service team. The mothers were explained about nature and purpose of the study. They were assured immunisation regardless of their participation in the interview and verbal consent was also sought. This has been mentioned in discussion.
However we cannot rule out the possibility that women still may have perceived the interviewers as health service rather than independent researchers.

Sociodemographic

3. The mean family income was + USD 90 which is over 1,000 p/a, the authors informed us that the per capita income is USD 240 p/a under Study setting™, even with a husband an wife working that makes only 480 p/a. Is the study population far more affluent than the average Nepali family? Or is the USD 240 in the study setting out of date? The reader can™t check this information as it is not referenced! This needs to be addressed in the Discussion as it affects potential generalisability!

We agree with the reviewer’s comment. In general urban population may have a higher per capita income than the rural. Since Nepal is an agrarian economy this finding in our study may be correct. This explanation has been provided in discussion.

The latest figures for per capita income and reference has been provided in the manuscript.

4. The authors suggest correctly that there might be some bias in the reported study as perhaps up to ten percent of women might not come for immunisation. They ignore that fact that high infant mortality rates (reported in Study setting) mean that that the proportion of children born at home will not have reached their first birth, and hence their mothers did not attend the immunisation clinic where this study was conducted.

This point has been explained in discussion.

Tables
5. Presentation is rather simplistic. The reader is left wondering whether observed differences between planned™ and unplanned™ home deliveries are statistically significant. The authors should be able to test for significance, and probably show some to be statistically significant with an overall sample size of 240 which is reasonably equally divided (140 versus 100).

We attempted to cross tabulate planned and unplanned deliveries and chi square test was used test statistical significance. Heating of the birth place was statistically significant and others variables were not significant.

Minor Essential Revisions

6. The paper needs to be better proof-read! The use of the English language needs improving. Sounds grammatically odd to ask for oereasons for childbirth, women may choose™ the place of birth, but they are not choosing childbirth (in this context). In other words, the main reason for childbirth is that the woman is pregnant.

The sentence which sounds grammatically odd has been changed through out the manuscript and new title has been given as suggested.

Suggest new title, for example:
7. Home delivery and newborn practices in urban women in Western Nepal: A questionnaire survey.

This new title has been given in for revised manuscript.

Abstract

8. The authors confuse the terminology for qualitative and quantitative research methods. In the Abstract it should read: Two trained health workers administered a semi-structured questionnaire to mothers.

Suggested changes made.
9. The Abstract’s Conclusion should make reference to the fact that what ever is addressed in terms of high-risk traditional newborn care practices needs to be done in a culturally sensitive way in the suggested community-based health education programmes

Suggested changes made.

Style

10. Percentages: the authors use “oexx per cent” and “oexx%” in the text. I would suggest “%”, apart from when the sentences starts with a number. ALSO the authors some time give no digits e.g. 58%, some times one, e.g. 11.3% and occasionally two digits e.g. 41.67%. I would have thought that rounding at one digest was the most the authors could defend in a sample this size.

These suggested changes have made in all sections of manuscript.

11. Some mixture of UK and US English used in the text, (e.g. immunisation and immunization AND labor and labour) need to be consistent.

These suggested changes have made in all sections of manuscript.

12. Numbers one to ten in full in the text, 11 and higher can be numbers.

These suggested changes have made in all sections of manuscript.

Methods

13. The sentence “oeAll the interviews were supervised the “oeThe administration of the questionnaires was supervised by the chief” should perhaps read “oeThe administration of the questionnaires was supervised by the chief”
Suggested changes made.

Discussion

14. I would want to see the particular finding of this study mentioned first and results on the same aspect in other studies on in the literature in general after that.

   The key findings of this study and similarities of the findings (As suggested by reviewer 2) in urban and rural areas have been described in a paragraph.

15. Not sure what a “wood knife” is, it is a knife with a wooden handle, a wooden knife or a knife used to cut wood?

   Clarification it is wooden knife i.e knife with wooden handle

16. In the same paragraph “complimented” should be “complemented.”

Changes made.

17. The Discussion on dressing the umbilical cord with ghee, oil, etc. does not state the obvious, namely that these substances are not sterile. ‘Unsterile substances’ has been mentioned in revised manuscript.

18. Infant feeding section finished with a throw-away line about “However these traditional practices may vary in other Asian countries”, as the paragraph makes no further mention to other countries, I suggest removing this sentence.

   Sentence deleted

Tables

19. All percentages in Tables 1 and 3 should read maximum of one digit, i.e. xx.x%
20. Table 5 what does ‘precipitate labour’ mean?

Meaning of precipitate labor explained as a footnote.

21. Table 1 states 240 women and Table 2 states 240 births. From the text one would suggest that it is 240 women (some might have had twins, so the number of births is perhaps higher). Again, the authors need to be consistent.

Corrections made in the table.

References

22. After the numbered references there are two unnumbered references, did the authors mean to include these or are they redundant?

They are redundant

Discretionary Revisions

23. Study design: is it possible to have a copy of the questionnaire in English on the web?

24. Perhaps a little too much detail Kaski district as the study was conducted in the city of Pokhara.

25. Reads strangely that deliveries took place in a room or inside the house, as a room is by definition inside a house?
1. Is the question posed by the authors new and well defined?
The interesting question posed by the article is: what are the reasons for home birth in an urban population in a developing country? It seems to me that the article could capitalize more on this novel question.

As suggested we are considering a qualitative study on reasons for choosing home deliveries.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work? Data were collected over 2 winter months. Although there is no obvious reason why choice of home birth or care practices might vary over a year, the collection period was quite short and cannot exclude this possibility. Participants were enrolled at immunization clinics. This sampling frame may not quite be representative of the population, since it omits mothers who did not bring their infants to immunization clinics. This limitation is mentioned satisfactorily in the discussion section.

We do not think of any seasonal variation. However one cannot rule out such a possibility. There were some political disturbances and non-availability of transport as mentioned in the reasons which influenced choice of place of birth.

The explanation and justification of 10% of women who delivered at home and did not attend immunisation is given for further clarification in the discussion.
It is not clear whether the reasons for home birth were derived from an open question and then post-coded, or whether the responses were precoded. Could the authors insert a sentence or two to explain how the reasons were categorized?

The reasons for home deliveries had both open and closed-ended questions. Planned or unplanned has been explained in methods section of the manuscript.

3. Are the data sound and well controlled? Within the parameters of the study, the data are plausible. The minimal attendance of mothers-in-law at birth is unusual and presumably relates to the demography of the sample women. Could the authors comment on this, as it is a surprising finding? Did most of the women deliver at their maitighar?

This surprising finding was discussed and reason for such a finding in urban area is clarified. Demographic pattern of urban population may be different. More nuclear families in urban population rather than traditional joint families in rural areas. Unfortunately we did not collect information about if women’s home delivery was at Maiti ghar or husband’s i.e. in-laws house.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? The article replicates some of the form and content of previous publications, including specific sentences and even the separation, presentation, and titles of tables. See for example Osrin et al. BMJ 2002;325:1063-6. The particular publication cited above had a very large sample size, and because of this the results were presented as frequencies and percentages. With a sample size of about 200, however, readers might prefer to see confidence intervals for some of the more important findings.
By a systematic observation in the immunisation clinics we noted surprising number of women reportedly delivered at home. The authors were surprised if Home deliveries were common in urban areas also. One surprising fact is that most of maternity facilities are located less than one hour distance by road even from the farthest point of the city.
If this is the case why do women still deliver at home since accessibility was not a problem? This was how this research was conceived.

We failed to seek prior permission the reviewer’s work. i.e. Osrin et al. BMJ 2002;325:1063-6. I apologize with the reviewer for this lapse.

As I am an young researcher this lapse was due to lack of information or guidance. However now I have explicitly acknowledged the work which I have replicated.

Our study population was small and proportion (18.6%) of home deliveries was also small. Due to lack of funding and time constraints we could not continue the study for a longer period of time. There was also political disturbance which halted our study which was planned for four months.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Two issues deserve expansion.

First, since the article’s gist is the choice of home delivery, it would be good to expand on the choices in more detail. At the moment, the article works its way through data that largely replicate findings from other studies, and then gives equal weight to the reasons for choice. I’d suggest adding a paragraph to examine the reasons in more detail. For example, the first reason is given as ‘preference’. But isn’t this just another word for ‘choice’? It is
precisely the issues that lead to the preference that the study is interested in, and the authors could expand on the reasons for the preference.

The issue on the reasons has been elaborated in both Results and discussion. The reason for women indicating preference as the reason as been explained. Other possible issues about reasons and scope for further research have been discussed.

Second, since the findings largely replicate previous reports of larger studies, the unique selling point of the article is the fact that the urban situation seems so similar to the rural situation. Intuitively, this is the interesting and unpredicted finding of the study, and the finding in which readers might be interested. I think that the authors should expand on this in an extra paragraph. Why should levels of skilled attendance in an urban population be so low? Is service provision adequate? What do the authors think are the actual reasons that uptake is so poor? I would go so far as to suggest that the authors consider changing the title of the article to reflect this new finding and attract the attention of readers. For example: Are home deliveries the same in urban and rural Nepal? A questionnaire

These unpredicted and interesting findings have been summarized in a paragraph showing the urban-rural similarities childbirth and newborn care practices.

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

1. The authors have chosen most of their variables and structured the article in the same way as a previous publication. This is reasonable, but needs to be acknowledged explicitly.
   Replied in previous section.
2. Add a paragraph expanding on the urban-rural similarity. 

An extra paragraph included in the discussion.