Author’s response to reviews

Title: Unmet need of emergency obstetric care in Tanga Region, Tanzania

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Author’s response to reviews: see over
Response to the reviewers reports.

We want to thank all reviewers for their constructive criticism and their helpful suggestions. In the following paragraphs, we address their concerns point by point.

a) Review S. Vangen:
General comments:
2. We have added a further qualification on why we took 2% as the lower limit in Tanzania.
5. The discussion has been reorganized.
6. We have shortened the title.
7. The article has been revised by a native speaker.

Major compulsory revisions:
None required

Minor Essential Revisions:
Issue of evaluating UON as a tool – we have chosen to keep this as an objective and taken up an evaluation of the usefulness of the concept in the discussion and conclusion.

The references have been checked.
Some of the abbreviations have been written out in a greater number of cases to improve the ease of reading.

Discretionary Revisions:
We felt that that reference to historical data refers to different aspects and refrained from reorganizing this part.

On page 8 we have moved the second section to where the urban/rural distributions are addressed.

Page 12 we have removed the sentence on urban-rural difference from the results to the discussion.

In the discussion we now refer to the proposed article Ronsmans, C The Lancet 2002, 368: 1189-1200 and strengthened the comparison to other studies.

The proposed title has shortened and revised.

b.) Review J. Hussein:
Major Compulsory Revisions:

1. The introduction now includes greater discussion on the justification for the use of the UON concept. We have included reference to UPN process indicators.

2. The rationale for the omission of other indicators such as eclampsia and abortion complications (non-availability of a reliable service-based routine documentation) has been added.

3. We covered all major obstetric interventions observed over a 2 years period in the three districts (n=1260). Concerning perinatal mortality (114 cases) we do not see that small sample size is an issue. Concerning maternal mortality (15 cases), we never stated that our objective is to produce a precise estimate, but rather to use to UON indicator to assess the state of maternity services.

4. We have revised the discussion substantially and added to the discussion on the value of UON as a tool for use at district level. We also discuss the problems encountered with the inclusion of blood transfusion and the validity of our data, highlighting that in one district (Tanga Municipality) reporting of MOIs may have been incomplete and its consequences.

Minor Essential Revisions:

1. The order of the tables has been revised.
2. The column titles have been made consistent.
3. The comment regarding the first paragraph on page one is accepted and has been reformulated.
4. The concept of threshold has been more thoroughly explained.

The article has been revised by a native English speaker.

c) Review M. Temmerman:
No major revisions required.