Reviewer's report

Title: Use of antenatal services and delivery care in Entebbe, Uganda: a community based survey

Version: Date: 18 April 2007

Reviewer: Albrecht Jahn

Reviewer's report:

General

This is an interesting paper on an important but under-researched area with potentially important messages for maternity services.

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

Methodology:

1. Study population: out of 440 eligible women with a previous pregnancy, 413 were available for the interview and reported 403 live births; there were one SB and 9 miscarriages. There is a likely selection bias as a much higher rate of still birth are to be expected. It appears that women with unfavourable pregnancy outcomes are grossly underrepresented. Where here specific exclusion criteria? Assuming that poor outcomes are related to poor services, poorly attended women may have been excluded from the study. Along the same lines, the authors should explain why they did not present data on early and late neonatal survival.

2. Recall bias and variables: It is well established that life events such as death are remembered for a long time, but circumstantial events like use of gloves, soap etc. may not be properly recalled even after 2 weeks.…

The authors refer to the issue in the discussion, but rather superficially "On the other hand, it is possible that responses with regard to pregnancies and deliveries occurring up to five years previously were subject to significant recall bias. However, the consistency seen amongst women’s responses with regard to the availability of individual antenatal services, and the consistency of these responses with the known timing of introduction of services at Entebbe Hospital in particular, suggests that women in reality had good recall of events."

However, this general statement ignores the fact the recall is different for different types of events (e.g. between asking about service availability of VCT and asking for use of gloves/soap during delivery) and that there has been previous research on the recall problem. Asking for details such as offered to breast feed < 1h (see table1) years after the event is a border line approach in the first place. If the authors decide to present these data they should a) clearly state the limitations and b) interpret them with outmost caution.

I strongly advice to restrict the scores (if not going back to the key variables) to a shorter list, including only variables for which some recall potential can be reasonably expected. I do not see this type of variables in the section on delivery practices, I assume that place and care giver during birth is the only reliable information here.

There is a big change the women reported what they assumed to be the desired practices by the interviewers (gloves, razor blade ....)

3. To my knowledge, women are told to keep there antenatal cards and many do so. This would provide an opportunity to cross-check information form the interviews. Where antenatal cards and delivery records used for validation purposes? If yes, results should be presented; if not there should be a n explanation.

Results:
4. Following the above comments, the validity of the scores should be re-visited; I suggest dropping table 3 and summarizing the observations in this field in a written text, as the underlying data are likely to be severely biased by the above mentioned recall problem.

5. If there are relevant data available from records (e.g. ANC cards), these should be presented

6. If available add survival data

Discussion:

6. The discussion lacks context data, e.g. DHS data on antenatal and delivery care. Among others, the authors refer to the 11% unskilled deliveries in their study area, without mentioning that this is way below the national data (above 50%). There are also a range of studies antenatal and delivery care quality and coverage from East Africa, which could allow the authors to compare their findings.

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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)

none

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Discretionary Revisions (which the author can choose to ignore)

Figures 2 and three are not very informative beyond the text and could be omitted from the main paper. Instead, giving times series for a wider range of variables in an extra file could provide valuable background information for interested readers.

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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I have no competing interests