Author's response to reviews

Title: Factors associated with lack of postnatal care among Palestinian women: A cross-sectional study of three clinics in the West Bank

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Author's response to reviews: see over
To: BioMed Central Pregnancy and Childbirth Journal

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Dear Editor, Dr. Lolu da-Silva

We value the opportunity to revise and resubmit our manuscript (MS: 7942460291845501) to BioMed Central Pregnancy and Childbirth Journal. Based on the reviewers’ helpful comments, we have revised the manuscript extensively as summarized below.

Reviewer: Jos van Roosmalen

major compulsory revisions
1. all authors seem to be external people. Are there no local people who have contributed as authors to this paper?

The first author (Enas Dhaher) is Palestinian with a nursing and public health background. She conducted this research as part of her DrPH requirements. Two assistants supported the data collection but did not contribute as authors.

2. have no authors from the field which is the subject of study (e.g. midwives, clinicians) contributed to the paper?

Enas Dhaher has a nursing and public health background and Rafael Mikolajczyk was a practicing physician (obstetrics and gynecology) until he accepted a position in academia six years ago.

3. methods: by taking women who bring their children for vaccination, you introduce a bias, which should be stated very clearly in the methods; there are many parts in the methods section, which are results.

We have now explained in the limitations section that there is a very high vaccination coverage in Palestine of > 95% and that clinics are the only places that offer infant vaccinations (apart from the United Nations Relief and Works Agency for Palestine Refugees in the Near East -UNRWA- primary health care clinics serving only the refugee camps). Therefore, most women bring their infants to the clinics for vaccination. Due to this fact and our very high response rate, we do not think that there was substantial selection bias. Results regarding missing responses were moved to the results section.

4. results page 8-10: you say "the majority of women in our sample" and in the next sentence you state: "Most women reported ..". According to your table "the majority"is 68.9% and "most women" is 53.2%. 53.2% is also the majority, but definitely not "most". Be more specific and just give the actual figures.

Changed and the actual figures were given

In the next sentence you state: ". only 17-19% of the women reported being informed about
danger signs related to the mother's or the baby's health .." According to the table 17% related to the baby and 19% to the mother, therefore change the ranking.

**Ranking was changed**

I do not understand the meaning of "previous experience" in text on page 10 just before discussion as well as in figure 2 ("have experience"). Experience of what?

**The item was related to previous pregnancies. We have now changed the wording.**

5. Discussion page 11: You state that it is important to increase this rate (of utilization of postpartum care) in order to lower maternal mortality in these countries. This statement cannot be made on the basis of the findings of this study: you did not report any maternal death in those who did not use postpartum health care!

**We have removed the corresponding sentence**

6. Discussion page 12: I do not understand the sentence just before risk factors for non-use: "This underscores the importance of providing all women with proper postnatal care at the hospital level and at the primary health care level that including providing information regarding potential complications in the postnatal period." Apart from incorrect english, I cannot understand that delay in crossing checkpoints (which in itself is a human right's violation) has\ anything to do with hospital or primary health care level.

**We agree that the argument was not clear and have removed the corresponding sentence**

Minor essential revisions:
1. background page 3: I do not think that "6 months post delivery" check up has\anything to do with maternal health care.

**Because a 6 months post delivery check-up is part of the WHO recommendation which is cited here, we left it in the text.**

Change "birth mothers", that is not a term normally used.

**Birth mothers was changed to women. It is clear from the context that the statement relates to women who have given birth.**

2. methods page 5: "We chose the clinics that .. had the most patients ..". "The most" is not correct.

**Changed to “highest numbers of patients”**

Under data collection: "previous experience working women" must be "previous experience of working with women".
We have modified the sentence.

3. methods page 6: "Women were approached after they had received the health care service". You can receive "health care", but not "the health care service".

We have changed to health care.
The last sentence on page 6 under "dependent variable" is so self-evident that I would say: just omit.

The sentence was removed.

Apart from that: 13 women, 4.9% missing is a result.

This information was moved to results section.

4. methods page 7: what you have stated between brackets after "level of education" under statistical analysis page 7. You already stated this under independent variables.

We removed the duplicate information.

3. results page 9: "multivariable logistic regression must be "multivariate".

Multivariate analysis refers to multiple outcome variables – some use the term “multiple regression analysis”, but there is a tendency towards increased use of “multivariable”.

4. discussion page 13: "instrument-assisted delivery" is called "instrumental vaginal delivery" in obstetrics. (also in table 1)

Changed to “instrument-assisted delivery”

5. limitations page 14: "UNRWA primary health care". Only use abbreviations if you first have given the whole name.

The abbreviation was spelled out.

Reviewer: Susan Watt

1. Major Compulsory Revisions
1. Abstract
   a. the sample was not “randomly selected”; it was a convenience sample

We removed the reference to the sampling scheme.

b. “postnatal care very important” -- in Table 1 this is reported as “postnatal care necessary”; which is it?
Changed to “postnatal care is necessary” as this is the way it was asked in the questionnaire.

c. data does not jibe; here 67.4% yes; table says 62.7% yes; it is 62.8% if it is 166 of 264 respondents

The percentage was 66.1% (166 of 251). The number was corrected.

d. all the data in the Results section should be double checked since only percentages are provided and it is not clear if multiple answers were acceptable or if answers were ranked; alternatively response rates could be included in Figure 2 (see discretionary revisions below)

Multiple answers were possible (as stated in the legend of Figure 2 and in the corresponding text).

2. Page 4 or 5 “Methods” – sample size justification should be provided

The information was added

3. Page 6 – in the description of the dependent variable, the authors have classified “don’t know” as missing data. This is hard to understand since it would appear to be a legitimate answer to the question, indeed perhaps an important insight into the behavior of the subjects. Therefore, at least a rationale is required for handling the data in this way.

We agree that “do not know” response might be interesting in this case, but since only 13 women chose this option we could not analyze it separately. On the other side we did not want to include these women in the other categories.

4. Page 6 on – the authors should refrain from using the term “normal delivery”. They might consider “unassisted vaginal delivery” as an alternative term.

Changed to “unassisted-vaginal delivery”

5. page 23 (Figure 2 title page) N is given as 166; the N was 167 (from Table 1)

Changed to 167, as 167 women who did not obtained postnatal care; while 166 are those who state that postnatal care is necessary.

2. Minor Essential Revisions

a. Page 4, last paragraph – “with medical or social background” – grammar; what is a “social background”?

Changed to “social science background “

b. Page 8, last paragraph “had more than 1 child, was not employed” – ”were note employed” – subject/verb agreement.
Changed to “were not employed”

c. Page 13, line 11 – “hospital may due” missing word -- “may be due”

Changed to “may be due”

d. Figures 1 and 2 need labels and consistent formatting (e.g., capitalization) sample and subset Ns should be added.

Ns for subgroups were added in Figure 1; in Figure 2 N is provided in the legend.

3. Discretionary Revisions
a. Page 4, line 1 -- women’s attendance of postpartum care – word choice?

We have now rephrased the sentence.

b. Page 4, last line -- explain the criteria for the selection of clinics; especially criterion 3 “sufficiently staffed and equipped”………..for what? How was sufficiency determined?

We have now added the requested information.

c. Page 5, 1st paragraph -- How is selection criteria related to “facilitate the conduct of the study”? How does the location and number of patients “ensure a wide range”? Volume is obvious; range is not

We have now clarified the statement.

d. Page 10, 2nd to last line of 2nd paragraph – “which is a traditional rule of”; perhaps “custom” would be a better word choice.

Changed to custom.

e. Page 11 – are there other sources of information/knowledge about pregnancy and delivery, other than medical sources, that are used by women in this area and does this account for some of the behavior?

Based on our knowledge, health care providers are the main sources of information about pregnancy and delivery. There are some health projects that provide information through the media (local TV and radio stations), but we don’t know the amount of information that is provided and the effect of this information on women’s behavior.

f. Page 11, last line “were risk factors” - consider identifying them as “predictors of”

We considered changing the terminology but preferred the term “risk factors” due to the cross-sectional nature of the study.
On Page 8 the authors report a 99% participation rate. This is extraordinary and suggests very high level compliance with authority figures. Does this result suggest anything in terms of the major focus of their paper?

We have not highlighted the high response rate as a strength of the study (see sections Strengths and Limitations). We agree that this high response rate requires an explanation and have added the following “We did not provide monetary incentives for participation, but the word about the study spread among women who were waiting to be seen at the clinics. Maybe women participated because they were curious about the study or they were glad that someone took an interest in listening to what they had to say. The interviewers were trained to respond to questions about family planning after the interview”.

Reviewer: Edwin van Teijlingen

Minor Essential

I would like to see in the Methods section a sentence stating’ A copy of the questionnaire in the English language is available from the first author’.

Added

On page 3 after World Health Organization the authors should add ‘(WHO)’ as they use this abbreviation later in the text.

Added

I would like to see a reference to the reasons for conducting ‘pilot studies’ in the Methods (page 5).

We added the information.

The last sentence of the section Sample and instrument needs a short explanation. How was the questionnaire shortened from 35 to 25-30 minutes. Perhaps the authors removed one or two sentences, or they changed open-ended questions which required writing an answer to multiple choice questions which are faster to complete?

We added the information.

There are several words missing in the text, the final text needs to be proof-read one more time.

A native English speaker with a Public Health degree has edited the entire manuscript after we had made the requested changes.

On page 7 do the authors really mean “.. received ‘counseling’ on family planning and breast feeding” or do they really mean something like “received advice on family planning and breast feeding? The word is used again in the same circumstance on page 9!
We feel that counseling is the most appropriate terminology to describe the discussion that is taking place between women and the health care provider. Advice could refer to a short recommendation that can be issued without any input from women. Therefore, we chose to use the term “counseling”.

Page 8 the sentence “We did not include women’s attitude regarding the importance of postnatal care, because attitude might be influenced by the actual behavior rather than the other way round”, really needs a reference supporting this claim.

We have now added two references (29, 30) to support this statement.

On page 10 the heading “Attitudes toward the necessity of postnatal care and reasons for not obtaining it” is too long and unwieldy. I suggest shorten it to something like: “Attitudes toward postnatal care and reasons non-use”

Changed to ” Attitudes toward postnatal care and reasons for non-use”

Page 10 The last sentence above the DISCUSSION needs explanation. The previous experience referred to as off putting, surely means a negative previous experience, rather than any experience of postnatal care with a previous baby?

It was related to having experience with having a baby (as a reason why the women thinks that her knowledge is sufficient). We have modified the description.

In the text “et al.” is always with a full stop after al. as it is an abbreviation.

Changed

On page 12 the authors mention road blocks and check points, I have only seen photographs of this, but to me as an outsider this could be another barrier to seeking postnatal care. You travel as a highly pregnant woman through road blocks and check points because you feel hospital is the best place to deliver (rightly or wrongly), however if you not already convinced of the usefulness of postnatal care and you face road blocks and check points, you are less likely to go for postnatal care.

We agree that this argument was not correct: women who participated in the study were not affected by the road blocks – we removed this section.

Table 2
Women age (in whole years) not [per year] –

The presented odds ratio is related to a change in a continuous variable in years. However, we removed [per year of age] because it is self-explanatory.

No. of living children [per child] seems odd, should this not be living children per woman?
See above.

Fig 2
Some heading at the bottom are with capitals others without, I suggest all with capitals.

We have now made all headings consistent.

Thank you again for your interest in our manuscript. We hope that it will now be acceptable for publication.

Sincerely,
Manuscript co-authors