Author's response to reviews

Title: Neonatal care in rural Karnataka: healthy and harmful practices, the potential for change

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Author's response to reviews: see over
Dear BioMed Central Editorial Team

Re. MS: 3407066322323903 - Neonatal care in rural Karnataka: healthy and harmful practices, the potential for change

Many thanks for the e-mail accepting the paper after these final revisions. I have been through each of the reviewer’s comments and amended accordingly. The changes are outlined below with page references which apply to the new revised version. Please do not hesitate to contact me if it would be useful to have a version with the changes tracked or if I have misunderstood any of the comments or not taken them on board sufficiently. I have also been through the author’s checklist for manuscript formatting.

Yours Sincerely,

Amy Kesterton

RESPONSE TO REVIEWER’S REPORT - ASHA GEORGE

A copy-editor needs to review the manuscript as a few grammatical errors and awkward phrasings remain.

The paper has been reviewed and grammatical errors and awkward phrasings amended.

These include the following:
- Page 1 – comma not needed removed in background section
- Page 2 – repetition of use of word ‘practices’ changed in results section
- Page 3 – extra space removed in conclusions
- Page 4 – 1st sentence in aims and objectives simplified and split into two
- Page 4 – comma added in government policy section
- Page 5 - second paragraph of government policy section – long sentence separated into two.
- Page 7 – qualitative data section – long sentence separated into two
- Page 8 - qualitative data section – long sentence separated into two
- Page 9 – amendment of awkward wording in characteristics of population section
- Page 10 – remove comma not needed
- Page 11 – place of delivery – word ‘data’ added where missing
- Page 11 – place of delivery - change to ‘is’ given
- Page 12 – section on TBAs – simplify one sentence
- Page 13 – delivery hygiene – remove unnecessary space
- Page 15 – add ‘known locally’ as ‘jeera kashayam’
- Page 16 – sentence on placenta retention – change double use of ‘in’
- Page 17 – cord care – remove unnecessary comma
- Page 18 – asphyxia – split awkward sentence
The statement that 10 years ago sugar water provision in hospitals was part of clinical protocols needs to be referenced (either by the guideline itself or the interview that provided this information).

On page 21, it has been made clear that this statement came from an interview with an ANM, the relevant quotation below the statement is highlighted.

A major finding from your research is that respondents have their own worldviews regarding childbirth and newborn care practices. They are not 'empty vessels' in which health education messages/slogans are to be deposited in. You also discuss how some respondents have already begun to change due to a variety of reasons. It is striking that your conclusion continues to focus on the kinds of health workers/programmes that can deliver health education (when this is already an accepted part of their mandate), rather than drawing on your analysis to support principles of behaviour change and communication theory that reflect on how existing worldviews need to be engaged with respectfully and how 'positive deviants' can be affirmed. Such an analysis would better inform the kind of health education that government health workers could do, as well as the kind of training and supervision provided to support health workers to be effective brokers of positive behaviour change (a more powerful policy conclusion based on your data).

This additional analysis has been added to the conclusions section on pages 26 and 27 and references to relevant behavior change theory added.