Reviewer's report

Title: Introduction of a qualitative perinatal audit at Muhimbili National Hospital, Dar es Salaam, Tanzania.

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Reviewer: Robert Clive C Pattinson

Reviewer's report:

Question well defined
Yes, but not novel. The novel and exciting aspect of this paper was testing the agreement between auditors.

Method appropriate
The method was appropriate for assessing the agreement between audits.

Data sound and controlled
To test agreement between auditors the data was sound and controlled. However, the authors did not report on two questions reported in their Box 1 namely:
Do you think there was sufficient information available to assign a final grade in this case? Yes/No
Do you consider likely that this death was preventable? Yes/No

I think an analysis of these two questions would have been very valuable. The authors found poor to fair agreement using the grading system. Would it have been nice to know whether it was better or was it worse using a yes/no system. This would be of value when deciding how to include qualitative assessment into quality of care audits.

The data was not sound and controlled if the objective was to audit intrapartum and early neonatal deaths as there were 61 deaths (29 macerated, 22 fresh stillbirths and 10 neonatal deaths) i.e. 31% of cases above 1500gm excluded because of missing values or case notes. The authors argue that because “there were a big number of cases for analysis we consider that excluded cases are not a major source of bias”. I agree if the idea was to assess agreement between auditors, but not if one is looking at quality of care issues in general. It is possible that these cases had poor notes or missing data were due to some systematic error in the system which has not been identified. I understand that for grading it was not possible to do, but the authors might be overlooking a major problem. The authors identified poor note keeping as a specific problem, but why in some cases were the notes adequate and in others poor? (I work in a developing country setting so can understand the problems.)

Adhere to standards
Yes, see above

Discussion and conclusion well balanced and supported by data
I think the article would be strengthened if the authors concentrated on how qualitative aspects of audit could be introduced into perinatal death auditing in a reproducible way.

It appears from the data presented that agreement was poor between auditors in some cases especially between External 1 and internal. The external auditors differed in their experience, one experienced with the circumstances and practice in MNH and one not. Is this the reason for the big discrepancy between assessments? It would be useful to know.

Was the grading system useful or would a simple yes/no system produce more agreement?

If qualitative assessments are to be included in perinatal care audits, how best should it be done?

The purpose of audits performed in the way described by the authors is to improve the quality of care and for this the cycle needs to be completed, namely implementing the solutions to the problems identified. It is not explicitly stated how this was done or what are the effects.

Finally do the authors propose this method of external auditors as a way of performing audit routinely? It would seem time consuming and not sustainable in the long run. Should external auditors be invited to perinatal death reviews? Would this strengthen the audit process?

Does title and abstract accurately convey what has been found
Yes.

General comments:
This is a very valuable piece of research and can help others when deciding to introduce qualitative aspects to their perinatal death audits. I think the authors should concentrate on this aspect of the paper. Thus I think some more analysis of the auditors assessments should be carried out by reporting on the two questions that appear to have been left out. (See above)

In the first paragraph of the introduction, I have always understood that the MDG 4 was to reduce deaths of children under 5 by two-thirds. The authors state that it is 50%. Could they please check this?

I think the authors should read the article by Bugalho and Bergstrom (Bugalho, A. and S. Bergstrom, Value of perinatal audit in obstetric care in the developing world: a ten-year experience of the Maputo model. Gynecol Obstet Invest, 1993. 36(4): p. 239-43.) as they in similar circumstances were trying to improve intrapartum care as the authors of this study are also trying to emulate.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare I have no competing interests