Reviewer's report

Title: Maternal morbidity in the first year after childbirth in Mombasa Kenya; a needs assessment

Version: 1 Date: 27 July 2009

Reviewer: Marieke Lagro

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I find the study of Chersich et al very interesting and informative. Research about postpartum morbidity in low-income countries is sparse and few studies have been conducted in Sub-Saharan Africa. This study is a valuable contribution to the already existing body of knowledge, especially because it extends the postpartum period to one year after childbirth while most studies cover a period of 6 to 12 weeks. Furthermore, the authors have investigated both physical and mental aspects of women’s health after childbirth, whereas most studies focus merely on clinical morbidity.

My comments and questions, which I will list below, are out of interest and for the purpose of clarification on certain issues. They can be labeled as ‘discretionary revisions’, but I hope the authors are willing and able to answer them.

Materials & Methods

1. What is the reason to divide the first six months after childbirth in a period from 4 – 8 weeks, and 2 – 6 months and not 4 – 12 weeks and 3 – 6 months?

2. Bacterial vaginosis and candida infection are reproductive tract infections, but to my knowledge not definitely related to ascending reproductive tract infections (PID) and a threat to for example future fertility? Why have the authors chosen not to test for gonorrhea and/or Chlamydia?

Results

1. Psychosocial vulnerability: in the text the authors describe that 38 out of 499 women had experienced sexual or physical violence since childbirth. When the numbers in table 2 are counted, then 42 out of 499 women have experienced this. Are there women who experienced both types of violence?

2. Are the women who drank alcohol during pregnancy and breastfeeding the same as those who have currently hazardous or harmful alcohol use?

3. Were abdominal pain and vaginal discharge also associated with the diagnosis of reproductive tract infections?

4. Is screening for cervical cancer well implemented program in the reproductive health services of Mombasa? In most low-resource countries it is not and I wonder if it is a good indicator of level of access to sexual and reproductive
health services.

5. Does type of delivery have any relation to the reported morbidity? (except the relation between cesarean section and anaemia).

Discussion

1. Is puerperal sepsis not merely related to the first six weeks after delivery, and is it not better to speak of pelvic inflammatory disease after this period?

2. You have used references from 1988 – 1996 about the relation between bacterial vaginosis and complications in pregnancy. There is more recent literature about this controversial topic (Cochrane reviews). Could these be useful for your discussion?

3. Can the authors put the high percentage of women who suffered from physical and sexual violence in a context and compare it to other studies? What I gather is that this is ‘normal’ in this population, but I find it shockingly high. Can the authors say anything about the relation between drinking behavior and depression?

References

Nr 38: Lagro, MG must be Lagro, MGP.

**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