Reviewer's report

Title: Acceptability of intrapartum HIV counselling and testing in Cameroon

Version: 1 Date: 30 June 2008

Reviewer: Marcel Manzi

Reviewer's report:

Acceptability of intrapartum HIV counselling and testing in Cameroon.

Congratulations to authors of this document which is excellent and well done.

Few comments:

The question posed by the authors is well defined about the acceptability of the mothers, but what about the feasibility? The HIV counselling and testing in the labour ward is a challenging endeavour, and the authors say that all labouring women with unknown HIV status presenting to the labour room during the study were eligible for inclusion in the study: the question is how did they manage to counsel the women presenting late in labour even some with complications?

Because, I guess it was very difficult for the obstetricians or for the midwives or for the counsellors to counsel them on HIV when they are in pre rupture or when the baby is suffering? The priority is to intervene not to counsel? It is also not clear in the methodology how did they deal with these inconveniences: confidentiality and the social support on the emotional health of the mothers who are tested HIV positive! This is a very important issue: the pregnant women in labour, with high stress of delivery and the announcement of the positive HIV status in labour room!

This below rises an other question: was it planned to exclude some women if so what were the criteria of exclusion? (as I said if the women comes late with complications and you have no time to counsel her) maybe you should add them.

You are recommending an opt-out approach for HIV testing during the labour in Cameroon, this will be difficult in developing county, where the human resources, trained counsellors and laboratory technicians, are rare! Before proposing this to the government, they should think to assess the precise cost to implement this routine HIV counselling and testing in labour room in poor setting with lack of human resources.

The last not the least, I don’t see the limitations of this study: is it possible to implement this HIV counselling and testing in all the maternities in Cameroon, if no why?

When you talk about the mean age, please add the range in blankets: 27 yrs (14-39) to be clear and more comprehensive.

Discretionary revisions: how to deal with confidentiality and social support?

Minor essential revisions: the range around the mean age;
Major compulsory revisions: do they have limitations and what are they? Do they plan to look at the cost effectiveness of the study before proposing the implementation of the whole package of counselling and testing in the labour rooms to the government to be sure that this should be done as routine task, or they need to precise their limits and to recommend where it should be possible to be implemented! For instance, only in the district and in the referral hospitals, and not in the low level health infrastructures.

These are my comments on this papers.

If you need more explanations on my comments, please don’t hesitate to contact me.

Best wishes and good luck

Dr. Marcel Manzi

**Level of interest:** An exceptional article

**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 that I have no competing interests