Reviewer's report

Title: Acceptability of intrapartum HIV counselling and testing in Cameroon

Version: 1 Date: 11 July 2008

Reviewer: Dermot Maher

Reviewer's report:

General comments

This paper makes a useful addition to the growing body of knowledge on acceptability of intrapartum HIV counselling and testing, important as part of efforts to decrease mother to child HIV transmission.

Major compulsory revisions
None

Minor essential revisions

1. In the Introduction a reference is provided from a 2002 UNAIDS report to support the statement of global HIV burden in infants and young children - referring to a more recent UNAIDS report would be better.

2. The second paragraph of the Introduction refers to "a reasonable proportion" of pregnant women seeking medical care during labour and delivery - this needs re-phrasing if possible to be more precise.

3. In the Introduction, HIV testing during labour is said to provide the last window of opportunity for PMTCT interventions. This should be qualified as the last window of opportunity before delivery, in view of the interventions available post-partum, e.g. 6 months exclusive breastfeeding.

4. The study gives a picture of acceptability of intrapartum HIV counselling and testing in the capital and in 2 districts hospitals - it would be useful for the authors to comment on whether anything is known in other rural health facilities where women deliver in Cameroon, and if not whether research is envisaged to get a more complete picture in the country.

5. In the Methods, the authors refer to rapid testing initially with Determine followed by Capillus, although in the Discussion they say they used parallel testing - clarification is necessary whether they used serial or parallel testing.

6. In the Discussion the authors might take the opportunity to comment on the new internationally recommended treatment regimens for PMTCT that have superceded nevirapine alone.

7. In the Discussion, it would be useful for the authors to explain a bit more how
differences in acceptability of intrapartum HIV testing may be explained by socio-economic and cultural differences and differences in perceived risk of HIV infection, and in what ways parallel testing was found in the systematic literature review to be superior to a strategy of a single test.

8. Without having seen women undergoing intrapartum HIV counselling and testing, it seems to me surprising that the acceptability is so high when women in labour are busy with the business of childbirth which must occupy most of their attention. So some information would be helpful as to how women manage to take on board the important elements of counselling as described in the Methods, when their minds may be very much on the process of childbirth.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests'