Author's response to reviews

Title: Newborn care practices at home and in health facilities in 4 regions of Ethiopia

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Author's response to reviews: see over
To the Editor:

Thank you for the comments provided by the peer reviewers and the opportunity to improve this paper. We have included a point-by-point response to the reviewers’ comments below.

Reviewer #1

Major Compulsory Revisions:
1. In the Methods section – Please add justification as to why these four regions were selected. What were the criteria? High population? High NMR? Other?

We have specified that these four regions were included because they are the site of the Maternal and Child Health Integrated Program (MCHIP) pilot project that is the subject of this baseline evaluation. We have further specified that the regions were chosen for the pilot program because they represent a large proportion of the country and the diversity of ethnic groups and cultures.

2. In the Methods section, the authors state that this study was conducted as a baseline for a Kangaroo Mother Care Program. Was this program for facility-based KMC or community-based KMC or both?

Thank you for this question. The feasibility evaluation focused on the promotion of KMC at the community level, although KMC training was provided and KMC wards were also established at the health centers. Because this paper reports the baseline results, with a focus on existing newborn care practices, we have not included extensive detail about the program. However, we have added two sentences clarifying that facility-based KMC was established at the health centers and that the staff received essential newborn care training.

3. In the Discussion section, in paragraph three, the authors state “the results indicate that providers are not always following recommended newborn care practices and are not providing sufficient counseling for women on how to care
for their newborns”. These findings are based on reports from RDWs (based on unprompted questions from what I understand) - so this should be clearly noted in this statement. Women may have had difficulty recalling counseling and other messages as well.

Thank you for this comment, we have further clarified that fact that the findings are based on self report. We have also added a reference to facility-based studies that report inadequate quality of care at facilities.

4. In the Discussion section, the last sentence states "Based on these findings, the feasibility study is emphasizing increased home visits by HEWs, and utilization of the HDA 1-to-5 network for promotion of KMC." Please explain why the focus is on KMC, given the study findings.

Thank you for this comment. We have revised the sentence to include all newborn care practices in this recommendation. The focus had previously been on KMC because that is the main focus of the feasibility study, but the reviewer is right that the recommendation applies to all areas of community-based newborn care.

Discretionary Revisions:
1. The authors state that use of ANC and PNC services are low (and cite DHS data). Are there any data as to why use is so low, given the availability of health posts, HEWs, and the Development Army.

Thank you for this comment. We have added a sentence referencing existing literature on this question in the study setting section, and also add additional discussion of women’s concerns related to quality of care in the discussions section.

Reviewer #2

Minor Essential
1. Table 5 states that no one responded to redness or pus around the cord; this seems to be important signs of omphalitis and potential sepsis. Please consider including those in the table and not just as a footnote.

This has been added to the table.

2. Authors note statistical significantly different practices in the text; however, those differences are not noted in the tables. Please add appropriate information (either p-values or Odds Ratios with 95% CI).

Thank you for highlighting this. We have calculated p-values using the chi-squared test and added these to the table.
3. The term “not new razor” in the cord care results section is a bit awkward; does this mean previously used? Old? Dirty? Please add description of a “not new razor.” Is there any information on sterilization of scissors or other information on what was used to cut the cord?

We have changed the wording to say “previously used razor blade.” The survey instrument did not collect information on sterilization practices for the instrument used to cut the cord, so we are unable to report that information.

**Major Compulsory Revision**

1. The survey sampling design and sample size seems a bit confusing in the text. Was the calculation of 240 for the intervention or for the baseline survey? If the sample size is for this baseline survey, authors should comment on the impact of 218 women surveyed compared to the 240 required by the sample size calculation.

Thank you for this comment as it highlights a potential cause for confusion in the text. The actual sample size that we calculated to be required was 215 mother/newborn pairs, assuming a priority indicator with a baseline proportion of 30%, and endline proportion of 50% and a design effect of 1.6 (based on the Ethiopia DHS’ reported design effect). We increased that number by 10% to anticipate refusals in some areas (n=237) and rounded to 240, for an even number of eight households in each of the 30 clusters.