Reviewer's report

Title: Human immuno virus and AIDS and other important predictors of maternal mortality in Mulago Hospital Complex Kampala Uganda

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Reviewer: Friday E Okonofua

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The paper describes the results of a study that was designed to investigate the factors that lead women with severe pregnancy complications to maternal mortality at the Mulago hospital in Kampala. The idea behind the study is novel at least within the context of the prevailing health care delivery system in Uganda. But as presently reported, it is doubtful if the paper has succeeded in making substantial recommendations that would lead to a policy reform for reducing maternal mortality either in the hospital or at the national level. Some of my concerns about the paper are as follows:

1) The paper lacks an underpinning conceptual framework that would enable international readers to understand the context of the study. Ordinarily, it would be expected that a severe case of maternal morbidity would lead to mortality if the available treatment protocol or emergency treatment procedures are unable to overcome the clinical problem. Alternatively, it could mean that the clinical conditions that resulted in mortality were much more severe in those that died than in those that survived. In this paper, none of these considerations were factored into the analysis. Furthermore, the paper lacks a purposefully designed and systematic method of analysis such that the proximate outcomes variables selected for analysis lack specificity. Consequently, the recommendations made for reducing maternal mortality can only be conjectural and broad-based rather than being specific.

2) The external validity of the study is also a problem. As it were, the study was carried out in only one hospital in Uganda, and as such the findings can only relate to that hospital. To my understanding, women attending the hospital are self-selected and the clinical practices are also quite specific for the hospital. Thus, it is doubtful if any of the recommendations made would apply to the rest of the Ugandan health care system.

3) The method of statistical analysis is also worrisome. 499 mothers with severe obstetric morbidity were followed up to identify the factors that led to mortality. Of these, 39 women died while 460 survived. In the analysis, it is not clear if the 39 women who died were being compared with the 460 who survived. If so, we need to know whether the clinical conditions of the 460 women were of comparable severity with the 39 women who died, in which case, the indicators used for staging disease severity should have been presented for both cases and controls. It is also not made clear in the paper whether the two groups of women
received comparable level of clinical care at the time they presented in hospital. Type III delay (i.e. delay associated with clinical management when patients arrive in hospital) is a common feature of emergency obstetrics care in many developing countries. Some of these delays tend to feature more prominently if women are of lower social class or if they have clinical conditions such as HIV/AIDS. It is not clear how this played out in this study, which makes it even more imperative to ensure that the two groups being compared are similar in terms of their case severity and treatment experiences.

4) The paper has several grammatical and typographical errors and is very poor written. The English and logic were difficult to follow, and I suggest that an English language reader does a thorough proof-reading of the entire article. Some statements made in the article need to be re-stated or re-considered. For example, the first sentence of the introduction read as follows: “Severe maternal morbidity also known as near miss is defined as a very ill pregnant or recently delivered woman who would have died had it not been that luck (italics, mine) and good care was on her side”. Clearly, the word luck is completely inappropriate here and the entire sentence is replete with errors. I believe that a more detailed re-writing of this paper would be warranted.