Reviewer's report

Title: Factors impacting use of long acting and permanent contraceptive methods by postpartum HIV positive women in Cape Town, South Africa: a cross-sectional study

Version: 1 Date: 23 November 2011

Reviewer: Rose Wilcher

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Major Complimentary Revisions

1) The background section could be strengthened by making a more compelling case for why the intervention focused on promotion of LAPMs – e.g., the benefits of LAPMs compared to other contraceptive methods; documentation that they are under-utilized, especially among HIV+ women; and, given that HIV+ women who report using contraception tend to use condoms, the trouble with relying on condoms for pregnancy prevention. In particular, the authors could expand upon the importance of dual method use among HIV+ women. The authors could also note that identifying effective strategies to expand method choice and uptake by HIV+ women may also be important in light of new data suggesting a potential link between hormonal contraceptive use and HIV acquisition and transmission.

2) The Results sub-section “Pregnancy history and fertility desires” includes a couple of sentences about clients’ PMTCT knowledge that doesn’t seem to fit in this section (beginning with “When asked how an HIV positive woman can avoid transmitting HIV to her infant…”).

3) Under the Results sub-section “Current use of contraception,” the authors should report specifically on IUD and sterilization uptake pre- and post- given the focus of the intervention on these two LAPMs.

4) The discussion section tries to explain the lack of intervention effect by discussing the challenges of meeting the FP needs of PMTCT clients, and argues that innovative solutions are needed to encourage contraceptive uptake among post-partum PMTCT clients. However, the study showed fairly high use of FP among PMTCT clients post-partum (>80% injectables). So, the challenge/need appears to be not so much in reaching PMTCT clients with FP services, but in getting more PMTCT clients to choose LAPMs post-partum. This is an important difference that the authors ought to address.

5) The discussion section and conclusion focus heavily on the need to improve providers’ knowledge of LAPMs. Yet, this intervention included 5-9 days of provider training on FP (including LAPMs) for HIV+ women. Given that this component of the intervention designed to address provider knowledge was not successful, how else might we better address provider knowledge? Or, do these results speak to the need to reinforce and support trained providers through other
interventions? The discussion section would benefit from more discussion of other aspects of the health system that might need to be addressed to make efforts to expand LAPM use among HIV+ women more effective.

Minor Essential Revisions

6) It is not clear in the intervention description if the same 28 providers who participated in the 5-day training on FP for HIV+ women were the same providers who participated in the IUD insertion training. Please clarify.

7) There are a couple of places in the Results section where the results are reported in present tense instead of past tense; those should be corrected.

Discretionary Revisions

8) The sample includes HIV+ and HIV- women. Was the intention of the intervention for providers to promote LAPMs to HIV+ and HIV- clients, or only HIV+ clients? And, why not report on the data comparing HIV+ and HIV- women?

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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.