Author's response to reviews

Title: Beliefs and practices during pregnancy and childbirth in urban slums of Dhaka, Bangladesh

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Author's response to reviews: see over
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The Editor
BMC Public health

Dear Editor,

Thank you very much for sending the reviewers’ comments on our manuscript “Beliefs and practices during pregnancy and childbirth in urban slums of Dhaka, Bangladesh” (MS: 25424674580853). We take this opportunity to thank the reviewer for her time and interest and sincere suggestions to improve the paper.

The reviewer suggested including additional details on limitations of the study and addition of some references on community health workers. We agree with her comments and have incorporated three additional references in the revised manuscript. Please find detailed, point by point, responses at the end of this cover letter below.

On a more general note, ANC and PNC are replaced by antenatal care and postnatal care.

We now submit the revised manuscript for your consideration and hope that it will meet with your favourable decision. Thank you again for giving us the opportunity to revise and resubmit.

Yours sincerely,

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Reviewer #3: Zelee Hill

1. Requires a final read through as some grammatical errors.

Response: The paper has been revised thoroughly by the English speaking coauthor and made grammatical improvement.

2. Where the authors now define PNC in the text include ‘within 2 days of birth’.

Response: It is written as follows in result section under postnatal care (page#9).

In this study, postnatal care is defined as a visit to a health facility or a health worker coming to the house to check on the woman and her baby after the birth.

3. The section on trials that have sought to influence care seeking practices (ANC, facility births and PNC) is not adequate. It now reads ‘Other research findings from South Asia and Africa suggest that community health workers (CHWs) are capable of influencing care-seeking practices [11, 16-17]. The biggest changes occurred in behaviour related to seeking of ANC and in facility births in Hala trial [17]. The authors should check if the work from Nepal, Sylhet and Shivghar focused on increasing ANC, skilled delivery and PNC and report levels.

Response: We revisited this paragraph and included some references (page #12). Now it is written as follows:

Other research findings from South Asia and Africa suggest that community health workers (CHWs) and women’s group influence care-seeking practices [11,16-18]. Despite common cultural barriers, women in other studies are more likely to seek antenatal care after a home visit during pregnancy by a CHW [18]. In the Hala trial in Pakistan, women with at least one home visit by a CHW during pregnancy reported increases in use of antenatal care and facility-based delivery [17].

Behaviour change, however, may take time and interventions should run for an appropriate length of time to promote consistent information [19]. Several studies have indicated that training and supervision of CHWs are critical for successful implementation [20]. Thus, training CHWs should be a key strategy for the Manoshi program to improve the demand for routine care, promoting birth preparedness, and the uptake of the recommended number of antenatal care and postnatal care visits.
4. The authors confirmed that the sample for the quantitative may include children born in rural areas before migration. This either needs to be included as a limitation or the authors should report what % of the births were before migration.

Response: It is written in Discussion section as a limitation of the study (page# 14)

5. I am still unclear about the selection of women for qualitative interview. I understand why they included pregnant and delivered women but not why they excluded nulli or prima gravidas. The authors should explain this or report it in the limitations.

Response: We selected pregnant women to know beliefs and current care practice during pregnancy; whereas lactating women/ recently delivered women were selected to know more on delivery care and post natal care practices. Since our objective was to know the beliefs and care practices during pregnancy and childbirth among pregnant and lactating women, women with nulli para was excluded. However, exclusion of primi gravidas was limitation of our study which is now mentioned in Discussion section (page# 14).